

HTA DEVELOPMENTS IN THE CENTRAL AND EASTERN
EUROPEAN REGION: LOCK, STOCK &
BARREL IN CHALLENGING TIMES

The experience of GREECE

Mary Geitona, MSc, Ph.D

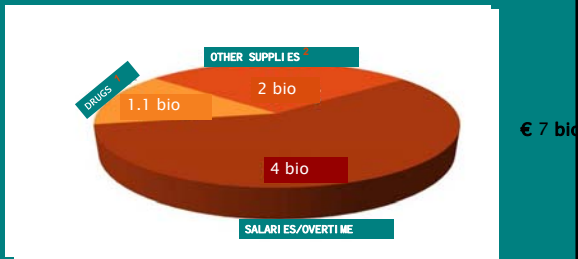
President ISPOR Greece Chapter
As. Professor, University of Peloponnese

The Socio-economic
Environment of Greece

- Compulsory social insurance coverage based on occupation
- Universal & free access to health care
- NHS: the major provider of health care (inpatient care) and the social insurance funds' polyclinics (outpatient care)
- Greece is under IMF inspection to reduce public spending mainly on health care and pharmaceuticals
- Health Expenditure 10% GDP
- Annual Growth Rate Negative
- Inflation Rate 5%
- Unemployment Rate 17-19 %
- SSF expenses 15% of total HC spending

Hospital Expenditure Analysis, 2010

- Medicinal products represent 15% of total expenditure
- Medicinal products represent 35% of total supplies



1. Drugs are the only price regulated products
2. Orthopedic & sanitary equipment, Reagents, Other supplies

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The Economic Adjustment for Greece
Fourth review spring 2011

Directorate-General for Economic and Financial Affairs



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Targets of the Government

Cost containment measures in order to:

- Meet IMF proposed savings
- Rationalize HC investments
- Ensure economic sustainability
- Improving the quality of HC delivery

Many reform proposals are either under implementation, adoption or development

- Keep public health expenditure at or below 6 percent of GDP while maintaining universal access.
- Ensure a more rational use of services and medical goods, reduce waste and corruption and increase productivity.
- Actions planned for 2011 are expected to generate at least about ½ percent of GDP in savings, including savings of more than EUR 2.2 billion in pharmaceutical expenditure.
- Increase in co-payments for outpatient visits to NHS and increasing patients' cost awareness.
- The all-day functioning of hospitals.

Measures in pharmaceuticals

- Aiming at reducing unnecessary expenditure associated with **over-prescription, over-pricing, waste and corruption**:
- Introduction of **price list** (n September 2010) led to reduction in the price of medicines of almost 20 percent leading to important savings and replaced by an **updated list** inducing smaller but additional savings.
- Publication of the **negative list** of medicines not reimbursed by the social security funds
- The definition of **prescription guidelines** and the development of a reference price system for reimbursement purposes and the reduction in unnecessary prescriptions of medicines.
- increase the share of **generics and off-patented** medicines used in NHS hospitals
- **E-prescription system** to the social security funds and NHS hospitals.

Other measures

- A set of measures have been legislated to induce **liberalisation** of pharmacies
- The **centralized public procurement of medical supplies** is in the 2011 agenda.
- Significant efforts have been taken to improve **hospital computerisation** including modern accounting and billing systems, bookkeeping of medical supplies in NHS hospitals, monitoring activity of NHS facilities, timely invoicing and hospital spending control.

IMF & Government implemented /announced measures	2011 Savings of Pharmac. Expenditure in € mio		2011-2012 Savings of Pharmac. Expenditure in € mio	
	SSFs	Hospitals	SSFs	Hospitals
Carry over from Price Reductions- Pr. Bulletin 2010	224	48	224 mio	48 mio
Price re-assessment 2011, 07/2011	128	99*	339 mio	198* mio
List expansion for products of L 3816	25		50 mio	
Industry Rebate 2009-2010 (unpaid)	137		137 mio	
Industry Rebate 2011	74	36	146 mio	74 mio
Hospital Tenders		17		62 mio
Reductions in profit for wholesalers 05/2011 & Pharmacists 03/2011	50+80		86+94 mio	
New Pharmacist's profit margin structure or ans			334 mio	
Expansion of OTC List, 05/2011	21		36mio	
Introduction of Negative List, 05/2011	132		176 mio	
Increase of Oxa penetration	0,6	7	1 mio	7 mio
VAT Reduction	116		116 mio	
TOTAL	1.20 bio	0.27 bio	2.17 bio	0.45 bio
	1.46 bio > 1 bio target		2.62 bio > 2 bio target	

