

Title (Near-patient) CRP testing by physicians in private practice to reduce antibiotic prescriptions

AgencyITA, HTA Unit of the Institute of Technology AssessmentITA of the Austrian Academy of Science, Strohgasse 45/3. Stock, A-1030 Vienna, Austria;
Tel: +43 1 5158 16582 Fax: +43 1 710 98 83; http://www.oeaw.ac.at/ita/htaReferenceITA-Reports June 2/2000

CRP (C-reactive protein) testing is an established method to diagnose and monitor infectious diseases. While the (quantitative) CRP tests carried out in hospitals or ambulant laboratories are not under question, the semiquantitative tests that can be carried out within minutes in a physician's practice are not yet reimbursed by most Austrian health insurers. General practitioners and pediatricians argue in favor of reimbursement on the grounds that the CRP test might be a powerful tool to reduce the amount of antibiotics prescribed.

Aim

The aim of this project is to provide information on the potential of the CRP test to reduce antibiotic prescriptions. The report is based on a structured literature review.

- The assessment focuses on the validity of near-patient CRP test systems and established alternatives, and their relevance for diagnosing viral or bacterial diseases typical in ambulant patients.
- A second section of the report focuses on the general prescription behavior of physicians in private practice and the impact of the near-patient CRP tests on antibiotic prescriptions.

Results

- The (semiquantitative) near-patient CRP test is exact enough to diagnose infectious diseases and to help differentiate between viral and bacterial infections.
- In most cases, the near-patient CRP test is superior to alternative near-patient systems because of its specificity in diagnosing the acute phase reaction, and its practicability (faster, less blood required).
- Because many factors influence antibiotic prescription behavior, a decline in antibiotic prescriptions cannot be expected.
- A reduction in transfers to external laboratories and related costs (additional tests) can be expected.

Conclusion

• The (semiquantitative) near-patient CRP test should be reimbursed: To exclude the possibility for added applications of CRP *and* an alternative test, optional reimbursement should leave an either-or decision to the physician.

The assessment is available in German only. Full report available at: www.oeaw.ac.at/ita/hta/