INFLUENCING PRESCRIBING IN ENGLISH PRIMARY CARE: FINDINGS FROM THE MANMED SURVEY

Mason A¹, Drummond M¹, Towsse A², Cooke J²
¹University of York, York, United Kingdom; ²Office of Health Economics, London, United Kingdom; ³South Manchester University Hospitals NHS Trust, Manchester; United Kingdom

OBJECTIVES: Over the last 3 decades, expenditure on medicines in the UK has increased in real terms by almost 5-fold and currently forms about 12% of all NHS expenditure. The MANMED (MANagement of MEDicines) survey was designed to explore how medicines are currently managed in the NHS in England. METHODS: In May 2001, a postal survey was sent to prescribing advisers and prescribing leads in 332 Primary Care Organisations (PCO) and to chief pharmacists at 275 NHS hospital Trusts (NHSTs). RESULTS: Sixty-six percent of PCOs and 57% of NHSTs responded to the MANMED survey. Most PCOs report quality of prescribing as their top priority, followed by budget adherence at both practice and PCO levels. Prescribing advisers offer an average of 6.6 forms of support (range: 3–9), including the review of prescribing patterns (95% of respondents), practice visits (95%), visits to individual GPs (92%), indicators of prescribing performance (92%) and prescribing newsletters (88%). PCOs are pursuing a wide range of prescribing initiatives, covering an average of 7 different therapeutic areas, including proton pump inhibitors (82%), antibacterials (76%), generics (76%) and statins (62%). National targets are the main driver for prescribing initiatives, but other key influences include inappropriate prescribing and clinical governance. Prescribing incentive schemes commonly include generics targets (81%), audits (64%) and reviews of repeat prescribing (58%). PCO involvement with secondary care varies: one third of PCO prescribing committees include a hospital pharmacist, and just 7% include a hospital consultant. However, evidence from the MANMED (NHST) survey suggests that most PCOs are represented on their local NHST Drug and Therapeutics committee. CONCLUSIONS: It would appear that while cost considerations are important, quality is perceived as the overriding principle on which PCO prescribing strategy is based. Multifaceted prescribing support is widespread and national targets are the main factor influencing choice of therapeutic area for prescribing initiatives.

MANAGING THERAPEUTICS NOVELTIES USING A SCIENTIFIC EVIDENCE-BASED METHOD

Catalan A, Perez MT, Gene J
Catalonian Health Institute, Barcelona, Spain

OBJECTIVES: At primary care, few new drugs (ND) add value to Spanish drug formulary. Here we define a global strategy focused to improve the general practitioner’s (GPs) ND prescription habit. METHODS: Our strategy is composed by two interventions and is focused on GP. The interventions are: Generalised Intervention (GI) and Specific Intervention (SI). A New Drugs Evaluation Committee (NDEC) guided by an evidence-based standardised procedure, compared every ND in terms of efficacy, safety, posology (pharmacology??) and cost versus the best pharmaceutical option for the same indication. By means of a decision-making algorithm, ND were categorised as important, modest or null therapeutic improvement. NDEC has external peer review. The NDEC prepared an extensive evaluation and a reduced evaluation. They were posted at the institution’s web and the reduced evaluation was sent to GPs by post. The Specific Intervention (SI) was activated when a ND was negatively evaluated and the ND had a persistent high market share. SI is an academic visit (face-to-face) between a pharmaceutical adviser and each GP, who is a constant prescriber of the ND. We monitored the consumption of ND for two years (2000–2001), using the same information from the Madrid community (out of Catalan) as a reference. RESULTS: 85% of the 16 ND evaluated are in the “little or null therapeutic improvement” category. The Catalan GPs had a lower ND utilisation rate than the Madrid GPs (57% vs. 120%) and the reduction of the utilisation tendency observed along 2001 was higher (15% vs. 10%) in a biannual rate. On September 2001 the SI was activated for two drugs, ROFECOXIB and CELECOXIB (1,7% market share of pharmaceutical sales). We interviewed 1000 GPs and obtained a 35% reduction in their prescribing. CONCLUSIONS: It’s possible to change the use of ND using evidence-based drug information and a combined diffusion strategy of generalized and one-on-one interventions.

