Reimbursement categories as a way of allocate measures and monitor expenditures on medicines

Aneta Lipińska[1], Maciej K. Pomorski[1], Wojciech Matusewicz[1], Katarzyna Jagodzińska-Kalinowska[1]

[1]Agency for Health Technology Assessment and Tariff System, Warsaw, Poland

Introduction

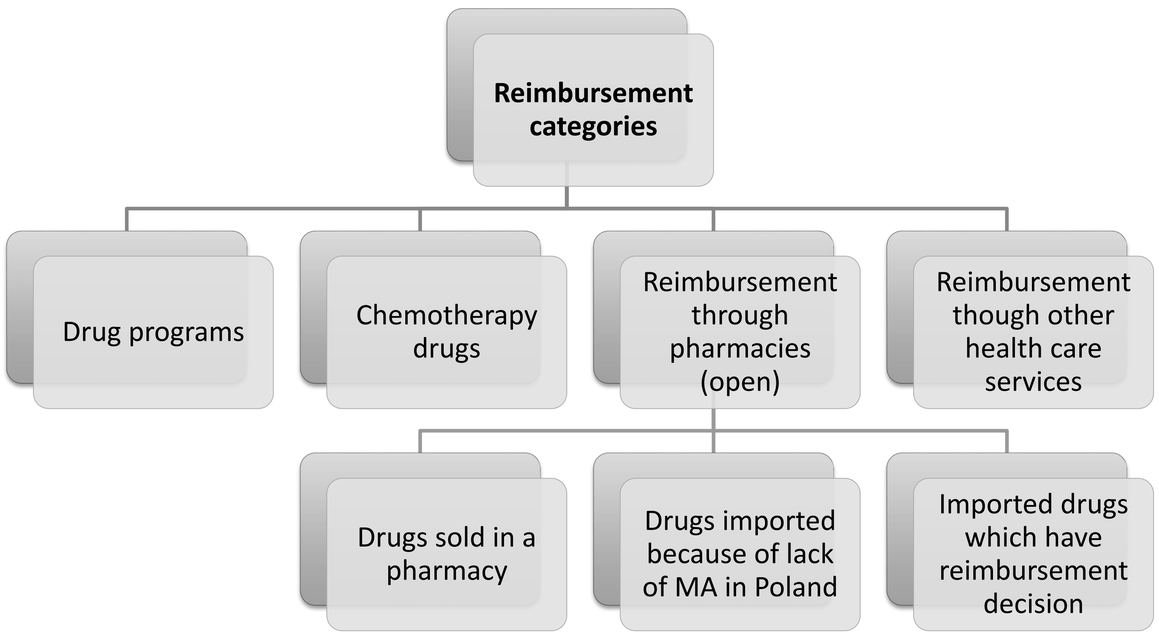
In Poland there are functioning four reimbursement cathegories: drug programs, chemotherapy drugs, reimbursement (of drugs) through pharmacies and reimbursement though other health care services. The first three categories are used mainly. The choice of particular way of financing drugs from public funds in healthcare system may have influence on availability of medicines for patients, planning the budget and controlling expenditures by health authorities. The reimbursement category is proposed by market authorization holder (MAH) in reimbursement submisssion. It seems that the most difficult task is to plan a budget and control it when drugs are sold in pharmacies. However, polish practice shows that the budget for the reimbursement is not depleted and the financial limits are exceeded in drug programs and chemotherapy drugs, which are under thorough supervision.

Objectives

The aim of this work is to compare ways of financing drugs implemented in polish healthcare system in terms of their impact on access for patients, planning the budget, monitoring effects of therapy, controlling expenditures from payer's and patients' perspective.

Methodology

This work is a description of model implemented in Poland and an evaluation of current policy in terms of rationalizing and controlling expenditures and access to health care services. The study examines the public sector and is related to the out-patient as well as in-patient sector because of mixed nature of reimbursement categories. Reimbursement though other health care services is not included in this work due to lack of separate budget for this cathegory (drugs are reimbursed within DRG).



