

RETROSPECTIVE FINANCIAL ANALYSIS OF MEDICINES REIMBURSEMENT SERVICES IN COMMUNITY PHARMACY

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BACKGROUND

• A problem of middle-income countries presents an inequality access to medicines. Previous studies have demonstrated that in Republic of Moldova, partially reimbursed medicines did not decrease the burden of expenditures for medicines. The pharmaceutical market 1,125 pharmaceutical retailers comprises enterprises, from which only 238 units are contracted by the National Health Insurance Company, to provide reimbursed medicines dispensing services. The share of medicines delivered from the pharmacies opposite the parapharmaceutical products, is the 92%. For reimbursed drugs, in order to increase economic affordability of the population, pharmacies apply a mark up to 15%, and for unreimbursed medicines, the marks-up is 25% to the purchase price. • According to state policy in the field of medicine, have to be taken measures to increase people's access to reimbursed medicines in Republic of Moldova, by increasing the number and assortment of medications, reassessment of policy pricing to these drugs, applying a lower mark-up. But all these measures does not guarantee their availability for population. One of the cause is that retailer pharmaceutical Figure 1. Relative frequency of cognitive implication companies are not required to provide this kind of service even if the company is contracted, it is not required to hold an assortment of common registered international in the names reimbursement list and at the request of management of pharmacy, pharmacist can Never refuse to dispense the reimbursed medicine on economic grounds. Global pharmaceutical practice, in the field of reimbursement of medicines, demonstrates the presence of a payment to pharmacies or pharmacists for the dispensing service of this kind drugs, paid by the National Health Insurance Companies. • Since, the medicines reimbursement system does not regulate the entry prices in the list, a lower marks-up of reimbursed vs nonreimbursed drugs induce refuse of dispensing them to the patient from pharmacies. In this context, the aim of this study was: evaluation of financial attractiveness for community pharmacy to provide medicines reimbursement services and the factors that influence on this process.

MATERIALS AND METHODS

- As methods of study have been used survey, direct observation, break even analysis [1] and literature review. The research was started in April 2014 and ended in May 2015. Study address to revision of mark-up applied by wholesales and retails companies for reimbursed medicines, to improve availability and affordability for outpatient sector on reimbursed medicines [3] and to analyze the capacity of pharmacists in providing cognitive services for reimbursed medicines, with the future possibility of pay for performance service implementation from National Health Insurance Company (NHIC) [2,4].
- To assess cognitive implication level and the working time spent by pharmacist for

RESULTS

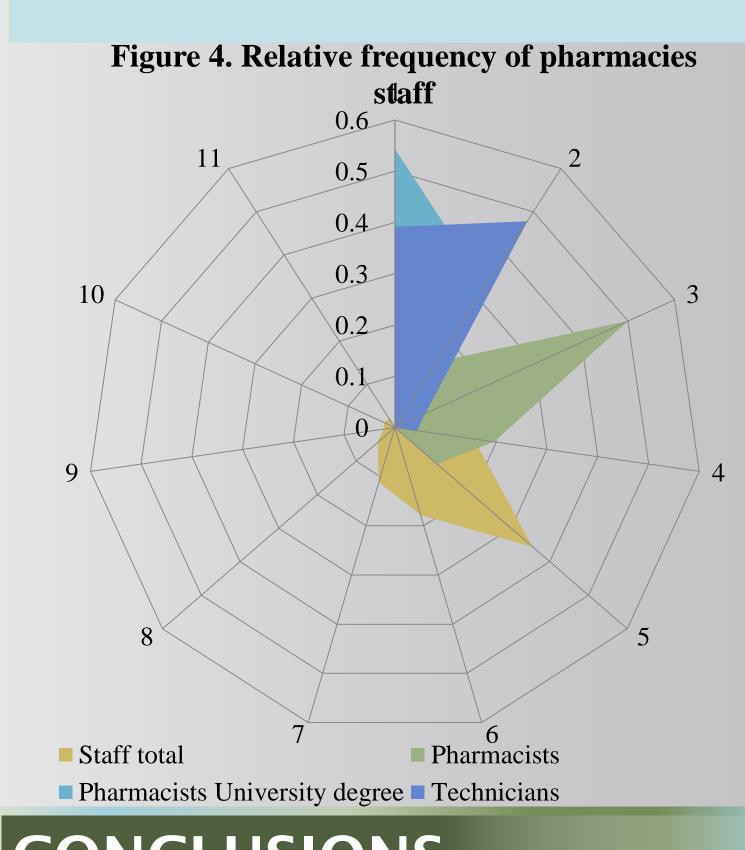
- implication cognitive level, for The reimbursed drugs was "almost never" or "permanently", with a relative frequency 0.25 (Figure 1).
- The most commonly time spent by pharmacist for dispensing was 10 minutes, with a relative frequency 0.18 (Figure 2). These results confirm that pharmacist loses most of their for technical processing of the time prescriptions, fact demonstrated through direct observation of the process.

dispensing: one reimbursed drug, one unreimbursed Rx drug and one OTC drug, was asked pharmacists opinion working in community pharmacies through sociological survey, on a sample of 300 people. Simultaneously, time was assessed by direct observation in the pharmacy.

