

Potential methods to enhance prescribing efficiency, implications for sustaining healthcare systems

PPRI Conference, Austria 2011

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The majority of co-authors work for health authorities or health insurance agencies, or are advisers to them.

The authors have no other relevant affiliations or financial involvement with any organization or entity with a financial interest in or financial conflict with the subject matter or materials discussed in this presentation.

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2. Methodology

3. Impact of reforms among Western European countries

4. Care needed when planning

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European authorities have instigated a number of policies to enhance prescribing efficiency

- Focus of pharmaceutical expenditure will continue as:
 - ❑ The largest or equal largest component in ambulatory care, and growing the fastest
 - ❑ Continued launch of new premium priced medicines, changing demographics and rising patient expectation
 - ❑ Combined global sales of drugs of \$100bn/ year of drugs likely to lose their patent between 2008 and 2013
 - ❑ Cost of generics can vary up to 36 fold between countries and molecules/ strengths
 - ❑ Appreciable variation in utilisation patterns of generics between and within countries
- As a result, considerable opportunities for countries to learn from each other. This is resulting in a plethora of initiatives among countries as resource pressures grow

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DDD and DDDs/ TID used to capture utilisation patterns. 4Es used to capture demand measures

- Retrospective analysis of the influence of demand side reforms on principally the utilisation of different PPIs (A02BC) in over 20 European countries/ regions and Abu Dhabi post generic availability (generic omeprazole)
- Only administrative databases used, with utilisation measured in DDDs and DDDs/ TID (ATC/DDD 2010)
- Demand side reforms broken down by 4Es (Education, engineering, economics and enforcement) and validated with payers in each country

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Ref: Wettermark, Godman et al 2009; Godman, Shrank et al 2010; Godman, Shrank et al 2011

Main outcome measures centre on changes in utilisation patterns post generic availability

- Main outcome measures:
 - ❑ Changes in utilisation of omeprazole and esomeprazole as a % of all PPI utilisation just prior to the availability of generic omeprazole in each country and in 2007
 - ❑ Changes matched with demand side measures introduced (nature and intensity) to enhance prescribing of generics
- As a result, provide future direction to health authorities and health insurance agencies as they seek further savings

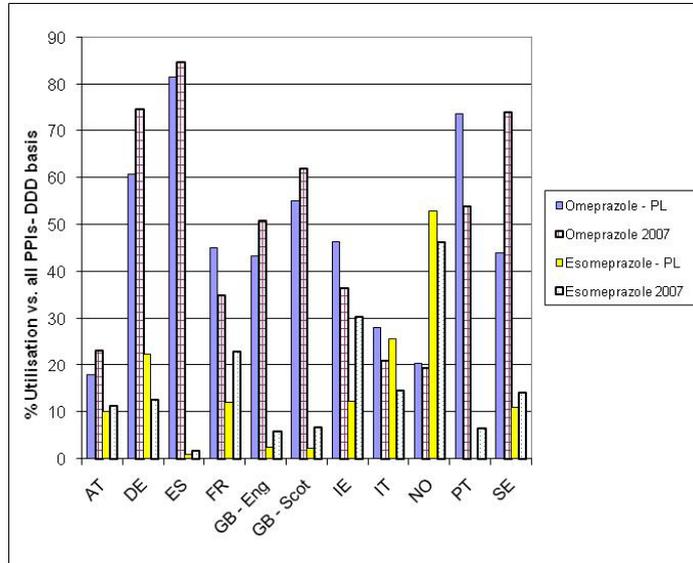
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Ref: Godman, Shrank et al 2010; Godman, Shrank et al 2011

