

FINANCING PHARMACEUTICAL CARE IN THE NETHERLANDS

A brief overview



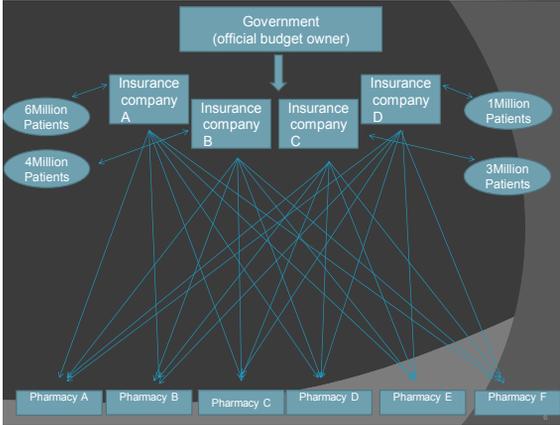
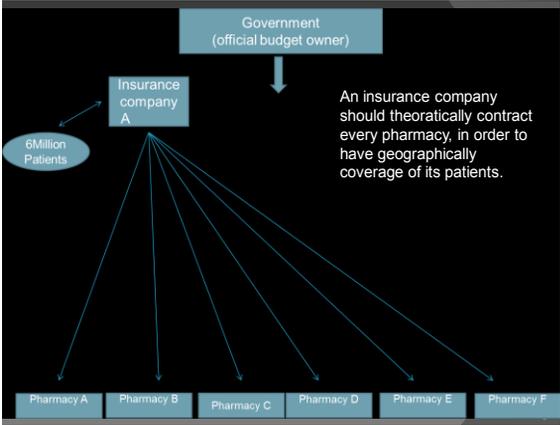
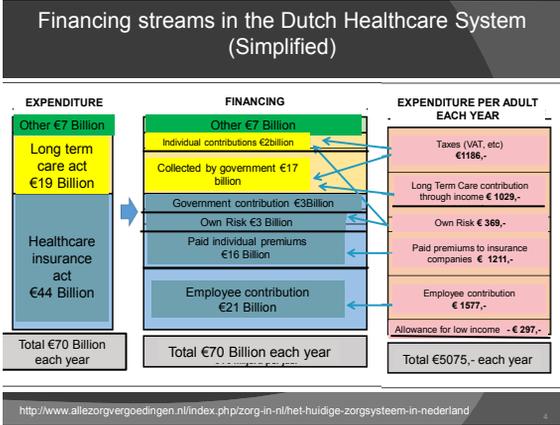
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Table of contents

1. A short introduction to the Dutch Healthcare system:
 - Financing streams within the healthcare system
 - Contracting process between pharmacies and insurance companies
 - Examples of contracting
 - Pros and cons of the Dutch healthcare system in from a pharmacist perspective
2. Official tasks of a pharmacist by law:
 - Performance descriptions
3. Financing pharmaceutical services:
 - Negotiations between pharmacies and insurance companies
 - Examples of negotiations
 - Medical Treatment Agreement Act

1. A short introduction to the Dutch Healthcare system

Example of contracting

In a relatively rural area in the Netherlands, there is only 1 pharmacy for approximately 40.000 patients.

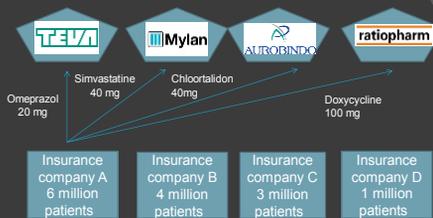
This pharmacy recognized he had some negotiating power. An insurance company with 40% marketshare does not want 16.000 patients to not have access to medicine!

The pharmacist did not want to sign the contract because prices for services were too low.

The insurance company took this case to court ...

