

Η αποκατάσταση της ασυμμετρίας: μείγμα εξορθολογισμού και συνυπευθυνότητας

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ESDY_Larissa Forum, Saturday 06 April 2019

Occasional Papers 61 | May 2010



The Economic Adjustment Programme for Greece

Annex 7: Statement by the European Commission, the ECB and IMF on the Second Review Mission to Greece

November 23, 2010

Our overall assessment is that the program remains broadly on track. The end-September quantitative criteria have all been met. While challenges remain, significant progress has been made, particularly in reducing the fiscal deficit.

Regarding the outlook, the economy is expected to begin turning around in 2011. Wage and price inflation is beginning to moderate, setting the stage for improvements in competitiveness.

In the fiscal area, the deficit reduction by 6 percent of GDP in 2010 is larger than the initially targeted change. At the same time, weaker-than-projected revenue collection and data revisions for 2009 mean that an extra effort will be needed to meet the deficit target of 7.5 percent of GDP in 2011, which the government has reaffirmed. New measures have been agreed to broaden tax bases and eliminate wasteful spending, particularly in the areas of:

- Health spending—which is inefficient relative to other euro zone countries;
- State enterprises—which are a heavy burden on the economy with perennial losses for Greek taxpayers; and
- Tax administration—which has instruments now coming into place to strengthen compliance.



**THE THIRD HEALTH PROGRAMME 2014-2020
FUNDING HEALTH INITIATIVES**



**Specific
Objectives**

- Promote health, prevent diseases, and foster supportive healthy lifestyles
- Contribute to innovative, efficient and sustainable health systems
- Facilitate access to better and safer healthcare for Member States citizens

**General
Objectives**

- Improve the health of EU citizens and reduce health inequalities
- Encourage innovation in health and increase sustainability of health systems
- Support and encourage cooperation between Member States

Challenges

- An increasingly challenging demographic context, threatening the sustainability of health systems
- A fragile economic recovery, limiting the availability of resources to invest in health care
- An increase in the prevalence of chronic diseases
- An increase of health inequalities between Member States

Life expectancy at birth has increased steadily but the time spent in good health is declining



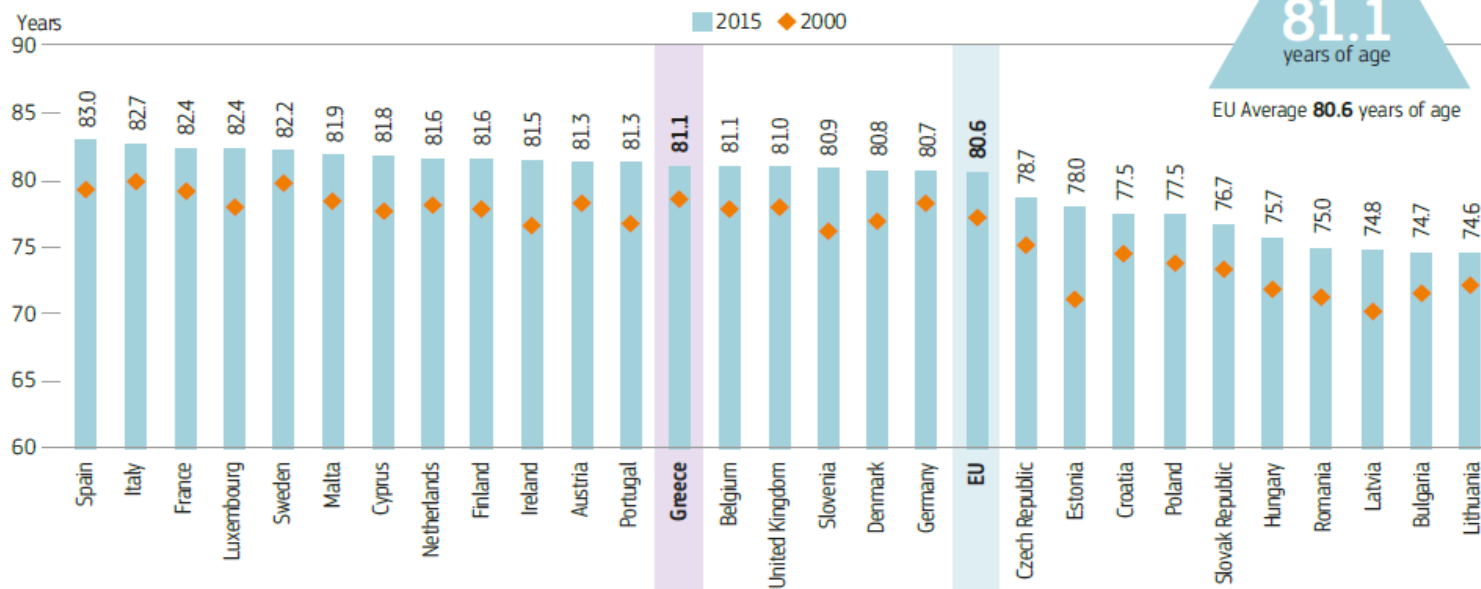
In 2015, life expectancy at birth reached 81.1 years in Greece, just above the EU average



In line with the EU average, at age 65 Greek women can expect to live a further 21.3 years but only about one-third of these will be free of disability.



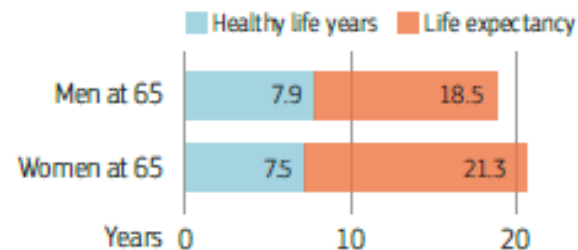
Similarly, men can expect to live around 40% of their remaining 18.5 years in good health



Source: State of Health in the EU: Country Health Profile 2017-Greece

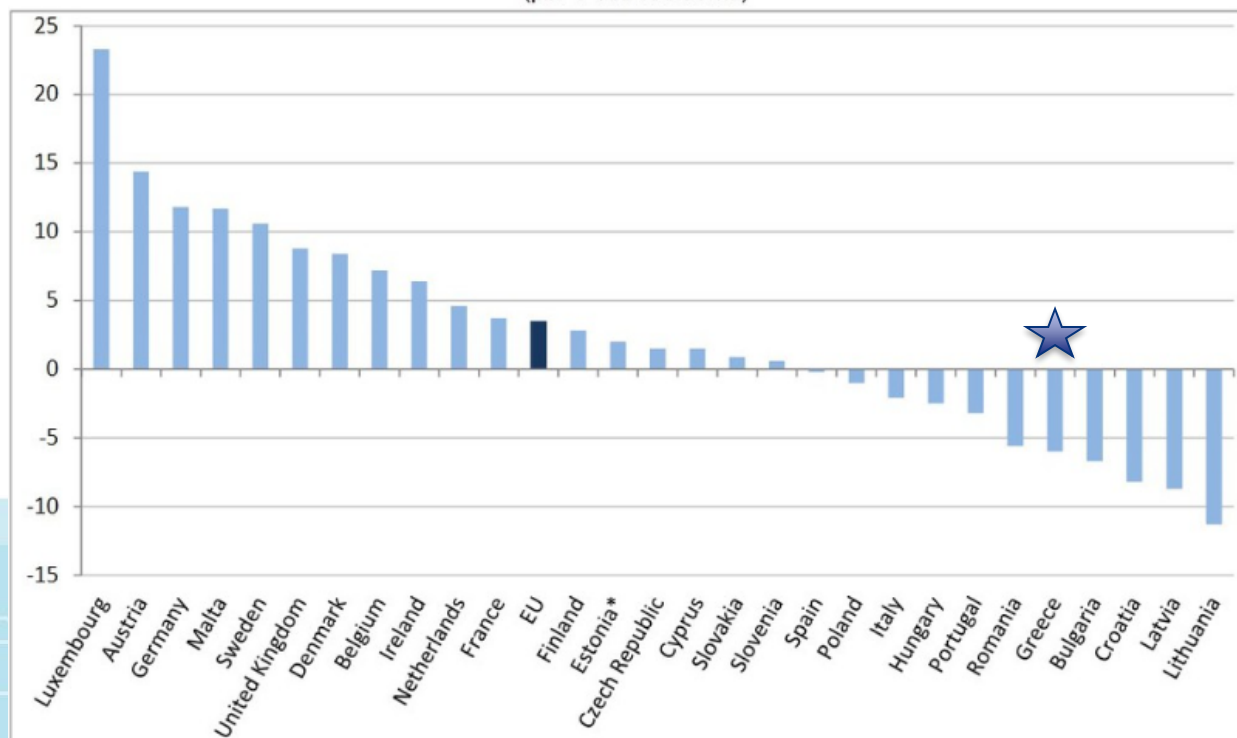
Higher Life Expectancy in GR than EU, but <50% of remaining life years are free from health problems

- While GR citizens will live longer, they will not necessarily enjoy good health into old age.
- 2/3 of the additional life years for people > 65 are spent with disability.



Greece's population is ageing and is shrinking at alarming rates

Total population change in the EU Member States, 2015
(per 1 000 residents)



Nations with the highest % of people > 65 years old

Japan	
Italy	
Germany	
Finland	
Sweden	
Bulgaria	
Greece	
Portugal	
Croatia	
Channel Islands, UK	

Sources:

1.Eurostat 2016

2.Global Agenda Council on Ageing Society Infographics for World Economic Forum

Dependency of old citizens from young in GR is among the highest in EU

The Dwindling Greeks



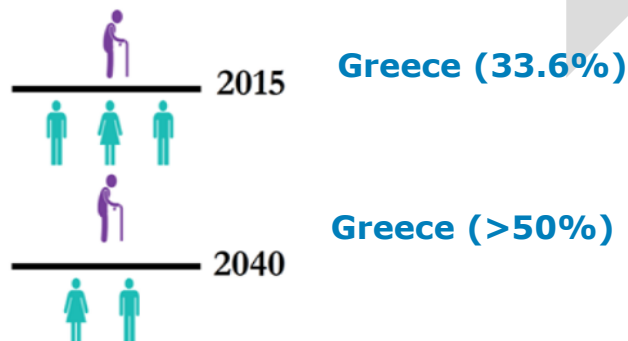
In the period 2011-2016, Greece **lost almost 3% of its population**



Greece's **population will drop to 9.9 million** by 2030 and to 8.9 million by 2050.



Greece has **one of the lowest fertility rates** in the EU



The old-age dependency ratio as an indication of the level of support available to older persons by the working age population is one of highest in EU.

The people of Greece are facing further years of economic hardship

The long recession



Unemployment

- Dwindling jobs
- Rising youth unemployment
- Long-term unemployment



Poverty

- Plummeting income
- Rising poverty
- People experiencing severe deprivation



Cuts to essentials

- Cuts to essential services
- Unmet medical needs due to cost, distance or waiting time
- Health expenditure
- Mental wellbeing (High suicide rates)



The brain drain

- Greek migration

More than 120,000 professionals, including doctors, engineers and scientists, had left Greece since the start of the crisis in 2010.

Source:

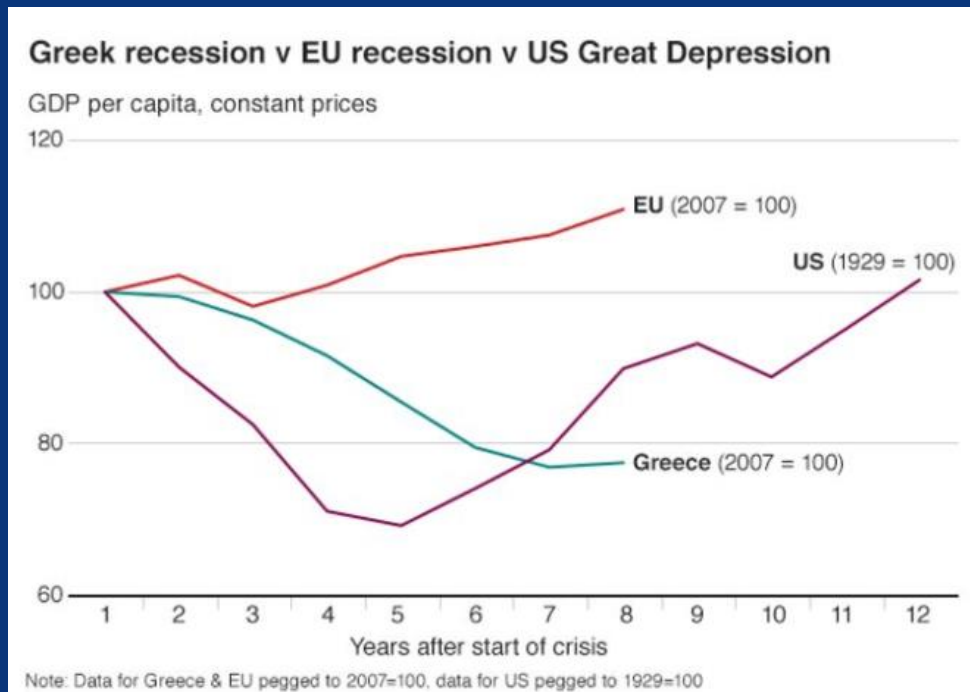
1. "How bad are things for the people of Greece?" by Lucy Rodgers & Nassos Stylianou, BBC News, 2015
(<https://www.bbc.com/news/world-europe-33507802>)

2. EUROSTAT

Greece has seen the largest contraction of an advanced economy since the 1950s

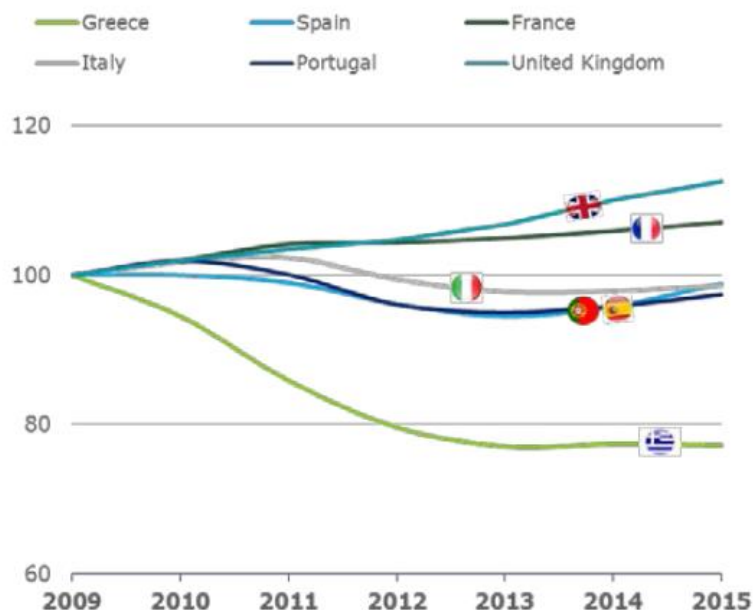


It is now generally agreed that Greece has experienced an economic crisis on the scale of the US Great Depression of the 1930s.

