

Pharmacoeconomic Aspects of Drug Policy in the Psychiatric Hospital of Prague-Bohnice

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Keywords: pharmaeconomics; drug policy; positive list

Abstract: Pharmaeconomics is a form of economic evaluation connected with description and analysis of expenses for drug therapy within the system of health care and society. Together with the evaluation of complex effectiveness and undesirable effects the complex assessment of the treatment should include economic data as well (Norrby 1994). Drug politics of a state is a volume of measures through which the state ensures availability of effective, safe and quality medicines and medical appliances for the whole population at adequate price which is aimed at improving the health of the inhabitants (Suchopár 1995). In most general terms a positive list of a health center (most frequently a hospital, but also an outpatients' department) can be defined as a list of selected effective substances or a list of selected medicaments containing these effective substances that the pharmacy of the health center must have in stock and that can be prescribed by the center's doctors (Sechser 1997). There are analyses of expenses, analyses of expenses for concrete disease, analyses of minimization of expenses in the period between 1995 and 1996 presented quarterly in this article. If the drug policy of the Psychiatric Hospital of Bohnice is developed and applied the right way, it can easily become one of the most important instruments of the reform of the health system and the improvement of its services.

Zusammenfassung: *Die arzneimittelpolitischen Aspekte der Medikamentenpolitik in dem Psychiatrischen Krankenhaus von Prag-Bohnice.* "Arzneimittelökonomie bedeutet die ökonomische Bewertung der Kosten einer medikamentösen Therapie innerhalb des Gesundheitssystems und der Gesellschaft. Zusammen mit der Bewertung der Wirksamkeit und den Nebenwirkungen sollte die Einschätzung einer Behandlung auch die ökonomischen Daten einbeziehen" (Norrby 1994). "Die Arzneimittelpolitik eines Staates stellt das Insgesamt der Maßnahmen dar, das die Verfügbarkeit von effektiven, sicheren und hochwertigen Medikamenten und medizinischen Hilfsmitteln für die ganze Bevölkerung zu einem angemessenen Preis ermöglicht, um so die Gesundheit der Bevölkerung zu verbessern" (Suchopár 1995). "In allgemeiner Ausdrucksweise kann eine Positivliste eines Gesundheitszentrums (meist eines Krankenhauses, aber auch einer ambulanten Einrichtung) definiert werden als eine Liste ausgewählter wirksamer Substanzen oder einer Liste ausgewählter Medikamente, die diese wirksamen Substanzen enthalten, die die Apotheke dieses Gesundheitszentrums

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vorrätig haben muß, und die von den Ärzten verschrieben werden können” (Sechser 1997). Die vierteljährlichen Analysen der Kosten, der Analysen der Ausgaben für die konkrete einzelne Erkrankung und die Analysen der Verringerung der Ausgaben in der Zeit zwischen 1995 und 1996 werden in diesem Beitrag dargestellt. Wenn die Arzneimittelpolitik des Psychiatrischen Krankenhauses von Bohnice in der richtigen Weise entwickelt und umgesetzt wird, kann sie ein besonders wichtiges Instrument der Reform des Gesundheitssystems und der Verbesserung seiner Dienste werden.

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Introduction

Pharmacoeconomics is a modern and useful method that can provide a lot of valuable comparisons and data for decision-making in the clinical practice and in the health policy. Unlike other methods in use it should be based on exact data and provide arguments based on objective indices and their scientific evaluation.

Why in fact is the adjustment of expenses for medicines and thus pharmacoeconomics necessary? This question was answered at a session of the World Health Organization in the 80s that came to the conclusion that “in the field of pharmacoeconomics no state in the world can provide all it would need with everything the present-day medical science offers. This is what one should always be aware of in our situation. It is also necessary to realize the possibilities of today and those of tomorrow. In our conditions the expending of finances of insurance companies and refunds carried out should be decided on the basis of results of objective pharmacoeconomic studies.

There are surely even less necessary economic studies in the area of hospital care than in the area of the field work. We begin to introduce positive lists without knowing in many cases what further impact in other expenses apart from those for the treatment the increased or decreased preference of some medicaments. The supposition that due to the preference of cheaper drugs the volume of diagnostic and therapy performance will be increased is more than real. And now we are back to the definition of the most expensive medicine which is the one patient has never been provided with.

Pharmacoeconomic Aspects in the Drug Therapy in the Psychiatric Hospital of Bohnice

The drug policy of the Psychiatric Hospital of Bohnice proceeds from the general formulation of the drug policy of the state as formulated by the Ministry of Health of the Czech Republic in 1994. The Hospital's drug policy reflects expert and economic aspects of the pharmacoeconomics in the entirely concrete conditions of the psychiatric hospital. Head physicians of the particular departments and the drug board are responsible for the policy's implementation to the Hospital's director. One of the main measures of the Hospital's drug policy is the monitoring of the consumption of medicaments in the Psychiatric Hospital of Bohnice.

