PHIS

Pharmaceutical Health Information System
Agreement Number: 2007 333

A project funded by
Executive Agency for Health and Consumers and the
Austrian Federal Ministry of Health

INTERIM REPORT

Vienna, February 2010

PHIS

Pharmaceutical Health Information System

TECHNICAL INTERIM REPORT

submitted by the main beneficiary GÖG/ÖBIG / Austrian Health Institute

in coordination with the PHIS Advisory Board and the PHIS project management

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Abbreviations

AIFA	Agenzia Italiana del Farmaco / Italian Medicines Agency
BMG	Österreichisches Bundesministerium für Gesundheit / Austrian Federal Ministry of Health
BDA	Bulgarian Drug Agency
CAPR	Competent Authority for Pricing and Reimbursement of Pharmaceuticals
CEE	Central and Eastern Europe
CIS	Commonwealth of Independent States
D	Deliverable
DG ENTR	Directorate-General Enterprise and Industry of the European Commission
DG SANCO	Directorate-General Health and Consumer Protection of the European Commission
EAHC	Executive Agency for Health and Consumers
EAHP	European Association of Hospital Pharmacists
EC	European Commission
EU	European Union
EUROSTAT	Statistical Office of the European Communities
GÖG/ÖBIG	Gesundheit Österreich GmbH / Geschäftsbereich Österreichisches Bundesinstitut für Gesundheitswesen / Austrian Health Institute
HAS	Haute Autorité de Santé / High Authority of Health
HI	Health information
HiT	Health systems in Transition
HOPE	European Hospital and Healthcare Federation
IHHII	International Healthcare and Health Insurance Institute (Bulgaria)
M	Month
MS	Member States
NICE	National Institute for Health and Clinical Excellence
NHIF	National Health Insurance Fund (Bulgaria)
OECD	Organisation for Economic Co-operation and Development
PHIS	Pharmaceutical Health Information System
PPRI	Pharmaceutical Pricing and Reimbursement Information
P & R	Pricing and reimbursement
SUKL	State Institute for Drug Control (Slovakia)
WHO	World Health Organisation
WP	Work Package

Technical fact sheet

Contract number	Agreement Number – 2007 333	
Proposal title	Pharmaceutical Health Information System Under the Call for Proposals 2007 of DG SANCO Priority area: 1. Health information (HI 2007) Action: 1.1. Developing and coordinating the health information and knowledge system	
Acronym	PHIS	
Starting date of the project	1 September 2008	
Duration of the project	32 months	
Reporting period	1 September 2008 – 31 December 2009	
Objectives	The PHIS project aims at increasing knowledge and exchange of information on pharmaceutical policies, in particular on pharmaceutical pricing and reimbursement, in the EU Member States, covering both the out-patient and the in-patient sector.	
Tasks/Work packages (WP)	WP 1 Coordination WP 2 Dissemination WP 3 Evaluation WP 4 Terminology	WP 5 Monitoring WP 6 Indicators WP 7 Hospital Pharma WP 8 Networking
Commissioners	Executive Agency for Health and Consumers (EAHC) Austrian Ministry of Health (BMG)	
EAHC Representative	Ms. Jurgita Kaminskaite successor of Ms. Ann Thuvander	
Austrian BMG Representative	Mr. Gernot Spanninger	
Main partner	Gesundheit Österreich GmbH / Österreichisches Bundesinstitut für Gesundheitswesen / Austrian Health Institute (GÖG/ÖBIG)	
Associated partners	1. International Healthcare and Health Insurance Institute (IHHII); Sofia, Bulgaria 2. State Institute for Drug Control (SUKL); Bratislava, Slovakia 3. SOGETI Luxembourg SA.; Bertrange; Luxembourg 4. Italian Medicines Agency (AIFA); Rome, Italy	
Advisory Board	EU Agencies (EAHC, EUROSTAT) EU Commission services (DG SANCO and DG ENTR) International organisations (OECD, WHO HQ and Europe)	
Total amount of the project	€ 617.369,00	
EC Co-funding	60%	
First pre-financing payment	October 2008	
Second pre-financing request	June 2010	

1 Executive Summary

1.1 Introduction

This report is the Interim Technical Report on Implementation of the Pharmaceutical Health Information Project (PHIS), delivered by the main beneficiary GÖG/ÖBIG (Gesundheit Österreich GmbH / Geschäftsbereich Österreichisches Bundesinstitut für Gesundheitswesen / Austrian Health Institute) to the commissioner Executive Agency for Health and Consumers (EAHC).

The project is co-funded by the Austrian Federal Ministry of Health (Österreichisches Bundesministerium für Gesundheit, BMG).

As stipulated in the Reporting Requirements (Annex III) in the Grant Agreement for an Action (Agreement Number - 2007333), the Interim Technical Report on Implementation

- provides information on the results obtained to-date,
- gives an outlook on the work programme to be performed and
- provides copies of publications, products or other relevant outputs or deliverables of the project to date.

Additionally, the main beneficiary submits a consolidated financial statement on the first period (taking into account expenditure until December 2009) to the commissioner.

According to Article I.6 of the Grant Agreement, the Interim Technical Implementation Report covers the period from 1 September 2008 (start of project) to 31 December 2009.

1.2 Update on the PHIS project

The PHIS project aims to monitor and assess up-to-date health information and data in the field of medicines in a comprehensive health system approach which covers the out-patient and in-patient sector in the whole European Union, and to evaluate these Pharmaceutical Health Information indicators from a public health perspective. This will be achieved by fulfilling specific objectives (see Section 2.2) via specified work packages.

With regard to the work packages of the PHIS project, progress has been made on:

- Work Package Terminology (WP leader AIFA):

  The PHIS Glossary was developed, submitted to the EAHC on time and made publicly accessible on the PHIS website.

- Work Package Monitoring (WP leader IHHII):

  A template for the PHIS Pharma Profiles was developed and is currently pre-tested with a 2009 report on the Austrian pharmaceutical system. The PHIS library will be filled with national country reports (PHIS Pharma Profiles) as of 2010.

- Work Package Indicators (WP leader SOGETI):

  The taxonomy for the PHIS indicators was developed, submitted to the EAHC as planned and made publicly accessible on the PHIS website. For this set of indicators, which will be collected via the PHIS Pharma Profiles, a database will be developed to be filled with real life data.

- Work Package Hospital Pharma (WP leader SUKL):

  Results of the European survey on pharmaceutical pricing and reimbursement in the in-patient sector are available for 25 countries. Additionally, (draft) PHIS Hospital Pharma reports were produced for 20 countries whereof 7 reports are already published on the PHIS website. Study visits to five countries for the hospital case studies, including a price survey, were successfully performed. The outcomes of the European survey and the case studies will be presented at the PHIS Hospital Pharma seminar at the end of February 2010, and will be made available in the PHIS Hospital Pharma report which is due in February 2010 as well.

- Work Package Networking (WP leader GÖG/ÖBIG):

  A network comprising competent authorities and Third Party Payers as well as hospital pharmacists from a total 35 countries was built, and two PHIS Network Meetings were held.

All deliverables achieved are accessible on the **PHIS website** (http://phis.goeg.at). Additionally, several dissemination activities have been undertaken.

