



# PHIS - Pharmaceutical Health Information System

## PHIS Hospital Pharma Seminar

Bratislava, 26 February 2010

Comenius University / Pharmaceutical Faculty

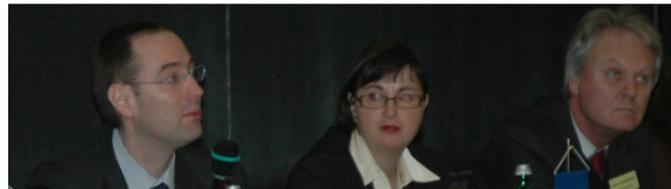
### Seminar Report

The PHIS Hospital Pharma Seminar was warmly opened by various official representatives from Slovakia, the European Commission and Austria.



Prof. Jan Kyselovic  
Slovakian  
Pharmaceutical  
Faculty

Mr. Adam Hloska,  
Slovakian Ministry  
of Health



Mr. Christophe  
Roeland  
European  
Commission

Dr. Sabine Vogler,  
PHIS Project  
Leader  
(GÖG/ÖBIG)

Mr. Gernot  
Spanninger  
Austrian Ministry  
of Health

On behalf of the PHIS project team, Dr. Sabine Vogler, PHIS Project Leader (GÖG/ÖBIG), had the pleasure to welcome approx. 110 participants from 21 countries and to thank the Slovakian Pharmaceutical Faculty for hosting the PHIS Hospital Pharma Seminar. In her opening speech she gave an overview of the PHIS project. She introduced the project organisation and the network as well as the overall aims and the different work packages.



As leader of the work package on Hospital Pharma *Dr. Jan Mazag*, Director of the Slovakian Medicines Agency (SUKL), shared with the audience the aim and objectives of the work package Hospital Pharma, which was to conduct a European survey among all PHIS member countries on the purchasing and financing strategies for medicines in hospitals. This was complemented by a case study exercise.

Within the scope of the European survey the PHIS network members wrote national PHIS Hospital Pharma reports following a structured template. All published PHIS Hospitals Pharma reports are available on the PHIS website: <http://phis.goeg.at>.

The aim of the case studies was to collect price information from hospitals for 12 active substances in five countries. Austria, the Netherlands, Norway, Portugal and Slovakia participated in the case study exercise.

Dr. Sabine Vogler, PHIS Project Leader (GÖG/ÖBIG), presented an overview of the first results of the European survey conducted by the PHIS project. Some of the key results were that the actual hospital price of medicines are not publicly available in Europe, a few countries have separate financing schemes for very expensive medicines and that hospital pharmacists play an important role in hospitals especially with regard to quality assurance. She concluded her speech by emphasising that still a lot of data needs to be collected in the in-patient sector. However, good instruments for rational use have already been implemented in some hospitals.



In order to learn more about the case study countries and the experiences made during the hospital visits, hospital pharmacists, interview partners and interviewers of the case studies were invited to present during a round table session.



In Norway 98% of medicines used in state owned hospitals are procured centrally by the Drug Procurement Group LIS. This led to substantial reductions in public pharmaceutical expenditure, explained Mr. Torfinn Aanes, Manager of the Drug Procurement Cooperation (LIS). He showed results from tenders that LIS achieved for 2010 for a few selected products e.g. the price of Cimiza is 41 % lower than the maximum pharmacy retail price in the out-patient sector. He emphasised the importance of sharing information: “The suppliers are working in an international setting. It is important that the hospital pharmaceutical professions also work this way and share information”.

In Slovakia purchasing of medicines used in hospitals is mainly done individually by hospitals or by purchasing groups directly through wholesalers. Very expensive medicines (e.g. blood factors) are purchased and financed centrally by the Social Health Insurance. Mr. Pavol Pucat, Deputy Director of Pharmacy at the Central Military Hospital Ruzomberok in Slovakia, said that the main criteria for awarding a tender are the price, the medical/therapeutic benefit and the payment conditions. Another peculiarity of the Slovakian system is that there is a fixed maximum wholesale mark-up of 9% for medicines used in hospitals.

In Austria the system is very different than in Norway. The main purchasing strategy in Austria is direct negotiations with pharmaceutical companies and very rarely with wholesalers. Procurement by tenders is only done in a few cases, explained Ms. Elfriede Dolinar, Head of the Hospital Pharmacy at the General Hospital Vienna, Austria and Vice-President of the European

Association of Hospital Pharmacists (EAHP). Cost-free products, especially for chronic diseases, are very common in Austrian hospitals. However, for on-patent medicines there are no discounts possible due to the monopolistic market situation.

