Decision Making in Italian Health Care: Are Economic Studies Used by Decision Makers?
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Objectives: The number of economic evaluation studies has grown extensively in recent years. However, a limited number of studies investigated its impact on decision making; the gap is particularly evident in Italy where there are no such studies available. Objective of the research is to evaluate impact of economic evaluation analysis on decision making in the Italian health care system. The prospective taken is that of professionals operating within the system. The aim is to investigate whether there are evident differences in attitudes among professionals who conduct different types of activities. Methods: A 12 item based questionnaire was sent to 374 health care professionals who had undergone some form of health economics training. The sample was taken from a list of participants of a major health care management program at Bocconi School of Management in the last 10 years. Results: Response rate was 35%. All respondents stated that basics of economic evaluation analysis must be part of the overall knowledge of health care professionals. Grade of usefulness of these arguments in professional activities was rated 3.84 (scale 1–5). Respondents considered that economic evaluation is more largely used in making managerial types of decisions rather than clinical ones (mean 2.94 vs. 2.73). Decisions taken according to short-term perspectives are considered the major barrier in the use of economic evaluation studies, particularly by managers (71%). More training in health economics was indicated as the most relevant facilitating factor for a wider use of studies, by both clinicians and managers (64%). Majority of respondents (80%) considered that the maximum benefits of economic evaluation are taken from its use at the organizational level. Conclusions: Although economic evaluation has a rather modest impact on decision making in Italian health care, there are some encouraging signs that could lead to its wider and more effective use.

Prescription Pattern of Alimentary Tract Drugs After Changes of Drug Benefit Status in Korea
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Objectives: In Korea, even non-prescription drugs have been on the list of reimbursable drugs, but recent suggestions are that there is a need to change the scope of the positive list. In April 2002, 829 non-prescription alimentary tract drugs were removed from the list of reimbursable drugs and made non-reimbursable even when doctors prescribed them. This study investigated the effect of delisting on the prescribing pattern of alimentary tract drugs. Methods: Health insurance reimbursement claims data before (October 2001) and after (October 2002, October 2003) the delisting were analyzed for 707 clinics (4% randomized sampling). We calculated the prescription rate of alimentary tract drugs and examined the use of alimentary tract drugs by diseases. Results: The prescription rate for alimentary tract drugs declined from 79.03% in October 2001 to 59.91% in October 2002 and to 61.58% in October 2003. The prescription rate for digestives, of which all products were delisted, dropped sharply from 32.03% before delisting to 1.9% in October 2002 and to 0.75% in October 2003. Medicines for intestinal disorders were prescribed less frequently after delisting, while the prescription rate for anti-ulcerants and antacids increased by 3–4%. In general, the drugs on the positive list were not switched to delisted drugs, even though some listed ingredients were used more often. Also, the use of alimentary tract drugs for patients who had respiratory diseases such as common cold reduced more than by 20% after delisting, while the prescription rate for those with gastric ulcer decreased by 1% after delisting. Conclusions: The delisting policy reduced the use of alimentary tract drugs. But there was difference in the effect of delisting by drug classification and some delisted drugs were found to be switched to listed drugs. The use of alimentary tract drugs changed less for diseases for which they are essential than for supplementary purposes.

The Impact of Pharmaceutical Market Competition on Price and Reimbursement Status of Patented Drugs in the Netherlands, Belgium, France and Germany
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Objectives: The Dutch Ministry of Health (MoH) has requested the Health Care Insurance Board (CVZ) to advise on the modernisation of the drug reimbursement system (Geneesmiddelenvergoedingsysteem GVS). On behalf of the CVZ, PharMerit assessed the impact of market competition on pricing and reimbursement (P&R) of patented drugs in Belgium, France and Germany. Methods: In-depth interviews with reimbursement policy-makers; analysis of laws and policy documents. Impact of market competition (defined as total number of marketed generics and therapeutically comparable patented drugs) on drug reimbursement decision-making was assessed in each of the study countries. Results: In Belgium and France, drug P&R is determined in negotiation between manufacturers and authorities. Generic prices are set 30–40% lower than specialties. “Late-arrivals” (e.g. me-too’s or other therapeutically comparable patented drugs) receive lower prices than “first-in-class” “early-arrivals”. Since 2004, patented drugs in Germany are no longer excluded from therapeutic reference-pricing if at least 3 comparable alternatives are available. Sickness Funds are legally entitled to adjust cluster reference prices in case justified by “changes in the market”. Cluster reference prices with a high number of generics (off-patent and patented drugs) are expected to be reduced in the future. Prices of patented late-arrivals in The Netherlands are not directly subject to market competition considerations and tend to level the cluster reference price, based on the average price of clustered products. Recently, prices of generics have been lowered in an informal agreement between MoH and manufacturers. The MoH is seeking ways to modernise the reimbursement system. Conclusions: In Belgium and France, late-arriving patented drugs can be assigned relatively lower prices in comparison to their early-arriving competitors. In Germany, introduction of late-arrivals may impact on P&R of both early and late-arrivals. In the current set-up of the Dutch GVS, market introduction of late-arrivals does not impact on cluster reference prices.