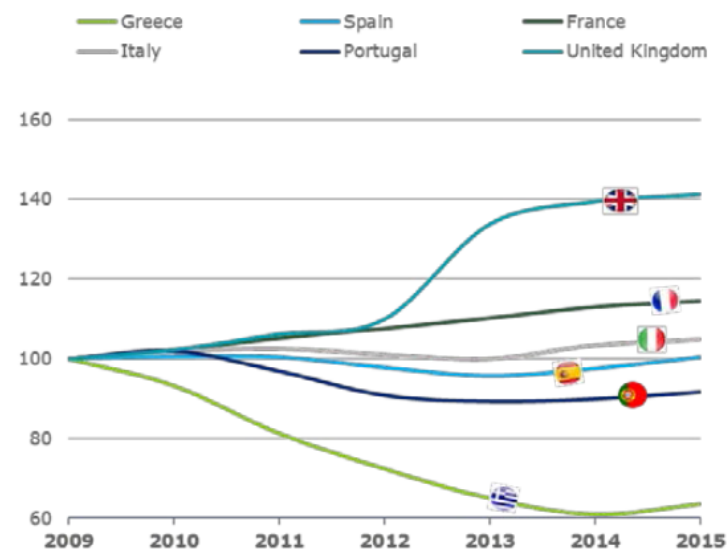


A financial crisis with a severe impact in the economy as a whole...and especially in health

Normalized Evolution of GDP (Real Prices) (2009=100)



Normalized Evolution of Healthcare Expenditure (2009=100)

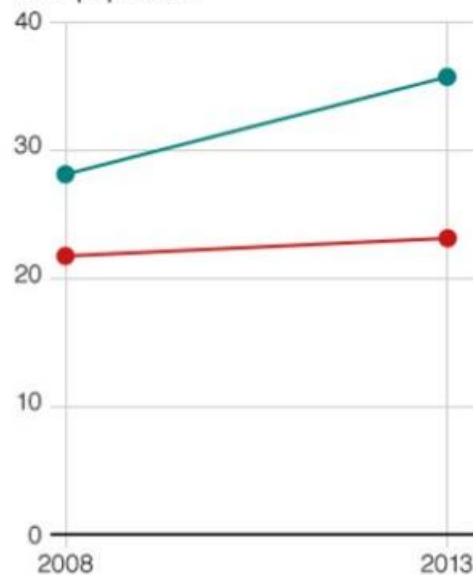


With Greek citizens 40% poorer on average in 5 years period



At risk of poverty

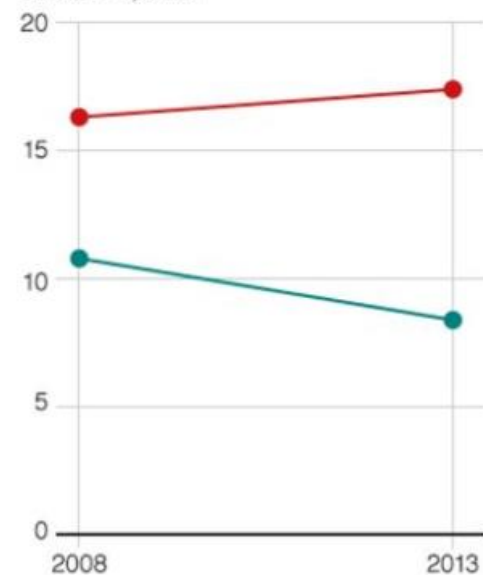
% of population



Net household median income

— Greece — Euro area

Euros x 1,000s



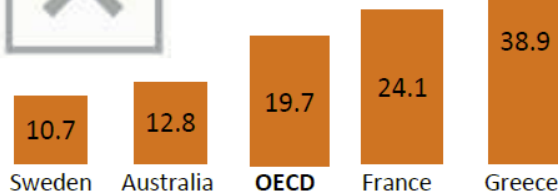
Sources: Eurostat

Prevention remains a priority

Tobacco is a major risk factor for at least two of the leading causes of premature mortality –cardiovascular diseases and cancer.



Percentage of people aged 15 and over who smoke daily



Percentage of boys who are overweight or obese



MORE THAN 790 000 DEATHS PER YEAR DUE TO BEHAVIOURAL RISK FACTORS



20%
ADULT EU
CITIZENS
ARE SMOKERS



38%
ADOLESCENTS
REPORTED
BINGE-DRINKING



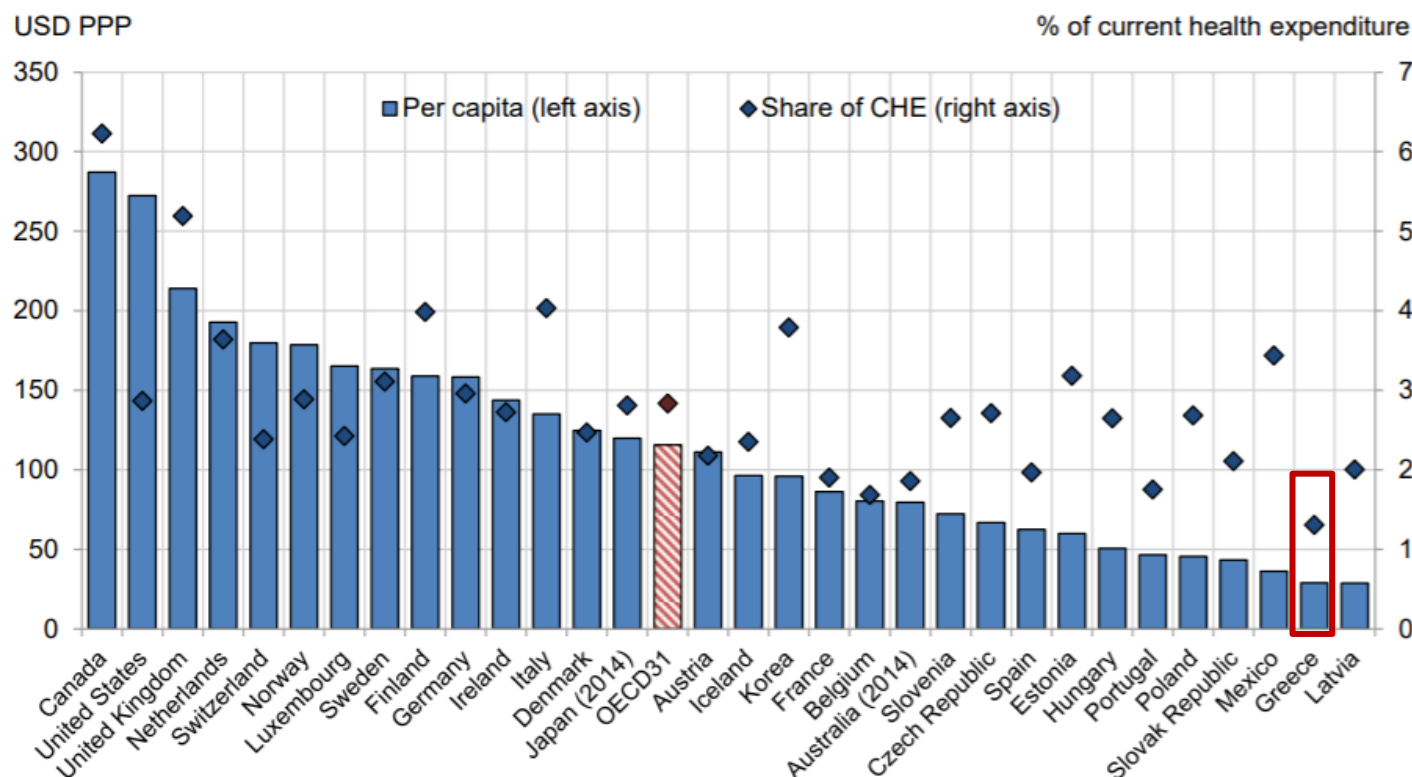
1 IN 6
ADULT EU
CITIZENS
ARE OBESE

Sources:

1. "Health Policy in Greece", OECD Health Policy Overview, 2016

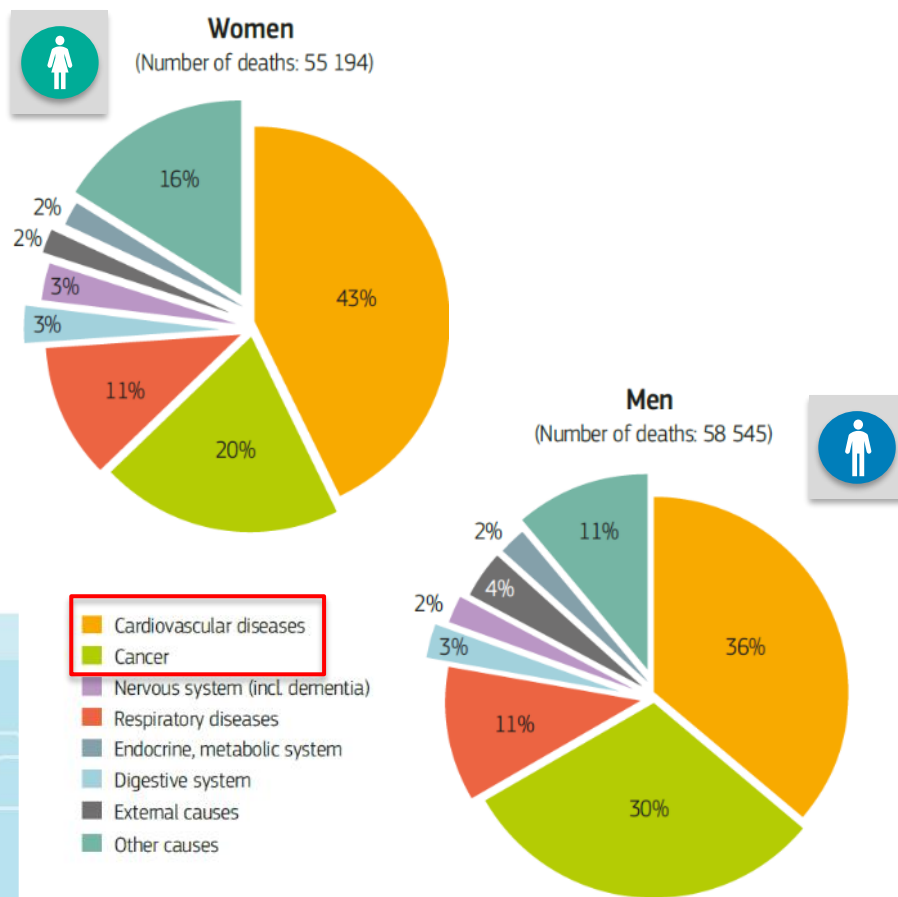
2. "Pooling expertise, strengthening knowledge", State of Health in the EU 2016

While investment in prevention is among the lowest in EU



Sources: "How much do OECD countries spend on prevention?", OECD Health Working Papers 2017

With cardiovascular diseases and cancer the main causes of mortality



Cardiovascular diseases remain the number one cause of death

Cancer is the second leading cause of death, whereas lung cancer is the leading cause of cancer mortality

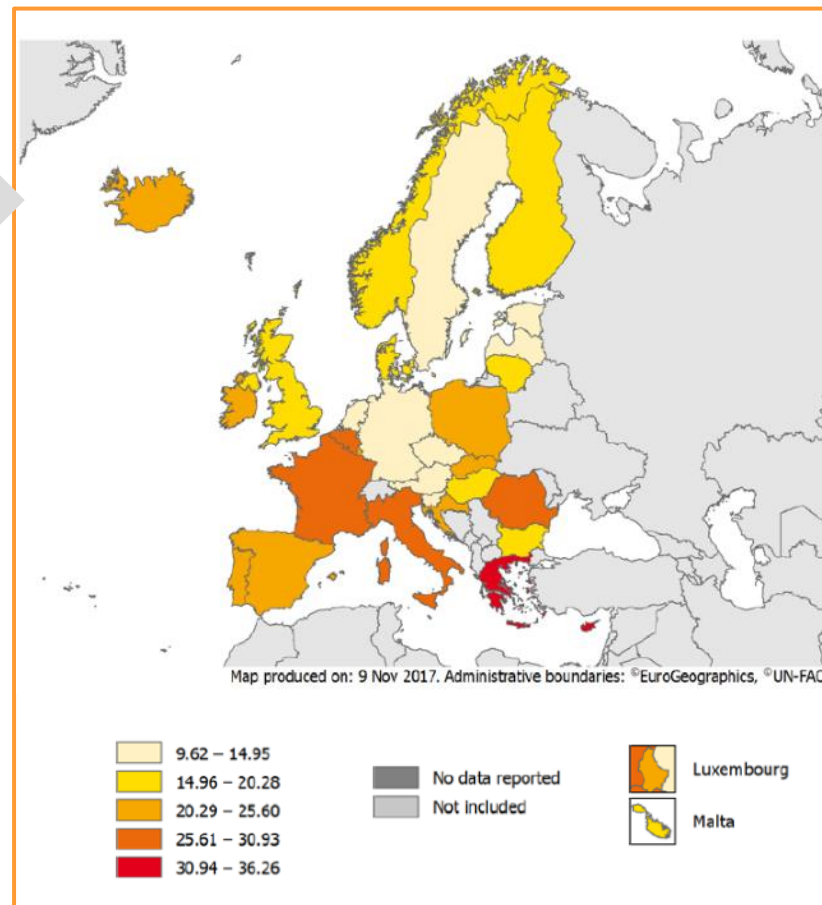
Rates for several other types of cancer have remained steady, but with increases in the absolute number of deaths reflecting population ageing:

- colorectal cancer (up 51%)
- breast cancer (up 25%)
- pancreatic cancer (up 55%)
- prostate cancer (up 35%)

Antibiotics consumption indicator of quality in primary care

Antibiotics

- Should be prescribed only where there is an evidence-based need, to reduce the risk of resistant strains.
- The total volume is seen as an indicator of quality in the primary care sector.