Cost - containment measures targeting NHS Hospitals' Drug Expenditures

- Hospital Formularies
- Treatment Guidelines
- Reduction of hospital expenses by 20%
- Listing of new products twice a year, reduction of hospital stocks
- No more than 4 products with the same substance in each hospital
- Drug tenders, generic substitution,
- Creation of an integrated IT system intra and across hospitals.

Cost - containment measures targeting Sickness Funds' Expenditures

1. Introduction of Electronic registries –data bases
2. Introduction of Electronic prescribing system
3. E-processing control for drugs and diagnostic tests
4. Changing of physicians' prescription patterns, generic substitution
5. Positive Reimbursement List
6. Cost-effectiveness criteria are not taken under consideration

Change in NHS Hospital Performance and expenses 1st semester 2011

Performance	2010 vs 2011	Expenses 2010 vs 2011	
		Total expenses	Mean cost per patient
Health Centres (visits)	+17%	-12%	
Hospitals' Outpatient units (visits)	0%		-18%
Hospitals' afternoon visits	-21%		
No of patients' hospitalization	+8%		
No of surgical operations	+7%		

**Consumption of Health Technology related Products
1st semester 2011**

Type of Materials (2010 vs 2011)	Decrease in Expenses
Sanitary	-20%
Drugs	-22%
Orthopedics	-44%
Other medicinal products	-22%
Average Decrease	23%

**Computerized Systems status per Regional Health
Authority (1st vs 2nd semester 2011)**

Computerized Systems	1 st (N=24)	2 nd (N=21)	3 rd (N=17)	4 th (N=15)	5 th (N=13)	6 th (N=31)	7 th (N=9)	Total Hospitals 130 (%)
Individual Patient Prescription	24	18	9	9	12	22	9	(72) 79
Electronic connection of departments & pharmacy	22	14	9	10	8	19	9	(65) 70
Electronic Prescription	14	11	6	4	5	19	8	(52) 52
Integrated Coding System	16	19	16	6	13	24	9	(58) 79
Mean	(88) 88	(75) 81	(65) 71	(60) 60	(77) 85	(55) 77	(78) 99	(70) 78

N# Number of Hospitals

NHS IT target achievements

IT per category	Target achievements
Supplies' tenders (no 8,341)	82.8%
Auditing Accounts	92%
Launch of a web-based platform (ESY.net) for gathering and assessing monthly data from NHS hospitals	97%

IT systems in NHS outpatient care

Users' E-prescribing system accreditation (doctors)	Change per month
Health Centres (No 200)	54%
NHS hospital outpatient units (No 130)	15%
From June to August	84.5%
Intrahospital drugs' management	100%

IT forthcoming commitments in NHS Hospitals (October – November 2011)

- Integration of NHS Hospitals' IT systems
- KEN-DRGs incorporated in the NHS hospitals IT systems
- Automatic entry-elaboration of hospital indicators in the ESY-net system
- NHS patients' medical records integration
- Introduction of qualitative & quantitative assessment criteria in the NHS Hospitals performance

Absolute lack of any HTA investment

There was an obvious necessity of the creation of a HTA body that could offer long term benefits related to improvements in health care access and outcomes as well as economic sustainability.

Recent Announcement

The creation of HTA body in Greece
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Potential Benefits of the HTA Body in Greece

- Helping establish cost-effective prescribing policies
- Encouraging decision making based on costs and benefits rather than cost cutting
- Helping purchasers to set priorities
- Helping providers choose the most cost-effective treatment techniques
- As criterion for reimbursement acceptance
- The maximization of health gains from a finite budget
- The maximization of outcomes to input constraints
- The reallocation of resources from less productive to more productive uses

Thank you