

National Conference on Health Management Research
Institute of Health Management Research, Jaipur
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Theme: Globalization & Health Care: Are we Prepared?

Workshop on Pharmacoeconomics & Outcomes Research

Organizer:

Institute of Health Management Research, Jaipur

Co-organizers

ISOPR-India and Pfizer Ltd

Chair person:

Dr Hemant Malhotra, Associate Professor of Medicine., SMS Medical College Jaipur

Keynote speakers:

Dr Viraj Suvarna, Head, Research Division, Medical Affairs, Pfizer Ltd.

Workshop Facilitator:

Dr Pooja Kochar, Senior Medical Advisor, Medical & Research Division, Pfizer Ltd

Dr Jawahar S Bapna, Secretary, ISPOR-India, gave information on genesis of ISPOR-India Chapter. This workshop on Outcomes Research is a part of the activities of the ISPOR-India. He thanked the Pfizer (India) for support of these activities. He welcomed the participants and the teams from Pfizer (India) for conducting this workshop. Dr Hemant Malhotra who is actively involved in Clinical Research was requested to chair.

Dr Viraj Suvarna, Head Research Division, Medical Affairs; Pfizer Ltd gave an overview of Outcomes Research. Outcomes Research is a research on outcomes to evaluate the long time impact of drugs on the disease. It helps in deciding the best choice of drugs and devices among large number of those available today. Pharmacoeconomics is a special branch that helps to know the extent of drug cost in the total treatment of a specific disease. He also discussed decision tree model analysis - to compare the use of two drugs in terms of per unit cost of disease cured and disease not cured.

Dr Pooja Kochar conducted the Pharmacoeconomics workshop – “DAISY”. She highlighted that the cost effectiveness of healthcare has been redefined. It has taken a new meaning over

the past few years. Both drug companies and the patients take into account, not just the efficacy of the drug but also the safety of the user/patient. DAISY – is a tool to understand the various health-economics models of cost-benefit analysis, by taking examples from the present healthcare system (problems-solutions-stakeholders, etc) and pharmaceutical research industry.

DAISY – involved working on four core visions, each described in detail on the 4 separate workmats provided to the groups of participants. The 4 core visions being:

- 1) Rapidly evolving system.
- 2) System out of balance.
- 3) Methods of economic assessment.
- 4) Economic Assessment – Balancing cost and effectiveness.

Each of the groups were explained the core vision and problem exercises given in their work mats. The groups were given 20 minutes each to work on the core vision & exercise and then make presentations.

Core Vision 1: Rapidly evolving system

The present healthcare system is evolving and so is the healthcare market. Rapidly increasing issues and trends in healthcare, change in disease profile over the decade. Group 1 worked on the above issue to bring out the trends that are happening in healthcare, and the ways these changes would affect the healthcare systems, markets and the social systems.

Findings by the group: 1) Ageing, and hence a decrease in productivity and increased need of geriatric care.

- 2) Change in disease profile, and thus need of more super-specialty hospitals and emphasis on preventive care.
- 3) Corporitasion of hospitals, with more private players and multinationals coming in the market.
- 4) Increased choices Vs Affordability – Broader selection band for consumers and hence better quality because of the competition in market.

Core Vision 2: System out of balance

The healthcare system is buzzing with activities. We have a different stakeholder at each stage of activities; all these stakeholders have a conflicting set of priorities in terms of healthcare systems.

Group 2 listed out the different stakeholders involved in healthcare and their priorities. They also worked on a case study to calculate direct and indirect cost involved in hospitalization.

Findings by the group:

1) Stakeholder 1 – Patient; Priority – to get well at minimum cost, minimum duration, minimum discomfort and minimum loss of productive time.

Stakeholder 2 – Provider/Doctor – To get the patient well as soon as possible with minimum physical discomfort.

Stakeholder 3 – Family Members – To get the patient well soon, to avoid infection among other members of family. Affordable costs.

Stakeholder 4 – Hospitals – Treatment at minimum cost, customer satisfaction

Stakeholder 5 – Government – Assess to services, reduction in Infant Mortality Rate (IMR), Maternal Mortality Rate (MMR) etc and equity in healthcare-assuring healthcare for all.

Stakeholder 6 – Third party administrators (TPA), Health Maintenance Organization (HMO) – Minimum cost of treatment, minimum reimbursement, low recurrence of diseases.

2) Economic impact of Illness

- Loss of comfort, productive time (Patient)
- Loss of revenue (Patient, Family, Govt.)
- Loss of income (Family, Patient)
- Burden of Diseases (Govt.)
- Increase in Expenditure (TPA)

Core Vision 3: Methods of Economic Assessment

Participants were asked to study 3 case scenarios involving various costs – assessment analysis and work on it to find out the best cost-assessment analysis suited for each case-study.

Core Vision 4: Economic Assessment

Workmat 4 involved problems of, balancing cost and effectiveness. Case – study on Pharmacoeconomic analysis of MASCOT (Magnex against Standard Combination Therapy) was studied and presented in brief.