Source: Summary of the latest data on antibiotic consumption in the European Union, ESAC-Net surveillance data, 2017

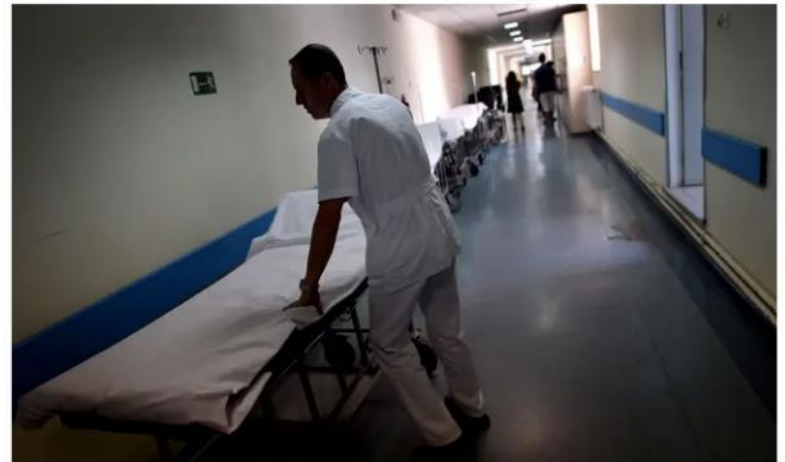
HAIs* responsible for 3,000 deaths

Hospital Acquired Infections

- Every year in Greece, HAIs are responsible for the death of 3,000 of Greek citizens and correspond to a total cost of approximately €1.2 billion for the health care system.

'Patients who should live are dying': Greece's public health meltdown

Seven years of austerity have seen hospitals become 'danger zones', doctors say, with many fearing worse is to come



HAIs*: Hospital Acquired Infections

Source: Summary of the latest data on antibiotic consumption in the European Union, ESAC-Net surveillance data, 2017

When Healthcare is a “Lemon”: Asymmetric Information and Market Failure



Preventable bad outcomes and opaque pricing are healthcare's “lemons”

Asymmetric information exchange between providers and patients contributes to medical errors, customer frustration, over-treatment and under-treatment in U.S. healthcare.

Equalizing information exchange engages patients, improves outcomes and reduces unnecessary healthcare expenditure

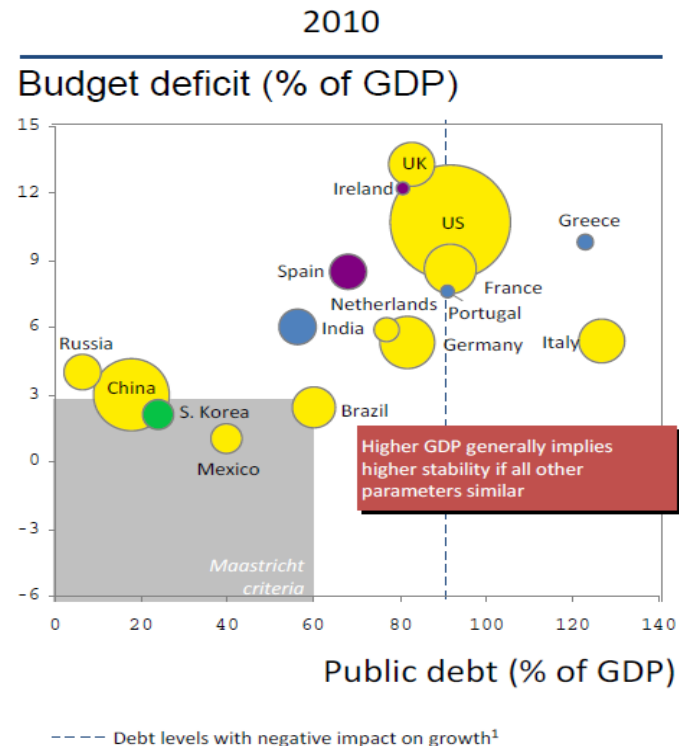
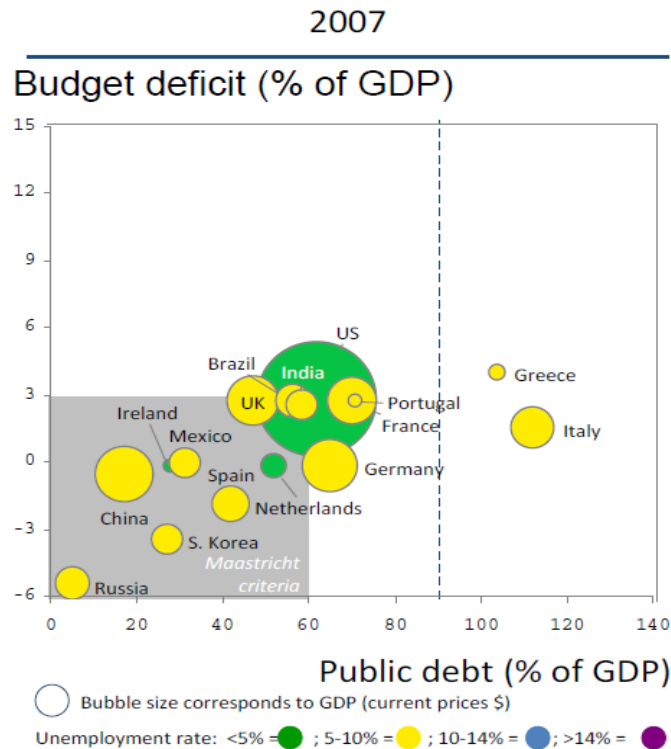


10% of patients account for **70%** of the costs in health care, while for the remaining **90%** only **30%** of health care services are available.

Source: 1. When Healthcare is a “Lemon”, Asymmetric Information and Market Failure, 2015
2. <http://www.4sighthealth.com/when-healthcare-is-a-lemon-asymmetric-information-and-market-failure/>

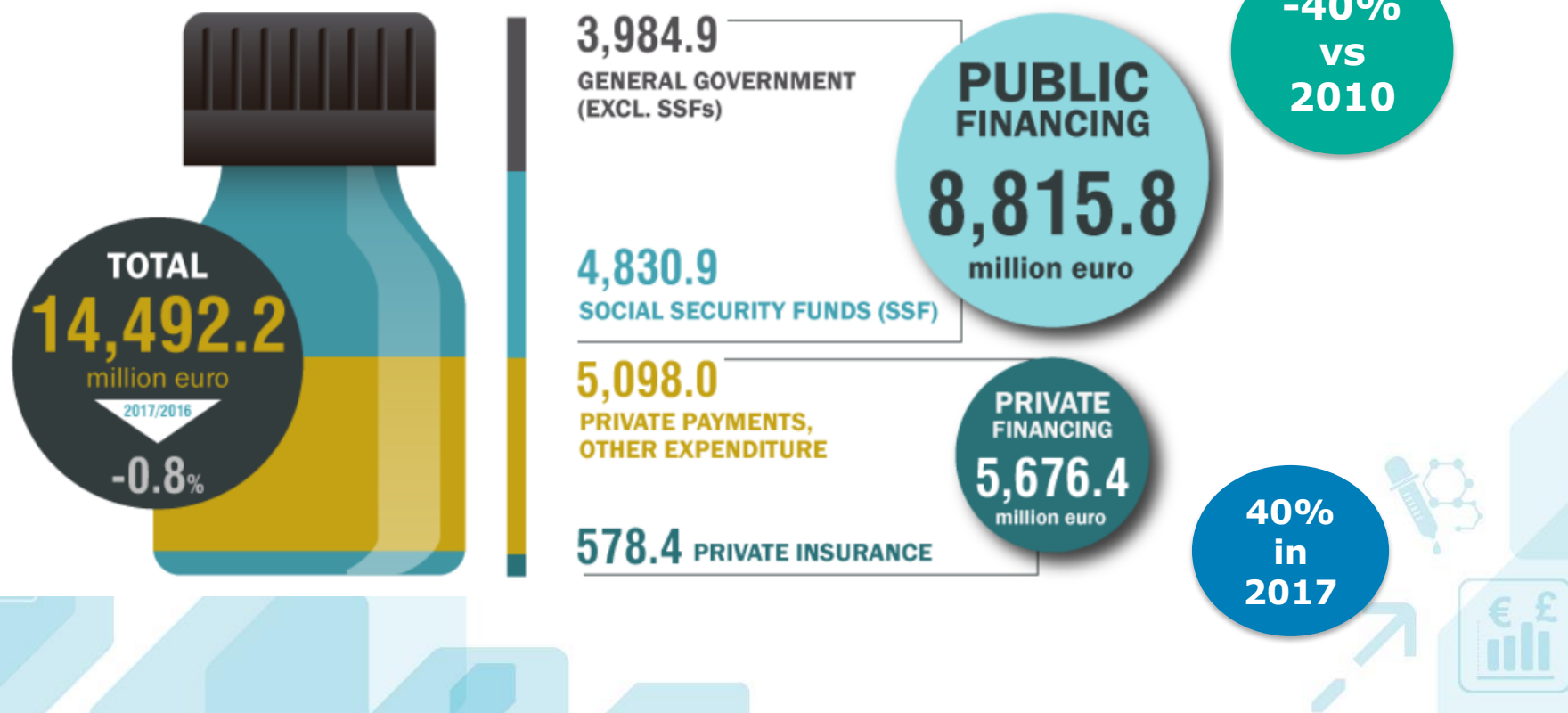
Governments facing severe difficulties to manage budget deficits and public debt

Before crisis



Leaving Greece with 40% reduction of public funding for healthcare vs 2010

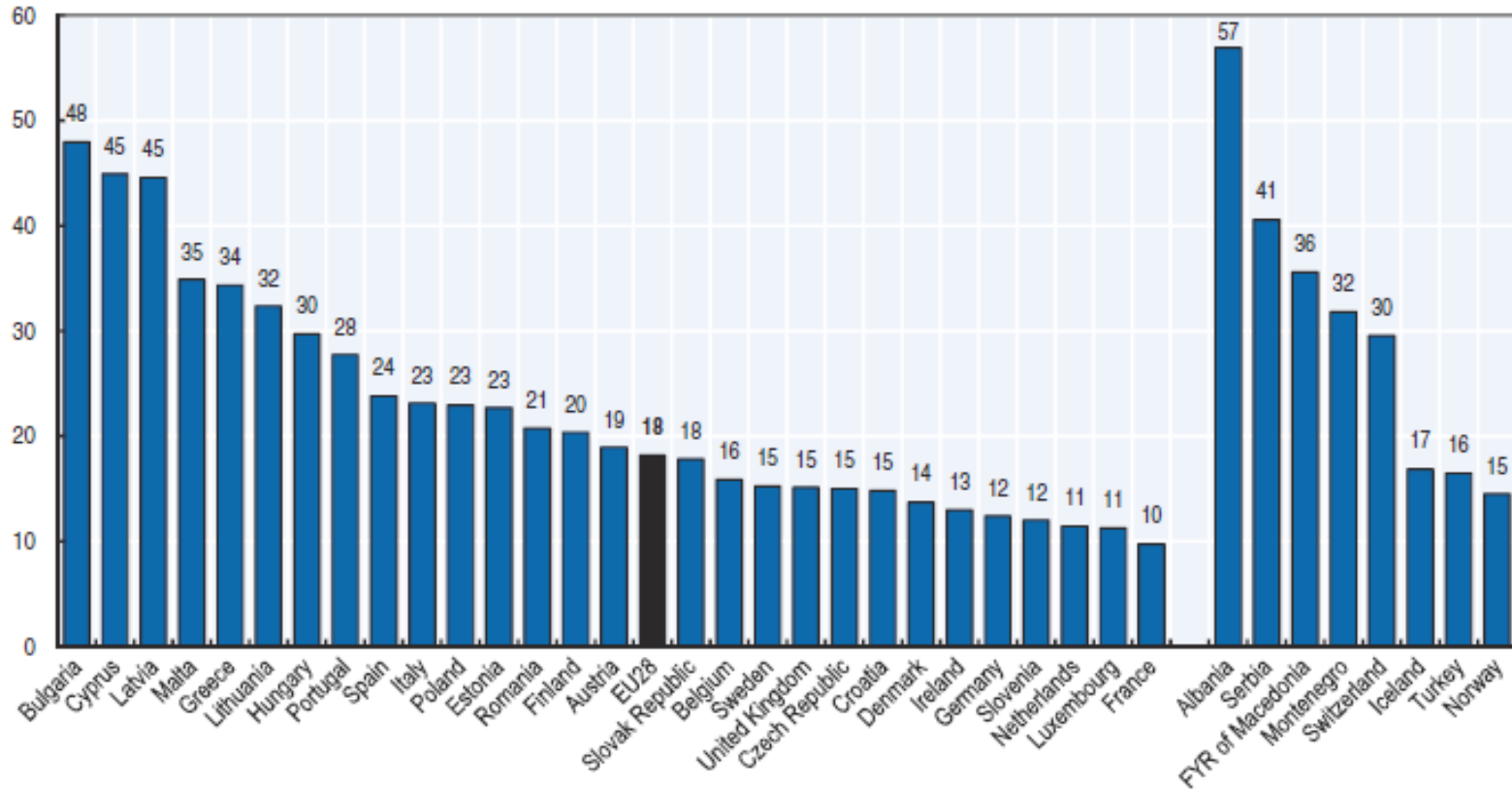
FINANCING AGENCIES (in million euro)