In Portugal several policies for procuring medicines for hospitals are applied, including public procurement at a centralised level by ACSS (Administração Central do Sistema de Saúde / Central Administration of the Health System) or SUCH and acquisitions by hospitals (both individually by each hospital or by associations of several hospitals). *Ms. Fátima Falcão*, Pharmacy Director of the Centro hospitalar de Lisboa Ocidental E.P.E. in Portugal shared with the audience among other topics experiences from the computerised prescription system in Portugal.

*Ms. Christine Leopold*, team member of the PHIS project (GÖG/ÖBIG), shared her experiences as interviewer in the hospitals in the Netherlands. *Ms. Leopold* described that the hospital pharmacies of the case study hospitals served also out-patients: “It was especially interesting to learn from the hospital pharmacies that by serving also out-patients hospital pharmacies may learn a lot about the problems out-patients may have to face after being discharged from the hospital.” Another point that struck *Ms. Leopold* was that through the case studies a bridge was built between the policy makers in the Ministry of Health and the hospital pharmacists.



The results of the case studies, in particular of the price survey, were presented by *Ms. Nina Zimmermann*, team member of the PHIS project (GÖG/ÖBIG). All in all 25 hospitals in five countries (AT, NL, NO, PT, SK) participated in the case studies. Three different price levels (official list price, actual hospital price and out-patient price) of 12 active substances were compared within a country and across the five countries.

Selected key findings of the case studies were that major differences were found in the purchasing strategies between the countries and that there was a wide range between the actual

price of selected products, especially for cardiology products. The analysis showed that joint purchasing leads by trend to lower hospital prices and that discounts and in some countries even cost-free products are very common in Europe. However, for on-patent medicines almost no discounts are possible.

After the experiences from the case studies and the countries, a high-level audience debated about the relevance of research in the area of medicines in hospitals as well as of the importance of sharing the results of such projects like the PHIS project.

The panel was chaired by *Mr. Kees de Joncheere*, WHO Europe. Further experts were: *Mr. Roberto Frontini*, European Association of Hospital Pharmacists, *Mr. Pascal Garel*, European Hospital and Healthcare Federation (HOPE), *Mr. Adam Hloska*, Slovakian Ministry of Health, *Prof. Jan Kyselovic*, Slovakian Pharmaceutical Faculty, *Prof. Richard Laing*, World Health Organisation, *Mr. Paul Schüder*, Danish Ministry of Health and *Dr. Sabine Vogler*, PHIS Project Leader (GÖG/ÖBIG). A summary of the key messages is presented below.

**Great variation of pharmaceutical systems in the in-patient sector:** the findings of the PHIS project show that not only in the out-patient but also in the in-patient sector differences in purchasing and funding systems of medicines exist between European countries. This gives an

opportunity to learn from different countries but it is at the same time also a challenge to understand the differences.



**Development of curricula of pharmacy students:** pharmacy studies are primarily focusing on pharmacology; system elements are often left out. There are not enough possibilities for students to learn about the differences in the pharmaceutical systems in the in-patient sector in Europe. In future this will become an even greater challenge, due to the fact that many pharmacy students nowadays frequently work abroad. Hence, a clear need to include a European system aspect in the curricula was expressed.



**Development of transparent guidelines:** a great need was expressed that integrated first and second line treatment guidelines need to be developed. Those guidelines should not only target the out-patient but also the in-patient sector. This can only be achieved by involving experts from both sectors. The guidelines should be based on evidence-based medicine, pharmacoeconomics and health technology assessment. The guidelines need to be transparent and publicly available, as well as updated on a regular basis.



**Interface-management:** throughout the whole PHIS seminar the need for good practice examples of interface management was expressed. Examples were given with respect to the relation between medical treatment in hospitals

and patient management after discharge, costs / safe use and proper outcomes.

**Enforcing the dialogue:** competent authorities of pricing and reimbursement in the European Members States mainly focus on the out-patient sector. However, due to rising total pharmaceutical expenditure there is a clear demand for holistic approaches taking into account both sectors. This can only be achieved by involving experts from both sectors in decision making processes. The dialogue needs to be continued.

**Lack of data availability:** within the scope of the PHIS project lots of data from the in-patient sector was gathered. However, the European overview shows that still many countries do not have transparent data collection tools to report on indicators such as hospital pharmaceutical expenditure. There was a great need reported to further develop such tools on national level.

**Challenge of definitions:** within the scope of the PHIS project many terms (i.e. procurement) have already been defined. However, practice showed that this is an important ongoing process; especially when comparing pharmaceutical systems in different countries. This work needs to be continued in the future.