DOSE DISPENSED MEDICINE AND ASSOCIATED MEDICINE AND HEALTH CARE COST

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OBJECTIVE: In 2001 a new law was passed to allow Danish pharmacies to distribute dose dispensed medicine (DDM). Studies have shown that DDM can reduce medicine costs. Other studies have evaluated patient satisfaction and compliance. No studies have evaluated the health effects of DDM. The objective of this study was to describe the development in medicine costs; contacts to GPs; and hospital costs before and after starting on DDM.

METHODS: National register analysis of patients receiving DDM from 2001 to 2004 (n = 19,004). The data set included medicine use and costs (Danish Medicine Register), hospital admissions (Danish Patient Register), health care contacts and costs (Health Insurance Register). The analysis covers data from six months before and after first day of DDM.

RESULTS: 3,464 patients are included in the 2003 analysis and 4,491 in the 2004 analysis. On average patients used 5.3 DDM and 1.1 medicines that could not be dose-dispersed. Approx. 25% of the total medicine costs were due to dispensing fees. The proportion of patients with GP contacts decreased (from 0.75 per month to 0.37). The average cost per patient on a semi-annual basis was 115.0 Euro before and 99.7 Euro after (2003 data). The proportion of patients hospitalised decreased from 0.04 per months before to 0.04 per months after (2003 data) and from 0.07 to 0.04 per months (2004 data). The average cost per patient on a semi-annual basis was 1445.0 Euro before and 882.0 Euro after (2003 data). The mean length of stay decreased (from 9 to 6 days) as well as the total number of hospital-days (from 15,397 to 5,909) (2004 data).

CONCLUSION: The introduction of DDM resulted in an increase in medicine costs and a decrease in health care costs. Both the proportion of patients hospitalised and the length of stay in hospital decreased.

BENEFIT INCIDENCE ANALYSIS BEFORE AND AFTER UNIVERSAL COVERAGE IN THAILAND

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OBJECTIVES: To investigate changes in the distribution of government health resources towards different socio-economic groups of Thai after implementation of the policy on universal coverage (UC). Effectiveness of the UC policy in improving equity in access to health services and distribution of government health resources were also assessed.

METHODS: Four main steps of benefit incidence analysis were employed in order to analyze the distribution of the net government health subsidies. The analysis of benefit incidence between different approaches: using household income and asset index to classify individual socio-economic status; and using aggregated and regional government unit subsidies. Data sources comprise the national household surveys on health service use of individuals in 2001 & 2003. RESULTS: The concentration indices of ambulatory services at health centres, district hospitals, and provincial hospitals were more pro-poor after UC (changing from −0.29, −0.26, and −0.04 in 2001 to −0.36, −0.32, and −0.08 in 2003, respectively). The concentration indices of hospitalization increased their negative values from −0.079 in 2001 to −0.121 in 2003. The distribution of net government health subsidies was more pro–poor after UC with a change in the concentration indices from −0.044 to −0.123. There was not a significant difference in the distribution of government health subsidies when income and asset index were used as means testing, or using aggregated unit subsidies, compared to regional variations.

WASTAGE OF MEDICINES IN PORTUGAL

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OBJECTIVES: Medicines waste, with both public health and economic impact, has been identified as a problem within the Portuguese National Health Service (PNHS). This provided the rational to identify the extent of medicines wastage due to inadequacy of medicines pack sizes to the proposed treatments length and to further estimate non-used medicines due to patients’ non-adherence, regardless of packs inadequacy.

METHODS: A pharmacy-based prospective two phase study was carried out. New medication users were invited to participate. Prescribed pack sizes were scrutinized to evaluate the extent in which they matched treatment lengths. First-phase study enrollees were further invited to participate in a telephone interview for pill counting at the end of the prescribed treatment period (second phase of the study).

RESULTS: From September 2005 to March 2006, 1501 patients were included in the study first phase (mean age 50.1, 68.6% females). A total of 2098 medicines were dispensed to these patients. The cost of wastage associated with medicines pack sizes was on average 1.75 € [95% CI: 1.51–2.00 €] with 58.5% being charged to the PNHS. This cost was higher than 4.00 € for anti-inflammatory and antiinflammatory products, drugs for acid related disorders, corticosteroids for systemic use, drugs for obstructive airway diseases, and antiprotozoals. However the wastage cost represented more than 25% of total expenditure only for anti-inflammator otherwise and anticyclic products (28.8%) and corticosteroids for systemic use (41.1%). Follow-up data was already collected for 1298 patients, so results from wastage due to patients’ non-adherence, regardless of packs inadequacy, will also be presented.

CONCLUSIONS: The wastage associated with the size of medicines packs prescribed is significant in particular for some therapeutic groups. Total wastage is expected to be higher taking into consideration patients’ non-compliance.