Sources: ELSTAT <http://www.statistics.gr/en/infographic-sha-2017>

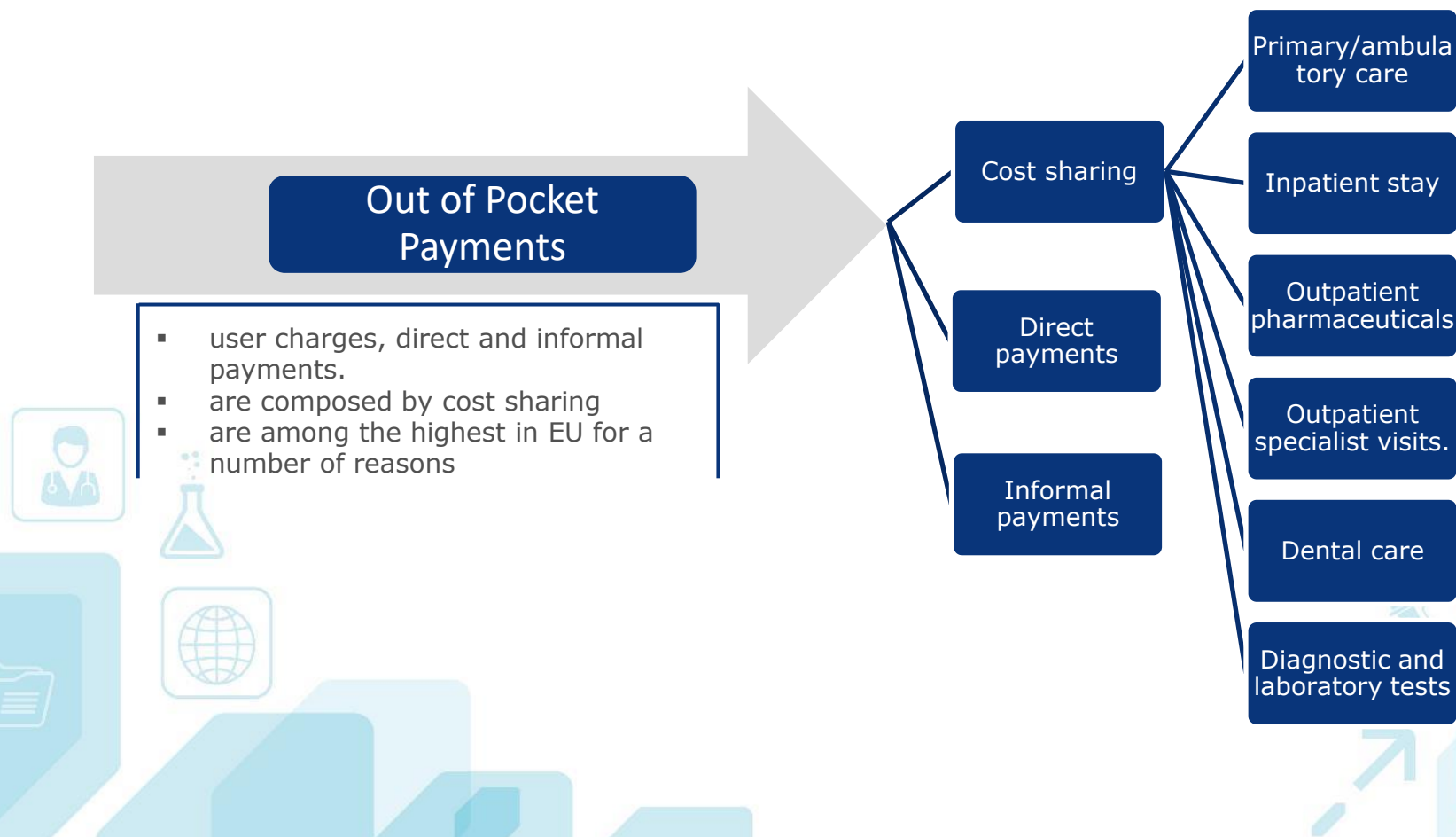
Accessibility: Affordability, Availability and use of services

% Share of total health spending financed by out-of-pocket payments, 2016 (or latest year)



Sources: "Health at a glance", OECD/European Union 2018

Breakdown of OOP can only reflect the actual burden for patients

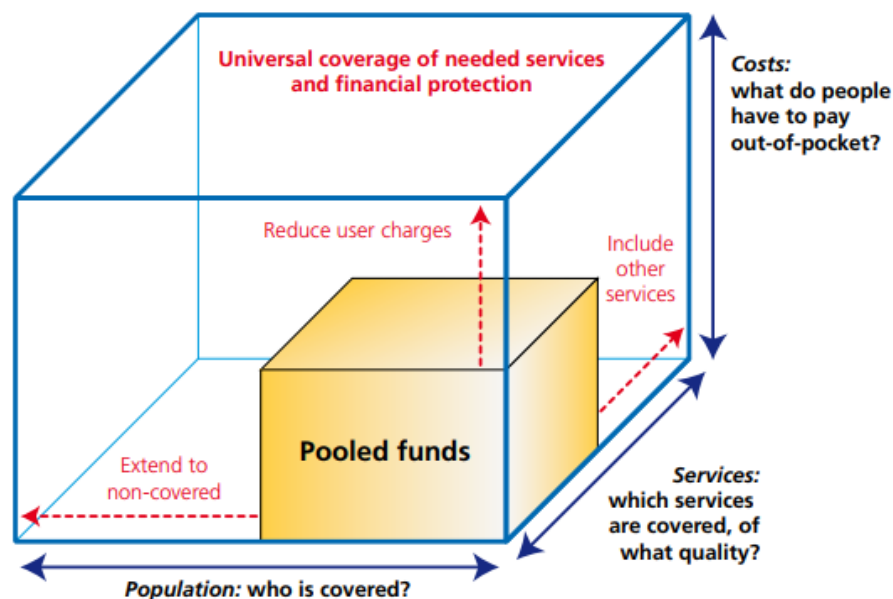


Sources: Health Systems in Transition (HiT) profile of Greece; European Observatory on Health Systems and Policies

However it is important to consider what is covered and at what rate?



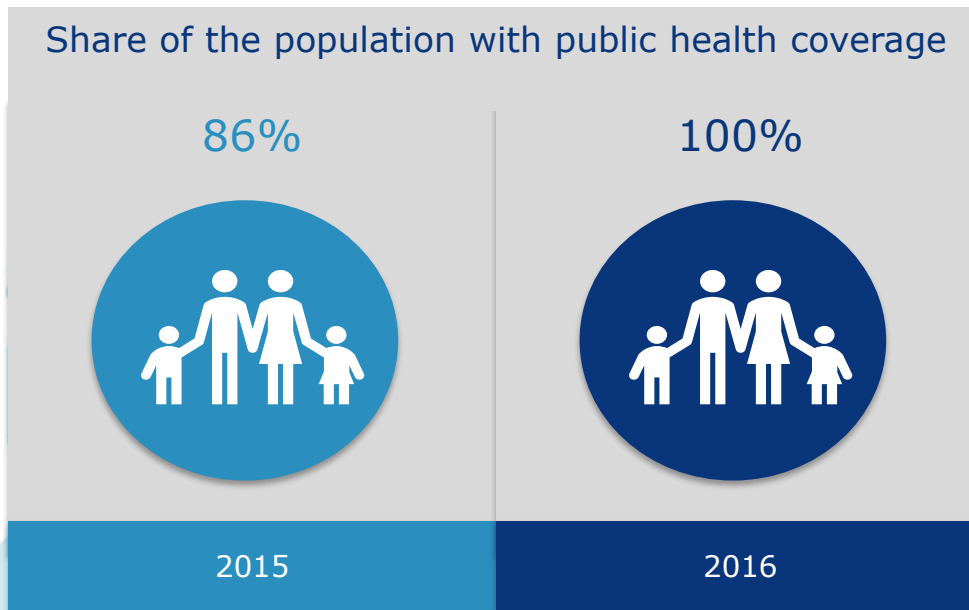
The goals of universal health coverage are to ensure that all people can access quality health care services, to safe guard all people from public health risk, and to protect all people from impoverishment due to illness, whether from out of pocket payments for health care or loss of income when a household member falls sick...



Universal coverage to health care granted for all GR citizens in 2016

- A new law in 2016 provided universal health coverage, closing the coverage gap for the 10% of the population that were previously uninsured.
- However, the law was implemented in an “**urgent approach**” and not after thorough investigation of social protection findings for GR citizens.

Share of the population with public health coverage

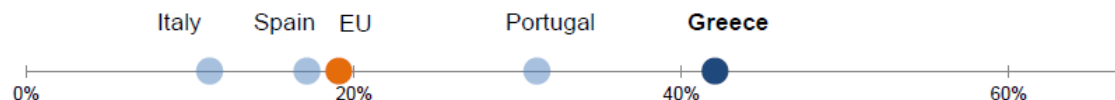


Sources: "Health Policy in Greece", OECD Health Policy Overview, 2016

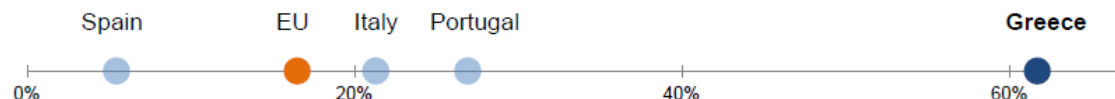
Even with universal coverage patients report other barriers in medical care



Distance to doctor's office



Cost of seeing doctor



Delay in getting appointment

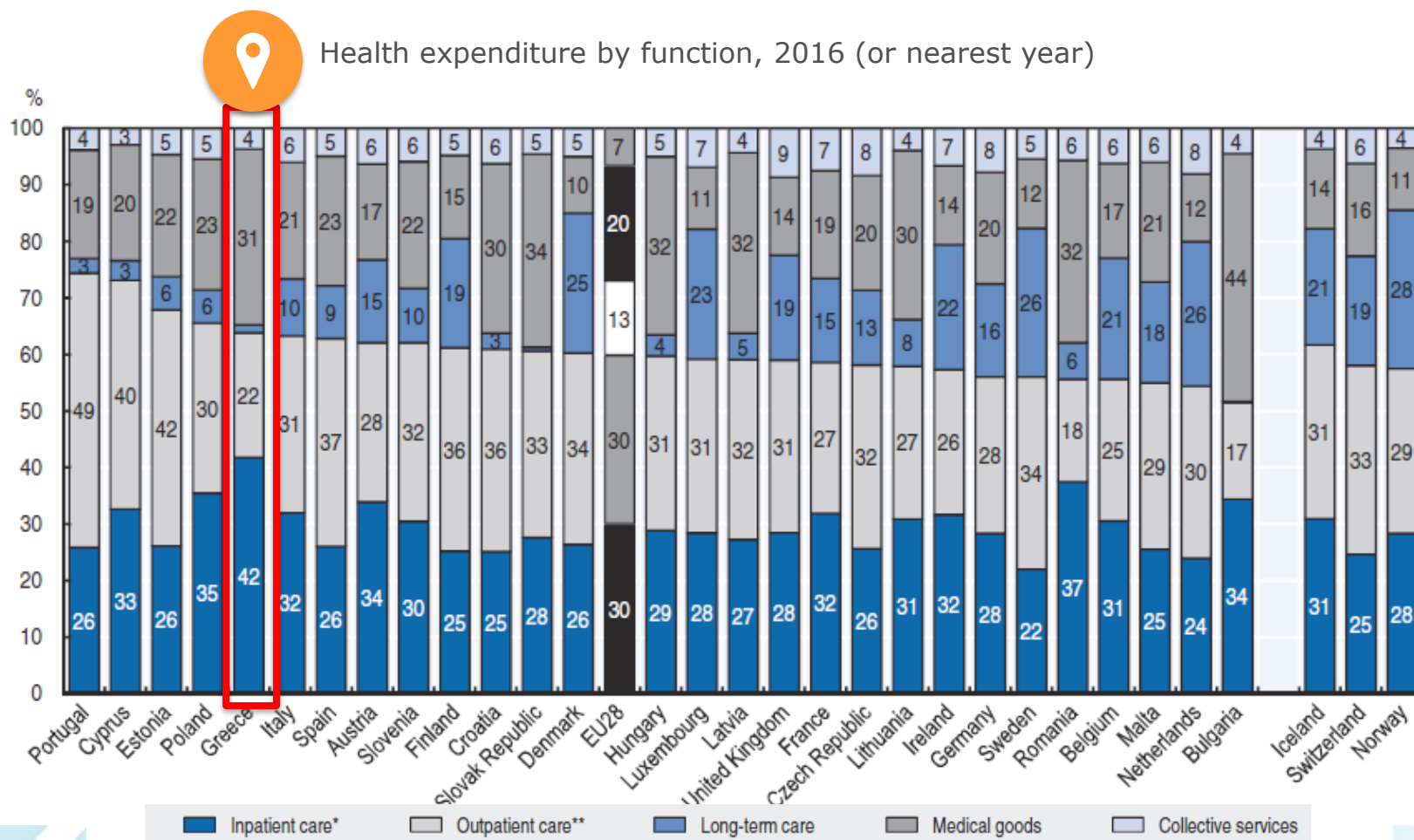


Waiting time to see a doctor on the day




Many GR people report having difficulties accessing doctors or a health center not only because of cost but also because of distance to the doctor's office and waiting to get an appointment

Despite efforts to reduce hospital and medical goods costs, still >70% of health spending is allocated




Sources: "Health at a glance", OECD/European Union 2018

Primary care launched in 2017: a step to reduce overcrowding and hospital costs



Creating an effective network of primary care services

The success of the primary care reform



...is one of the most urgent priorities to respond effectively to the needs of the (ageing) population and reduce overcrowding of emergency departments and unnecessary hospital admissions.