HEALTH POLICY—Healthcare Expenditure Studies

THE USE OF PATHOLOGY-RELATED PARAMETERS IN EXPLAINING THE VARIATION OF PUBLIC EXPENDITURES ON MEDICAL IMAGING

Puttevis D, Ooms D, Wissels G, Putman K, Corens D, Beeckmans J
Free University Brussels, Brussels, Belgium

OBJECTIVES: In order to allocate public resources on health care more efficiently, lump sum based payment systems are introduced in the Belgian hospital sector. This study investigates the influence of pathology-related parameters on the consumption of medical imaging. A regression based method (ANCOVA) is used to define an explanatory model for the expenditure on medical imaging. METHODS: A representative sample of 30 hospitals was withdrawn from the national data. This sample contains 277,321 inpatient stays (19% of total), all of which related to data on utilisation of resources as well as data concerning the pathology. The pathology-related
data consist, amongst others, of Diagnostic Related Groups (DRG), severity of illness, risk of mortality, number of procedures and comorbidity. Regression analysis was used to estimate the impact of these pathology-related parameters on the use of resources for medical imaging. RESULTS: All pathology-related parameters have a statistically significant impact on the consumption of medical imaging. Fifty-seven and three-tenths percent of the case wise variation in utilisation of resources can be explained by the different parameters. However, the interaction of DRG with the severity of illness in itself explains 46.7% of this variation. CONCLUSIONS: Pathology-related parameters, especially the interaction of DRG with the severity of illness, can be used to determine a lump sum fee that could partly (+/- 50%) replace the in essence fee for service based payment system currently in practice.

OBJECTIVE: This paper compares the prices of top selling generic drugs in Canada with prices for comparable generic products in the United States. METHODS: The research examined the prices of 27 top selling (in 2001) generic prescription medicines in Canada that were marketed in both Canada and the United States. The sample represented approximately 36% of total generic sales in Canada. For each of the generic medicines a representative presentation (strength/ dosage form) was selected—generally the top selling presentation of the medicine. The prices were the Q1 2002 Canadian ex-factory prices as listed in the Quebec provincial government formulary and the US Federal Supply Schedule (FSS) prices. These prices generally represent the best available prices in the two countries. RESULTS: Preliminary results indicate that of the 27 leading generic drug products examined, 21 had higher prices in Canada than in the U.S. By all measures Canadian generic prices of the sample drugs were higher than those in the U.S.: Mean: +155%; Weighted Mean: +37%; Median +51%. Annual savings in excess of C$150 million would result if Canadians had access to FSS prices for the sample drugs. If the price differences seen in the sample can be extrapolated to all generic drugs available in Canada, the potential annual savings would exceed C$400 million. CONCLUSIONS: It is generally accepted that the ex-factory prices of innovator (brand name) prescription drugs are significantly lower in Canada than in the United States. It was therefore surprising to find the opposite result for generic drugs. Several factors may contribute to higher Canadian generic prices. The Canadian generic industry is highly concentrated (relative to the US) with the market dominated by two large generics firms. Second, provincial government reimbursement policies discourage discounting and feature published formularies that typically establish ex-factory prices for all classes of customer.

SPANISH NATIONAL HEALTH SERVICE (NHS):
PHARMACEUTICAL CONSUMPTION AND
ESTIMATION OF THE SAVING WITH GENERIC
DRUG PRESCRIPTIONS
Gaspar D, Mariño E
University of Barcelona, Barcelona, Spain

OBJECTIVES: Spanish Health Administration has developed some regulatory actions to check the growth of drugs expenditure. Specifically, in 1999, Government approved a reference price system for many drug groups (homogeneous). Here, we present the initial data from a study of drug consumption and a estimation of the saving with the prescriptions of generic drugs. METHODS: This study was divided into 2 periods: 1990–1998 and 1999–2002. In the second, the influence of the reference price system implementation will be observed. Data from Spanish NHS about drug consumption were provided by the Ministry of Health and Consumer Affairs. We elaborated our own database. Consumption was expressed as PVP (price for sale direct to customer, tax-free) by means of PTAM (Peseta Millions) or €M (Euro Millions), and was revised through CPI (Consumption Price Indexes, Base 1990). Information about PVP drugs was obtained from Official Drug Directory. DID (Dose for thousand inhabitants and for day) was also calculated according to DDD’s standard—Nordic Council Medicines ATC/DDD, edition 1998. Saving estimation was calculated through PVP minimum criteria of prescription, since the reference price system had not been implemented yet. RESULTS: According to consumption data obtained, in 1998, top four therapeutic groups—29 active principles—explained almost 34% of the whole expense—286116.2 PTAM or 2438.33 €M. Besides, if the criterion of PVP minimum was applied, for the most usual format (package) per prescription, the average saving would be almost 7%. In the Spanish pharmaceutical market there are many prices for specific active principles, being possible to identify the biggest individual saving. CONCLUSIONS: Almost the third part of NHS pharmaceutical budget in 1998 was assigned to 29 active principles. The level of individual saving was significant in omeprazole (44%) or famotidine (40%), among others.

ESTIMATING THE ECONOMIC BURDEN OF HOSPITALIZATION DUE TO PATIENT NONADHERENCE IN CANADA
Iskedjian M1, Addis A2, Einarsen T2
1Pharmideas Research and Consulting Inc, Oakville, ON, Canada; 2Centro per la Valutazione della Efficacia della Assistenza Sanitaria, Modena, Italy; 3University of Toronto, Toronto, ON, Canada