Impact of the latest drug policies in Slovakia on individual stakeholders

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ALTERNATIVE IMPLICATIONS OF ECONOMIC CRISIS ON HEALTH CARE IN CEE: AN OPPORTUNITY TO IMPROVE DECISIONS OR TO STRENGTHEN COST-CONTAINMENT MEASURES?

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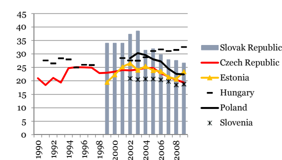
Stakeholders in Slovak Healthcare

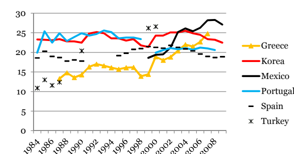
- Healthcare Providers (HPs)
- Health Insurance Companies (HIC)
- Healthcare Surveillance Authority (HCSA)
- Healthcare Industry (Pharma)
- Healthcare Professionals (HPf)
- Ministry of Health (MoH)
- Parliament, Healthcare Committee (PHC)
- **Patients, Citizens in general (P)**

CEE: Pharma as % of total HC Expenditures

(Source: OECD Health Data and Eurostat)

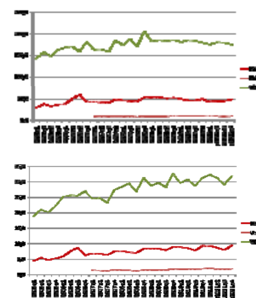


- still almost doubled, compared to "top" OECD countries
  (US, CAN, JAP, AUS, NZ)



- similar to "bottom line" OECD countries

Reimbursement and Co-Payment for Drugs (in mil.€, by Health Insurance Companies)



- **3 years of "flat market" in terms of reimbursement**
- **co-payment has increased by more then 50%**
- **co-payment ceiling** for handicap and elderly population
  (30 vs. 45 € per quarter)
  too strict and inefficient
  (less then 0.2% affected)

Main Policy Issues / New Rules I.

- Reimbursement list published on monthly basis
  (HPs, Ph, HPf, P – administrative burden, logistics, compliance)
- Reference pricing (the 2nd lowest price in the EU) ,Clustering
  (HPs, Ph, HPf, P – access to medicines, risk of parallel trade)
- Cost per QALY less then 20 000€ (max 24-times the average wage)
  (Is ICER and QALY still an issue, especially in "Bismarck's HC Models")
- Risk sharing and/or conditional reimbursement (max. 2 years) for more expensive QALY or rare diseases (1:100 000)
  (What kind of risk to consider?, Conditions for whom?)
- Only up to 20% reimbursement for new molecules, once not on the market in at least two EU / OECD countries with similar GDP

Main Policy Issues / New Rules II.

- Generic prescription
  - voluntary on the level of prescribers (doctors)
  - mandatory on the level of pharmacies / the cheapest available medicine (from the List)
    (HPs, HPf, Pharma, P – issue of compliance and pharmacovigilance)
- Loyalty systems in pharmacies, networks of public pharmacies
  - voluntary discounts on co-payment
  - discounts have to be shared between the patient and health insurance company (2:1)
    (individual HPs, HIC, P – induced prescription, overconsumption)

Main Policy Issues / New Rules III.

- Regulation of marketing activities
  - no visits by med reps during doctors' office hours
  - no cash gifts or benefits in kind
  - disclosure of all marketing expenditure, list of health care professionals sponsored on medical congresses and related activities
    (HPf, Pharma – limited interactions, negative motivation)
- Non-interventional clinical trials or post-marketing studies may be performed only with the consent of health insurance company
  (Pharma, P – limited spread of studies, lack of feedback)

Main Policy Issues / New Rules IV.

- The 1st generic product -30%
  (HPs, HPf, HIC, Pharma, P – limited access to cheaper drugs)
- No reimbursement for "life-style" drugs
  (e.g. contraceptives, medicines for erectile dysfunction, weight loss and smoking addiction and homeopathics)
  (conservative policy)
- If the medicine is not sufficiently available for 60 consecutive days, it may be excluded from the reimbursement list
  (HPs, HPf, Pharma, P – risk of access, compliance, logistic issues)

Take home message

- New Slovak Drug Policies / Regulations incorporate "all known forces of policy interventions at once" towards more aggressive savings
- The only winner is Payer (Health Insurance Company) and its owners – private investors (but we are dealing with public / compulsory health insurance system)
- Pharma and Patients are the most suspicious, thus the most dangerous enemies of the HC system, oriented more for profit and less for quality
- Although pharmacoeconomics rules are in place, no real, independent Health Technology Assessment recognition and/or acknowledgement
- Mimicked transparency

So what?

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