1

Having sufficient financial resources to support creating and development

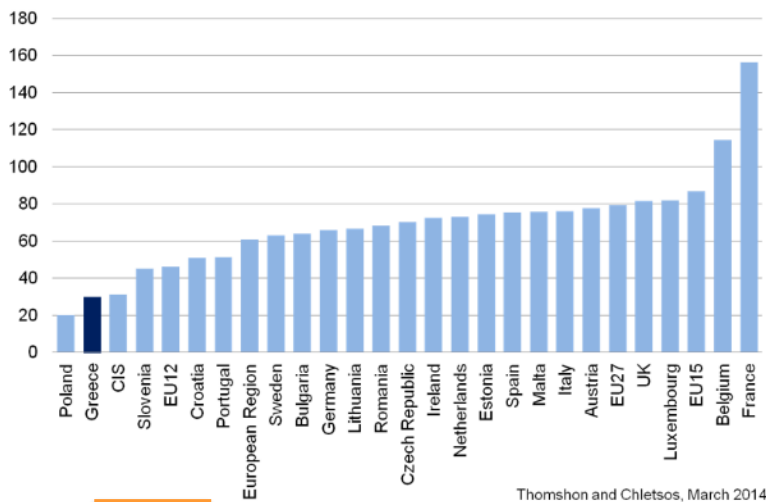
2

Supporting innovative ways to deliver services (ie telemedicine)

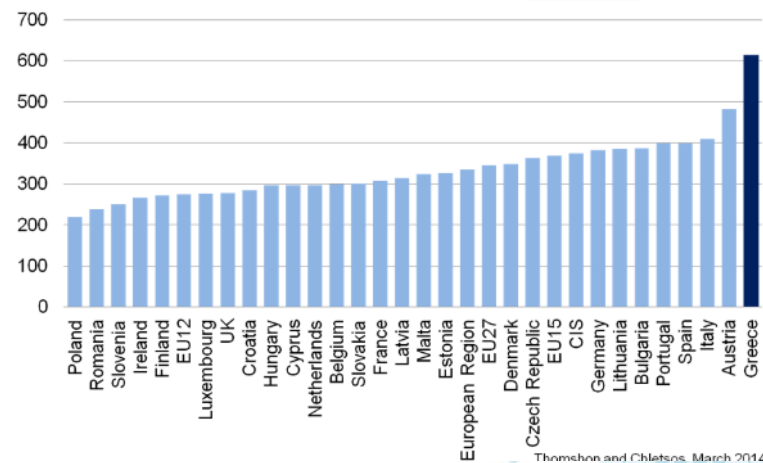
3

Coordinating effectively the various primary care units (regional authorities)

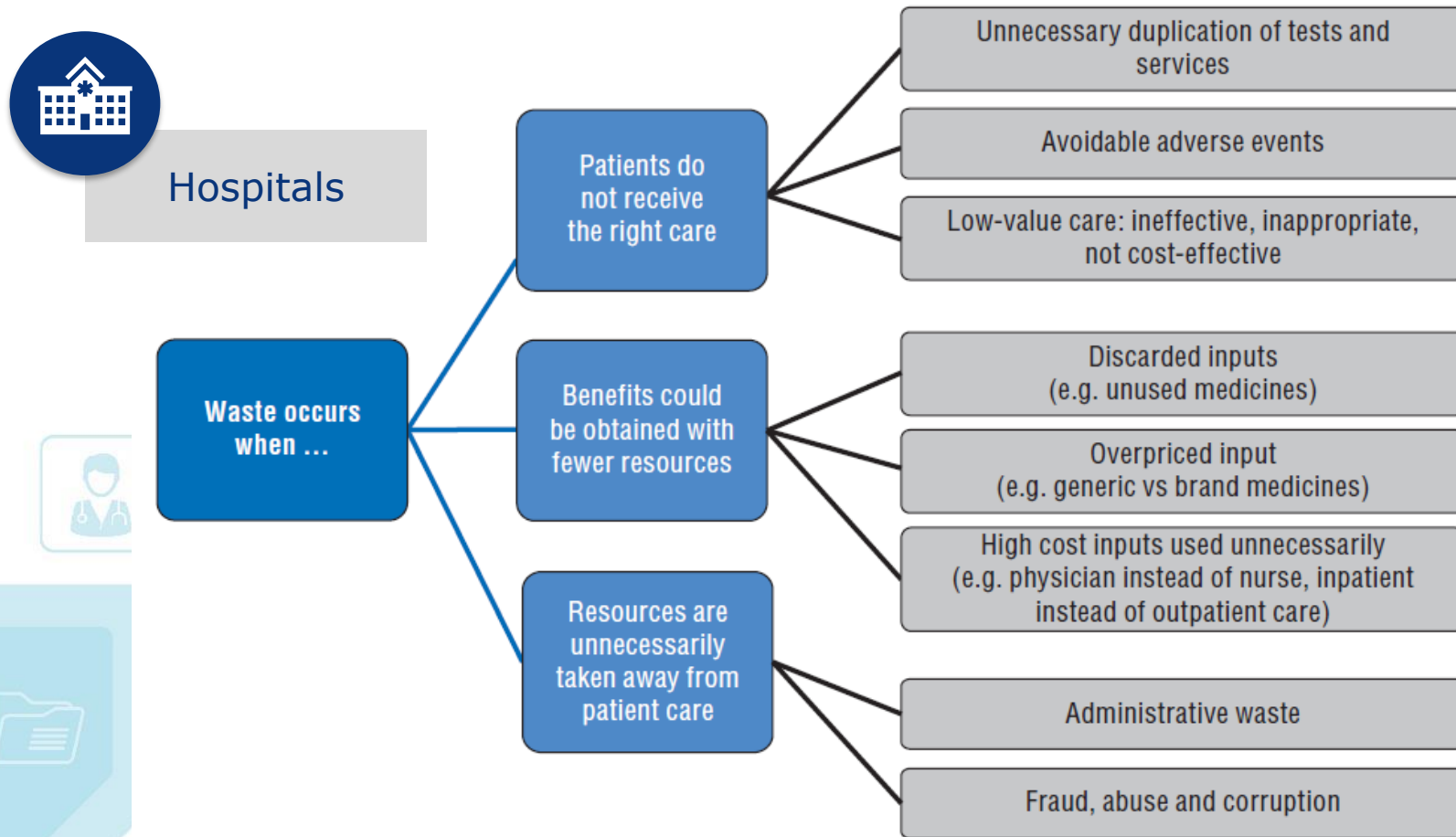
However, Greece has a high number of doctors with a very low number of GPs



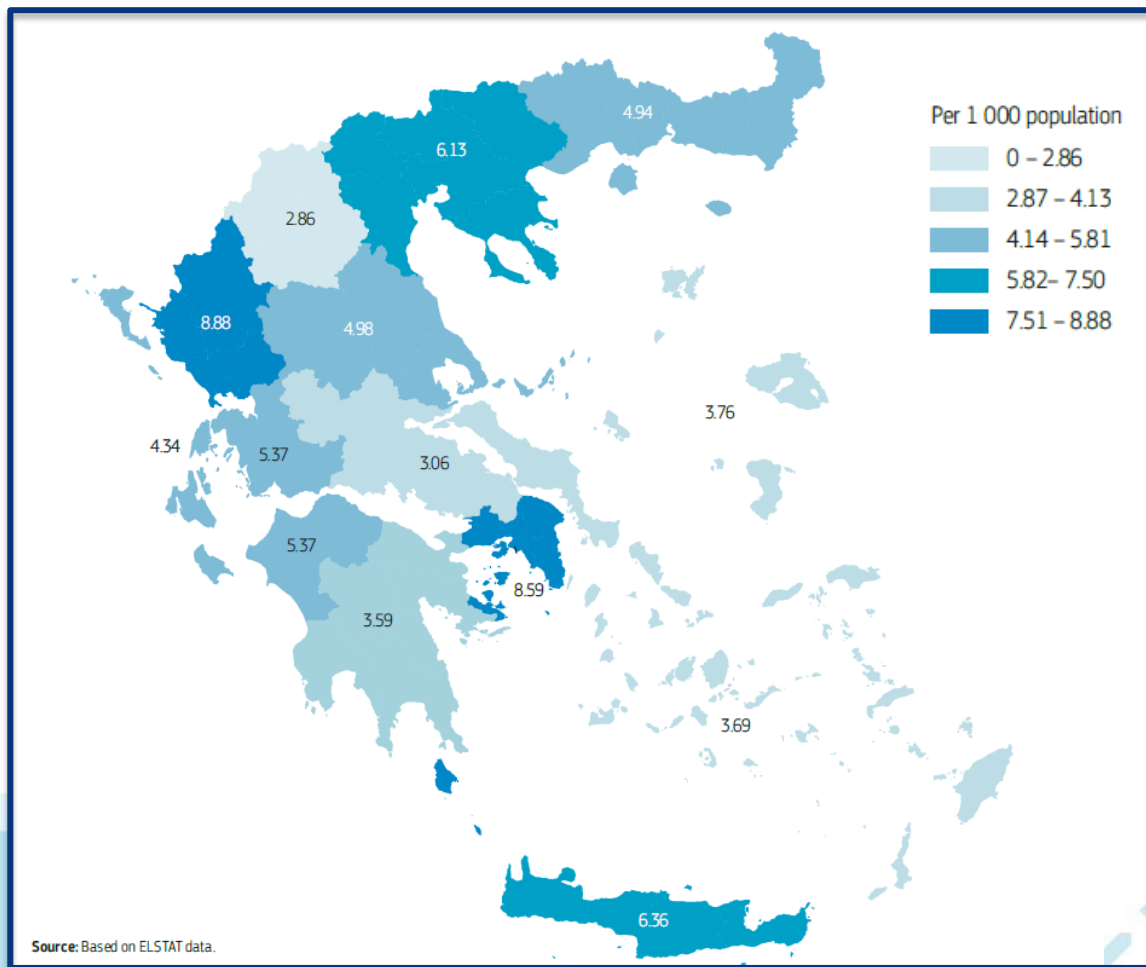
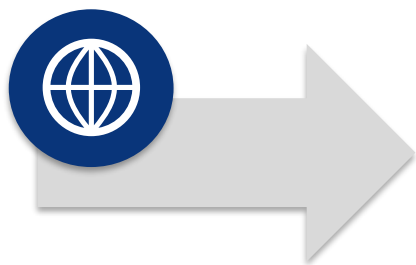
Number of doctors in Greece is the highest in EU



A pragmatic approach to identify wasteful spending on health

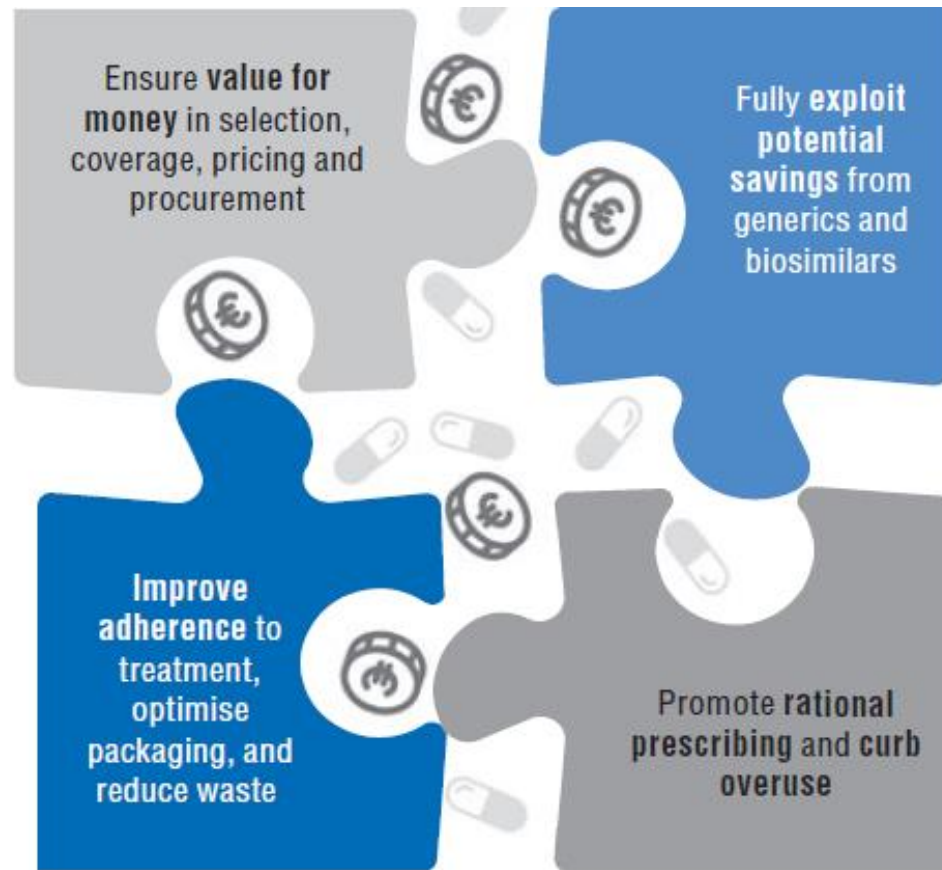


With uneven geographic distribution of doctors across the country



Sources: ELSTAT

Possible approaches to reduce spending on pharmaceuticals



Sources: Tackling Wasteful Spending on Health © OECD 2017

Many prescription protocols integrated in the prescription system



1st step

Θεραπευτικό Πρωτόκολλο	Ημ/νία Ένταξης στο Πρωτόκολλο	MDC	Περιγραφή	Ημ/νία Τελευταίας Συνταγ/σης	Ενεργό		
10-001 ΔΥΣΛΙΠΙΔΑΙΜΙΑ	5/2/2019	Ενδοκρινολογικές , θρεπ	Οι δυσλιπιδαιμίες είναι οι		✓	🔍	Διαγραφή Χρήση

10-001 ΔΥΣΛΙΠΙΔΑΙΜΙΑ

05-001 ΑΡΤΗΡΙΑΚΗ ΥΠΕΡΤΑΣΗ

05-002 ΠΡΟΛΗΨΗ ΦΘΕ ΣΕ ΑΣΘΕΝΕΙΣ ΜΕ ΚΑΡΚΙΝΟ

05-003 ΘΕΡΑΠΕΙΑ ΦΘΝ ΣΕ ΑΣΘΕΝΕΙΣ ΜΕ ΚΑΡΚΙΝΟ

05-004 ΠΡΟΛΗΨΗ ΦΘΕ ΣΕ ΟΡΘΟΠΑΙΔΙΚΕΣ ΕΠΕΜΒΑΣΕΙΣ, ΤΡΑΥΜΑ ΚΑΙ ΕΓΚΑΥΜΑ

05-005 ΠΡΟΦΥΛΑΞΗ ΚΑΙ ΘΕΡΑΠΕΙΑ ΦΘΝ ΣΕ ΚΥΗΣΗ ΚΑΙ ΛΟΧΕΙΑ, ΑΓΓΕΙΑΚΩΝ ΔΙΑΤΑΡΑΧΩΝ ΤΟΥ ΠΛΑΚΟΥΥ

05-006 ΘΕΡΑΠΕΙΑ ΦΛΕΒΙΚΗΣ ΘΡΟΜΒΟΕΜΒΟΛΙΚΗΣ ΝΟΣΟΥ-ΦΘΝ

05-007 ΠΡΟΦΥΛΑΞΗ ΦΘΕ ΣΕ ΝΟΣΗΛΕΥΟΜΕΝΟΥΣ ΑΣΘΕΝΕΙΣ ΜΕ ΟΞΕΙΑ ΜΗ ΧΕΙΡΟΥΡΓΙΚΗ ΠΑΘΗΣΗ

05-008 ΠΡΟΦΥΛΑΞΗ ΦΘΕ ΣΕ ΧΕΙΡΟΥΡΓΙΚΟΥΣ ΑΣΘΕΝΕΙΣ ΜΕ ΑΠΟΥΣΙΑ ΚΑΚΟΗΘΕΙΑΣ

05-010 ΚΑΡΔΙΑΚΗ ΑΝΕΠΑΡΚΕΙΑ

10-010 ΣΤΕΦΑΝΙΑΙΑ ΝΟΣΟΣ

10-001 ΣΑΚΧΑΡΩΔΗΣ ΔΙΑΒΗΤΗΣ ΤΥΠΟΥ 1 (ΙΝΣΟΥΛΙΝΟΕΞΑΡΤΩΜΕΝΟΣ ΣΑΚΧΑΡΩΔΗΣ ΔΙΑΒΗΤΗΣ)

