IMPACT OF DRUG POLICY ON IMPROVING ACCESS TO MEDICINES IN DELHI
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ORGANIZATION: Indian Institute of Health Management Research (IIHMR), Jaipur, India & Delhi Society for Promotion of Rational Use of Drugs (DSPRUD), Delhi, India

ISSUE ADDRESSED: In framing the drug policy and its implementation through support from WHO.

GOALS: To assess the impact of the drug policy in Delhi in terms of availability of essential medicines, change in stockout days, and expenditure on essential and non-essential drugs.

OUTCOMES ITEMS USED IN THE DECISION: The quantity of drugs procured from the Essential Drugs List (EDL) and outside the EDL; money spent on these; changes in stockout days for the key drugs; and change in utilization patterns of health services by patients.

IMPLEMENTATION STRATEGY: Implementation of elements of the drug policy such as selection of essential drugs and an improved procurement system for medicines.


Setting and Population: Two public sector hospitals at Delhi that serve a large section of the population, one with 1350 beds (large) and the other with 550 beds (medium), were selected by the convenience and sampling method.

RESULTS: After the implementation of the drug policy, the availability of drugs increased by 25% in the large and 98% in the medium hospital. The drugs procured from the EDL increased from 62% to 78% in the large and 74% to 87% in the medium hospital. Of the total expenditure, the money spent on essential drugs increased from 53% to 55% in the large and 87% to 93% in the medium hospital, whereas money spent on nonessential drugs decreased from 27% to 15% in the large and 13% to 7% in the medium hospital. The average number of stockout days for key drugs decreased from 33 to 16 days in the large and from 21 to 14 days in the medium hospital. The utilization pattern of health services by patients increased by 8% in the large and by 35% in the medium hospital.

LESSONS LEARNED: The implementation of the drug policy in the state of Delhi has led to increased availability of essential drugs. This type of intervention can serve as a model for improving access to medicines by implementing an effective drug policy through an NGO working with the government, and involving bureaucratic and political commitment.

HOW TO IMPLEMENT NATIONAL ESSENTIAL MEDICINE LIST IN SHANGHAI: PROS & CONS
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ORGANIZATION: Shanghai is a municipal in China where has 14 million residents and 6 million migrated populations. The Bureau of Health is the health authority and has the jurisdiction of health legislation and policy implementation in Shanghai.

PROBLEM OR ISSUE ADDRESSED: The study is to identify how to implement national essential medicine policy in an economic advanced municipality.

GOALS: From the perspectives of policy makers, it needs not only to follow the central government requirements but also to adopt the local situation.

OUTCOMES ITEMS USED IN THE DECISION: Progress indicators used in monitoring and evaluation of essential medicine policy IMPLEMENTATION STRATEGY: The situation analysis is needed. Information of availability and affordability of essential medicines should be evaluated by WHO/IHI method in Shanghai. The distribution of essential medicines in different level of hospitals is analysed from bulk purchasing data base and IMS data CHPA. The pharmaceutical expenditure in 2001–2007 will be collected from Shanghai sub-national health accounts. RESULTS: Shanghai is an important pharmaceutical market in China. The total pharmaceutical expenditure was 17.5 billion Yuan/US$ for medicines in 2007. The utilization of pharmacetical expenditure in total health expenditure was 30.6%, which was equal to 1.47% GDP. Eighty percent of pharmaceuticals were sold from hospital channel, among them, 67% of cost spent in outpatient department and 32%, in inpatient department. The ratio between western (chemical) medicines and traditional Chinese medicines was 84% and 16%, respectively. The mark-up ratio used to be 20%–30%, which are main component in hospital revenue. Since 2009, China has conducted a nationwide health system reform. By the time of 2011, China will establish a preliminary national essential medicine system, 307 items of medicines have been selected by central government for primary hospital. The national essential medicines list will be used in all urban community centres and rural township health centres. The selection of essential medicines is based on the principle of opinion leaders, evidence medicine and pharmaeconomic evaluation. China has launched an initiative on medical and pharmaceutical system reform since April, 2009 after publishing government official documents. According to the survey, as a matter of fact, the medicines used in urban community centres in Shanghai have already accounted for nearly 2000 items. Only did 25% value or volume of pharmaceuticals are belonged to 307 essential medicines.

How to adjust the utilization of essential medicines is the challenge facing to the policy makers. LESSONS LEARNED: It is really a trade-off. Universal coverage of essential medicine is a human right. The implementation of national essential medicine policy will offer safety, effective, convenience and affordable medicines to release the economic burden of the patients. However, if the primary hospitals use the national essential medicines, it will let the patient flown to the secondary or tertiary hospital. The role of gatekeeper will diminish in the primary health care. This case will tell you that the decision made by Shanghai municipal government are as follows: (1) Under the framework of national essential medicine list, Shanghai will adjust the number and forms of essential medicines to meet the need of 85% pharmaceutical pattern in the primary health care; (2) All grass-root health facilities will allocate and use essential medicines; (3) Zero mark-up ratio will be used in the sale of medicines; (4) 10% of the staff salaried in primary hospitals; (5) Rational use of drug and diagnostic services; (6) Strengthening the monitoring and evaluation of essential medicine policy. The WHO country progress indicators will be used in Shanghai.

DEVELOPMENT OF A COOPERATIVE PHYSICIAN-PHARMACIST MEDICATION THERAPY MANAGEMENT MODEL FOR THE POLYPHYARMEDIC ELDERLY IN TAIWAN
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ORGANIZATION: China Medical University hospital (CMUH), a 2000-bed medical center, in Taiwan.

PROBLEM OR ISSUE ADDRESSED: Upon the National Health Insurance coverage, the rapid growth of health care utilization in Taiwan, there are many concerns about the potentials for waste and misadventure. Given managing polypharmacy can be an overwhelming task, it is crucial to develop a suitable integrated care model in medical settings to facilitate appropriate medication use in the elderly.

GOALS: The purpose was to (1) establish a cooperative physician-pharmacist medication therapy management (PP-MTM) model for the polypharmacy elderly in CMUH and (2) to assess its economic, clinical, and humanistic outcomes.

OUTCOMES ITEMS USED IN THE DECISION: The assessment outcomes included patients’ health care utilization, medication adherence, EQ-5D, occurrence of adverse drug reactions, basic activity of daily living and satisfaction.

IMPLEMENTATION STRATEGY: A randomized, controlled intervention study was designed. Patients with the following characteristics were included: greater than 65 years old, frequent and loyal outpatient users in CMUH, with multiple chronic illnesses, and polypharmacy. While patients in the PP-MTM group receive intensive, continuous MTM care and assessments, those patients in the usual care group receive only follow-up assessments for one year. The project was approved by IRB in CMU and fully sponsored by the Department of Health in Taiwan.

RESULTS: The professional focus group in the PP-MTM model, consisting of geriatricians and well-trained clinical pharmacists, were formed and discussed about medication-related issues on a regular basis. By January 13, 2010, 36 elderly patients in both groups were recruited. Up to 120 patients for each group are expected. LESSON LEARNED: Currently, the major barrier was to bridge the communications between specialty physicians and professionals in CMUH and with other settings. The patient-centered outcomes were not exactly outweighed the professional self-esteem in current practice environments so that further communications and discussions are needed.