While the number of treated patients increased, the share of total drug expenditures among six European nations.

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OBJECTIVES: To assess health care patterns and patient satisfaction with health care system among European nations. METHODS: TNS European Health Care Survey of individuals in France, Germany, Italy, Spain, UK and the Netherlands were surveyed in 2000 to assess health care patterns and disease burden at national level. The data is representative of population gender and age in respective countries, ensured by sampling and intensive panel management. The survey collected information on health conditions, quality of life, health care utilization and satisfaction with health care system. RESULTS: Approximately 175,000 individuals completed the survey, with equal male/female representation. Pain (83,3%) Anxiety (53,1%), Migraine (18,4%), Sleepiness problems (33,9%), Skin diseases (33,8%), Gastroneurological diseases (34,0%), Depression (31,2%), High blood pressure (22,8%), Urinary problems (20,3%) and High cholesterol (19,2%) were the top reported ailments. Across the countries, 49,9% self-diagnosed a health condition (range: 37,5% (Netherlands) to 59,1% (Germany)), whereas 13,3% (range: 8,4% (Italy) to 19,1% (Netherlands)) and 19,4% (range: 8,8% (UK) to 24,7% (Germany)) reported Primary Care Physician and Specialist as primary source of diagnosis. Correspondingly, 34,3% (range: 20,1% (Spain) to 59,0% (UK)) reported self-medication, while 26,3% (range: 20,7% (Italy) to 34,1% (France), 28,8% (range: 8,1% (UK) to 41,2% (France)) and 6,3% (range: 3,8% (Netherlands) to 11,6% (UK)) reported being treated by Primary Care Physician/Specialist/Hospital Clinic respectively. Overall, 71,6% (range: 57,6% (UK) to 82,4% (France)), 36,0% (range: 23,6% (Spain) to 58,5% (UK)), 12,9% (range: 3,7% (Netherlands) to 17,7% (France)), 5,4% (range: 2,8% (Netherlands) to 7,5% (UK)) and 17,1% (range: 7,7% (Italy) to 12,3% (UK)) were treated with prescription medications, OTC, plant-based pharmaceuticals, alternative-therapeutic-options, and other products respectively. Satisfaction with health care system varied dramatically: 49% very satisfied/satisfied (range: 26% (France) to 66% (France)); 17% Neutral (range: 7% (France/Netherlands) to 27% (Italy)) and 34% somewhat/very dissatisfied (range: 27% (France) to 47% (Italy)). CONCLUSIONS: Patient satisfaction with health care system appears to be low and reports of self-diagnosis and self-medication are high in the countries. This highlights the increasing importance of patient involvement in health care and treatment and need for integrating patients into health care processes in various forms to alleviate health care burden (clinical/economic/humanistic) in respective geographic areas.

HEALTH CARE USE & POLICY STUDIES – Diagnosis Related Group

PHP4

CHANGES OF THE CASE-MIX INDEX OF THE HUNGARIAN INTENSIVE CARE UNITS


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OBJECTIVES: Diagnosis-related Group (DRG) classification as a normative health financing system, has been used by the National Health Insurance Fund Administration (NHIFA) in Hungary since 1993. In the intensive care in our DRG system it can frequently occur that real cost exceed the reimbursement. A 10 years run of the CMI was analyzed comparing the global mean CMI of all recognized specialties to the mean CMI of the intensive therapy. METHODS: Using the data of the NHIFA between 1995 and 2005, the CMI of the intensive therapy treatment was compared to the mean CMI of all recognized medical specialties. RESULTS: The case-mix index of intensive care units increased from 1.69 in 1995 to 4.79 in 2005, while the average case-mix index of all medical specialties increased moderately from 1.08 in 1995 to 1.11 in 2005. In the first two years, in 1995 and in 1996, the CMI of the intensive therapy was 56% more than the global mean. But in 1997, a sudden great increase happened to 163% and after that to 197% in 1998 and finally to 250% in 1999. From the year 2000, the rise of CMI was between 1.5% and 22.8% from year to year increasing to 33.8%. During these 10 years, the changing of the global mean CMI of all specialties was only 2.5%. CONCLUSIONS: In Hungary between 1995 and 2005, while the CMI of all recognized specialties increased only 2.5%, the biggest change happened in the intensive specialty. The CMI increased from 1.6 to 4.8 weight-number which means a 300% rise. During this time, the reimbursement of one weight-number runs high too.

MEDITATION OF SHARING AND PATIENTS SATISFACTION AS A GUIDED TECHNIQUE IN HPN CARE

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OBJECTIVES: The reimbursement of one patient therapy is always disputed as is questioned the exactness of the cost calculation. The goal of our analysis was to define the change of market share in the reimbursement compared to the change in amount of payments in intensive therapy over the period between 1995 and 2005 in Hungary. METHODS: Diagnosis-related Groups (DRG) classification as a normative health financing system has been used in Hungary since 1993. Data of the analysis was taken from the financial database of the Hungarian National Health Insurance Fund Administration covering the period 1995–2005. RESULTS: In the intensive therapy, the patient number rate of all in-patient care was 0.75% in 1995. During four years, it increased slowly. In 1998 it was 0.87%. In 1999 a sudden increase happened, the rate reached 1.33%, and after that it consistently went up to 1.67% in the last 5 years. Comparing 2005 to 1995, the total rise was 123% in number of patients treated in intensive care units. Using the DRG weight-number as a base value for financing the market share, the reimbursement of the intensive therapy was 1.2–1.3% in 1995–1996, and after that increased to 2.2–2.5% in 1997–1998 and to 4.6% in 1999. From 2000 to 2005 the increase was gradual but progressive. In 2005 the market share of the intensive therapy was 7.2%, which (6.2 times more then in 1995). The total change was 516%. CONCLUSIONS: While the number of the treated patients increased 123%, the rise of the reimbursement was 516%. So the financing of the intensive therapy changed positively between 1995 and 2005 in Hungary.

HEALTH CARE USE & POLICY STUDIES – Drug/Device/Diagnostic Use & Policy

PHP6

PHYSICIAN KNOWLEDGE OF THE FDA-APPROVED INDICATIONS OF COMMONLY PRESCRIBED DRUGS: RESULTS OF A NATIONAL SURVEY

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OBJECTIVES: The Food and Drug Administration (FDA) regulates prescription drug marketing, not prescribing, and medication use for non-FDA approved indications ("off-label use") is common. However, many off-label uses lack supporting evidence and may expose patients to unwarranted risk. We sought to determine physicians'