2 Specification of the project

2.1 General objective of the project

The strategic objective of the project is to monitor and assess up-to-date health information and data in the field of medicines in a comprehensive health system approach which covers the out-patient and in-patient sector in the whole European Union, and to evaluate these Pharmaceutical Health Information indicators from a public health perspective. These information and data allow Member States to benchmark their performance with other countries and to learn from the experience of the others, and thus to fine-tune their pharmaceutical policies accordingly in order to guarantee the best possible provision with safe, effective and high quality medicines in spite of financial restraints.

2.2 Specific objectives of the project

No	Title	Description	Indicators[1]	Work package
1	**Common language** To develop and promote a common understanding, based on a shared language and terminology	Unclear terminology may lead to misunderstandings and even misinterpretations of results. The PHIS project aims to develop a glossary in the field of medicines, and to promote this tool in order to achieve a common language.	Number of documents / projects based on PHIS related terminology	WP 4
2	**Methodology** To develop a methodology as basis for pharmaceutical health indicators	In order to guarantee the comparability of data and practicability when filling in and updating real data the existing methodology for collection of pharma-relevant data will be refined.	Number of quotations of / references to PHIS methodology and taxonomy in scientific and policy papers	WP 6
3	**Updated country-specific information** To provide up-to-date information and data on pharmaceutical pricing and reimbursement in the EU	A library with reports on pharmaceutical systems in the EU Member States, containing up-to-date comparable information and particularly focussing on pricing and reimbursement, will be produced.	Being up-to-date of the PHIS library – most information from year 2009 Number of quotations of PHIS library information in scientific papers Sustainability of PHIS library	WP 5

No	Title	Description	Indicators[1]	Work package
4	**European pharmaceutical health indicators** To develop a set of pharmaceutical indicators from a public health perspective	There have been several initiatives on health indicators, including pharmaceutical indicators, which now need to be merged. Pharmaceutical indicators, which have been developed in projects like SOGETI indicators, EUROMEDSTAT and PPRI will be reviewed and a proposal for a consolidated set of indicators will be filled in with real data.	List of at least three key pharmaceutical indicators for policy-makers	WP 6
5	**In-patient survey** To gather information and data on medicines in the hospital sector	Previous research has shown that information concerning pharmaceuticals in the in-patient sector is lacking. A survey to learn more about medicines management specifically in the hospital sector will be carried out.	Overview table containing information on relevant in-patient pricing and reimbursement strategies in EU Member states Availability of pharmaceuticals	WP 7
6	**Communication, information-exchange and dissemination** To guarantee internal and external communication	Several activities facilitating the exchange of information and the sharing of experience between PHIS-network members will be undertaken. In addition, the project, its objectives and its deliverables will be disseminated to policy-makers, the scientific community and interested parties.	Five PHIS Network Meetings Eventually two additional workshops/ seminars Degree of dissemination Sustainability of the PHIS network Time-bound deliverables	WP 8

[1] These are indicators to evaluate the PHIS project which had already been specified (cf. grant agreement 5.3). Please note that additional/different indicators may be applied for the evaluation by the end of the project.

Source: PHIS Grant Agreement sections 2.2 and 5.3.

2.3 Tasks and Deliverables

The PHIS project is subdivided into 8 work packages (WP), which are linked to the specific objectives of the study. Table 2.1 provides an overview of these work packages with their key deliverables according to the Grant Agreement. WP1 – WP3 are horizontal work packages.

Table 2.1: Overview of activities for the period 1 September 2008 – 31 December 2009

Work package(s)	Outcome/Deliverables	Date foreseen	Date of achievement	Level of achievement	Justification[1]/ Problems encountered	Action to be taken to overcome the problem[1]
WP 1 'Coordination'	PHIS Technical and Financial Interim Report (D 8)	M18	M18	Finished	-	-
	PHIS Technical and Financial Final Report (D 10)	M34	-	-		
WP 2 'Dissemination'	PHIS Website (D1)	M3	M3	Online,	-	-
	PHIS Leaflet	-	M2	Online		
	PHIS Corporate Design	-	M2	Available for use		
	PHIS Logo	-	M2	Available for use		
	PHIS Banner	-	ongoing	Available for use		
	Presentations	-	ongoing	Ongoing		
	Publications / Articles			Ongoing		
WP 3 'Evaluation'	PHIS Evaluation Report (D9)	M31	-	PHIS Advisory Board was set up; organisation for commissioning an evaluation institute	-	-

Work package(s)	Outcome/Deliverables	Date foreseen	Date of achievement	Level of achievement	Justification[1]/ Problems encountered	Action to be taken to overcome the problem[1]
WP 4 'Terminology'	PHIS Glossary printable version (D5) PHIS online Glossary	M10	M10 M12	PHIS Glossary was submitted So far 7 PHIS Hospital Pharma reports have been published using PHIS-related terminology	-	-
WP 5 'Monitoring'	PHIS Library (D3) PHIS Pharma Profile Template	M26	- M13	- Template was developed and is currently tested	-	-
WP 6 'Indicators'	PHIS Taxonomy (D2) PHIS Database (D4)	M11 M29	M11 -	PHIS Taxonomy Indicators Report incl. PHIS Taxonomy Indicators Short List was submitted	-	-
WP 7 'Hospital Pharma'	PHIS Hospital Report (D6) PHIS Hospital Pharma Reports (Country reports) PHIS Case studies PHIS Hospital Pharma Seminar	M18	- From M10 on M16 M18	7 PHIS Hospital Pharma Reports on PHIS Website available for download; study visits for case studies were performed; PHIS Hospital Report and seminar in preparation	-	-
WP 8 'Networking'	A series of PHIS Network Meetings (D7) 1st PHIS Network Meeting 2nd PHIS Network Meeting 3rd PHIS Network Meeting 4th PHIS Network Meeting 5th PHIS Network Meeting	 M3 M10 M18 M24 M30	 M3 M10 M18 - -	2 PHIS Network Meetings were held. One is currently in preparation.	4th PHIS meeting cannot take place as scheduled in M24 due to holiday session	The 4th PHIS meeting is postponed and will take place in M25

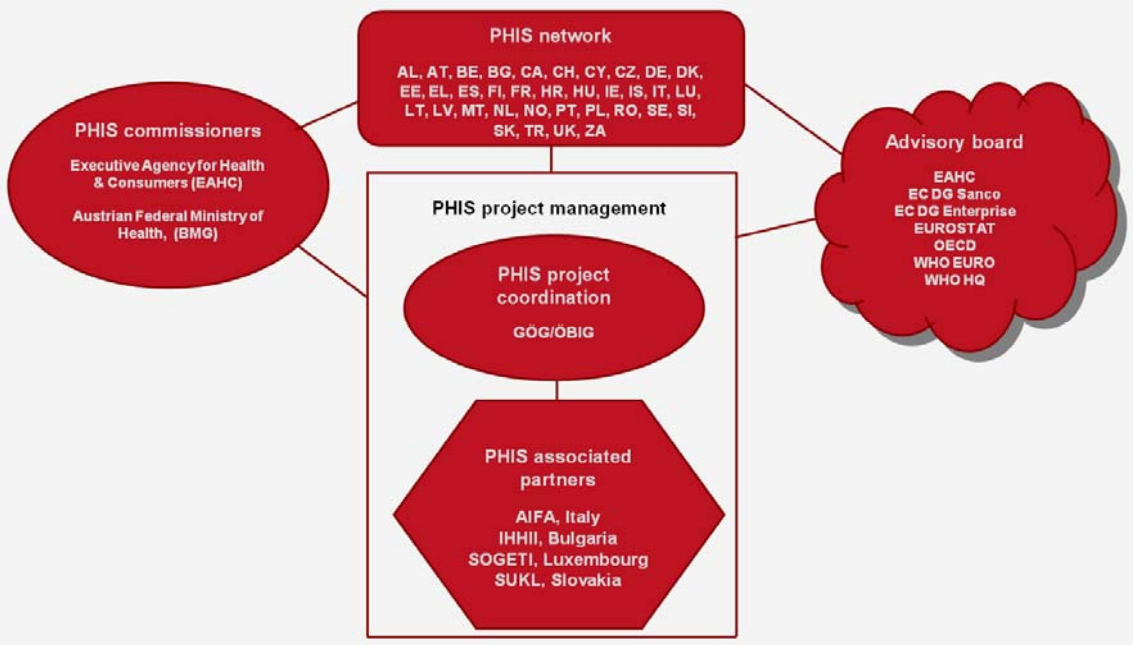
[1] Referring to the level of achievement; possible other problems encountered will be discussed later in the corresponding sections

