MEDICAL SERVICES COST INFLUENCE ON THE RATIONALITY OF NEW MEDICAL PROVIDERS: FROM THE HUNGARIAN HEALTH INSURANCE BUDGET BETWEEN 2006-2009

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OBJECTIVES: The potential role of private health care providers and privatization has been under heavy discussion in many countries. In the Hungarian health care system there was a clearly supporting health policy regarding the increasing role of private health care providers. The aim of the study is to analyze the market share of for-profit private sector from the public health insurance expenditures on medical services.

METHODS: Data were derived from the nationwide administrative data-set of the National Health Insurance Fund Administration (OEP), the only health care financing agency in Hungary, covering the period 2006-2009. The analysis includes the medical provisions (primary care, health visitors, dental care, out- and inpatient care, home care, kidney dialysis, CT-MRI). We calculated the health insurance reimbursement according to the following categories of health care providers' ownership status: local authorities, central government, for-profit companies and non-profit providers. RESULTS: In 2006 only 15.8% ($12.8 billion Hungarian Forint, HUF) of total expenditure for medical services went to for-profit private providers, 53.9% to local authorities, 24.7% to central government and 5.6% to non-profit sector. For 2009, the market share of private for-profit health care providers increased to 30.9% (222.3 billion HUF), the local authorities had 43.8%, the central government 22.7% and the non-profit sector 2.5% market share. We found the largest increase of private for-profit health care providers in acute (from 0.8% in 2006 to 14.3 in 2009) and chronic care (from 1.1% in 2006 to 20.6% in 2009).

CONCLUSIONS: In line with the health policy objectives between 2006-2009, we found a significant increase of private for-profit companies from health insurance financing: they doubled their market share from 15.8% (2006) to 30.9% (2009). This increase was attributed to the "functional" privatization of acute and chronic care hospitals.

PHP22

USE OF DECISION MODELING TO ESTIMATE THE NEGATIVE IMPACT OF TOBACCO USE ON HEALTH CARE COSTS AND HEALTH DISPARITIES IN PEOPLE LIVING WITH HIV

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OBJECTIVES: After people living with HIV (PLWH) start on highly active antiretroviral therapy (HAART), rates of hospitalization for PLWH’s declined, but continued smoking prevalence (37%) and increased health care use. The objective was to evaluate the incidence of hospitalization among PLWH's receiving HAART and paucity of current data provide the rationale to study if tobacco use might affect cost and clinical benefits of HAART among PLWH.

METHODS: A decision-tree model guided our assessment of the impact of tobacco on costs and effectiveness of HAART by race/ethnicity. Using a payer perspective, the probabilities related to smoking status and HAART were based on data from the Kaiser Permanente Northern California (KPNC) database used to analyze the time (TURP) performance is 5 times ($793$ versus $159$) and 1 day hospitalization cost without operative intervention is 6 times ($794$ versus $159$) and 1 day hospitalization cost without operative interventions and anesthesia is 364 times ($4089$ versus $13,28$) more.

CONCLUSIONS: Hospital services and the medical staff work high cost in western countries allows proving economically out-patient application of expensive treatment methods. The end-points choice of the events demanding hospitalizations is not optimum at making pharmaceutical researches in Belarus because of the low contribution in hospital expenses versus the drug therapy cost. A complex approach with integration of several economic analyses is required to introduce new expensive innovative drugs on the Belarusian pharmaceutical market.

PHP23

LA ACEPTACION DE LAS VACUNAS EN LOS PROGRAMAS NACIONALES DE INMUNIZACION EN LATINA AMERICA: UN ESTUDIO COMPARATIVO

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OBJECTIVOS: A con un precio alto, la vacuna de VPH se ha asegurado de una rápida inclusión en los programas nacionales de inmunización (PNI) en economías avanzadas y emergentes. El objetivo de esta investigación es comparar el acceso al mercado de esta vacuna con los de las vacunas contra el neumonoco y la del Hib, con el fin de entender los criterios subyacentes en la exótica aceptación de una vacuna. METODOLOGÍAS: Cinco países de Latina America fueron considerados en este estudio. Todos los países participaron en un debate nacional de al menos dos de las vacunas sobre la inclusión en el PNI. Se recopilaron los siguientes datos: fecha de autorización comercial y de inclusión en el PNI, precio, restricciones de acceso y fuentes de financiación. Se llevó a cabo una revisión cualitativa de la literatura y de las publicaciones de los Ministerios de Salud de esos países para hacer un estudio comparativo de las tres vacunas.

RESULTADOS: Nuestro análisis muestra en todos los países una clara diferencia entre la financiación del VPH y de las otras vacunas, con poca consistencia en el razonamiento económico y político. Por ejemplo, los altos costos se citan como barrera al acceso, sin embargo las poblaciones incluidas en los programas de vacunación del VPH son más grandes que en los países industriales. CONCLUSIONES: Los factores adicionales que influyen en la aceptación de una vacuna varían dependiendo de los actores principales del debate nacional. Políticos, organizaciones de la sociedad civil y otras partes interesadas pueden tener un importante papel en la elección de la vacuna. Los costos de los programas de vacunación son un factor importante en la decisión de la adquisición de vacunas en los PNI.

PHP24

COMPARACIÓN DE LA CALIDAD DE VIDA ENTRE PESSOAS COM DOENÇAS CRÔNICAS E PESSOAS DA COMUNIDADE SEM DOENÇA

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OBJECTIVES: To define the value medical services cost while conducting pharmacoeconomic analysis. METHODS: A review of pharmacoeconomic researches of $5-alpha reductase inhibitors (5-AR) application for treatment benign prostatic hyperplasia (BPH) has been conducted. The average costs for medical services for care and treatment of BPH patients have been defined. The prices analysis of the medical services Belarusian market in a "urology" specialty has been made. The average prices comparison (in US dollars) of the actual medical services and prices taken from medical literature has been done. RESULTS: The foreign medical literature review of using the 5-AR for BPH patients shows the considerable economic expenses because of an acute urinary retention hospitalization and surgical treatment. The medical services cost is considerably cheaper to compare with the costs given by foreign researchers. We have specified three procedures giving the significant contribution to the above-stated discrepancies: the urológist examination cost in the USA 9 times exceeds the similar procedures in Hungary (47,9$ versus 4,9$), transurethral resection (TURP) price $5 times (794$ versus 159$) and 1 day hospitalization cost without operative interventions and anesthesia is 364 times ($4089$ versus $13,28$) more.

CONCLUSIONS: Hospital services and the medical staff work high cost in western countries allows proving economically out-patient application of expensive treatment methods. The end-points choice of the events demanding hospitalizations is not optimum at making pharmaceutical researches in Belarus because of the low contribution in hospital expenses versus the drug therapy cost. A complex approach with integration of several economic analyses is required to introduce new expensive innovative drugs on the Belarusian pharmaceutical market.