ANALYZING PHARMACEUTICAL EXPENDITURE IN GREECE: UNWINDING PHARMACOECONOMICS

To examine inequalities in health service utilisation in urban Pakistan, this analysis investigates how household economic status, duration of illness and distance to a provider influence health service utilisation in Pakistan.

METHODS: The raw data from the Pakistan Socioeconomic Survey (PSS) and analysis is based on 1,407 individuals who belong to 855 urban households. Health care providers are classified into public hospitals, other public providers, private doctors/clinics and other private providers. Households economic status is measured by a wealth index constructed using data from the survey on ownership of durable assets and housing conditions. Principal components analysis (PCA) is used to construct the index. Multinomial logistic regression is used to investigate the effects of various characteristics of individuals/households on health service utilisation in Pakistan.

RESULTS: Overall, 78.6% of those reporting any health complaint sought health care. A large gap in health service utilisation exists between poorest patients (60.5%) and richest patients (84.9%). Almost three-fourth of patients visited private providers, 57.3% visited private doctors/clinics and 15.7% visited other providers. Two-thirds of patients visited public providers (19.7% visited public hospitals and 7.2% other public providers). Multinomial logistic regression reveals that poorest patients are significantly more likely (p < 0.05) to visit public hospitals whereas patients of poorest, poor, middle and rich households are significantly more likely to visit private doctors/clinics compared to members of richest households controlling for other factors such as education, occupation, duration of illness, distance to a provider and residence. An additional day of illness significantly (p < 0.05) increases the likelihood of visiting public hospitals and private doctors/clinics. The distance travelled to visit a provider shows a significant positive (p < 0.05) and negative association with visiting public hospitals and other private providers respectively.

CONCLUSIONS: Large gaps exist in health service utilization in urban Pakistan.

POTENTIAL TIME SAVINGS WITH RITUXIMAB SUBCUTANEOUS (SC) INJECTION VERSUS RITUXIMAB INTRAVENOUS (IV) INFUSION: RESULTS FROM INTERVIEWS AT 13 EUROPEAN SITES AS PART OF A TIME AND MOTION STUDY (T&M)

CONCLUSIONS: A switch from IV to SC rituximab potentially represents the whole process. Potential time savings are expected because of avoiding tasks related mainly to infusion line (disconnection, infusion initiation/dose escalations, and IV pharmacy reconstitution, which is only partially being replaced by SC injection).

CONCLUSIONS: A switch from IV to SC rituximab potentially results in important care unit and pharmacy time savings to be reinvested in improving overall patient care. Patients could potentially be moved out of the chemotherapy care to SC administration in other settings and free up valuable chair time, thereby increasing the unit’s throughput and overall efficiency. Data of the T&M study is awaited.

OBJECTIVES: To compile pharmaceutical expenditure in Greece by financing scheme and type of provider, in order to investigate areas that cost containment measures could be monitored effectively. METHODS: The used method for the estimation of pharmaceutical expenditure is based on the System of Health Accounts 2011 set by OECD, EUROSTAT, and WHO, taking into consideration the national needs for data reporting both in outpatient and inpatient settings. Data were reported by type of provider, including hospital pharmacies, Social Security Funds and private pharmacies, as well as by financing schemes, including SSFs, private payments and NHS payments. Additionally, pharmaceutical data are analysed using the new international classification of Factors of Health Care Provision. Estimates were obtained for 2008 – 2010. RESULTS: Total pharmaceutical expenditure (TPE) (outpatient & inpatient) in Greece, decreased by 9.3% between 2009 and 2010. Pharmaceutical outpatient expenditure covered by SSF was estimated at €5.1 billion for 2009 (2.2% of GDP) and €4.4 billion for 2010 (2% of GDP). Less than 8% of outpatient pharmaceutical expenditure was covered by SSF, with the remaining 92% reimbursed by private and/or state payers. CONCLUSIONS: Redundancies in pharmaceutical expenditure are correlated mainly to price reductions and less to a decrease in volume of consumption. Measures concerning pharmaceutical cost containment have to be reorganised not only concerning price and volume but also concerning new – innovative ways of distributing pharmaceuticals.