THE DETERMINANTS OF DRUGS PRESCRIPTION FOR CHILDREN IN GENERAL PRACTICE
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In France, 97% of children under age of 3 turn to a GP at least once a year. The GP/child encounter benefits from a particular status -no gate keeper constraint, baby extra fee- even if neither the nature nor the economic burden of this activity have been yet studied. OBJECTIVES: This study aimed to: 1/ analyse the nature of the activity for children in General Practice 2/ find out the determinants of the prescription decision. METHOD: We got data from a representative sample of 922 French GPs (BKL-Thalêes panel). Information was directly collected on the basis of 60 consecutives visits per GP, through a patient management software. We only picked children visits. In addition to standard GPs and patients characteristics, other data were also collected on the child: health insurance status, status in the GP’s practice: regular / new) and on the visit (length, reasons for encounter, prescription of drugs . . .). We use the Hierarchical Linear Models to identify the determinants of the prescription at the respective level of children and GPs. RESULTS: Activity is highly concentrated: Upper Respiratory Tract Infections represent 54.8% of the 6652 visits. Obviously URTI favours prescription decision by 3.96(OR) [p < 0.0001] and more generally an acute pathology by 3.26(OR) [p < 0.00001]. GPs prescribe on average 2 medicines per visit (even if 25.1% did not lead to any prescription) but surprisingly male prescribe much more than female: 2.01(OR) [p < 0.0062]. Long visits (over 15 minutes) lead more often to a drugs prescription: 1.80(OR) [p < 0.0001].

PHARMACO'ECONOMIC ASPECTS OF REFORMS OF PHARMACEUTICAL SECTOR: MONTENEGRO EXPERIENCE
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OBJECTIVES: Montenegro Republic health fund is the only institution in Montenegro dealing with health insurance. It covers approximately 640,000 inhabitants. As the drug expenses in Monte Negro reached 30% of total health expences during 2003, informational system (IS) in outpatient health practice was introduced. This system enabled the total control and follow up in area of use of drugs covered financially by the health fund. METHODS: IS bind together pharmacies, health care institutions, databases of persons with health insurance, drugs, and health care providers. Through unique code system automatic information flow imported through bar code was enabled. RESULTS: In the first year after introduction of IS (2004) the 3.6 mil of EUR was saved, what is 30.6% less than in 2000 year. During the 2005 year €2.2 million, or 18.76% less amount of money was spent than in 2002 year. The increase of expenditure for the drugs in 2005 when compare with 2004 could be explained by better supply of pharmacies during 2005. The next reason was the increase of number of insured persons for 6.4% and the third reason was weaker control of drug use and absence of interventions after analysis of drug use. During 2005, the biggest percentage of money from the fund was spent on insured patients older than over 65 years, with group C being the first place, being 31.3% of total expences. CONCLUSIONS: Introduction of informational system rationalized outpatient drug use and enabled application of international standards. The greatest decrease of drug use was realized during the first year after the introduction of reforms. The biggest financial spenders are patients older than over 65 years, and the group C of drugs. The permanent control and intervention in the field of drug use are necessary.