

Background

- Need for information exchange and networking
- Hospital sector is still a „black box“
- Strategic relevance of the hospital sector

PHIS Hospital Pharma within the scope of the PHIS project

Commissioners: European Agency for Health and Consumers (EAHC), co-funded by Austrian Ministry of Health

Timeframe: Sep 2008 – April 2011

Aim: Increase knowledge and exchange of information from a public health perspective on pharmaceutical policies, in particular on pricing and reimbursement, in the EU Member States & associated countries, covering the out-patient and in-patient sector

Network

- Nearly 70 institutions
- All 27 European Member States MS, plus Albania, Canada, Croatia, Iceland, Norway, Turkey, South Africa and Switzerland
- HOPE, European Association of Hospital Pharmacists (EAHP), hospital pharmacists / associations

European survey

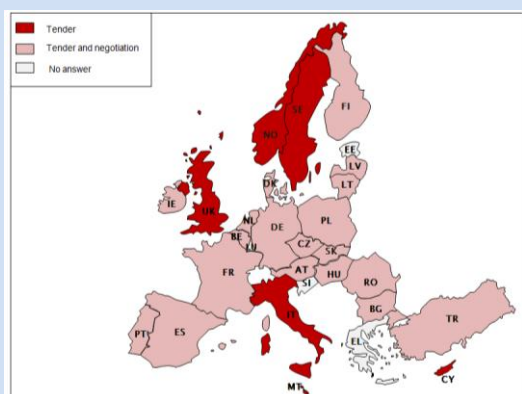
- Country profiles on pharmaceutical purchasing and financing strategies in the in-patient sector
- Written by network members
- Uniform Template
- Glossary
- 20 (draft) PHIS Hospital Pharma reports
- Input from five further countries

Case studies

- Case studies on medicines management in 25 hospitals in five European countries (AT, NL, NO, PT, SK)
- Price survey for 12 selected products (“actual prices”)
- Questionnaire and template
- Study visits by project management team and network members

Outcomes of the European survey

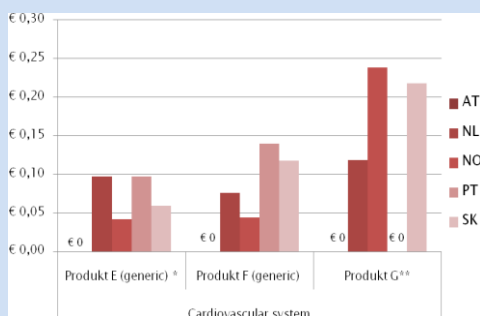
Procurement of medicines



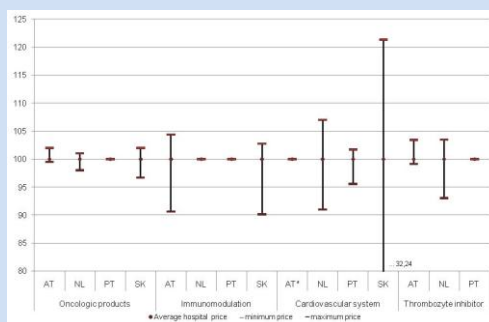
Financing medicines in hospitals

- Payers and funding
 - Usually the same payer (exc. AT, NO)
 - Different funding mechanisms:
 - Hospitals: medicines included in hospital budget (often DRG)
 - Out-patient sector: medicines (partially) reimbursed by NHS/SHI
- Specific funding schemes
 - Some – usually high-cost – medicines are not financed out of the hospital budget, but they are paid separately, either fully or partly, usually by the social health insurance
 - E.g. AT – oncology medicines in two regions
 - E.g. FR – high-cost medicines (particularly anti-cancer medicines, blood products, orphan medicines and some treatments for rheumatoid arthritis) reimbursed by SHI (70-100%), “reassigned medicines” (dispensed to out-patients)
 - E.g. NL – orphan medicines (100%), high-cost medicines (80%) reimb. by SHI

Actual hospital prices per unit of cardiovascular medicines in five European countries, 2009



Range of actual hospital prices for selected medicines per unit in 5 European countries, 2009



Definitions

Discount is a price reduction granted to specified purchasers under specific conditions prior to purchase.

Rebate is a payment to the purchaser after the transaction has occurred. Purchasers (either hospitals or pharmacies) receive a bulk refund from a wholesaler, based on sales of a particular product or total purchases from that wholesaler over a particular period of time.

Lessons learned

- Prices of medicines used in hospitals are usually not published – if so, only the maximum list prices are available.
- The actual hospital prices are usually less than the maximum list prices although the amount varies by therapeutic class of medicines.
- Discounts are less likely to be provided where there is only a monopoly product available.
- For some “strategic” products prices in the hospital sector are considerably lower than in the out-patient sector.



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PHIS Report and country-specify reports are available for download on the PHIS website!!