INTRODUCING THE ‘FOURTH HURDLE’ IN THE NEW EUROPEAN UNION MEMBER STATES: THE CASE OF HUNGARY

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OBJECTIVES: This paper outlines the current development of the “fourth hurdle” (i.e. requirement of effectiveness and cost-effectiveness data for drug coverage policy decisions) in one of the new European Union member states, describes the needs and effectiveness data for drug coverage policy decisions in one of the new European Union member states. Specifically this means that, in an ideal situation the order should be different: efficacy, expert opinion, personal opinion and drug costs, etc.

METHODS: The paper draws on international experiences and discusses some issues that a given jurisdiction needs to consider prior to introducing the “fourth hurdle” for pharmaceuticals.

RESULTS: The “fourth hurdle” is very relevant to the new member states since many existing drugs are unevaluated and many new, expensive drugs are becoming available. On the other hand, the existing resources for health technology assessment, including economic evaluation, are quite limited.

CONCLUSIONS: The most important issue seems to be that the implementation of the “fourth hurdle” needs to be achieved in a way consistent with the limited resources for health economics analysis in the new member states. Specifically this means that, in setting priorities for drugs to be evaluated, additional criteria need to be applied. In particular, priority should be given to assessing drugs that have been evaluated in other countries, since this affords the opportunity to adapt existing studies or models to the situation of the new European Union member states. Opportunity exists to learn from experiences and mistakes in other countries and to find ways to make optimal use of evidence produced elsewhere and processes, which are already thoroughly tested. Given these restrictions, recommendations will be made on how to implement results of economic evaluation, using health economics as a tool to support reimbursement of medicines as a case study.

EFFECTS OF DEVOLUTION OF SUBSIDIES FOR PHARMACEUTICALS IN SWEDEN

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OBJECTIVES: In this study, the effects of devolution of subsidies for pharmaceuticals from the state to the regional health authorities—counties—in Sweden were studied. The aim of the reform in 1998 was to cut the escalating costs associated with risk sharing mechanisms on a national level as well as the third party payer principles.

METHODS: The documentation was studied and the history of development and the current opinions were analysed from interviews in nine counties, selected based on their method of devolution.

RESULTS: Two main principles were found: either a population-based responsibility for costs; family medicine in primary care was responsible for costs of drugs classified as “basic” (80%) regardless of prescriber, in addition hospital departments were responsible for “special” drugs (10%) regardless of prescriber. The other model was a prescriber-based responsibility; each unit of care was responsible for costs of its own prescribing.

CONCLUSIONS: Incentives for cost containment are strongest in the prescriber-based models. Integration of drug costs in overall Health Care costs, service to patients and dialogue between providers are supported by the population-based models.