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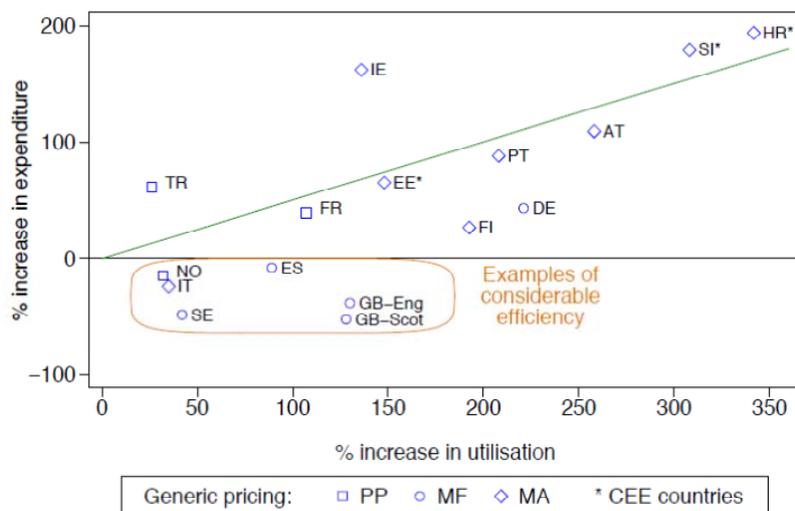
Intensity and nature of the reforms impacts on PPI utilisation patterns post generic omeprazole



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Ref: Godman, Shrank et al 2010

Considerable differences in efficiency (PPIs) 2001 to 2007 across Europe with differences in reform intensity



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Ref: Godman, Shrank et al 2011

**.. leading to differences in reimbursed expenditures
(Ireland over €60000 – but higher morbidity population)**

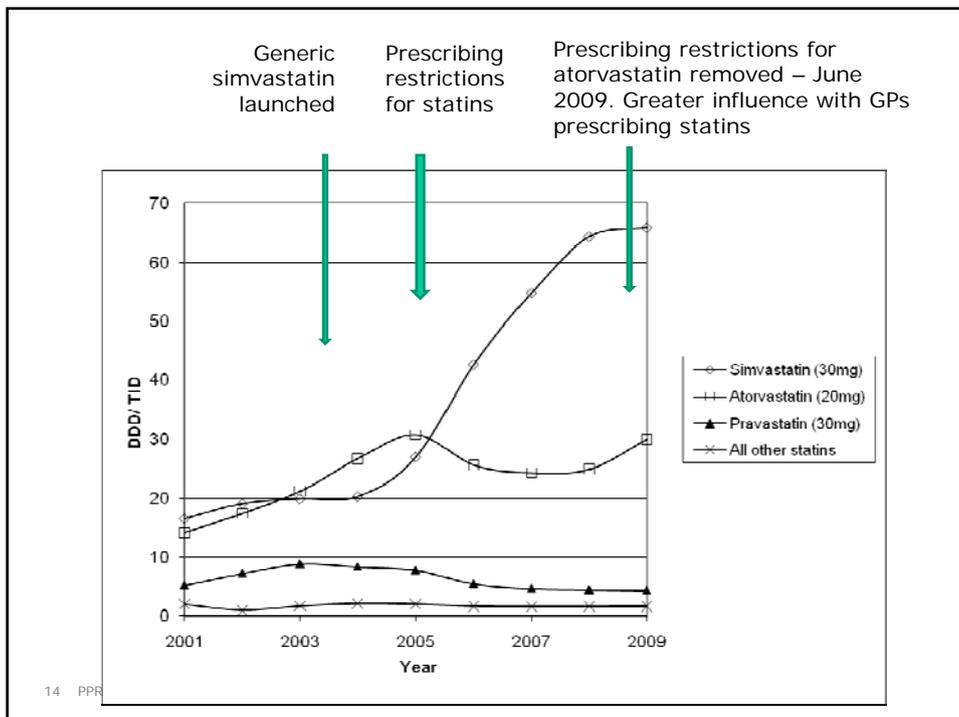
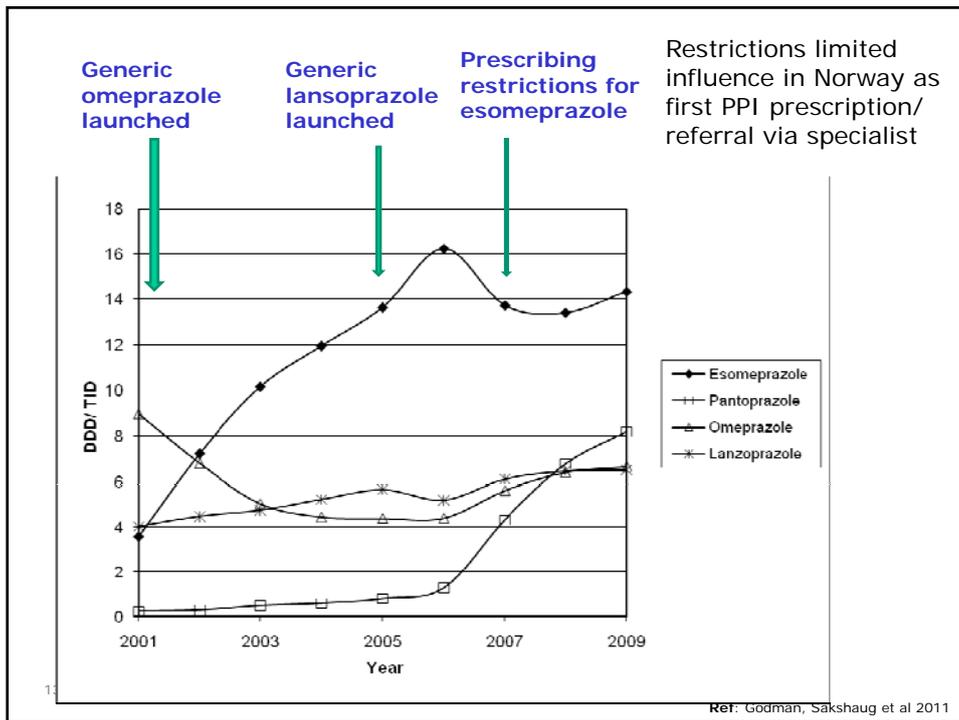
Country	Utilisation 2007 vs. 2001	Expenditure 2007 vs. 2001	€/1000 inhabitants in 2007
AT	↑ 3.6 fold	↑ 2.1 fold	€19299
DE	↑ 3.2 fold	↑ 1.4 fold	€13864
FR	↑ 2.1 fold	↑ 38%	€15194 (35% co-pays)
GB – Eng	↑ 2.3 fold	↓ 38%	€6186
IE	↑ 2.4 fold	↑ 2.6 fold	Over €60,000 (GMS population)
SE	↑ 42%	↓ 48%	€5832