3 Technical implementation of the project

3.1 Activities related to horizontal work packages

3.1.1 Work package 1 – Coordination[1]

Work package 1 - Coordination of the project	
Lead Partner	Main Beneficiary: GÖG/ÖBIG
Partners involved	IHHII, SOGETI, AIFA, SUKL
Management structure / Project organisation	



Project organisation

Commissioning parties

- Executive Agency for Health and Consumers (EAHC)
- Austrian Ministry of Health (BMG)

[1] In the Template for the Interim Technical Report, the WP is called „Management". We decided to keep with the term "Coordination" in order to guarantee consistency with the Grant Agreement. The term "project management" is used to define the main partner and the associated partners.

Project management

Main partner:

- **Gesundheit Österreich GmbH / Geschäftsbereich ÖBIG (GÖG/ÖBIG)**; Vienna, Austria

  Team: Sabine Vogler (PHIS Project Leader), Claudia Habl (PHIS Deputy Project Leader), Christine Leopold (PHIS Communication Officer), Simone Morak (Editor-in-Chief), Nina Zimmermann (Data Management), Romana Landauer (PHIS Project Assistant), René Heindl (IT), Brigitte Juraszovich (Project controlling), Ferenc Schmauder (Graphics), Karin Kopp

Associated partners:

- **International Healthcare and Health Insurance Institute (IHHII)**; Sofia, Bulgaria: Andre Gergana, Elena Tchobanova, Ilko Semerdjiev, Svetla Stefanova
- **State Institute for Drug Control (SUKL);** Bratislava, Slovakia: Jan Mazag, Barbara Bilancikova, Barbora Kucerova, Janka Rajnohova, Monika Pastuchova
- **SOGETI Luxembourg SA.;** Bertrange; Luxembourg: Laurent Jaquet, Sophie Lopes, Gaetan Chateaugrion
- **Italian Medicines Agency (AIFA);** Rome, Italy: Pietro Folino-Gallo, Luisa Muscolo, Alessia Polinari

Advisory Board

The PHIS Advisory Board comprises EU Commission services (DG SANCO and DG ENTR) and EU agencies (EAHC, EUROSTAT) and international organisations (OECD, WHO).

PHIS network (cf. Annex I)

The PHIS network consists of competent authorities (pricing and reimbursement), third party payers, and ministries of health as well as hospital pharmacists from the EU Member States and beyond. Furthermore the Advisory Board as well as representatives of HOPE and EAHP take part in the PHIS network.

As of December 2009 all 27 EU Member States plus Albania, Canada, Croatia, Iceland, Norway, South Africa, Switzerland and Turkey including more than 60 institutions are members of the PHIS network.

Tasks performed	
Internal Partnership agreement	At the beginning of the project, an internal partnership agreement (IPA) was set up between the main partner and each associate partner. The IPA defines tasks and responsibilities of the partners.
Communication strategy	The PHIS project co-ordination has been committed to a good communication to the commissioning parties, the EAHC and the Austrian Ministry of Health. Representatives from both the EAHC (1st Network Meeting) and the Austrian Ministry of Health (1st and 2nd Network Meeting) were present at those PHIS network meetings which had taken place by

	now. Furthermore updates and important developments on the project are communicated via e-mail. Information flow between the project management and the PHIS network / Advisory Board is assured via e-mail and the PHIS network meetings.
Internal communication (Project Management)	The responsibility of the project leader GÖG/ÖBIG is to ensure best possible communication within the PHIS project management members (PHIS project coordination and PHIS partners). To guarantee a good communication the following communication strategy has been implemented: • Each associated partner has one nominated contact person (first point of contact) from the PHIS project coordination team (GÖG/ÖBIG) • Main communication channels are e-mail, telephone, Skype • Regular written updates on the progress on their WP provided by the WP leaders Meetings & telephone / Skype conferences: • On 24 September 2008 the PHIS Project Kick-off Meeting took place in Vienna. • Before the 1st PHIS Network Meeting a PHIS Project Management Meeting took place in Vienna in 20 November 2008. • Regular Skype conferences with all partners are taking place for updates on the progress and discussion of burning issues: - 24 April 2009 and 17 November 2009 • If required, additional meetings (in person or via Skype/telephone conference) between the PHIS project leader and WP leaders take place - 19 December 2008, Vienna – Development of the PHIS Hospital Pharma Template for the General Survey (Mr. Mazag, Ms. Vogler, Ms. Leopold, Ms. Morak, Ms. Habl) - 16 February 2009, Berlin – Discussion on WP 6 Indicators (Ms. Lopes, Ms. Vogler, Ms. Leopold) and discussion on PHIS Hospital Pharma (Ms. Habl, Mr. Mazag, Ms. Andre) - 2 June 2009, Vienna – Discussion on WP 7 – General Survey and Case Studies (Mr. Mazag, Ms. Bilancikova, Ms. Vogler, Ms. Morak, Ms. Zimmermann, Ms. Leopold) - 16 June 2009, Skype conference – Discussion on WP 6 Indicator development (Ms. Lopes, Ms. Vogler, Ms. Zimmermann) - 1 July 2009, Vienna – Development of PHIS Hospital Pharma Profile Template (Ms. Andre, Ms. Vogler, Ms. Leopold, Ms. Zimmermann) - 25 September 2009, Vienna – Preparation Meeting for the 3rd PHIS Network Meeting and the Case Studies / PHIS Hospital Pharam (Mr. Mazag, Ms. Bilancikova, Ms. Vogler, Ms. Leopold)

	- 20 November 2009, Vienna – Discussion on WP 7 General Survey, Case Studies and 3rd Network Meeting (Mr. Mazag, Ms. Bilancikova, Ms. Vogler, Ms. Morak, Ms. Zimmermann, Ms. Leopold, Ms. Habl)
Current Status on Deliverables	
• Interim technical and financial report to EAHC (D8) – performed • Final technical and financial report to EAHC (D10) – due in M 34	
Problems encountered / How were problems resolved	
In the beginning of the PHIS project not all partners had Skype installed at their computers. However, for easy and cost-effective communication all partners were encouraged to install Skype. By now all WP leaders are able to communicate using Skype technology.	
Activities planned for the next period	
• As the WP coordination is relevant throughout the whole project period the tasks mentioned above are carried on until the end of the project. • The good communication between all participants involved in the project (partners, network, advisory board, commissioners) should be continued. • Writing of the final technical and financial report (M34) • A workshop is planned for 15 February 2010 held in Vienna in order to discuss and develop the PHIS Database (Ms. Lopes, Mr. Chateaugiron, Ms. Vogler, Ms. Leopold, Ms. Zimmermann) • A PHIS Intranet (members-only site) will be set up	