10-002 ΣΑΚΧΑΡΩΔΗΣ ΔΙΑΒΗΤΗΣ ΤΥΠΟΥ 2

10-003 ΑΛΛΟΙ ΤΥΠΟΙ ΣΑΚΧΑΡΩΔΟΥΣ ΔΙΑΒΗΤΗ

10-004 ΣΑΚΧΑΡΩΔΗΣ ΔΙΑΒΗΤΗΣ ΤΗΣ ΚΥΗΣΗΣ

08-006 ΡΕΥΜΑΤΟΕΙΔΗΣ ΑΡΘΡΙΤΙΣ ΕΓΚΑΤΕΣΤΗΜΕΝΗ Ή ΠΡΩΙΜΗ

08-007 ΑΞΟΝΙΚΗ ΣΠΟΝΔΥΛΑΡΘΡΙΤΙΔΑ (ΑΚΤΙΝΟΛΟΓΙΚΑ ΕΠΙΒΕΒΑΙΩΜΕΝΗ Ή ΜΗ)

10-005 ΝΕΟΓΝΙΚΟΣ ΣΑΚΧΑΡΩΔΗΣ ΔΙΑΒΗΤΗΣ

10-006 ΙΝΣΟΥΛΙΝΟΠΕΝΙΑ ΜΕΤΑ ΑΠΟ ΙΑΤΡΙΚΕΣ ΠΡΑΞΕΙΣ

08-008 ΨΩΡΙΑΣΙΚΗ ΑΡΘΡΙΤΙΔΑ (ΠΕΡΙΦΕΡΙΚΗ ΠΡΟΣΒΟΛΗ)

Διαγνωστικά και Θεραπευτικά Πρωτόκολλα Συνταγογράφησης
Αιματολογικών Νοσημάτων

Αρχεία



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ΕΝΔΕΙΞΕΙΣ ΜΕΤΑΜΟΣΧΕΥΣΗΣ ΑΙΜΟΠΟΙΗΤΙΚΩΝ ΚΥΤΤΑΡΩΝ.pdf

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Μέγεθος: 475.2 KB

Sources: <http://www.moh.gov.gr/>

Janssen

PHARMACEUTICAL COMPANIES
OF Johnson & Johnson

HCPs not obliged to follow while hospitals lack of treatment protocols



2nd step

Ηλεκτρονική Συνταγογράφηση > Νέα και ανακοινώσεις > Content



Οι διαγνώσεις των θεραπευτικών πρωτοκόλλων της ΧΑΠ θα συνταγογραφούνται μέσω πρωτοκόλλων

Posted: 1/22/19, 4:10 PM

Σας ενημερώνουμε ότι από τη Δευτέρα 28-1-2019 οι διαγνώσεις των θεραπευτικών πρωτοκόλλων "Χρόνια Αποφρακτική Πνευμονοπάθεια (ΧΑΠ)" και "Παρόξυνση Χρόνιας Αποφρακτικής Πνευμονοπάθειας" για ασθενείς άνω των 16 ετών θα συνταγογραφούνται αποκλειστικά μέσω των θεραπευτικών πρωτοκόλλων.



3rd step



Implementation in hospitals?

Sources: <https://www.e-prescription.gr/>



PHARMACEUTICAL COMPANIES
OF *Johnson & Johnson*

Health Technology: Regulation vs Assessment vs Management

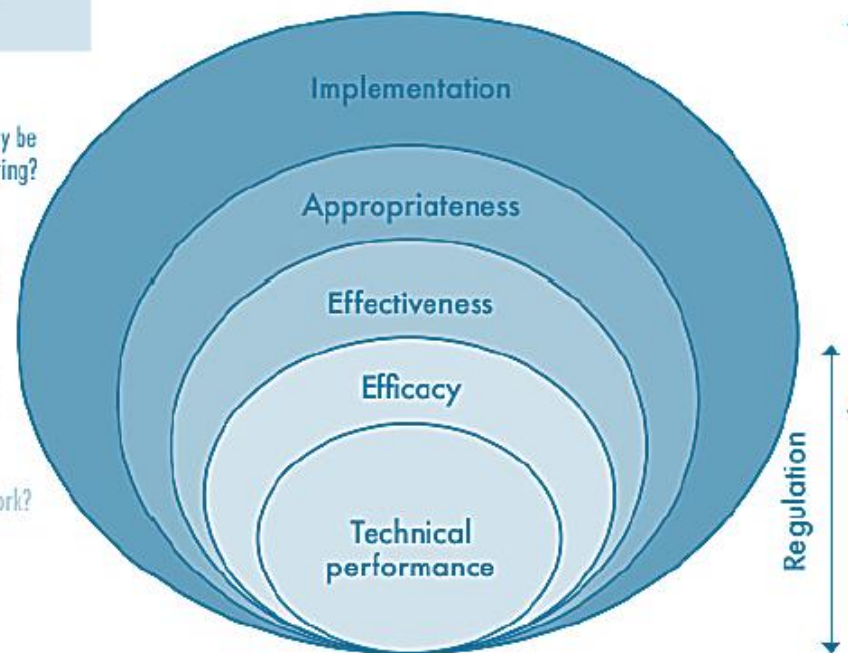


How should the technology be implemented in this setting?

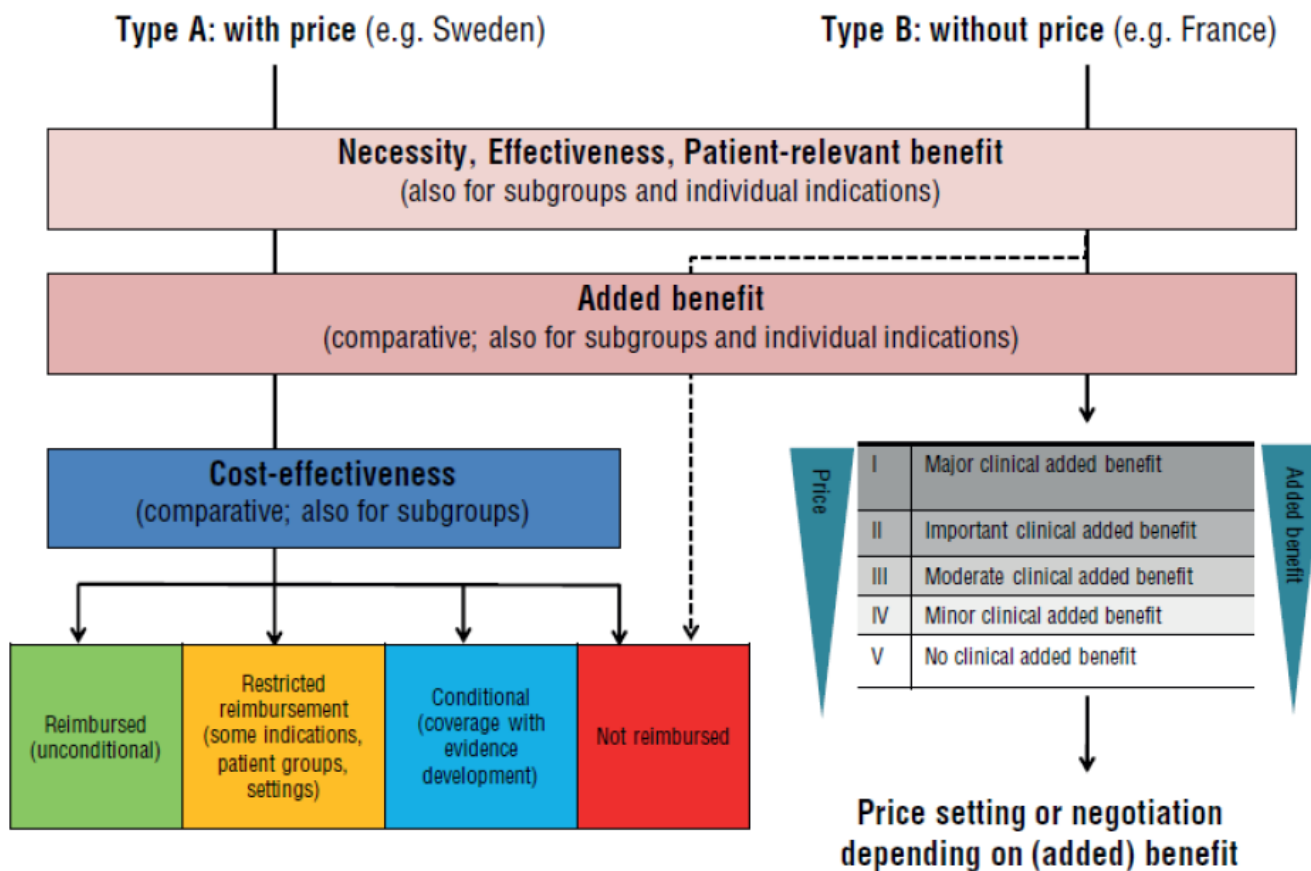
Should the technology be implemented in this setting?

Can the technology work in this setting?

Can the technology work?










HTA is a tool supporting informed decision making and award true innovation



Sources: presentation at Healthcare Conference by DrPH Panteli Department of Healthcare Management , Berlin University of Technology WHO Collaborating Center for Health Systems Research and Management European Observatory on Health Systems and Policy

Different evaluation criteria applied in EU while HTA in GR evaluates the credibility of evidence

							
Clinically relevant outcomes	Preferred	Yes	Preferred	Yes	Yes	Yes	Yes
Surrogate outcomes	Accept	Accept	Accept	Accept	Accept	Accept	Accept
HRQoL outcomes	Yes	Yes (prefer general)	Yes	Yes	Yes	Yes	Yes
Safety/ Adverse events	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Sources: Abstracted from Angelis, Lange and Kanavos 2018

HTA has been introduced in 2018, with results still pending...



ΦΕΚ 4512 ΤΗΣ 17^{ης} ΙΑΝΟΥΑΡΙΟΥ 2018 - ΤΜΗΜΑ Θ': ΔΙΑΤΑΞΕΙΣ ΥΠΟΥΡΓΕΙΟΥ ΥΓΕΙΑΣ
ΜΕΡΟΣ Α': ΑΞΙΟΛΟΓΗΣΗ ΚΑΙ ΑΠΟΖΗΜΙΩΣΗ ΦΑΡΜΑΚΩΝ ΑΝΘΡΩΠΙΝΗΣ ΧΡΗΣΗΣ
Άρθρα 247- 256



ΦΕΚ 2768 ΤΗΣ 11^{ης} ΙΟΥΛΙΟΥ 2018 - ΕΓΚΡΙΣΗ ΤΟΥ ΕΣΩΤΕΡΙΚΟΥ ΚΑΝΟΝΙΣΜΟΥ
ΛΕΙΤΟΥΡΓΙΑΣ ΤΗΣ ΕΠΙΤΡΟΠΗΣ ΑΞΙΟΛΟΓΗΣΗΣ ΚΑΙ ΑΠΟΖΗΜΙΩΣΗΣ ΦΑΡΜΑΚΩΝ
ΑΝΘΡΩΠΙΝΗΣ ΧΡΗΣΗΣ
Άρθρα 1 – 17
ΠΑΡΑΡΤΗΜΑ Ι: ΜΕΘΟΔΟΛΟΓΙΑ ΑΞΙΟΛΟΓΗΣΗΣ ΦΑΡΜΑΚΩΝ ΑΝΘΡΩΠΙΝΗΣ ΧΡΗΣΗΣ
ΠΑΡΑΡΤΗΜΑ ΙΙ: ΟΔΗΓΙΕΣ ΓΙΑ ΤΗΝ ΥΠΟΒΟΛΗ ΑΙΤΗΣΗΣ ΑΞΙΟΛΟΓΗΣΗΣ ΦΑΡΜΑΚΟΥ ΚΑΙ ΠΡΟΤΥΠΑ ΥΠΟΒΟΛΗΣ



ΦΕΚ 63025 ΤΗΣ 23^{ης} ΑΥΓΟΥΣΤΟΥ 2018
ΕΓΚΡΙΣΗ ΤΟΥ ΕΣΩΤΕΡΙΚΟΥ ΚΑΝΟΝΙΣΜΟΥ ΛΕΙΤΟΥΡΓΙΑΣ ΤΗΣ ΕΠΙΤΡΟΠΗΣ
ΔΙΑΠΡΑΓΜΑΤΕΥΣΗΣ ΦΑΡΜΑΚΩΝ

...and barriers still there



1 No new medicines reimbursed since August 2018



2 Delays due to lack of external assessors not predicted



3 HTA is not about benefit/risk ratio for EMA approved process



4 It is all about cost/effectiveness ratio that answers if a new medicine it's a value for money option...

Governments in other EU countries substantially believe and support HTA....

	Workforce	Budget
Austria	27 FTEs	€ 1,4 mil
Belgium	65 FTEs	€ 1,1 mil
Italy	50 FTEs	€ 8 mil
Portugal	25 FTEs	€ 750
Spain	100 FTEs	€ 1,3 mil
France	107 FTEs	€ 8 mil

1

DRGs in Greece outdated and not properly measured....how to conduct economic evaluation in GR

2

Registries and local epi data missing...how to properly assess the eligible population and budget impact

3

Lack of transparent framework to assess true innovation and recommend full reimbursement and award innovation

Activities

Horizon scanning

Guidelines economic evaluation

Registries

Treatment guidelines

Consult other universities

In France each year is mentioned in the law the financing from the SSF the allocated budget for HTA activities

EC agreed on payback mechanisms on excess of pharma spending only if structural reforms



According to Article 168, §7 of the Treaty on the Functioning of the EU, Union action shall respect the **responsibilities of the Member States for the definition of their health policy** and for the organization and delivery of health services and medical care. Hence, it is foremost for Member States to decide on how to ensure access to healthcare for their populations.

