The Establishment of Negotiation Committee, Therapeutic Guidelines and HTA Efforts in CEE Countries

THE CASE OF GREECE

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Overview of refugee crisis

- More than 1 mio people reached EU in '15 and ~ 292,079 have arrived so far in '16.
- FYROM, Serbia, Croatia and Austria have closed their borders, leaving more than 59k migrants & refugees trapped in GR.
- Agreement reached between the EU and Turkey on 18 MAR stipulates that anyone who arrived in Greece via Turkey after 20 MAR must be held until their papers are processed and those deemed ineligible are to be sent back to Turkey.
- However, the implementation of the agreement, especially following the recent attempted coup in Turkey, remains problematic.
- Due to last MD for uninsured, migrants could potentially have full access to NHS and pharmaceutical treatment, though w/o additional budget.
Following the approval of the second set of prerequisite measures on 22 May, GR has been funded €10.3 bn out of which, €7.5 bn used for arrears payments. The last part of €2.8 bn (€1.8 bn for arrears) were disbursed in sub-tranches subjected to milestones related to privatization.

Debt relief: The agreement paves the way for a debt relief agreement starting in 2018.

Political & Fiscal Environment

Political Stability

- Greece continues to be impacted by the economic and migration crises
- Government cohesion is directly associated with the progress of the economy and the management of the migration crisis, as well as the fatigue of the SYRIZA & ANEL ruling parties

Funding

Priorities of the GR Government in Health Care based on the latest MoU

1. Expenditure Rationalization
   - Tenders
   - Spending excess reduction
   - Price volume agreements / Unified Rebate
   - Therapeutic Protocols and prescription guidelines
   - Health Technology Assessment

2. Generics penetration
   - Incentives at pharmacists’ level
   - Public campaign on Generics
   - Revision of Prescription targets for doctors
   - Gx impatient & outpatient share increase

3. Financial Mng of Hospitals
   - Annual external financial audits
   - Adoption of DRG

4. Transparency / Monitoring
   - Monthly reports on HC expenditure; and on hospital financial data
   - Activity related indicators and financial data for hospitals (Quarterly);
   - Hospital performance comparison (Annual);
   - Human resources for the whole health care sector (Annual);

5. Operational Excellence
   - Monitor Progress (new protocols, registries and prescription guidelines)
   - Execute the claw backs every six months and perform regular audits / Update on a regular basis the positive and the negative list
   - Timely Arrears payment to industry
Pharmaceutical Expenditure & Rebates Evolution

*Latest data EOPYY, March 2016

Priorities of the State & The Industry

STATE
- HTA Establishment
- Therapeutic protocols
- Cost Containment
- Spending Rationalisation
- System Sustainability
- Prescription control
- Generics Penetration

INDUSTRY
- Market Liquidity
- Profitability
- Easier Patient access
- Innovative medicines
- Pay for performance
- Market Monitoring
**HC Environment in 2017 – MoU Imposed Measures**

...*Towards an HTA country*

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- Complete the set-up of the negotiating committee to start developing price volume and risk agreements, such as MEAs, especially for innovative and high cost drugs.

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- Increase the proportion of centralized procurement to 60% (and to 80% by Dec 17) and the share of procurement by hospitals of pharmaceutical products by active substance to 2/3.

- Increase the share of inpatient generic medicines to 60%.

- Take further structural measures by December 2016 as needed to ensure that the estimated gap between spending for 2017 and the claw back ceilings is reduced by at least 30% compared to the previous year.

- Set-up a Health Technology Assessment centre to evaluate which products to reimburse and under what conditions and agreements.

- Increase the share of outpatient generic medicines by volume to 40%.

- Develop additional prescription guidelines giving priority to those with the greatest cost and therapeutic implications.

- Develop therapeutic protocols for the patient care pathways (primary and secondary care) for the pathways that have the greatest therapeutic and cost implications, to be implemented through the e-prescription system.

- Publish every six months a price bulletin to reduce pharmaceutical prices.

- Update on a regular basis and at least every six months the positive and the negative list.

Thank you for your attention.