

# Characteristics of medicines management in Austrian hospitals

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## Problem statement:

- Medicines management in hospitals = increasingly important area (for patients and financially since the starting treatment in hospitals has effects on the out-patient care).
- In Austria: out-patient and in-patient sectors are two distinct segments, with different organisation and funding
- The hospital sector has for a long time been disregarded in pharmaceutical policy analysis.

## Objective

To survey medicines management in hospital in Austria and to identify specific characteristics

**Region covered:**  
Austria  
(national survey)

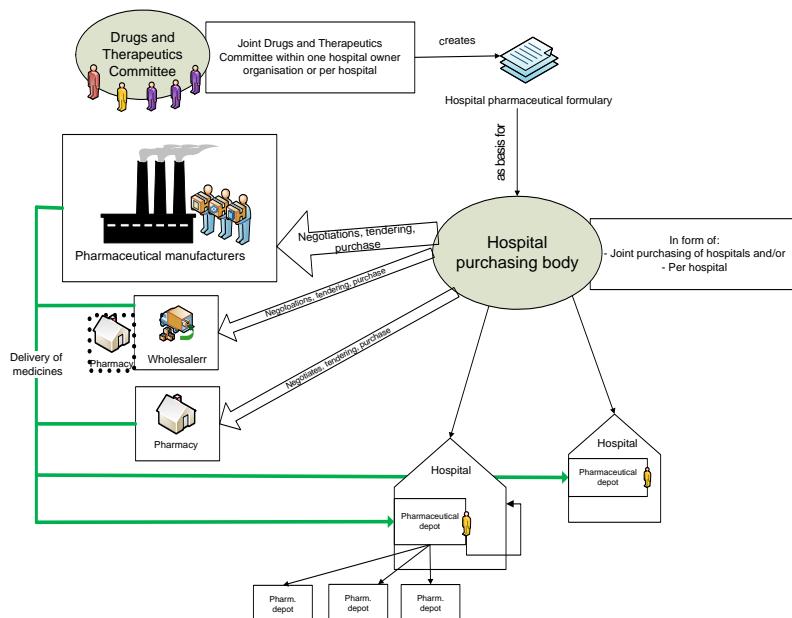
**Time period:**  
2009/2010

**Stakeholders involved:**  
hospitals and hospital owner organisations

**Setting:**  
public and private in-patient sector plus interface

**Study design:**  
Descriptive survey (desk-top research. interviews)

## Results



- Only 17% of hospitals in Austria have a **hospital pharmacy**
- Hospitals without a pharmacy have a "**pharmaceutical depot**" (which has to be supplied by a licensed pharmacy)
- A **major part of medicines** is **purchased decentrally** by the individual hospitals or hospital owner organisations in **direct negotiations with the manufacturers**.
- Procurement by **tendering** is rather **rare**, but is increasingly playing a role.
- **Discounts** and **rebates** are granted for some medicines, **cost-free medicines**, which are legally allowed, are a practice for some indications (e.g. where therapeutic alternatives are available)
- Medicines are integrated in the lump sums generated for **reimbursement** of the **procedure and diagnosis-orientated case groups (DRG)**
- The basis for the **eligibility of a medicine** to be reimbursed is the **hospital pharmaceutical formulary**.
- Each hospital or hospital association implements its **own hospital pharmaceutical formulary**. The decision making body is the Drugs and Therapeutics Committee (Arzneimittelkommission).
- The **Drugs and Therapeutics Committee** consists of the **chief hospital pharmacist**, the **chief doctor**, the **chief nurse**, the **administrative director** as well as a **representative of the regional sickness funds** (and in some cases, specialist doctors).
- The representation of **Social Health insurance representatives** in the **Drugs and Therapeutics Committees**, as provided for by law, can be considered as a **good practice** for interface management.
- A **need for interface management** has been identified by all stakeholders.

## Conclusion and lessons learned

The medicines supply system in **Austrian hospitals** has **some characteristics** (e.g. focus on negotiations, free-cost products) which are found in **only a few other countries**. **Hospital pharmacists** play an **important role** not only for quality assurance but also in economic terms and, increasingly, at the interface. However, to tackle the **in-transparency in hospitals**, in particular regarding the actual hospital prices, which is incentivized by the organisation of the Austrian health care system with two distinct funding systems, **changes in the overall regulatory framework would be needed**.

To fully understand the pharmaceutical system of a country, both the out-patient and in-patient sectors and their interaction need to be known. **Building knowledge** and **Initiating a dialogue between representatives of both sectors** is a **key prerequisite** for implementing policy measures, and this survey contributed to build a bridge between regulatory authorities, payers and hospitals in Austria.

### No conflict of interest

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