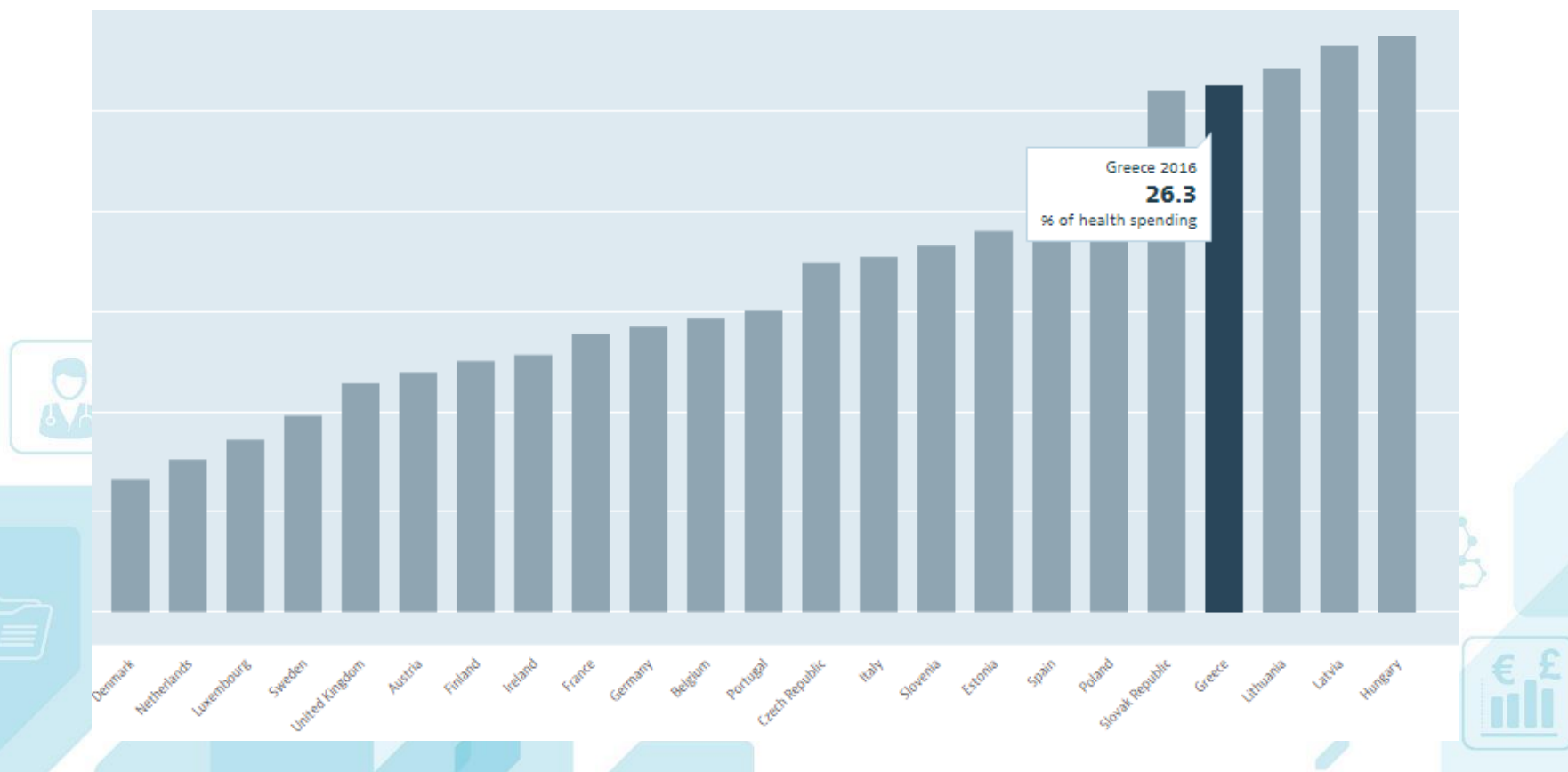
Parliamentary questions

9 February 2017

Answer given by Mr Moscovici on behalf of the Commission

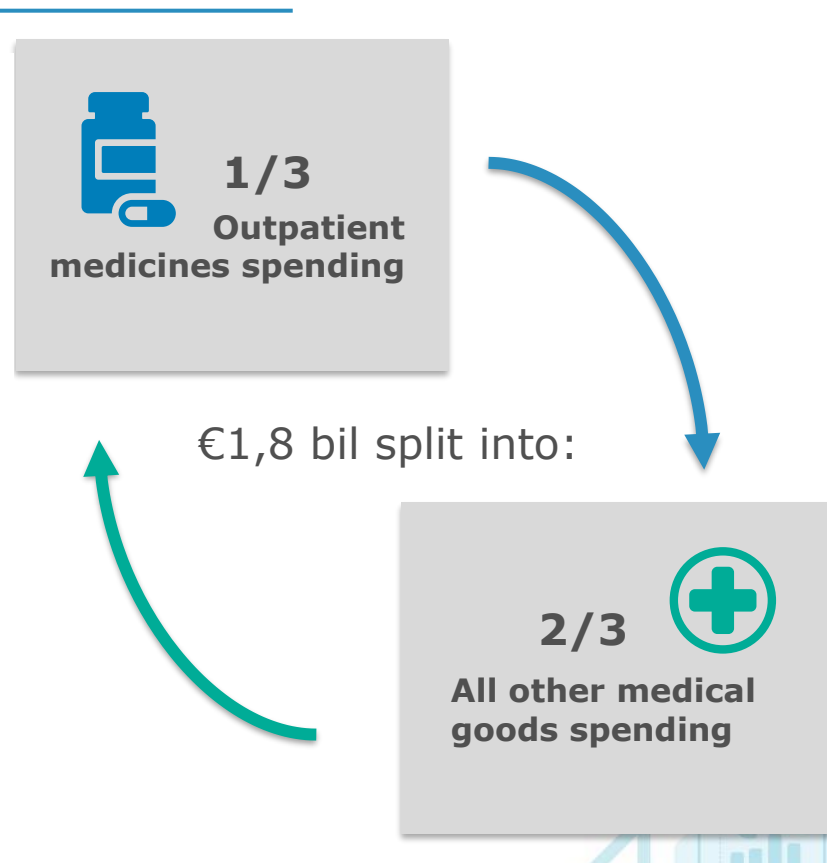
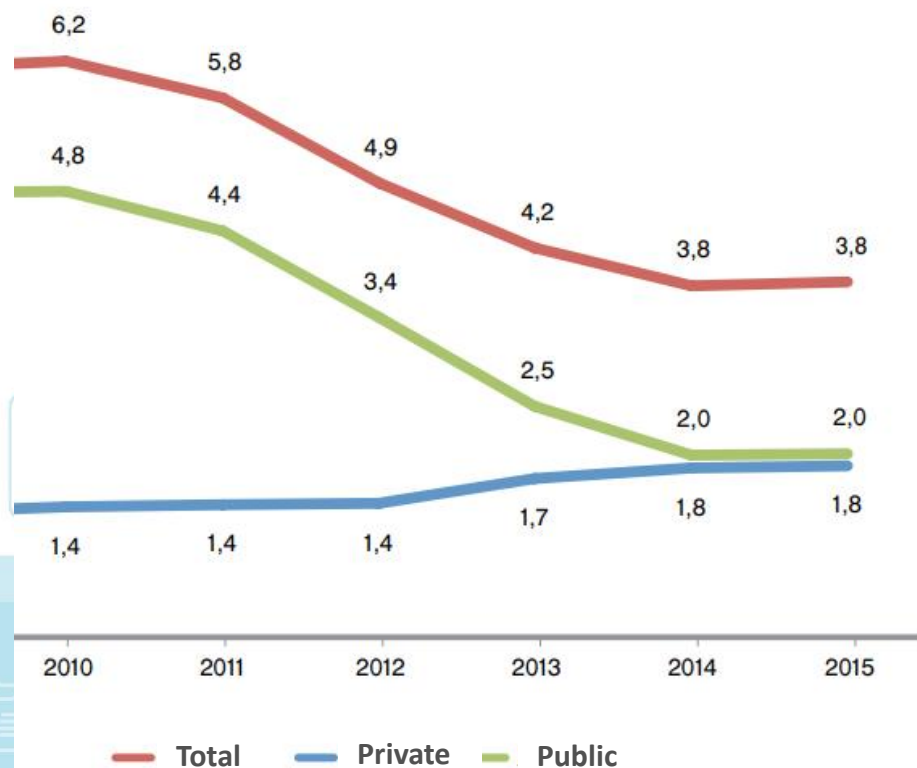
In addition, through the MoU the GR authorities **committed** to implement **structural measures** focusing on improving efficiency of the health system as a means to contain expenditure to **ensure the spending on pharmaceuticals, but also diagnostics and private clinics, for 2017, is reduced by at least 30%** compared to the previous year.

While pharmaceutical spending in GR is only a small part of total health spending

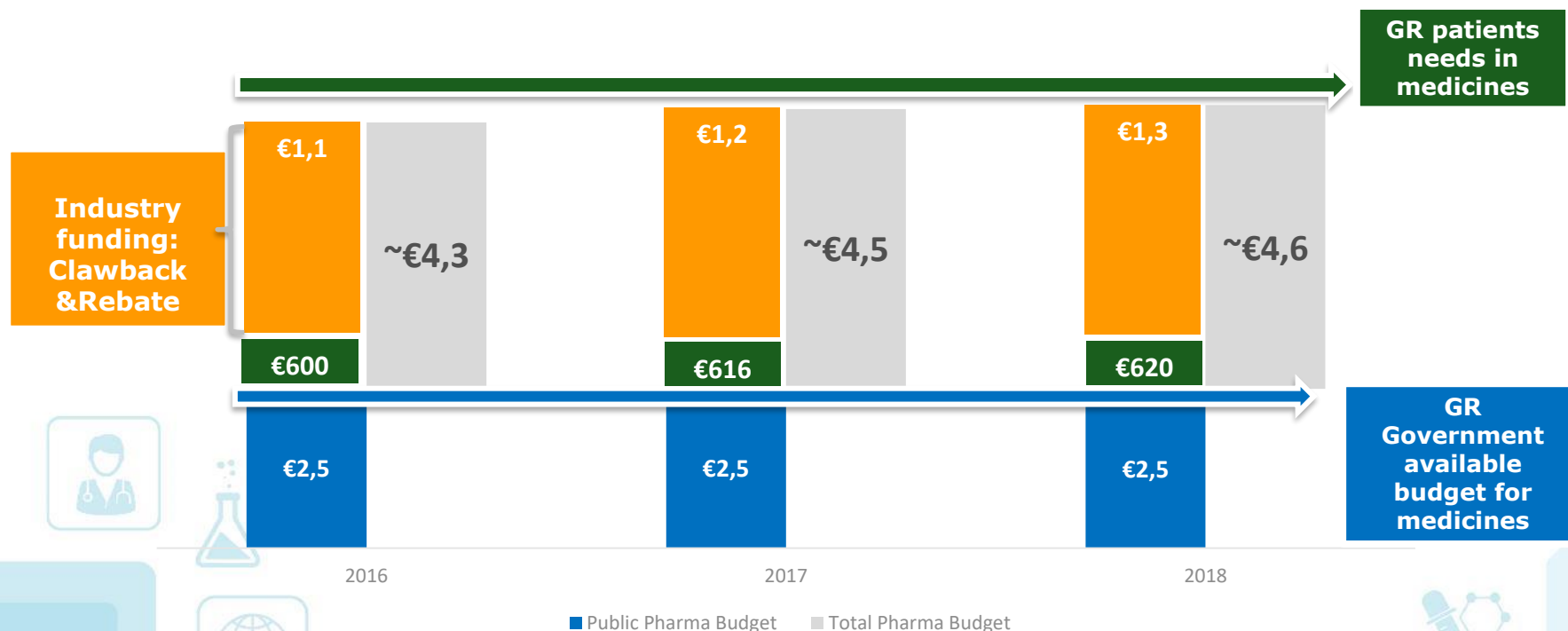


Sources: OECD <https://data.oecd.org/healthres/pharmaceutical-spending.htm>

Public funding for pharmaceuticals and other medical goods has dropped significantly



A “closed” budget has a ceiling, above which someone else is paying



Public funding for medicines was set at a ceiling based on GDP so as to be similar with other EU countries. If exceeded:
Industry has to pay back the remaining spending for medicines.

Payback mechanism entails a risk of preventing rationalization of total spending



Rebates and clawbacks

Italy
France
Portugal
Greece

Italy: Since 2010, rebates must be paid retrospectively when the cap for reimbursed medicine spending has been exceeded, for example drug spending higher than 11.5 per cent of total healthcare spending. The scheme is administered at a regional level and requires repayment of 6.5 per cent of the drugs sold to Italy's national health service. The industry is responsible for paying 100 per cent of retail overspending and 50 per cent of hospital overspending, with over-budget regional payers also accountable for hospital overspending and mandated to pay the other 50 per cent.⁴¹

Payments for the rebate scheme are calculated twice a year based on two, six-month periods.⁴² The payment required for rebates is based on data collected by the Observatory on the use of Medicines. Companies are provided with an annual budget based on health service purchases of a company's medicines.⁴³

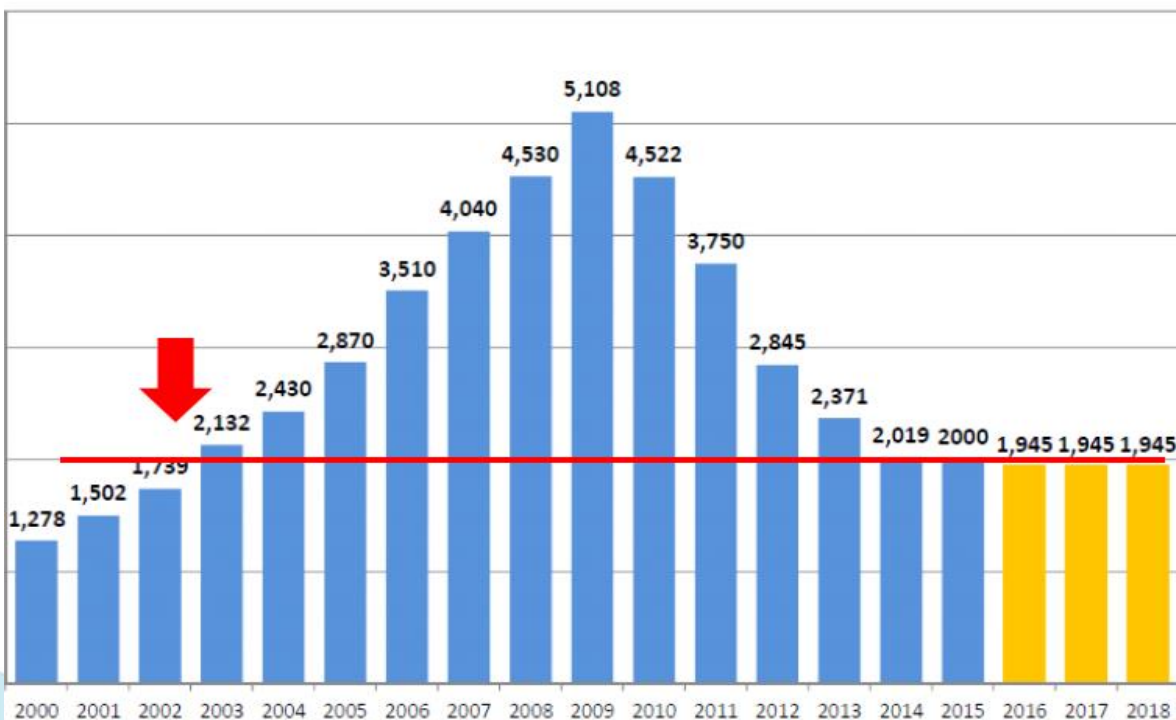
France: Pricing and reimbursement are determined by price/volume agreements where the manufacturer provides an estimate of the patient population and, therefore, the cost of the new drug to the healthcare system. If this cost is exceeded, the manufacturer has to pay a clawback.⁴⁴

Portugal: Introduction of a payback system, whereby the pharmaceutical industry will pay the amount of overspending, if drug spend exceeds the 1.25 per cent of GDP target in 2012 or 2013 respectively.⁴⁵

Public budget for prescribed medicines either increased or decreased...

