extent of generic drug utilisation for the two main drug schemes, the General Medical Services (GMS) scheme and the Drugs Payment (DP) scheme, was measured. Under the GMS scheme, all prescribed drugs are fully reimbursed by the state. Under the DP scheme the patient pays up to €70/month for prescribed drugs and the state pays the remainder. Potential savings from generic substitution for both schemes were investigated.

METHODS: The cost and quantity of drugs dispensed in 2001 were analysed using a national primary care prescribing database, which contains information on the brand name, strength, form and cost of prescribed drugs. Drugs are categorised into 4 classes on the database: generic, branded generic, proprietary drug with a generic equivalent, proprietary drug with no generic equivalent. The analysis was performed using JMP and SAS (SAS Institute Inc.).

RESULTS: On the GMS scheme 22% of prescription items were dispensed generically, whereas on the DP scheme 12% were dispensed generically. On both the GMS and DP schemes 18% of prescription items were dispensed as a proprietary preparation when a generic equivalent was available. Substitution of the cheapest generic equivalent preparation would result in estimated annual savings of €14.54 million (3.4% of total expenditure) on the GMS scheme and €4.88 million (2.7% of total expenditure) on the DP scheme.

CONCLUSIONS: The results highlight the potential cost savings, which could be made by generic substitution, facilitating the most efficient use of the limited drugs budget.

THE VALUE OF BOARD OF PHARMACEUTICAL SPECIALTY CERTIFICATION: RESOURCE USE AND DECISION-MAKING

OBJECTIVES: To determine financial and professional benefits to examinees for Board of Pharmaceutical Specialties (BPS) certification. METHODS: An anonymous web-based survey was developed and pre-tested. The survey was sent to all 84 US colleges of pharmacy. Demographics captured included college size, mean yearly research dollars, faculty size, and enrollment. Information regarding numbers of BPS-certified faculty, the extent to which BPS certification was considered in recruitment, and compensation/incentives provided to faculty for certification was obtained. RESULTS: Thirty-five surveys were returned. Deans completed surveys (54%) and division/department chairs (43%). Mean number of full-time faculty members/department was 24 (range 9–60). Mean number of full-time board certified faculty members was 7 (20%), with a range of 0–25. No institution required board certification for new faculty members; 8 (23%) anticipated such a requirement for currently non-certified faculty. Costs to examinees are estimated with minimum and maximum expenses varied for test cases. The survey revealed that expenses reimbursed varied considerably, with 34% reimbursing no expenses, 34% reimbursing a preparatory course and examination fee, 23% reimbursing the examination fee only if the examinee is successful, and 11% reimbursing travel expenses. The amount of reimbursement was tabulated. While 66% of respondents stated they encouraged faculty to seek board certification, fewer had faculty incentives. Only 17% provided salary increases and 6% granted promotion to recognize faculty members. Most institutions considered board certification in promotion and tenure (66%) and provided public recognition of successful examinees (51%). Potential values were attached to the promotion and tenure and public recognition variables based on literature values.

CONCLUSIONS: BPS certification is not required at this
time for any US college of pharmacy. Therefore, faculty members should consider the costs and benefits associated with pursuing such certification. This information may assist faculty members in resource use and decision-making with regard to BPS certification.

HEALTH CARE POLICY—Health System Studies

MECHANISMS AND OUTCOMES OF UTILIZATION REVIEW CONDUCTED AMONG PHIC-ACCREDITED HEALTH CARE FACILITIES IN THE PHILIPPINES

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OBJECTIVE: To describe the mechanisms and outcomes of utilization review conducted by Philippine Health Insurance Corporation on its health providers.

METHODS: Utilization review conducted among PHIC-accredited health providers consisted of three components. First part involved retrospective review of claims database wherein the initial focus was on hospital outliers (i.e. small percentage of hospitals that have utilization rates significantly higher than their counterparts) and identification of utilization patterns of care and medical services rendered. Second portion was an external review process wherein a group of practicing physicians functioned as peer review committee evaluating whether the care provided was medically appropriate and necessary. Third part included assessment of the rationality of drug use in selected regions of the Philippines.

RESULTS: Based on bed occupancy rate and number of claims filed, 126 PHIC-accredited facilities nationwide were identified as outliers. Majority of the hospitals identified with extreme utilization rates were privately owned and were categorized as primary hospitals. Forty-eight percent (61/126) of the hospitals identified as outliers had extremely disproportionate reimbursements for acute bronchitis. Among the varied clinical cases deliberated on by the peer review committee, management in 33% was found to be inappropriate and unnecessary. Based on review of prescriptions, the average number of prescriptions per patient encounter in selected hospitals was 3 drugs (SD ± 3). Ninety percent of these prescriptions were written in generics. 31% of these prescriptions were for antibiotics. One drug prescription based on existing data costs about P321.00 (Equivalent to $ 6 per prescription).

CONCLUSION: Unnecessary, inappropriate, or excessive use of medical services was identified through the different mechanisms of utilization review. The data gathered paved the way to a feedback process for health providers that can possibly translate into reduced inappropriate variations in the use of medical health care services and then perhaps cost-savings.

THE ASSOCIATION OF RECOMMENDED SURGICAL SITE INFECTION GUIDELINES AND OTHER FACTORS WITH HOSPITAL LENGTH OF STAY (LOS) IN PATIENTS UNDERGOING DIFFERENT CLEAN OR CLEAN-CONTAMINATED PROCEDURES

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OBJECTIVES: To determine what factors can help to predict if patients undergoing 13 different clean or clean-contaminated procedures will get the recommended antimicrobial prophylaxis and to investigate the association of compliance to published surgical site infection guidelines and other factors with hospital length of stay (LOS).

METHODS: Data included 2047 patients undergoing cardiac, gynecologic, gastrointestinal, and arthroplasty procedures, from 47 hospitals during a 3-month period. Data included patient demographic,