3.1.2 Work package 2 – Dissemination

Work Package 2 - Dissemination	
Lead Partner	Main Beneficiary: GÖG/ÖBIG
Partners involved	IHHII, SOGETI, AIFA, SUKL
Dissemination strategy available	Yes: cf. Annex II
Tasks performed	
PHIS Corporate Design	For good marketing and recognition of PHIS a recognisable layout was developed. Based on this, templates for reports and presentations were developed which all partners are strongly advised to use.
Set up and extension of a PHIS project website	A key dissemination tool is the PHIS website which was set up in November 2008 and was presented to the PHIS network at the 1st PHIS Network Meeting in Vienna in November 2008. An updated version of the PHIS website was presented at the 2nd PHIS Network Meeting in Luxembourg in June 2009. The URL of the website is: http://phis.goeg.at The website structure is as follows: 1. About PHIS: displays a short description of the project including the objectives and the duration as well as a link to “PHIS in the context

	of other initiatives" (see below), PHIS reports, a sitemap and a disclaimer. At the front page PHIS project-related announcements are presented. 2. PHIS organisation: provides an organisational chart (also for download) gives information on the project commissioners (EAHC, BMG), the PHIS project management (coordination and associated partners), the PHIS Advisory Board as well as the PHIS network: 3. Meetings: gives an overview of all 5 PHIS network meeting as well as other relevant events 4. Glossary: gives an overview of the WP Terminology and defining all terms that refer to pharmaceutical pricing and reimbursement in a European context, from a public health perspective. The PHIS Glossary was uploaded on the PHIS Website. 5. PHIS Library: gives an overview on the WP Monitoring and includes the on-line documentation system which, by the end of the project, will contain up-to-date country reports 6. PHIS Database: gives an overview on the WP Indicators and provides the PHIS Taxonomy and the PHIS Indicators short list. By the end of the project the PHIS Database will be online. 7. Hospital Pharma: gives information on the WP Hospital Pharma, results of the general survey (country specific PHIS Hospital Pharma reports), PHIS hospital case studies as well as the Hospital Seminar. Furthermore the PHIS Hospital Report will be put under this section. 8. Dissemination: stating the dissemination activities that have been performed so far. 9. Contact: provides contact details of the PHIS project coordination team
Stakeholder / Target group analysis	At the beginning of the project, an environment analysis was carried out, investigating the role of the PHIS project in the context of other/similar projects, initiatives and activities. A draft was first discussed with the project management at the kick-off meeting on 24 September 2008. A revised version was presented to the PHIS Advisory Board on 20 November 2008 and to the PHIS network on 21 November 2008. Taking into consideration the feed-back, the chart "PHIS in the context" was adopted and it currently accessible at the PHIS website (see "About PHIS").
Contacts to project participants, communication, information exchange and dissemination	The commissioners of the project, the partners, Advisory Board and the network are currently updated on new developments regarding the project either via e-mail or in the Network Meetings. PHIS project leader GÖG/ÖBIG is responsible for keeping the contact details of all project participants updated in order to ensure the best possible information flow. Furthermore a staff member at GÖG/ÖBIG is nominated as communication and dissemination officer.

Presentations on PHIS at conferences	The PHIS project was also made known at international conferences, where at least a part of the presentation was devoted to the PHIS project. The following list gives an overview of the dissemination activities of the main beneficiary GÖG/ÖBIG in national and international conferences during the first 16 months of the PHIS project: • November 2009: PPRI Meeting, Austria • October 2009: 4th Forum Invest International Health Conference, Romania • September/October 2009: European Health Forum Gastein, Austria • September 2009: WHO Global Pricing Group, the Netherlands • September 2009: Pricing and Reimbursement Conference for Russia & CIS, Austria • September 2009: Meeting of Austrian pharmaceutical experts at Gesundheit Österreich GmbH, Austria • September 2009: Meeting of the Vancouver Group, Austria • July 2009: Summer course Utrecht University, Netherlands • June 2009: PHIS Meeting, Luxembourg • May 2009: Russian Pharmaceutical Forum, Russia • May 2009: Meeting on Pricing and Reimbursement for socially significant diseases, Russia • May 2009: Albanian Pharmaceutical Days, Albania • April 2009: INFORMA CEE Regulatory Affairs Conference, Hungary • February 2009: PPRI Meeting, Germany • January 2009: Piperska Group, Italy • January 2009: University Utrecht, Netherlands • December 2008: P&R Network meeting of competent authorities during the French Presidency, France • December 2008: EU Open Health Forum, Belgium • December 2008: Next Level Oncology Conference, Austria • December 2008: Novartis International Pricing & Reimbursement Network Meeting, Austria At the beginning of the project, all relevant Bulgarian institutions including Parliamentary Health Committee, Ministry of Health, National Health Insurance Fund (NHIF), Bulgarian Drug Agency (BDA), hospital associations were officially informed about the PHIS project and invited to provide information and opinion.

Development of PHIS leaflet (cf. Annex III)	Shortly after the start of the project, a leaflet with key information on PHIS was designed. The leaflet was presented to the PHIS network in the 1st Network Meeting in Vienna in November 2008. In the course of the project the leaflet was disseminated at various occasions. The leaflet can be downloaded from the PHIS website: http://phis.goeg.at/
Development of PHIS logo	For dissemination purposes, a logo was developed for the PHIS project. This logo shall be used in all publications on PHIS. 
Development of the PHIS banner	A PHIS banner which links to PHIS website has been created. This PHIS banner has been on the website of the Bulgarian associate partner IHHII since autumn 2008. 
Publications / Articles	The PHIS project and its outcomes is planned to be made public by, among those, articles in journals. However, these dissemination activities are planned to be set mainly at the end of project when results can be presented. The two articles published by now thus provided more a general description of the objectives, tasks and the project organisation. 1. Pharmazie Sozial, Krankenhausapotheker als Interessenspartner im PHIS-Projekt, Vienna, February 2009 (published by a network member) 2. Das österreichische Gesundheitswesen (ÖKZ), Arzneimittelmanagement im Spital, Vienna, 2009
Current Status on deliverable	
D1 PHIS website - performed, to be regularly up-dated cf.: http://phis.goeg.at/	
Problems encountered / How were problems resolved	
The URL of the previous website was changed from http://phis.oebig.at to http://phis.goeg.at due to a change of the company name. As this was a technical problem it easily could be solved by the IT department at GÖG/ÖBIG. However in order to communicate this change to the partners and network members of the PHIS project an increased dissemination strategy was needed. In order to prevent problems due to this change of the website address the old URL still works for a transition period.	

Activities planned for the next period
• PHIS website: the website will be regularly updated; upload of new deliverables • Communication & dissemination: regularly; to be continued • Poster presentation at Geneva Health Forum, April 2010 • Article on PHIS is planned to be published in the European Journal of Hospital Pharmacists (EJHP), Spring 2010 • Conferences: continuing presentation on PHIS at conferences, organisation of the PHIS Hospital Pharma seminar in Bratislava on 26 February 2010 (cf. section 3.2.4).

