

eahp

euMonitor

The EAHP EU Monitor is a regular round up of news relevant to hospital pharmacy in Europe.

You can subscribe to receive the EAHP EU Monitor by email [here](#) ^[1].

Collaborative care, health professional development and technology keys to patient safety improvement

Responding to a consultation by the European Commission ^[2] on the future of EU activity in the field of patient safety, the European Association of Hospital Pharmacists ^[3] (EAHP) gave a clear message ^[4]: make collaborative care happen, develop health professional roles, and promote better use of technology.

More information here ^[5].

Commission publish study on medicines reimbursement



Figure 2.2: Policy objectives defined in the European



The European Commission has published a study on **'the policy mix for the reimbursement of medicinal products'** ^[6], which investigates what might be the best practice approaches, and also looks at some of the relationships between reimbursement and medicines shortages.

The aim of the study was to investigate which policy mix related to the reimbursement of medicines might be considered ideal in terms of delivering:

1. timely patient access and equity,
2. cost-containment and sustainable funding, and
3. granting reward for innovation to the pharmaceutical industry.

Published on the Commission website on 10 March 2014, the study was written by **Gesundheit Österreich Forschungs** ^[7](GmbH) and **SOGETI**, ^[8]with support from **the**

Andalusian School of Public Health [9] (EASP) and funded by the European Union's Health Programme. However, a prominent early disclaimer reminds readers that, although funded by the Commission, the report only represents the views of its authors.

The study authors conducted a systematic literature review of relevant policy measures related to pharmaceutical reimbursement in the European countries, and a survey of relevant identified stakeholders for their views and perspectives.

Favoured approaches

Arising from the survey, **pharmaco-economic evaluation** and **value-based pricing** were assessed by interviewed stakeholders as particularly appropriate for the policy goals of reward for innovation and promotion of a more rational use of medicines, whilst **managed-entry agreements** were considered as supportive to the goals of timely access to medicines and reward for innovation. The authors also note however, that there is no widely accepted definition of the concept of value based pricing.

The study authors also found that, comparatively, pharmacists gave a low ranking to use of tendering as an approach to medicines pricing. This was suggested as a potential result of "negative experiences of pharmacists with tendering in the out patient sector".

Other low ranked approaches included co-payment, external reference pricing and discounts/rebates/clawback.

The authors noted that favoured approaches by interviewed stakeholders ranged towards those targeted at new and high cost medicines, rather than those of a more generic nature.

Reimbursement and medicines shortages

The study also reflects on the experience of medicines shortages in both Europe and USA, and their relationship to medicines pricing and reimbursement, noting, for example, the temporary ban on **parallel trade** in Greece, undertaken in consultation with the Troika. The authors note the *"availability problems may also be a result of **external price referencing** which is the key pricing policy for new medicines eligible for reimbursement in most European countries. Pharmaceutical companies may decide to launch a medicine later in countries where it would be sold at a low price so as to not negatively impact the price in other countries applying external price referencing"*.

Interface between the out-patient and hospital sectors

The report notes: *"The start of treatment in hospitals impacts the future use of medicines in the out-patient sector. As a result, pharmaceutical companies are likely to supply hospitals with high-volume medicines, with comparators, at large discounts and rebates, including cost-free provision (if allowed by national legislation), with the aim to facilitate starting treatment in hospitals"*. The report suggests some of the problems this can cause and recommends: *"Solutions to bridge the gap between the out-patient and the in-patient sectors are also urgently required for new high-cost medicines since, due to existing funding mechanisms in most European countries (different payers or funding sources for the out-patient and the in-patient sectors), public payers have an incentive to find arguments why medicinal treatment might be shifted to the other sector."*

Conclusions

In terms of reaching conclusions about 'ideal' policy mix on medicines reimbursement, the authors concluded that such mix *"is likely not to include high co-payments, arrangements such as discounts, rebates, price negotiations or clawbacks, tendering applied in the out-patient sector, and external price referencing"*.

