



ISPOR Chinese Medical Doctor Association
Pharmacoeconomics Chapter Annual Report 2011

TO:

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Background:

Chinese Medical Doctor Association Pharmacoeconomics Committee was approved by ISPOR in January 2006.

The Chapter now has 341 members and the committee consists of well-known professionals on Pharmacoeconomics, Clinical Medicine as well as Pharmacy. Current President is Dr. Shanlian Hu, MD, MSc, Professor, School of Public Health, Fudan University, Shanghai, P. R. China, and Director-General of Chinese Medical Doctor Association Pharmacoeconomics Professional Committee.

The Chapter has always been devoted to disseminating the knowledge and skills of Pharmacoeconomics and Outcomes Research. Much progress has been made in promoting Pharmacoeconomics application in health system reform through embranchments of CDMA.

For more information, please visit

http://www.ispor.org/regional_chapters/China/index.asp.

Enclosure: Chinese MDA-PE Chapter Annual Report 2011

Chinese MDA-PE Chapter Annual Report 2011

(Chinese Medical Doctor Association Pharmacoeconomics Committee)

Accomplishments Made in 2011

Accomplishments	Major Aspects
Mission	<p>Promote the development and application of Pharmacoeconomics in China , and provide evidence and suggestion to pharmaceutical business and health department by applying Pharmacoeconomics and Clinical Practice Economic Evaluation methodology to appraise the innovation of technology, organization and policy in health sector.</p>
Membership development	<p>Significant development has been made in membership recruitment from 282 in 2010 to 341 in 2011. Members recruited include professionals and young researchers from universities and research institutes, clinicians in general hospitals, community service centers, and hospitals in rural areas, as well as those working in pharmaceutical business. The percentage of researchers, clinicians and business leaders is 30%,50% and 20% respectively.</p>
Studies & Projects	<p>The project of <i>Innovation of Disease Management System in Rural China</i> has been conducted as an important part of the <i>Health XI Project</i> which was initialed by the Ministry of Health and the World Bank.</p> <p>Several studies of Pharmacoeconomic evaluation have been accomplished this year, including evaluation of Bevacizumab and Ranibizumab on AMD.</p> <p>We also have started research on Clinical Practice Economic Evaluation and standard revision scheme of drug instructions in the switching of prescription drugs to over-the-counter drugs.</p>
Education & Training	<p>The chapter also made some significant steps forward in education and training in 2011. We held 8 useful courses in Beijing, Qinghai, Shaanxi, etc. such as the training course of Clinical Practice Economic Evaluation</p>

to provide opportunities for them to get continuing education credits that accredited on a national scale and help capacity building. Those courses also can train doctors and other relevant personnel in different clinical disciplines to disseminate the knowledge and skills of Pharmacoeconomics and Outcomes Research. About 400 people attended courses mainly including clinicians and pharmaceutical business workers.

The chapter has always been working hard to provide evidence and suggestion in essential drug policy , the third party payment model of health insurance , in order to help forward the establishment of national essential drug system, by conducting pharmaceutical evaluation research.

**Contribution to
health reform in
China**

The *Health XI Project* which was initialed by the Ministry of Health and the World Bank in 2009, is designed to meet the challenges in health reform in rural China, such as establishing health insurance system for rural residents, improving health service system, proving critical public health service, stimulating project cooperation and policy making. Thus, the project of *Innovation of Disease Management System in Rural China* was conducted by CMDA-PE chapter to be an important part of the *Health XI Project*. The disease management innovative solutions in Rural China we proposed would contribute to the establishment of health insurance system for rural residents, improvement of health service system, and exploration of health system reform in rural areas of different development levels.

**Domestic
&
International
Collaboration**

We have established good cooperative relationship with the government, several organizations and companies in health sector. In 2011, we have furthered our collaboration relationship with them by undertaking a important part of the *Health XI Project* directed by MOH, conducting projects with China-Europe International Business School, doing Pharmacoeconomics evaluation with Analysis Group in USA ,China Pharmaceutical University, and Peking University Health

Science Center as well.

We also have been consolidating good cooperation relationship with ISPOR, by working hard on the ISPOR Distance Learning Module Translation. Our translating team mainly consisting of professionals of Evidence Medicine, has finished the materials of *Introduction to Systematic Reviews & Meta-Analysis* and would continue to translate other texts and slides in 2012.

The Plan of 2012

Further development of membership

We expect to expand membership to 400 people in 2011, mainly planning to recruit clinicians, by holding training courses providing opportunities for them to get continuing education credits and conferences where they could share their experience with other professionals. Training courses and conferences will be held at Beijing, Shanghai and Guangzhou, especially for senior leaders and community clinicians.

Developing international exchange program

We plan to continue international exchange programs to widen the view of Pharmacoeconomics research and learn advanced application of Pharmacoeconomics from developed countries by inviting some foreign professionals to join in our research and give lectures about their achievements in Pharmacoeconomics.

Research prospect

We will follow our routing research plan of researching on drug utilization and pharmacoeconomics evaluation and accomplish the project of *Innovation of Disease Management System in Rural China* in 2012. Meanwhile, keeping a watchful eye on the switching of prescription drugs to OTC drugs will still be our task in 2012. Moreover, we will go on exploring an optimal integration research pattern in Pharmacoeconomics and clinical protocols .

ISPOR Distance

We have been working hard on the ISPOR Distance Learning Module

Learning Module Translation Translation. And translating materials of ISPOR Distance Learning Module would also be regarded as an important part of our work in 2012. About 20 professional translators as well as professionals in related fields would be invited to cooperate in translation.

Re-election We would accomplish the re-election work that we planned to finish in 2011 as soon as possible. Dr. Shanlian Hu has devoted himself to disseminating PE&OR and health technology assessment knowledge, his outstanding contribution to ISPOR CMDA-PE chapter made him honorary chairman for life.

We would organize a new committee of experts consisting of experts in pharmacoeconomics, pharmacy, clinical medicine, medical statistics, economics and public policy. A new chairman would also be elected.

About funding We would like to make an application of \$6000 to ISPOR. The fund would be used to accomplish re-election work of our committee and go on financing young scholars to do research, which could greatly help us fulfill our mission of disseminating the knowledge and skills of Pharmacoeconomics and Outcomes Research and promoting the development and application of Pharmacoeconomics in China.