3.1.3 Work package 3 – Evaluation

Work Package 3	Evaluation
Lead Partner	Main Beneficiary: ÖBIG
Partners involved	IHHII, SOGETI, AIFA, SUKL
Tasks performed	
Approach	A two tier approach (internal and external project evaluation) is foreseen for the evaluation of PHIS project. The internal evaluation is guaranteed by the PHIS Advisory Board. In total, five PHIS Advisory Board are planned; thereof two of them already took place. Concerning the external evaluation, the project management will, after consultation with the EAHC and the PHIS Advisory Board, commission an institution (or a person from academia) to undertake this evaluation. Furthermore ongoing evaluation processes take place during the whole project.
Data collection for process evaluation	In order to continuously evaluate processes of the PHIS project data are collected in a coordinated way by the PHIS project leader GÖG/ÖBIG by means of regularly asking the project partners to submit update reports on the progress of their work package or producing minutes of meetings.
Feedback procedure	For all deliverables and working methods feedback from the Advisory Board members was asked for (e.g. methodology of Glossary, deliverable Glossary, PHIS Hospital Pharma report template, PHIS Indicators, PHIS Taxonomy, PHIS Indicators Shortlist, PHIS Website, PHIS Pharma Profile template). We received valuable feed-back from the members of the PHIS Advisory Board as well as the PHIS network representatives which were also addressed for feed-back.
Proposal for the selection process of an evaluation institution	For the external evaluation of the project a list of possible evaluation institutions was drawn. This proposed list will be discussed with the PHIS Advisory Board. The decision on the evaluation institution is expected for spring 2010.

Current Status on deliverables
D9 PHIS Evaluation Report due in M 31
Problems encountered / How were problems resolved
Not applicable
Activities planned for the next period
The internal evaluation by the PHIS Advisory Board will continue as before. Regarding the external approach the evaluation procedure is planned to spring/summer 2010. An evaluation plan will be developed and finalised.

3.2 Activities related to project objectives (core work packages)

3.2.1 Objective 1 – Common language (WP 4 Terminology, WP 8 Networking)

Methodology applied as planned
In order to develop and promote a common understanding, based on shared language and terminology the following steps were taken: 1. Development of the PHIS Glossary The work on the PHIS Glossary was divided into the following phases: • A survey of existing glossaries, which was done from October to December 2008 by the WP leader AIFA. The methodology and the results of this survey exercise are summed up in annex IV "Survey of Existing Glossaries in the Pharmaceutical Sector. Background document to the PHIS Glossary". The methodology was applied as planned. • The inclusion and definition of terms in the PHIS Glossary, was undertaken from January 2009 onwards • Regular feed-back within the project management, by the PHIS Advisory Board and the PHIS network (see below "Involvement of partners and target groups) 2. Dissemination of the PHIS Glossary • PHIS Network Meeting in June 2009 (presentation and training session) • Online PHIS Glossary available at http://phis.goeg.at • Promoting the use of the PHIS Glossary for writing reports
Involvement of partners and target groups
The process of inclusion and definition of terms in the PHIS Glossary was accompanied by a strong involvement of experts, including the members of the PHIS Advisory Board and the PHIS network. A first draft of the PHIS Glossary was sent to the PHIS network in February 2009, and another up-dated version was circulated within the PHIS network in June 2009 for

feed-back and comments. At the PHIS Network Meeting in June 2009, the PHIS Glossary was presented and discussed, and a training session on the PHIS Glossary was held. Another feed-back round on the final draft was performed in June/July 2009. The PHIS Glossary was developed inter-coordinated with the PHIS indicators and templates (PHIS Hospital Pharma report, PHIS Pharma Profiles) and has sought consistency with the terms used in the other documents and deliverables of the PHIS project.

Coordination with other projects or activities

A survey of existing glossaries which were produced in the course of different projects was undertaken which the consideration of the work of other projects.

According to a strong wish expressed by the PHIS Advisory Board at the Advisory Board Meeting in Luxembourg (June 2009) to base the PHIS Glossary on the PPRI Glossary many terms of the PPRI Glossary were included in the PHIS Glossary.

Feedback on the Glossary from representatives of international institutions was received including WHO, OECD, HOPE and EAHP. Some terms were commissioned to external experts from e.g. NICE and HAS (High Authority of Health, France).

Outcomes and deliverables achieved

D5 PHIS Glossary, M 10/June 2009 – delivered on time (cf. Annex V PHIS Glossary or http://phis.goeg.at)

Problems encountered / How were problems resolved

During the definition process of relevant terms different definitions from different institutions (e.g. WHO, OECD, EUROSTAT) for one term were identified. After discussions (incl. with the Advisory Board) the decision was taken to either use one of the available definitions most relevant for the PHIS project or combine definitions in order to get the most PHIS appropriate definition.

Furthermore a decision was taken with regards to the term “pharmaceutical “and its synonyms. After discussion with the Advisory Board at the 2nd PHIS Advisory Board Meeting in Luxembourg it was decided to use the term “medicine” as preferred term instead of the term “pharmaceutical”. The term “pharmaceutical” is still used as synonym for the term “medicine”. The term “drug” should be rarely used, unless in fixed combination (e.g. “adverse drug reaction”).

Activities planned for the next period

From a technical point of view the PHIS Glossary was submitted as deliverable and is finished.

Nonetheless, the project management considers it as a constantly developing document. Therefore it will be regularly reviewed and updated, and new terms will be included if appropriate. Feedback is welcome by everybody and is possible via the PHIS website.

The promotion of the PHIS Glossary use is on-going. In the next time it will become particular relevant when PHIS network members will write the PHIS Pharma Profiles (D3 PHIS Library). Therefore the issue of the PHIS Glossary will be addressed again during the 3rd PHIS Network Meeting in Bratislava in February 2010 as well as during the review and editorial process of the PHIS Pharma Profiles.

The main beneficiary of the PHIS project (GÖG/ÖBIG) is in the course of developing a Pharma Glossary in German language (outside the scope of the PHIS project). The PHIS Glossary is, among others, a basis for this German glossary.

3.2.2 Objective 2 and objective 4 – Methodology and European pharmaceutical health indicators (WP 6 Indicators)

Methodology applied as planned

The development of the taxonomy for the PHIS indicators and selection of indicators applied the following methodology:

- Development of a taxonomy for indicators: A taxonomy is a classification method of elements in groups or categories. Such groups have to be determined and defined according to the characteristics of the elements of the taxonomy and the objectives of the taxonomy. In the framework of this project, it consisted of developing set(s) of indicator(s) according to categories grouping the indicators according to their aim and scope.
- Review of relevant sources dealing with pharmaceutical indicators from a public health perspective: In the course of the time, several projects have dealt with the development of public health indicators, however, only a few regarded indicators in the field of pharmaceutical policies. These projects were identified and the lists of indicators were analysed with a view of integrating them in the PHIS set of indicators.
- Development of a set of PHIS indicators: A menu of indicators for monitoring the performance of the pharmaceutical sector in meeting public health objectives according to the work already carried out was developed including several feed-back rounds among the project management, but also with the PHIS Advisory Board and PHIS network (see below "Involvement of partners and target groups".
- Submission of the report: The report contains methodological information on the development of the taxonomy, the set of PHIS indicators and, additionally, detailed profiles for each indicator which include a definition, the break-downs, a reference to its evidence and current use and a discussion of limitations.

