

Pharmaceutical Health Information System (PHIS) Indicators developed in the PHIS project – Short list

August 2009

TAXONOMY	C/S ¹	INDICATOR	CALCULATION AND UNITS	EVIDENCE	TYPE ² AND BREAKDOWNS	DATA SOURCES PREFERRED	LIMITATIONS
Background							
Demographics	S 1	Population age structure	Total population in thousands Frequency by age class in percentage	ECHI short list, PPRI	QT Total and 3 age classes: 0-14; 15-64, over 64 years old	EUROSTAT, OECD, WHO	
Health status	S 2	Life expectancy	Life expectancy at birth and at age 65	ECHI short list	QT At birth and at age 65	EUROSTAT, OECD, WHO	
Economics	S 3	Gross domestic product (GDP) per capita	GDP in € Purchasing Power Parities (PPP) per capita = GDP / (total population) Annual growth rates or index	PPRI	QT	EUROSTAT, OECD, WHO	
Health expenditure	C 1	Health expenditure (HE) per capita, per funding and segment: • Total health expenditure (THE) • Public HE • Private HE • In-patient HE • Out-patient HE	Values in € PPP and annual growth rates or index for every subindicator THE per capita = THE / (total population) THE in % of GDP = (THE / GDP) x 100 (Public HE / THE) x 100 (Private HE / THE) x 100 (In-patient HE / THE) x 100 Shares of public and private funding in in- patient HE: $= \frac{([Public\ or\ private]\ in-patient\ HE)}{(In-patient\ HE)} \times 100$ (Out-patient HE / THE) x 100 Shares of public and private funding in out- patient HE: $= \frac{([Public\ or\ private]\ out-patient\ HE)}{(Out-patient\ HE)} \times 100$	PPRI, ECHI short list	QT	EUROSTAT-OECD- WHO Joint SHA collection if available PHIS Pharma Profiles and PHIS Hospital Pharma Reports otherwise	Depending on data quality and availability. Data availability may be partial for the in-patient sector

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² QT = quantitative / QL = qualitative

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Pharmaceutical system							
Pharmaceutical provision	S 4	Inhabitants per prescription-only medicines dispensary	Total population / number of prescription-only medicines dispensaries (e.g. community pharmacies, dispensing doctors, ...)	PPRI	QT	PHIS Pharma Profiles and PHIS Hospital Pharma Reports	
Expenditure	C 2	Pharmaceutical expenditure (PE) per capita, per funding and segment: • Total PE (TPE) • Public PE • Private PE • In-patient PE • Out-patient PE	Values in € PPP and annual growth rates or index for every subindicator TPE per capita = (TPE / Total population) TPE in % of GDP = (TPE / GDP) x 100 TPE in THE = (TPE / THE) x 100 (Public PE / TPE) x 100 (Private PE / TPE) x 100 (In-patient PE / TPE) x 100 (In-patient PE) / (in-patient HE) x 100 Shares of public and private funding in in-patient PE: $= \frac{([Public \text{ or } private] \text{ in-patient PE})}{(In-patient PE)} \times 100$ (Out-patient PE / TPE) x 100 (Out-patient PE) / (out-patient HE) x 100 Shares of public and private funding in out-patient PE: $= \frac{([Public \text{ or } private] \text{ out-patient PE})}{(Out-patient PE)} \times 100$	PPRI, SOGETI	QT	EUROSTAT-OECD-WHO Joint SHA collection if available PHIS Pharma Profiles and PHIS Hospital Pharma Reports otherwise	Data availability may be partial at national level for the in-patient sector. TPE often only refers to out-patient PE. For determining the TPE, data from different sources, including national sources, though not defined as preferred source, will be needed to be taken and combined.
	S 5	Top 10 medicines by active ingredients	List of 10 medicines by active ingredients according to expenditure in value and volume	SOGETI core list, PPRI reports	QL Out-patient / in-patient Volume / value	PHIS Pharma Profiles and PHIS Hospital Pharma Reports	For total market or reimbursement market depending on data availability at national level