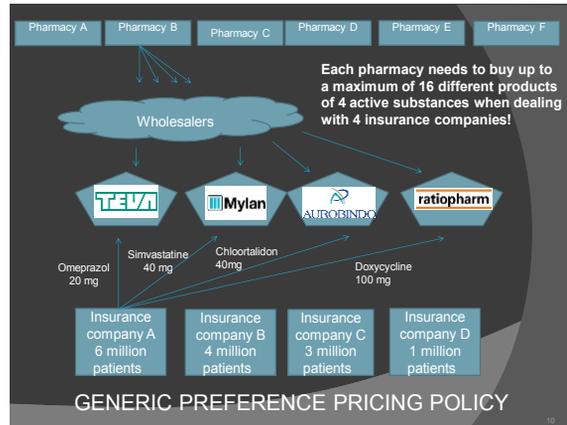
The insurance company was ruled in favor!

The court stated that the pharmacy was in a monopoly position and therefore he could not reject the contract proposed by the insurance company



4 active substances with set dosage and 4 insurance companies:

Up to 16 different products



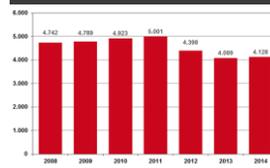
Pros

- Generic medicine prices tend to be lower, because of bigger purchasing parties. (Insurance companies vs Pharmacies)
- Stabilization of pharmaceutical expenditure in public pharmacies

Cons

- Every half year the generic brand can change, causing confusion among patients.
- Pharmacists have to explain the brand switching, not the insurance companies!
- Pharmacist hardly make any profit on the drug anymore.
- Pharmacists have a massive increased administrative load, with nothing in return.
- Drug shortage because of lower prices. (companies are not interested in this small country with extreme low prices)
- Insurance companies are too powerful: "sign the contract at the bottom."
- Next step: Therapeutic Preference Pricing?

Stabilization of pharmaceutical expenditure in public pharmacies



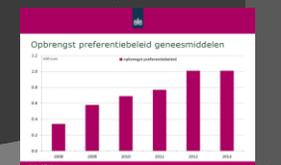
Drug shortages in the last 10 years



Aggression towards pharmacy staff



Savings each year



2. Official tasks of a pharmacist by law

The Dutch Health Authority has set up 13 performance descriptions for pharmacists:

1. The distribution of medicine
2. Patient counselling in case of new use of medicine
3. Giving instructions in using pharmaceutical devices
4. Conducting medication reviews on patients using chronic medication
5. Pharmacotherapeutic coaching in case of polyclinical visits
6. Pharmacotherapeutic coaching in case of hospitalisation
7. Pharmacotherapeutic coaching in case of hospital discharge
8. Information sessions for pharmaceutical selfmanagement
9. Giving advise on pharmaceutical "self-care"
10. Giving advise on the use of medicine during travel
11. Giving advise on the risks of illness during travel
12. Mutual services
13. Additional performances

13

These 13 performance indicators form the base for negotiations between pharmacists and insurance companies!

Keep in mind, the goal of insurance companies is to pay as little as possible.

14

3. Financing pharmaceutical services

These 13 performance descriptions form the base for negotiations between pharmacists and insurance companies!

1. ~~The distribution of medicine~~
2. ~~Patient counselling in case of new use of medicine~~
3. ~~Giving instructions in using pharmaceutical devices~~
4. Conducting medication reviews on patients using chronic medication
5. Pharmacotherapeutic coaching in case of polyclinical visits
6. Pharmacotherapeutic coaching in case of hospitalisation
7. Pharmacotherapeutic coaching in case of hospital discharge
8. Information sessions for pharmaceutical selfmanagement
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10. Giving advice on the use of medicine during travel
11. Giving advice on the risks of illness during travel
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15

16

As a pharmacist you have to show that your services are of added value!

BUT HOW?!

