PHP 1.2

THE ECONOMIC IMPLICATIONS OF NON-COMPLIANCE AFTER RENAL TRANSPLANTATION

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OBJECTIVES: The economic impact of therapeutic non-compliance in chronic diseases has rarely been examined following qualitative standards for economic evaluation. This study illustrates the potential impact of non-compliance on the cost-utility of chronic treatments using the case of renal transplantation versus haemodialysis and examines the economic scope for compliance enhancing interventions. METHODS: Long term cost and outcomes in compliant and noncompliant renal transplant patients were simulated in a Markov model. The cost and outcome data that were imputed in the model were derived from a prospective study in renal transplantation candidates. Probabilities of adverse events, graft rejection, graft loss and death, in compliant and noncompliant renal transplant patients were derived from literature. A societal viewpoint was taken. RESULTS: Compared with dialysis, renal transplantation offers a better outcome in both compliant and non-compliant patients. Lifetime costs after transplantation in the compliant patient group are higher than lifetime dialysis costs and than life-time costs in the non-compliant patient group, mainly because compliant patients live longer after transplantation. Long-term outcomes after transplantation are better for compliant than for non-compliant patients. The mean cost per quality-adjusted life-year gained (QALY) in compliant patients relative to non-compliant patients is €36,606.94/QALY [95% confidence interval [35,157.13–37,986.57]]. CONCLUSIONS: This study shows that renal transplantation is an optimal treatment for end stage renal disease patients, regardless of patients’ level of compliance post-transplantation, as illustrated by the lower costs and better outcomes. In view of the incremental cost-utility ratio of haemodialysis, which is considered to be a cost-effective treatment, of €65,912/QALY, it can be concluded that there is scope for compliance-enhancing interventions. The improvement of outcome in compliance justifies the additional costs that need to be borne and therefore the introduction of compliance-enhancing interventions.

HEALTH CARE POLICY—Drug/Price/Reimbursement Studies

PHP 1.3

POLICIES FOR INCLUSION OF DRUGS FOR REIMBURSEMENT BY THE PHILIPPINE HEALTH INSURANCE CORPORATION

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OBJECTIVES: To describe the development of drug wholesale price indices in Finland during in 1980–2002. METHODS: Price indices covering study time span (The Helsinki Research Institute for Business Administration [1980–1990], IMS [1991–1994] and Statistics Finland [1995–2002]) were combined to reliable price indices that reflect the development of drug prices in general and in different reimbursement categories. Two different index clusters (1980 = 100 and 1990 = 100) were produced. The latter enables more precise classification of different reimbursement categories. After constructing the nominal indices, real price indices were produced by adjusting nominal indices with Consumer Price Index (CPI, Statistics Finland) and its sub-index Consumer Price Index for Health Care (CPI-H, Statistics Finland). RESULTS: In 2002 the index (1980 = 100) for all drugs was 168 (CPI...