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Accessibility to medicines							
Access to market	S 6	Average time period between marketing authorisation and access to patient	Time period between marketing authorisation and patient accessibility defined as the medicines being available on the market	SOGETI core list	QT Total market	PHIS Pharma Profiles EFPIA: Patient WAIT indicator published twice a year	
	S 7	Evaluation of medicines	Is evaluation assessment conducted and description: scope, purpose, frequency, status of guidance, type etc.	PPRI, SOGETI	QL Out-patient / in-patient	PHIS Pharma Profiles and PHIS Hospital Pharma Reports	
Innovation	S 8	Uptake of new medicines	Number of New Molecular Entities (NMEs) launched within the last 5 and 10 years	SOGETI core list, DG ENTR Competitiveness ind.	QT In the last 5 and 10 years	PHIS Pharma Profiles DG ENTR (however not monitored anymore)	Feasibility of data collection to be assessed at country level
Pricing	C 3	Pricing policies	Is price control applied in the out-patient and in-patient sector? If which, how - which pricing policies (e.g. free pricing, statutory pricing, negotiations, procurement) and which pricing procedures (e.g. external price referencing, internal price referencing) are applied; which price type (e.g. ex-factory price) is controlled; which regulations (mark-up) exist for distribution actors)	PPRI	QL Out-patient / in-patient, reimbursement / non-reimb. market, prescription / non-prescription medicines	PHIS Pharma Profiles and PHIS Hospital Pharma Reports	
	S 9	Taxes on pharmaceuticals	Value Added Tax (VAT) and further taxes or tax-like fees	PPRI	QT Standard / Pharm. types (reimb, non-reimb...) / Other relevant taxes	PHIS Pharma Profiles	
Reimbursement	S 10	Reimbursement list	Out-patient: Reimbursement lists (positive / negative lists) in place In-patient: hospital pharmaceutical formularies / hospital national list / positive list for out-patient sector also valid for in-patient sector	PPRI, SOGETI core list	QL Out-patient / in-patient	PHIS Pharma Profiles and PHIS Hospital Pharma Reports	
	S 11	Reimbursement schemes	Reimbursement schemes which cover the majority of residents, in connection with the eligibility (product-specific, disease-specific, consumption-based etc. Reimbursement)	PPRI, SOGETI core list	QL Out-patient / in-patient	PHIS Pharma Profiles and PHIS Hospital Pharma Reports	
	S 12	Out-of pocket payments	Co-payment mechanism in place (prescription fee / % co-payment / reference price system / deductible); Mechanisms for vulnerable groups.	PPRI, SOGETI core list	QL Out-patient / in-patient	PHIS Pharma Profiles and PHIS Hospital Pharma Reports	
	S 13	Reference price system (RPS)	Is reference price system in place? If yes: Year of introduction, definition of reference groups, calculation method of the reference price	PPRI	QL Out-patient only	PHIS Pharma Profiles	

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Consumption							
Prescription	S 14	Prescriptions per capita	Prescription refers to items prescribed Number of items prescribed / Total population Annual growth rates	PPRI, SOGETI core list	QT Out-patient only	PHIS Pharma Profiles	
	S 15	Monitoring of prescribing practices	Implementation of prescription guidelines and / or prescription monitoring	PPRI	QL Out-patient / in-patient	PHIS Pharma Profiles and PHIS Hospital Pharma Reports	Partial geographical coverage
Consumption	S 16	Consumption	Consumption of pharmaceuticals in number of packages or in Defined Daily Doses (DDD) depending on data availability at national level Annual growth rates	EURO-MED- STAT, SOGETI core list	QT Total / out-patient / in- patient market	PHIS Pharma Profiles and PHIS Hospital Pharma Reports	Unit depends on data availability at national level Partial geographical coverage In-patient data availability uncertain
Adherence	S 17	Share of prescribed medicines dispensed	(Number of medicines actually dispensed / number of medicines prescribed) x 100	SOGETI core list	QT Out-patient only	National electronic prescribing systems	Partial geographical coverage Feasibility only for countries with electronic prescribing system in place
Generics	S 18	Generic policies	Information on generic promotion tools like generic substitution (indicative / obligatory, since when) or INN prescribing (indicative / obligatory, since when)	PPRI	QL	PHIS Pharma Profiles	
	S 19	Share of generics	Share of generics as percentage of different markets Volume = (Number of generic prescriptions / Total number of prescriptions) x 100 Value = Pharmaceutical expenditure for generics / (Total pharmaceutical expenditure) x 100 Annual growth rates	PPRI	QT Total (out-patient / in- patient market / total out-patient market / reimbursement market / unprotected market	PHIS Pharma Profiles	Data availability may be partial for some sub-market in particular the unprotected market
Interface management	S 20	Interface management of medicines	Is there an interface management system in place fo rmedicines? Description of programs, initiatives of mechanisms of cooperation between in-patient and out-patient sector.	PHIS Advisory Board and network	QL	PHIS Pharma Profiles and PHIS Hospital Pharma Reports	

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