It is obvious from Fig. 1 that the consumption of drugs is increasing. It is surprising, though, that the expenses for psychotropic drugs were increasing in the period

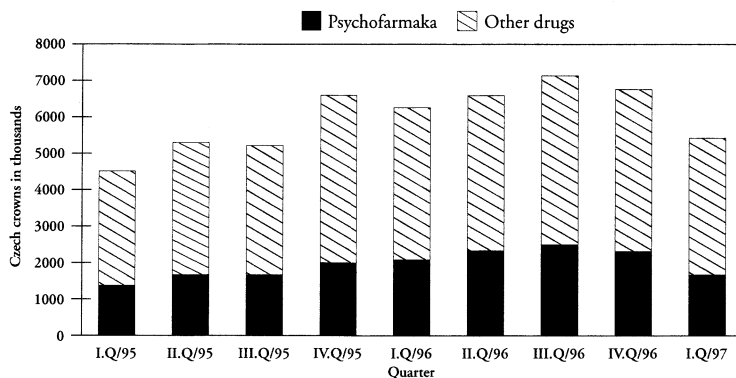


Fig. 1. Consumption of Psychotropic drugs and other medicines in the Psychiatric Hospital of Bohnice in CZK (Czech Crowns).

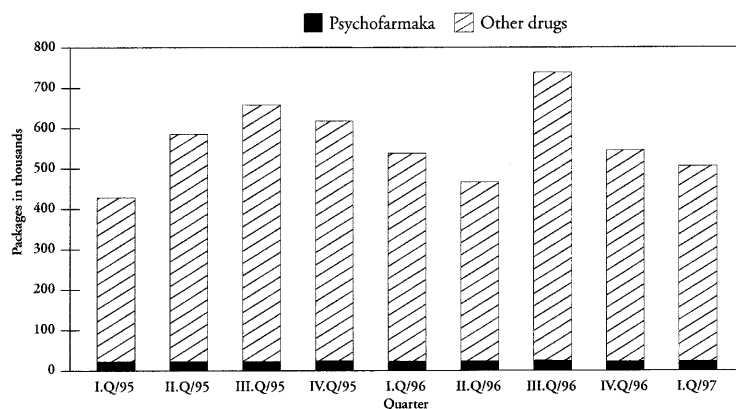


Fig. 2. Consumption of Psychotropic drugs and other medicines in the Psychiatric Hospital of Bohnice in packages.

between 1995 and 1996, but at the beginning of 1997 a kind decrease has been registered. Expenses for the other medicines (non-psychotropic drugs) amount to two thirds of the total volume of finances and the volume remains the same.

This fact leads to the question: Why? Positive letter was introduced in the psychiatric hospital in the third quarter of 1995. The doctors as well as the secondary-school health personnel were informed whether a medicine is included in it or not. In the quarter to follow any medicine out of the positive letter was only prescribed and applied with the permission of the Hospital's director. In the following period negotiations with producers on direct deliveries and the introduction of clinical packages of medicines contributed to the decrease of prescriptions. It is possible to state that the introduction of the positive letter has guided the prescription of medicines in a very lucky way.

Positive letter of the Psychiatric Hospital of Bohnice consists of two parts:

1. Division of medicines according to the pharmaceutical groups (to be referred to as ATC groups) from which it is clear at first sight what medicine is in question,

what is its form, strength, quantity, what is the producer, what quantity is defined as a daily dose (to be referred to as DDD) and what is the price of the therapy with the medicine according to the DDD.

2. The other part is formed (according to the wish of the secondary-school personnel) by the alphabetical list of those medicines produced on massive scale, included in the positive letter and available to anyone at any time through the computer system of the pharmacy. The second part includes the same necessary data as the first part, but it serves as very quick orientation. The first part is a favorite educational instrument in particular of young doctors. Positive list of the Psychiatric Hospital of Bohnice is being made up by the Drug Board and its expert sub-boards (specialists in the field of antibiotic policy, gerontology, internal medicine, neuroleptics etc.) In the first two years it was amended quarterly and since October 1997 its version Nr. 6 should come into force.

Perspectives

With adequate processing system of positive lists can be a means of rationalization of pharmatherapy through the use of effective substances with provable effectiveness and safety that are always available in the pharmacy of the health center for an economical price, which is a sign of saving where saving is possible and where it is not carried out at the expense of the quality of treatment. Only positive lists based on these principles stand a chance to influence favorably expenses for medicines as well as the level of pharmatherapy in the health center in question. Data on the consumption of medicines represent the base of pharmaeconomic balance sheets from the point of view of the judgement of expenses for health care and for pharmaeconomic analyses that should be a base for effective prescription.

Pharmaeconomic as well as pharmaeconomic analyses form one of the basic source materials for rational drug policy.

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