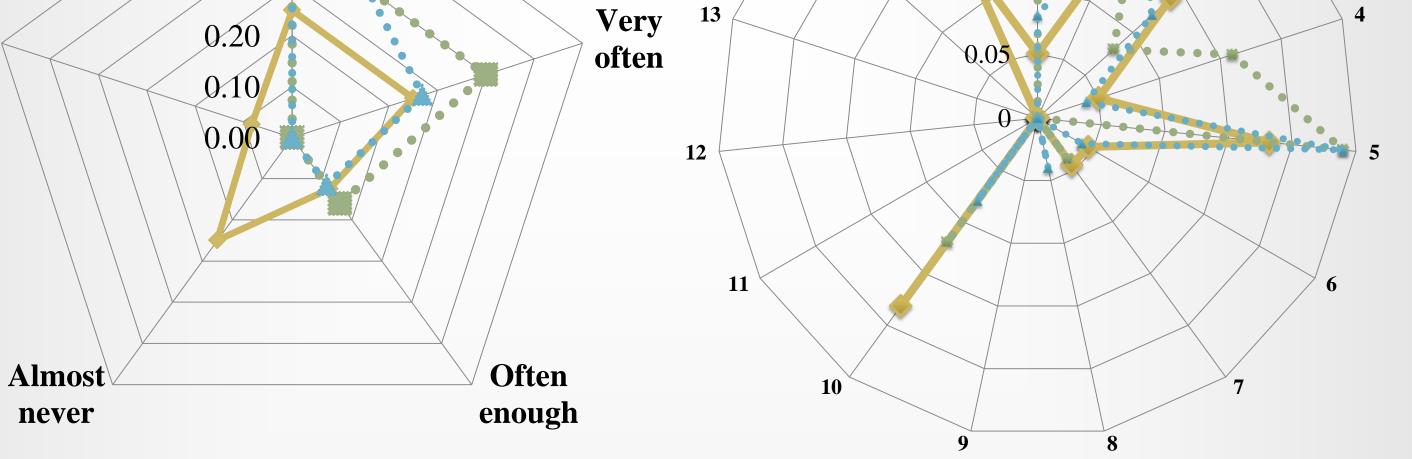
- The financial analysis was made using data collected from National Bureau of Statistics and NHIC, for 7 - retail pharmaceutical companies, which hold 314 pharmacies and branches, for 2014 year. To evaluate the break even point was calculated transposition coefficient for expenditure every 1 leu cost.
- In accordance with the Law on pharmaceutical activity, the right to dispense Rx drugs have only pharmacists with higher education. In this context, to assess the capacity of accomplishment for delivery service with reimbursed medicines in the pharmacy, was calculated, within 50 community pharmacies, the number of personnel working in the pharmacy; total number of pharmacists, the number of pharmacists with University degree and number of technicians.

Figure 2. Relative frequency of dispensing time for 3 types of drugs Permane ntly 0.60 0.50 14 0.40 📕 0.30

- Most commonly, in pharmacy, activates only one pharmacist with higher education, who usually is head of pharmacy or head of branch, thing insufficient to provide cognitive services at the dispensing Rx medicines or reimbursed medicines (Figure 4).
- The median of profitability for reimbursed drugs was -5.21%, for unreimbursed drugs +2.16% (Figure 3).
- The break-even point for reimbursed drugs is 22% of mark up. The pharmacies are not convenient to dispense medicines with reimbursed prescription from the lack of benefit for them.



PURPOSE



- ----Reimbursed drug • Unreimbursed OTC drug • **.** • Unreimbursed Rx drug
- • **•** •Unreimbursed OTC drug • • • Unreimbursed Rx drug

0.25

0.2

0.15



CONCLUSIONS

- It is recommended to review the added mark ups for reimbursed medicines in retail pharmaceutical sector, from 15% to 22% (using regressive mark-ups);
- To introduce continuing education courses for pharmacists in field of adherence and compliance to treatment of patient with noncommunicable diseases, for medicines from the reimbursement list.

REFERENCES

To achieve this goal, the following objectives have been proposed:

- Evaluation of cognitive involvement, of pharmacists in dispensing medicines in community pharmacy;
- Determine the time required for delivery of drugs in the community pharmacy, to the population;
- Analyzing the pharmacy staff;
- Economic and financial analysis of retail pharmaceutical companies in Moldova, on the compensated medicines sector;
- Determination of the profitability of community pharmacies, as a result of dispensing medicines.

).00 –	-5.21 -6.14		-1.39	
0.00 -	Profitability for reimbursed drugs, %	Profitability for unreimbursed drugs, %	Total profitability, %	Break even point - for reimbursed drugs , %
	-5.21	2.31	1.30	21.77
	-2.68	4.66	0.39	18.48
	-9.86	-2.01	-1.39	27.82
	0.07	7.20	-2.92	14.91
	-4.22	3.22	0.60	20.49
	-13.32	-5.22	-9.76	32.31
	-8.73	-0.96	-6.07	26.35
dian	-5.21	2.31	-1.39	21.77
erage	-6.14	1.44	-2.41	22.99

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