Based on this set of public health pharmaceutical indicators a PHIS database will be developed and filled with real life data.

Involvement of partners and target groups

The PHIS Taxonomy was developed in close cooperation within the PHIS project management and in coordination with the PHIS Advisory Board and PHIS network. A proposal of indicators to be included in the taxonomy was discussed at the 2nd PHIS Network Meeting in Luxembourg in June 2009; a whole session including a group work was devoted to this topic. The indicators report, which was produced based on the feed-back expressed at the meeting, was then circulated to PHIS Advisory Board and PHIS network at the beginning of July 2009. We received very valuable feed-back which has been considered in the final version of the PHIS taxonomy.

Coordination with other projects or activities

There have only been a few initiatives on pharmaceutical indicators, which we have now merged. Pharmaceutical indicators, which were developed in projects like SOGETI indicators, EUROMEDSTAT and PPRI were reviewed and considered when the set of indicators was developed.

Outcomes and deliverables achieved

D2 PHIS Taxonomy – M12/July 2010 – delivered on time (cf. Annex VI PHIS Taxonomy Indicators Report and annex VII PHIS Taxonomy Indicators Short List)

D4 PHIS Database – due in M 29

Problems encountered / How were problems resolved

Availability problems: At the 2nd PHIS Network Meeting in Luxembourg in June 2009 a group work was dedicated to the proposed PHIS indicators. The PHIS indicators tackle the challenge that wherever appropriate and possible they are not only limited to the out-patient sector (as pharmaceutical policy information indicators usually do), but should be applicable for the hospital sector as well. In the group work concerns were raised that for some proposed indicators (in particular the break-down on the hospital sector) data availability could be a problem. Nonetheless, members of the PHIS network, endorsed by the PHIS Advisory Board, expressed themselves in favour of integrating some of the indicators with availability problems, as this was seen as an important starting point for Member States to possibly improve their national reporting systems.

Preferred source: Methodological discussions were held with regard to the preferred data source for filling the indicators. Based on the recommendations of the PHIS Advisory Board and the PHIS network, it was decided to refer as preferred source for expenditure indicators to EUROSTAT-OECD-WHO Joint SHA collection if available and national sources collected through the PHIS Pharma Reports otherwise, whereas national data as collected in the PHIS Pharma Profiles were decided as preferred source for most of the other, often qualitative, indicators.

Comparability problems: Additionally comparability concerns were raised and discussed among the project management and together with experts from the PHIS Advisory Board, in particular OECD and WHO. A specific case regarded pharmaceutical expenditure where in the EUROSTAT-OECD-WHO Joint SHA collection total pharmaceutical expenditure in fact only covers out-patient pharmaceutical expenditure for many countries. After in-depth discussions we decided in coordination with the PHIS Advisory Board to take out-patient pharmaceutical expenditure and in-patient pharmaceutical expenditure from different data sources in order to allow for a comprehensive and complete picture of pharmaceutical expenditure.

A lengthy discussion also concerned the number of indicators to be developed. Whereas a larger number of indicators allow for more indications and a broader perspective (in the interest of technical people), policy makers (political people) are interested in very few indicators which could reduce complexity. This was, in coordination with the PHIS Advisory Board and the PHIS network, resolved by development a total of 23 indicators, thereof three indicators defined as core indicators.

Activities planned for the next period

The next step in WP 6 Indicators is the development of the PHIS Database which is an information system on pharmaceutical health systems, filled with available data from all EU Member States and possibly beyond. The outline of the database, the creation of data files, the presentation of the database on the PHIS website as well as the technical set up of the database is at the time of writing extensively being discussed in order to develop a good basis for a sustainable up-to-date database. A specific one-day working meeting takes place in Vienna on 15 February 2010 with indicator/database experts of the WP leader SOGETI and the main partner GÖG/ÖBIG:

In the PHIS network meeting in Bratislava in February 2010 a focus will be put on the WP Indicators by means of outlining the PHIS database including a progress report. Furthermore, a group work will be dedicated to the topic indicators in order to create awareness of among the PHIS network participants. The PHIS indicators will be followed up in the 4th PHIS Network Meeting scheduled for September 2010.

3.2.3 Objective 3 – Updated country-specific information (WP 5 Monitoring; WP 8 Networking)

Methodology applied as planned
PHIS Library: The template for writing the PHIS Pharma Profiles (country specific pharmaceutical pricing and reimbursement information targeting the in- and out-patient sector) was developed by WP leader IHHII in collaboration with the main partner GÖG/ÖBIG. The PHIS Pharma Profiles will be the content of the PHIS Library. The first outline of the template was presented at the 2nd PHIS Network Meeting in Luxembourg in June 2009 and after discussion in particular with the PHIS Advisory Board a different approach of outlining the chapters was decided which was realised at a workshop with the WP leader IHHII and GÖG/ÖBIG in Vienna in July 2009. After another review by the PHIS project management and the PHIS Advisory Board the template was finalised. For each heading, the template states which information and data should be included and gives hints on the way of presentation (e.g. sample tables are included). Additionally, the PHIS indicators covered in the template are highlighted. The template of the PHIS Pharma Profiles is provided in Annex VIII. In the 2nd PHIS Advisory Board meeting in June 2009, the Advisory Board proposed to test the PHIS Pharma Profile template before offering it to the members of the PHIS network. The main partner volunteered and currently writes the PHIS Pharma Profile 2009 based on the template. The lessons learned from this pilot will be presented at the 3rd PHIS Network Meeting.
Involvement of partners and target groups
The PHIS Pharma Profile template was developed in close cooperation with the PHIS Advisory Board as well as the PHIS project partners within the project management. Feedback from the PHIS network was also taken into account. Furthermore a linkage to other WP such as WP 4 Monitoring and WP 6 Indicators is ensured.
Coordination with other projects or activities
Experiences by HiT (Health in Transition) profiles of WHO Observatory and by PPRI (Pharmaceutical pricing and reimbursement information) Pharma profiles of GÖG/ÖBIG were taken into account.
Outcomes and deliverables achieved
D3 PHIS Library – due in M 26 Draft PHIS Pharma Profile template was developed A procedure for the review and editorial process was defined and decided.
Problems encountered / How were problems resolved
A major discussion point which was rather time-consuming was the question how to merge the out-patient and the in-patient part of the PHIS Pharma Profile template. In a first draft, all sub-sections included both the out-patient and in-patient elements. The PHIS Advisory Board recommended leaving the key chapters on pricing and reimbursement as separate parts for the out-patient and in-patient sector. Another compromise to be made concerned the right balance between the need for in-depth information and a reasonable length of the PHIS Pharma Profile template. The original time-table foresaw that the PHIS network members start drafting the Profiles at

the end of December 2009. However, the starting time was shifted to the end of February 2010 as the project management would like to personally discuss the template and the drafting process in the 3rd PHIS Network Meeting in Bratislava on 25 February 2010. Additionally, the delay has the valuable advantage as most up-to date 2010 information be included in the PHIS Pharma Profiles. The editorial process will be influenced by this development and will start two months delayed in July 2010. However it is expected that the PHIS Library will be filled with country specific information on time by the end of month 26 (November 2010).