"Increasing the effectiveness of adherence interventions may have a far greater impact on the health of the population than any improvement in specific medical treatments"

Interventions for helping patients to follow prescriptions for medications RB Haynes, H McDonald, AX Garg, P Montague

17

Pharmacist: "I'd like you to make use of my skill and task of giving information sessions for pharmaceutical selfmanagement, and pay accordingly"

Insurance company: "Why should I pay you for giving information sessions for pharmaceutical selfmanagement"

Pharmacist: "So your asthma and COPD patients will use their inhalators correctly, or diabetics measuring their glucose levels in the right way."

Insurance company: "I don't care whether they use it correctly or not. Why should I?"



Pharmacists: "This study shows that with additional interventions (PHARMACOP) savings of **€227,- per patient** can be realised each year. This intervention also results in the **prevention of 0.07 hospital-treated exacerbations per patient per year.**"

Insurance company: "... How much money do you want?"

+/- 300,000 COPD patients in the Netherlands...

$300,000 * €227,- = €68.100.000,-$

Smeets HM, Van West C, Van Schayck CP, Van der Molen T, Thoonen B, Schermer T, et al. NMS-Standard COPD. Huisarts Wet Improving inhaler adherence in patients with chronic obstructive pulmonary disease: a cost-effectiveness analysis. van Boven JF1, Tommelein E, Boussey K, Mehays E, Vegter S, Brusselle GG, Rutten-van Molken MP, Postma MJ.

Additional conclusion:

"Based on the cost-saving strategy, **health insurance companies should be stimulated to reimburse these type of interventions.**

Furthermore, community pharmacists are well positioned - and are **recommended - to integrate COPD specific pharmaceutical care as part of their daily practices**"

Improving inhaler adherence in patients with chronic obstructive pulmonary disease: a cost-effectiveness analysis. van Boven JF1, Tommelein E, Boussey K, Mehays E, Vegter S, Brusselle GG, Rutten-van Molken MP, Postma MJ.

Insurance companies in the Netherlands are afraid of hospitalization, and rightly so...

- 195,372 Community Acquired Pneumonia cases among 16,7 million inhabitants.
- 63% (123,357) of the included patients were hospitalized for 1 or more nights
- 5.9% (n = 7241) spent at least one night in the Intensive Care Unit (ICU)
- Mean costs ranged from **€482,-** per episode for 0–9 year olds treated in the outpatient hospital setting and up to **€16.374,-** per episode for 50–64 year olds admitted to the ICU

Conclusion: Effective interventions, targeted at older adults, to prevent pneumonia could reduce the (financial) burden due to pneumonia!

Incidence, direct costs and duration of hospitalization of patients hospitalized with community acquired pneumonia: nationwide retrospective claims database analysis. Mark H. Rozenbaum, et al.

One more important thing...

"Wet Geneeskundige Behandelovereenkomst"
"Medical Treatment Agreement Act"

This law states that a pharmacist is responsible for the treatment outcomes of a patient he distributes medication to. (Since 2007!)

Why is this important?

A pharmacist being held **responsible** for his actions, will have more incentive to properly execute his job.

In the Netherlands, **40,000 prescriptions are amended/changed by pharmacists each day**, for various reasons:

- Dosage alterations → Lower dosage for children (antibiotics), higher dosage in case of kidney failure (furosemide)
- Drug interactions → Interaction between paroxetine and simvastatin
- Contra-indications → Ketoconazole and pregnancy
- Wrong description of use → Apply the crème thick vs thin
- Wrong form of drugs → Tablets instead of a oral suspension
- Unavailability of drugs → Finding the most suitable alternative

* <http://www.pw.nl/nieuws/2016/apothekers-passen-jaarlijks-40.000-recepten-aan>

Bottom line:

Taking responsibility for good pharmaceutical care, as well as quantifying and reporting your actions as a pharmacist is a first step in achieving and providing better healthcare for a fair price.

In a constantly changing field of work, we have to remind ourselves of Darwin.



<https://www.youtube.com/watch?v=ct2oljs9p7M>