Tab. 1. NHF expenditures on drugs in 2015 (year to date, in thousands PLN)

Description	Planned total budget on reimbur-sement in 2015	Realization (June 2015)	Realization (YTD)	% of realization of total budget on reimbur-sement
Total budget on reimbursement	**10 901 083,00**	**889 080,19**	**5 307 531,06**	**48,69%**
1. drug programs	2 526 438,00	177 868,22	1 056 459,17	41,82%
2. chemotherapy drugs	596 740,00	40 048,86	241 289,09	40,43%
3. reimbursement	**7 777 905,00**	**671 163,11**	**4 009 782,80**	**51,55%**
3.1. drugs sold in a pharmacy	7 743 103,00	669 633,36	3 999 835,39	51,66%
3.2. drugs imported because of lack of permission for Polish market	25 604,00	1 509,80	7 483,10	29,23%
3.3. imported drugs which have reimbursement decision	9 198,00	19,95	2 464,31	26,79%

Results

REIMBURSEMENT OF DRUGS

This cathegory is used for less expensive therapies, which patient can take at home without any special supervision. Patients have easy access to medicines because they can be bought in every pharmacy. Information about prescription is sent to National Health Fund (NHF), but NHF does not receive data on condition, dosing and effects of the therapy so remote monitoring of outcomes is impossible. Due to uncontrol of health needs in out-patient, planning expenditures in this reimbursement category is complicated. There is one budget in this area without any strict structure, which is not depleted every year in Poland. If the budget is exceeded, there will be calculated payback. Since 2012 when payback was established, the budget has never been exceeded.

DRUG PROGRAMS & CHEMOTHERAPY DRUGS

Tab. 2. Comparison of reimbursement cathegories: drug program and chemotherapy drug

The object of comparison	Drug program	Chemotherapy drug
indication	precise reimbursement criteria: indication defined by ICD-10 code and additional in/out criteria (e.g.severity of disease, ECOG status)	indication defined by ICD-10 code, no exclusion criteria
therapeutic area	oncology drugs and drugs for rare diseases	only oncology drugs and drugs supporting chemotherapy
access	by hospitals or out-patient clinics cooperating with hospitals	by hospitals and out-patient clinics cooperating with hospitals
budget	separate budget for every drug	one budget for all drugs in the list
monitoring	separate monitoring for every drug	monitoring for all drugs in the list
cost of therapy	very expensive drugs	differentiated cost of drugs

The healthcare providers (HCP) who want to provide these services have to meet special requirements in terms of staff and equipment what should support proper standard of treatment. Important is the fact that only healthcare providers (HCP) who have the agreement with public payer in this particular area can receive reimbursement for treatment of patients with such medicines, but neither NHF nor HCP are obligated to enter into agreement (HCP on a voluntary basis start the procedure of setting the agreement). Services are provided only to the financial limit established in agreement. Adherence to the financial limit and freedom in concluding agreements may restrict the availability of services, causing: queues or migration of patients in search of treatment. Because of that patients may also incur additional costs. On the other hand, cooperation under the agreement gives NHF knowledge about the availability of services in each region and makes possible to premium HCP who entered into the agreement.

Conclusions

- The choice of reimbursement cathegory depends on MAH, but it may fit in country healthcare strategy and policy.
- Pharmacy distribution gives wider and easier access to drugs than distribution through only contracted healthcare providers (second one may cause queues and burden patients with additional costs).
- Drug programs provide easier control of budget and monitoring of health outcomes (possibility of providing outcome based risk sharing schemes).
- The most comprehensive data on epidemiology, costs and effects can be collected when distribution is concentrated in few or several specialized centers than in thousands of pharmacies.
- Agreements on services connected with cathegories drug program and chemotherapy drug allow monitoring of epidemiology and availability of resources in the healthcare system (equipment, facilities and staff) and controlling expenditures, but people are deprived of treatment (causing among others social discontent) or limits are exceeded when budget was not well estimated.
- Careful analysis of health needs and use of incentives for healthcare providers to conclude contracts with NHF may allow a proper allocation of resources and ensuring patients an equal access to services in each region of the country.

Agency for Health Technology Assessment and Tariff System
26 Krasickiego Street, Warsaw 02-611, Poland
phone: +48 22 56 67 217
fax: +48 22 56 67 202
e-mail: a.lipinska@aotm.gov.pl
www.aotm.gov.pl