We are aware of the fact that it is very challenging to aim for a Library which covers PHIS Pharma Profiles of as many EU Member States as possible. The members of the PHIS network (representatives from Competent Authorities and Third Party Payers) will write these profiles on a purely voluntary basis besides their already existing workload. Nonetheless, we are rather optimistic to gather a significant number of Profiles. This optimism is based on our long-term experience with this group of very motivated people who have already contributed in the past and to the project management's continuous work on creating an atmosphere of trust and of showing the PHIS network that their contributions benefit to everyone.

In order to decrease the work load for the authors, we will offer support: An intern at GÖG/ÖBIG will be assigned with pre-filling the PHIS Pharma profile template with already existing data.

Activities planned for the next period

The template will be personally presented to the PHIS network at the PHIS Network Meeting in Bratislava in February 2010 and will be sent out to the PHIS Network before.

As a support tool for the authors of the PHIS Pharma Profiles, the compliance with the PHIS Glossary (cf. Annex V) on pharmaceutical pricing and reimbursement terminology will be promoted. The glossary should guarantee the same understanding of technical terms by all PHIS participants.

As already mentioned an intern working at GÖG/ÖBIG will pre-fill the PHIS Pharma Profile template with already existing data in order to reduce workload for the authors.

As support for the authors of the PHIS Pharma Profiles and guarantee for high-quality editorial work an editorial team, consisting of staff of the main beneficiary and the WP leader will be set up. The team comprises the editor-in-chief at GÖG/ÖBIG who is the first contact point for all authors, a second nominated person from the main partner as well as the WP leader IHHII. The editors will assess the text with regard to consistency and comprehensibility and may look at any possible misunderstandings.

The PHIS network member may draft the Pharma Profile on their country themselves or may outsource sections of the report to other national institutions.

3.2.4 Objective 5 – In-patient survey (WP 7 Hospital Pharma)

Methodology applied as planned

The work on PHIS Hospital Pharma is divided into two major phases:

- European survey on pharmaceutical pricing and reimbursement policies in the in-patient sector which is undertaken for the EU Member States and, on a voluntary basis, for further countries which are members of the PHIS network.

  The European survey was primarily performed on the basis of country reports, which were written by the members of the PHIS network. For these reports (PHIS Hospital

Pharma reports), the PHIS Hospital Pharma General Survey template (cf. Annex IX) was developed by SUKL (WP 7 leader) in collaboration with GÖG/ÖBIG and the other partners of the PHIS project management and reviewed by the PHIS Advisory Board and the PHIS network (see below "Involvement of partners and target groups").

Major topics covered in the PHIS Hospital Pharma reports (and thus in the report template) are the organisation and funding of the in-patient sector, pricing (price build-up, purchasing strategies), reimbursement (national hospital reimbursement procedure, hospital pharmaceutical formularies), consumption, evaluation, interface management and developments in the in-patient sector. To provide support to the authors of the PHIS Hospital Pharma reports and as quality assurance measure an editorial process was set up consisting of the editor-in-chief and a second person at GÖG/ÖBIG and the WP leader SUKL.

For the European survey of the PHIS Hospital Pharma Report an overview table including data on pricing and reimbursement strategies in hospitals was prepared and prefilled based on information provided by the national report. This benchmark table was sent to the PHIS network for checking and feed-back. The benchmark exercise allowed countries to be included in the European survey, even if they had not written a national PHIS Hospital Pharma report.

- Case studies for some hospitals in selected countries.

A detailed survey and analysis, including a price survey in hospitals. Five countries (Austria, Norway, Netherlands, Portugal and Slovakia) with 3-5 hospitals each participated in this specific survey (cf. Annex X PHIS Hospital Case Studies Info Leaflet which was used when getting into contact with possibly volunteering hospitals). A lengthy process was the development of the methodology for the case studies, as several methodological issues needed to be considered and solved. The finalised version is summed in a methodology paper (Annex XI PHIS Hospital Case Studies Methodology paper). In principle, the case studies consisted of two parts:

Part 1: Structure and process survey – General information on the hospital (key parameter of the hospital, statistics, pharmaceutical provision, purchasing policies in hospitals, funding in hospitals, pharmaceutical consumption and expenditure) were gathered in a questionnaire.

Part 2: Price survey: Several methodological issues needed to be settled, in particular regarding the 1) selection of products, 2) selection of hospitals, and 3) selection of countries. The selection of products was, among others, based on the outcomes of the European survey, with key active substances with regard to expenditure in hospitals being taken into account as major candidates for the selection. For the price survey, a template was developed.

The focus was put on Part 2 / price survey, while the general information gathering was mainly done in order to gain background information for the interpretation and analysis of the price survey.

The case studies were basically performed by study visits undertaken by staff of WP leader SUKL or the main partner GÖG/ÖBIG, often accompanied by national representatives of the PHIS network who had help to organise the study tour, did some follow-up (e.g. clarifications) and, in a few cases, also performed some of the study visits.

Involvement of partners and target groups

The WP leader of the WP 7 Hospital Pharma is SUKL who in close cooperation with GÖG/ÖBIG coordinates this WP. As this WP is of key importance on the one hand, and included the discussion and decision of many methodological issues WP leader SUKL had

regular meetings (every 2-3 months) with the main partners. The other partner of the PHIS project management received documents and paper for feed-back.

The development and of the PHIS Hospital Pharma report template for the European survey involved the whole PHIS network. Besides sending draft versions to the network, a session of a meeting of another network in Berlin in February 2009, at which several members of the PHIS network were presented, was devoted to the presentation and discussion of the PHIS Hospital Pharma report template. Valuable contributions were made.

At the 2nd PHIS network meeting in June 2009 in Luxembourg preliminary results of the European survey were presented, and at the 2nd PHIS Advisory Board meeting important methodological issues were discussed with the PHIS Advisory Board. The methodology paper was reviewed and sent for further feed-back to the Advisory Board.

In the development and review process of the PHIS Hospital Pharma report template and the case studies methodology all partners of the PHIS project were involved. In particular the Advisory Board received versions of the methodology for feedback.

As the authors of the PHIS Hospital Pharma reports (mainly competent authorities relevant for the out-patient sector) needed information on the in-patient sector, they had to involve hospital experts. For instance, in Austria interviews were conducted with more than a dozen of hospital pharmacists.

For the case studies representatives of five participating countries organised study visits either accompanied by WP 7 leader, PHIS coordination team member and/or country representatives themselves.

Coordination with other projects or activities

There was regular exchange of information with the Danish Ministry of Health who also commissioned a price survey for the in-patient sector for their specific purpose. Their outcome, a report prepared by consultants, was presented at the 2nd PHIS Network Meeting in Luxembourg, and the choice of product in that survey was considered as when we discuss the selection of the product for the hospital case studies. A representative of the Danish Ministry of Health will participants of the panel discussion at the Hospital Seminar in Bratislava 2010.

At the PPRI Network Meeting in Berlin in February 2009 the PHIS Hospital Pharma report template has been discussed (see above).

At CAPR meetings in Prague and Stockholm the PHIS project management was invited to report on the progress of PHIS Hospital Pharma.

Contacts were built and maintained with representatives from the hospital sector, and we could gain the organisations HOPE and EAHP (European Association of Hospital Pharmacists) as PHIS network member. Representatives of the WP leader SUKL and of the main partner GÖG/ÖBIG attended the annual meetings of the national associations of hospital pharmacists in Slovakia and Austria, informed about the project and asked for cooperation.