The authors also proposed further research in this area more focused on the in-patient sector.

Study available [here](#) [10].



European Health Award offers €10,000 euro for multi-country health projects and initiatives

The **European Health Forum Gastein** ^[11] is seeking applications to a '**European Health Award** ^[12]' to recognize achievements in the field of health care delivery across more than one European country. **With a deadline for submissions of 30 May 2014**, the winner will be selected in September 2014, and awarded the prize in October 2014.

The European Health Forum is a platform that brings together decision-makers in various fields of public health & health care with the aim of advising and developing European health policy. The award is a key part of the annual Forum event in October, and is judged by a wide ranging jury including members of the European Parliament, European Commission, national health ministries and academics.

The six criteria for selection are:

- 1) **The initiative must already be in its implementation phase**, although it does not have to be completed at the time of application.
- 2) Applicants should be able to **provide some initial results** from their initiative.
- 3) The initiative must be implemented in **at least two European countries**.
- 4) The initiative should **focus on public health or health care delivery** and address an important threat to the health of the population in terms of prevention or health promotion, improving quality of care or access to care or through increased efficiency or cost-effectiveness.
- 5) The initiative should be **innovative** and/or demonstrate how it improves on similar projects.
- 6) The initiative should be **sustainable** and have the potential to be transferable to other countries.

Further information [here](#) ^[13].

Hospital pharmacists involved in a relevant health project across more than one country, and interested in submitting for the award, can contact the EAHP secretariat for further information and advise.

Congress preview: 2014 Abstract book now available online!

21

S1

Volume 21 Supplement 1 Pages A1–A224

EUROPEAN JOURNAL OF HOSPITAL PHARMACY

March 2014

European Journal of
**Hospital
Pharmacy**
SCIENCE AND PRACTICE



ABSTRACT BOOK
19th Congress of the
26-28 March 2014, Barcelona

The official EAHP Congress abstract book 2014 is now available online!

From medical devices, to medicines shortages; from electronic prescribing to robotic dispensing; from clinical pharmacy services to better use of antibiotics - whatever your particular area of interest within hospital pharmacy there's bound to be abstract of interest to what you do!

See the Abstracts book [here](#) [14].



EJHP: Auditing the quality of written hospital discharge prescriptions

Recently published in the online first version of the European Journal of Hospital Pharmacy is a research article summarizing an exercise in auditing the quality of written hospital discharge prescriptions.

The results of the audit contribute to evidence of the role pharmacists play in ensuring accurateness and completeness of information of discharge prescriptions, and in averting potential patient harm.

More information [here](#) [15].

17 March 2014

Links

[1] <http://www.eahp.eu/newsletter/subscribe> [2]
http://ec.europa.eu/health/patient_safety/consultations/patient_safety_quality_care_cons2013_en.htm [3]
<http://www.eahp.eu/> [4]
<http://www.eahp.eu/sites/default/files/files/EAHPconsultationpatientsafetyFeb14.pdf> [5]
<http://www.eahp.eu/press-room/collaborative-care-health-professional-development-and-technology-keys-patient-safety> [6]
http://ec.europa.eu/health/healthcare/docs/policymix_final_report_excl_annexes_cleared.pdf [7]
<http://www.goeg.at/de/Ueber-Uns.html> [8] <http://www.sogeti.com/> [9] <http://www.easp.es/> [10]
http://ec.europa.eu/health/healthcare/docs/policymix_reimbursement_medicinal_products_en.pdf [11]
<http://www.ehfg.org/home.html> [12] <http://www.ehfg.org/award.html> [13]
<http://www.ehfg.org/healthaward.html> [14]
http://www.eahp.eu/congresses/abstract#node_congress_abstract_page_group_abstract_books [15]
<http://ejhp.bmj.com/content/early/2014/02/10/ejhpharm-2013-000418.full.pdf+html>