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Poster Abstract

Institutional Framework of Pharmaceutical Benefits Management

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Abstract

The abstract presents results of the "InterQuality Project – International Research Project on Financing Quality in Healthcare" funded by the 7th Framework Programme (FP7) for Research and Technological Development of the European Union.
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Introduction: Effective management of health plans beneficiaries access to reimbursed medicines requires proper institutional set-up

Objectives: To identify and recommend institutional framework of integrated pharmaceutical care, providing effective, safe and equitable access to medicines wholly or partially financed by public or private health insurance plans. The study uses the assumptions of new institutional economics to examine and assess the functioning of the key health care institutions, to verify their efficiency in the resources management, as well as to analyze the institutional environment of drug policy in the United States (US), Great Britain, Poland, Italy, Denmark and Germany.
Methods: the institutional framework of drug policy was described on the basis of publications identified by a systematic review, followed by manual search of additional sources. Comparative analysis concerning adaptation of integrated pharmaceutical care tools and services in the United States (US), Great Britain, Poland, Italy, Denmark and Germany was performed.

Results: In United States, emergence of Pharmacy Benefit Managers (PBMs) – agents who coordinate all functions, necessary to provide beneficiaries access to subsidized medicines and enforce payers drug policy has led to significant savings and increased the quality of pharmaceutical care. The results of the study indicate that in European Union (EU) countries, responsibility for functions similar to those performed by PBMs is divided between many government agencies and institutions, following their particular objectives, accordingly to different motivational systems and lacking proper cooperation and coordination. There is no single agent that would manage insured patients access to medicines in a coordinated manner, thereby increasing the efficiency and safety of drug policy.

Conclusions: In EU, there is a strong drive to implement selected PBM tools but little understanding that without proper institutional framework, they may not yield results comparable to US. The key reasons are (i) diluted responsibilities, (ii) weak and sometimes conflicting motivation of different pharmaceutical sector institutions and health policy decision-makers, (iii) weak enforcement of Pricing&Reimbursement regulations. Considering the possibilities of introducing

PBM tools in EU member states, it seems that from the technical point of view, partial or total implementation would be feasible in the foreseeable future but achievement of comparable outcomes would not be realistic without comparable institutional framework.

Keywords

integrated care, care management, United States, Europe