Outcomes and deliverables achieved

D6 PHIS Hospital Report – due in M 18

The national PHIS Hospital Pharma reports can be downloaded from the PHIS website (cf. http://phis.goeg.at/). At the time of writing (draft) reports were produced by 20 countries whereof 7 country reports are published, 9 are currently in review and 4 draft versions of the report are available).

PHIS Hospital Pharma report template – finished and tested

Methodology of Case Studies (will be included in Hospital Report)

Planning of the PHIS Hospital Pharma Seminar – scheduled for 26 February 2010 (Bratislava)

Problems encountered / How were problems resolved

From the beginning on, the project management met very high expectations with regard to this work package, as the survey of the in-patient survey is a pioneer area from a public health perspective. We also met a lot of scepticism as several people considered the Hospital Pharma WP, in particular the price survey, as a "mission impossible". From the current perspective, we are optimistic to achieve the WP Hospital Pharma on time and at high quality, and we currently have already gathered a lot of information.

However, information gathering was rather difficult in the beginning – both for the representatives of the project management as well as for the PHIS network members who wrote the country reports, as contacts to the hospital sector needed to be built beforehand and the rationale of the project needed to be convincingly explained. In the end, hospital pharmacists throughout Europe proved to be very cooperative.

The European survey took longer than planned. Due to other workload of the PHIS Network members, the difficult information gathering and the fact that the contribution to the PHIS project is on a voluntary basis the reports were submitted later than planned. However the deliverable D6 Hospital Pharma report will be finished in due time (M18). As a back-up for countries which could not provide a report a Benchmarking table was produced.

For the case studies several methodological issues needed to be settled, which could be decided with the support of the expertise of hospital pharmacists contacted and the PHIS Advisory Board.

Activities planned for the next period

By M18 the results of the European survey and the case studies will be validated and merged and then made available by means of the PHIS Hospital Report which is due in M18.

The outcomes of the WP Hospital Pharma will be presented at a technical seminar, the PHIS Hospital Pharma seminar in Bratislava on 26 February 2010.

3.2.5 Objective 6 – Communication, information-exchange and dissemination (WP 8 Networking, WP2 Dissemination)

For information on dissemination please cf. Table 3.2.

Methodology applied as planned

Five PHIS Network Meetings for information exchange, discussion and approval of drafts are to be held in the course of the PHIS project. These meetings address the whole PHIS network in order to guarantee broad dissemination. The participation of all PHIS network members is highly appreciated, while the associated partners have to attend the PHIS Network Meetings and present the results and progress of their work packages.

Till now, the PHIS Network Meetings were always accompanied by meetings with the PHIS Advisory Board. If necessary, the PHIS network meetings may include an internal meeting of the project management (main and associated partners).

1st PHIS Network Meeting – Vienna, November 2008
(cf. Annex XII: Agenda 1 – PHIS Network Meeting Vienna)

The main objectives of the 1st PHIS Network Meeting was the introduction of the PHIS Project to the PHIS network members including the presentation of the PHIS communication and dissemination strategy, introduction to the different work packages including their leaders as well as next steps of the PHIS project.

2nd PHIS Network Meeting – Luxembourg, June 2009
(cf. Annex XIII: Agenda 2 – PHIS Network Meeting Luxembourg)

In the 2nd PHIS Network Meeting a focus was put on the WP 4 Terminology by means of presenting the PHIS Glossary to the PHIS network and holding a PHIS Glossary training session in order to promote the use of the PHIS Glossary. Another focus was put on the WP 7 Hospital Pharma where preliminary results of the European survey on pharmaceutical pricing and reimbursement in the in-patient sector were presented.

3rd PHIS Network Meeting – Bratislava, February 2010 – due in M 18

4th PHIS Network Meeting – Rome, September 2010 – due in M 24

5th PHIS Network Meeting – February 2011 – due in M 30

Additionally further meetings took place (cf. Internal communication, Project Management).

Involvement of partners and target groups

All PHIS project partners are actively involved in the organisation and performance of the PHIS Network Meetings. Under the coordination of GÖG/ÖBIG all partners are asked to prepare presentations and progress reports on their WP for the PHIS Network Meetings. During breakout sessions the partners also act as moderators and/or rapporteurs.

Coordination with other projects or activities

The PHIS Advisory Board is a major interface to other initiatives and projects (WHO, OECD, EUROSTAT, etc.) and is involved and consulted in order to prevent duplication of work.

Furthermore the PHIS Network Meetings give room to present other projects and initiatives such as the EMINet project (presented at the 2nd PHIS Network Meeting).

The PHIS project is disseminated at other meetings (cf. section 3.2.4 Coordination with other projects or activities).

There is a strong linkage to PPRI which is a sustainable initiative following an EU project ended in 2007, as the PHIS network comprised several people who are also member of the PPRI network. We benefit from this fact to put PHIS issues also on the agenda of a PPRI meeting (e.g. discussion of the PHIS Hospital Pharma report template at the PPRI meeting in Berlin, cf. Section 3.2.4).

Outcomes and deliverables achieved

A series of PHIS Network Meetings (D7)

1st PHIS Network Meeting – Vienna, November 2008 - performed

2nd PHIS Network Meeting – Luxembourg, June 2009 - performed

3rd PHIS Network Meeting – Bratislava, February 2010 – due in M 18

4th PHIS Network Meeting – Rome, September 2010 – due in M 24

5th PHIS Network Meeting – tbc, February 2011 – due in M 30

Additional deliverables are the minutes of the PHIS Network and Advisory Board Meetings which were already sent to the EAHC, however will be made available on request.

Minutes of the 1st and 2nd PHIS Network Meeting

Minutes of the 1st and 2nd Advisory Board Meeting

Problems encountered / How were problems resolved

The 4th PHIS Network Meeting is scheduled for M 24. Due to a later start of the PHIS project, M24 would mean August 2010, which is the holiday session. In order to guarantee a high attendance rate the meeting will be postponed to M 25 (= September 2010). This change of plans had already been discussed with Ann Thuvander however will be officially requested to the EAHC.

In particular in the year 2009 (financial crisis), some PHIS network members were not able to attend the PHIS Network Meetings due to resource problems regarding time and money.

Activities planned for the next period

The third PHIS Network Meeting will take place in Bratislava on 25 February 2010. The meeting will be hosted by the Slovak PHIS partner SUKL. GÖG/ÖBIG will assist in the organisation of the meeting, besides being fully responsible for the content of the meeting. The agenda will focus on the further development of the project (update by WP leaders) with a group work focusing on the use of the indicator database. The meeting will be followed by a one day PHIS Hospital Seminar open for interested people (in particular hospital pharmacists) for disseminating the outcomes of WP 7 Hospital Pharma.

Planning and realisation of the 4th and 5th PHIS Network Meetings.

4 Annexes

Annex I: PHIS Network Participants as of 31 December 2009

Annex II: Dissemination strategy

Annex III: PHIS leaflet

Annex IV: Background to PHIS Glossary 20090729

Annex V: PHIS Glossary Final Version 20090729

Annex VI PHIS Taxonomy WP6 Indicators Report

Annex VII: PHIS Taxonomy WP6 Indicators short list

Annex VIII: Final PHIS Pharma Profile template

Annex IX: PHIS Hospital Pharma General Survey Template

Annex X: PHIS Hospital Case Studies Info Leaflet

Annex XI PHIS Hospital Case Studies Methodology paper

Annex XII Agenda 1 PHIS Network Meeting Vienna

Annex XIII Agenda 2 PHIS Network Meeting Luxembourg