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HAAD has instigated a number of policies in recent years to enhance prescribing efficiency

- HAAD has instigated a range of measures to enhance the quality and efficiency of prescribing in recent years
- Policies include the development of a Unified Prescription Form (March 2009) and subsequent comprehensive Generic Drug Policy including compulsory INN prescribing (August 2009) apart from limited number of occasions
- However, pharmacists free to dispense originator or generic and be fully reimbursed, no reference pricing for the molecule and limited demand side measures directing physician prescribing

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Utilisation and expenditure increased in all classes in HAAD in 2010 vs. 2009

- PPI utilisation increased by 10% with for instance single sourced esomeprazole increasing by 33% versus a reduction for multiple sourced omeprazole
- As a result, expenditure for the PPIs increased by 11% (2010 vs. 2009)
- Statin utilisation increased by 14% with atorvastatin/ rosuvastatin utilisation increasing by 14% (87.5% of total statins in 2010), utilisation of ezetimibe also increased
- Total expenditure on statins and ezetimibe increased by 11% (2010 vs. 2009)

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Multiple intensive demand side measures influences efficiency. Care with enforcement

- Nature and intensity of demand side measures appreciably influences subsequent utilisation patterns post generic availability
- The intensity of demand side measures, coupled with the success of supply side measures to obtain low prices for generics, also considerably influences subsequent prescribing efficiency, e.g. PPIs
- Influence of measures appears additive – mirroring studies appraising the influence of measures to enhance guideline implementation
- Nature and follow-up of ‘Enforcement’ also important - else health authorities and health insurance agencies will fail to realise its full benefits

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Thank You

Any Questions!

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