PHP11

REVIEW AND ANALYSIS OF DIFFERENT METHODOLOGIES FOR THE CALCULATION AND DISTRIBUTION OF PRIMARY HEALTH CARE PHARMACEUTICAL BUDGETS IN EUROPE

Gilbert A1, San Miguel L2, Prat A3, Casals A3
1Servei Catala de la Salut, Barcelona, Spain; 2Cambridge Pharma Consultancy, Cambridge, UK

OBJECTIVES: To review the European systems currently in place for the allocation of primary health-care budgets, and to assess which model’s characteristics are likely to be the most appropriate for adaptation to the Catalan region.

METHODS: Information was obtained from bibliographic searches and personal communication with key European budget holders. The following countries were considered in the analysis: Finland; France; Germany; The Netherlands; Spain; Sweden; the UK (England and Scotland).

RESULTS: There were mainly three groups of variables considered to capture the health-care needs of the population: Age/sex—all countries/regions looked at the age of patients, and only one of them did not look at the sex of patients; Morbidity/mortality—most countries, measured the health status of their patient population. The most common variables to capture morbidity were: percentage of chronic patients, standardized mortality, and mortality of those younger than 65. Socioeconomic factors: all countries/regions that had difficult access to a part of their territory (i.e. Finland, Sweden and Scotland) included a remoteness factor in their equations and provided those remote areas with more resources. Other variables (e.g. unemployment rates, number of pensioners in one household, patient’s income, etc.) were also considered in some countries.

CONCLUSIONS: In developing an effective tool for calculating primary health-care budgets for Catalonia, it is key to reflect the health-care needs of the population. The age/sex of patients are widely recognized as the most obvious variables to explain health-care expenditure. Although it is also important to measure morbidity and the socioeconomic circumstances of patients, the choice of the most appropriate variables to capture such factors is likely to vary significantly from one country to another. Thus, a detailed statistical analysis will be required to succeed in developing the final equation for the Catalan region.

PHP12

BARRIERS THAT PREVENT THE USE OF ECONOMIC EVALUATIONS IN HOSPITAL FORMULARY DECISION-MAKING

Späth HM1, Charavel M1, Morelle M1, Carrère MO2
1GRESAC - UMR 5823 du CNRS, Lyon, France

OBJECTIVE: Over the last 15 years pharmacoeconomics research has grown rapidly, but economic evaluations seem to have little impact on decision-making. We conducted semi-structured interviews with hospital pharmacists in a French region to determine the barriers that prevent their use in hospital formulary decision-making.

METHODS: We developed an interview schedule based on a literature review and three pilot interviews. We interviewed pharmacists in short stay hospitals with more than 100 beds. Thirteen public hospitals (PH) and six private clinics (PC) in the Rhone-Alpes region in France were selected at random. Interview transcripts were coded independently by two researchers. We compared the six PC, financed on a fee-for-service basis, with the 13 PH, financed on a global budget basis, by multiple correspondence analysis.

RESULTS: In all hospitals, economic evaluations have little impact on formulary decision-making. The barriers that prevent their use are: 1) decision-makers do not have enough time to search and analyze them (all hospitals); 2) published evaluations do not apply to their setting (all hospitals); 3) decision-makers have no expertise in appraising evaluations (5 PC and 8 PH); 4) budgets of different hospital units are closed, and costs avoided by the inclusion of a drug cannot be shifted to the pharmacy budget (3 PC and 10 PH); 5) practitioners are reluctant not to give a therapy for cost reasons (2 PC and 7 PH). The last two barriers seem to have more impact in PH than in PC.

CONCLUSION: There are many barriers that prevent the use of economic evaluations in hospital formulary decision-making. The barriers related to the decision-making context seem to be very important, especially in PH, financed on a global budget basis. More research is needed to determine the decision-makers’ needs for cost-effectiveness information and the incentives to take it into account.

PHI3

PHARMACOECONOMICS OF BLOOD TRANSFUSION SAFETY MEASURES: A REVIEW OF THE LITERATURE

Postma M1, Staginnus U2, Ruitenber E3
1Groningen University Institute for Drug Exploration / University of Groningen Research Institute of Pharmacy (GUIDE/GRIPI), Groningen, The Netherlands; 2Baxter, S.L, Madrid, Spain; 3Sanquin Foundation for Blood Supply, Amsterdam, The Netherlands

OBJECTIVE: Cost-effectiveness of safety measures in blood transfusion is not yet widely researched by pharmacoeconomic investigators. Only a few studies have been conducted, primarily in the US. Our objective is to review the literature on cost-effectiveness of interventions that enhance the safety of allogeneic (i.e. non-autologous) transfusion of whole blood and blood products. This review forms the basis for a European cost-effectiveness model for new technologies in transfusion safety.

METHODS: We searched MEDLINE from 1990 onwards using the following search terms: “transfusion” in combination with “costs” or “cost-effectiveness”. All cost-effectiveness analyses in the English language that use QALY’s or life-years gained as primary health outcomes were included.