↑ 1st time pharma budget as a % of GDP

Years	GDP	ESY	EOPYY
2019	2,4%	€479	€2.049
2020	2,3%	€490	€2.096
2021	2,1%	€500	€2.140
2022	1,8%	€509	€2.179



Still not aware of actual patients needs in medicines thus not aware of what we pay for



Monitoring
Registries

Onchologicals

Orphans

Psoriasis

Antidiabetics

Cardiovascular

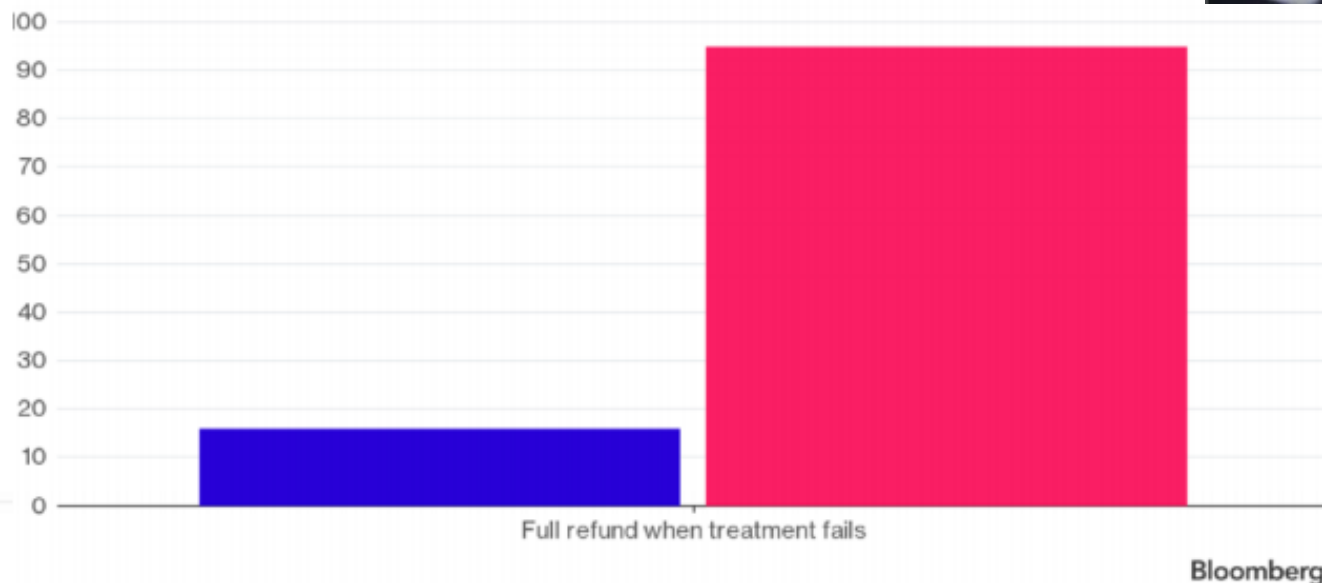
Antireumatics

Italy knows what they pay for in health care

Drug contracts with money-back guarantees

Italy is signing more contracts stipulating refunds when treatments fail, allowing it to take a chance on medicines getting approved with smaller trials

■ 2012 ■ 2014

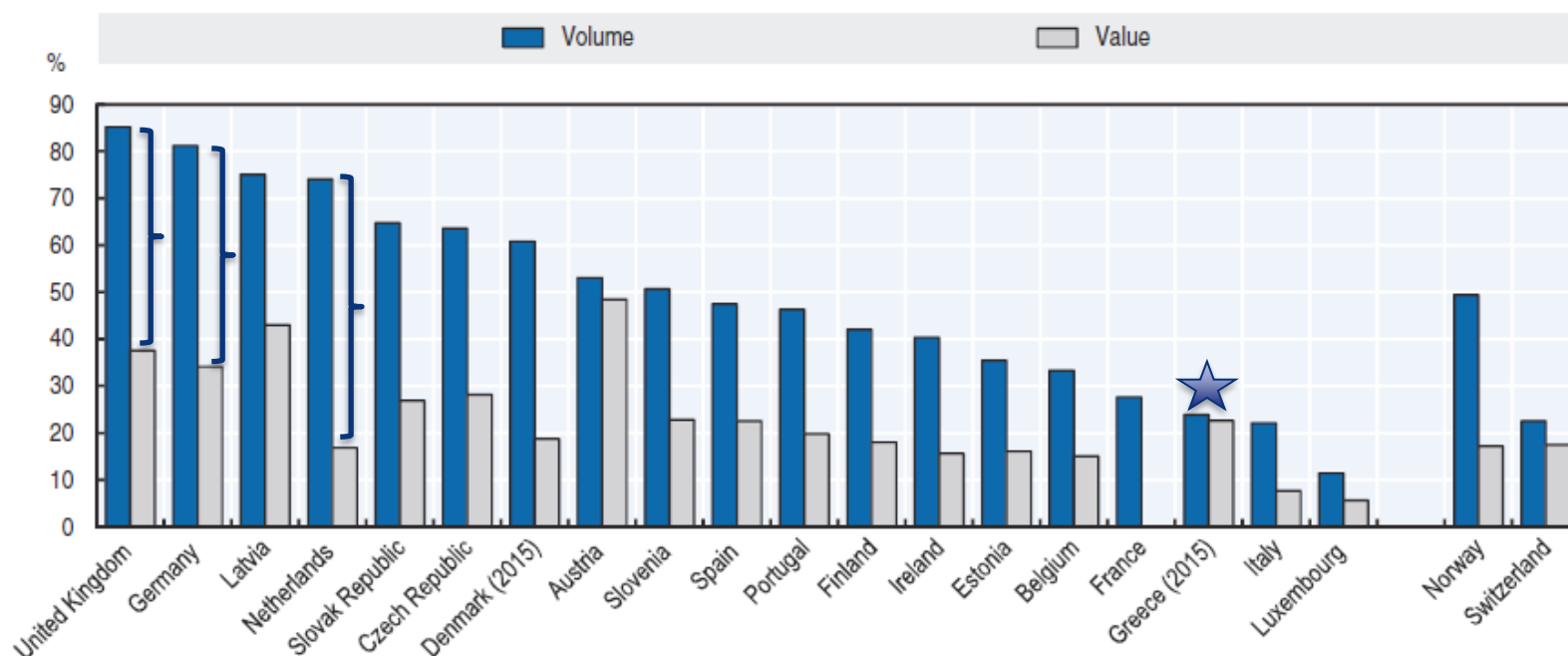


When New Cancer Treatments Fail, Italy Wants Its Money Back

Sources: Regulatory Opportunities and Challenges in Europe: A proposal from the Italian Experience on Registries presentation in 2016 by Luca Pani, M.D. Director General, Italian Medicines Agency CHMP, SAWP Member, European Medicine Agency

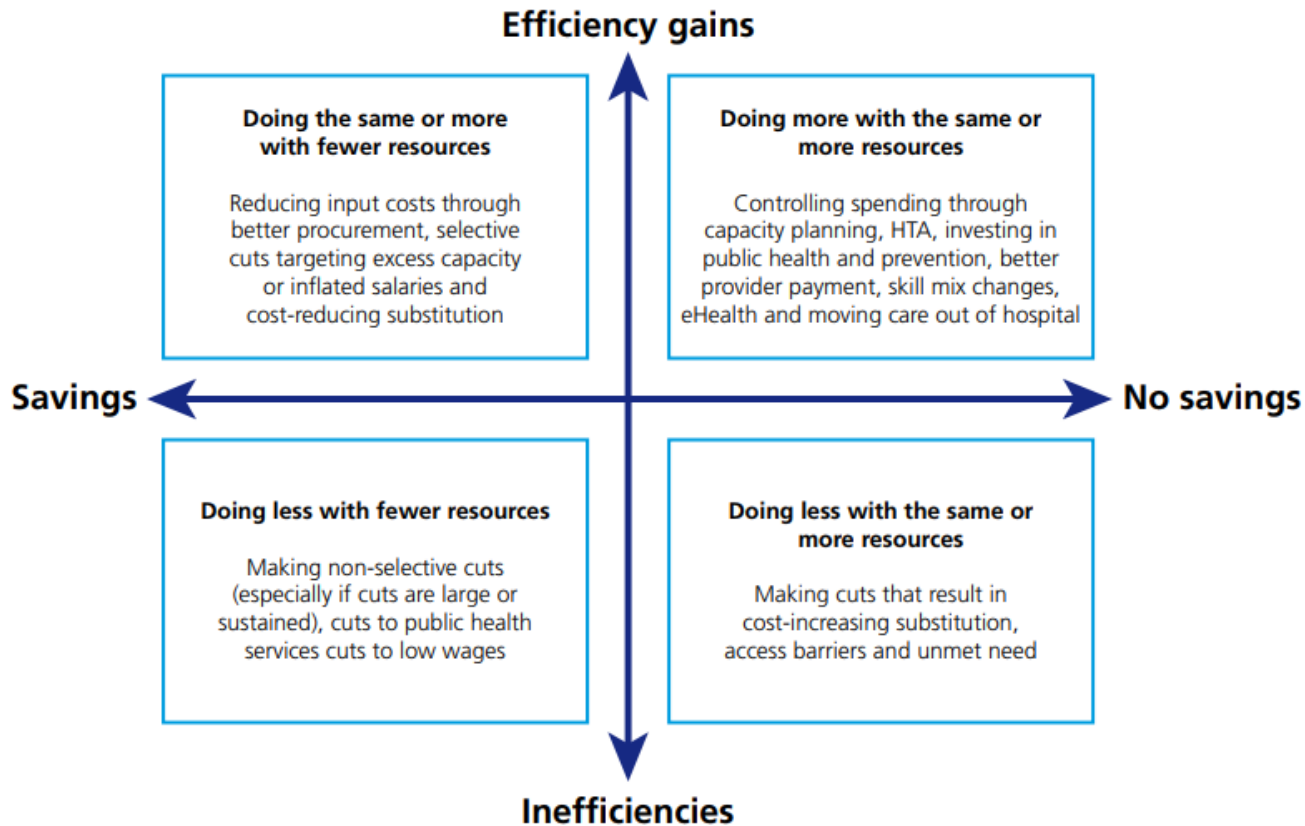
Why do we need to increase volume of Gx and biosimilars?

Figure 2.10. Generic market share by volume and value, 2016 (or latest year)



Sources: "Health at a glance", OECD/European Union 2018

Savings vs Efficiency



Sources: Economic crisis, health systems and health in Europe: impact and implications for policy Thomson et al 2014, WHO

Proposals

Investment in prevention and public health

Taxation on special products for better health

Cigarettes, alcohol, beverages with high concentration in sugar

VAT adjustment based on "healthness" criteria

Reduction of VAT for fruits, vegetables etc

Universal implementation of antismoking law

e.i. Trikala city

Upcoding - Hospitalization

Support and expand primary health care

Incentives to GPs for quality health care services
Mapping of geographical distribution of GPs
Innovative ways to inform and educate patients

Generate a national hospital map

Introduce electronic systems
Re-allocation to rationalize personnel costs
Incentivize for quality services

Governance of electronic systems and clear patient pathway

Patient records immediately introduced
Link all prescription related systems in one

Sustainability on pharmaceutical market and other cost centers

Control and monitor demand more effectively

Clear timeframe on full switch to treatment protocols
Immediate introduction of treatment protocols in hospitals
Support and better finance/organize HTA

Foster early but controlled access to innovative medicines

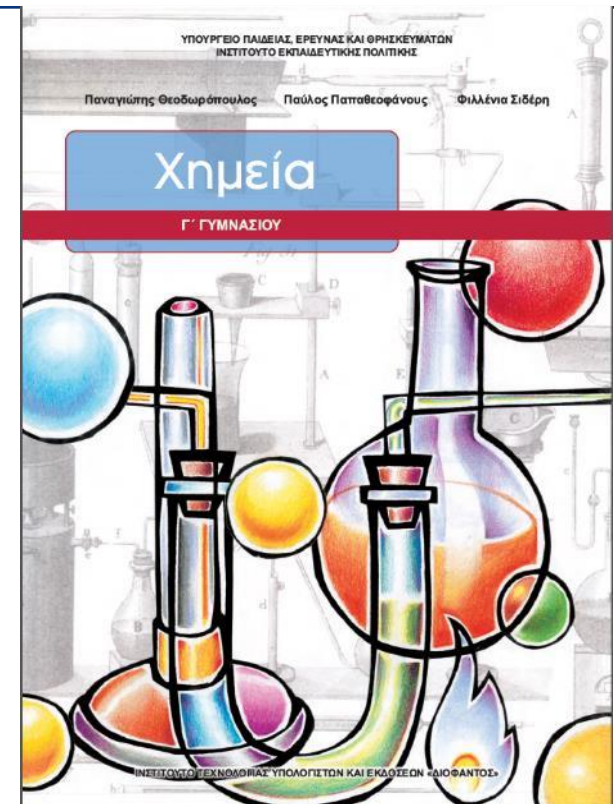
Identify approaches to award true innovation (ie RSAs)
Ministry of Health, Finance and Development to sign a contractual agreement with the Industry to reduce Clawback by at least an x% per year

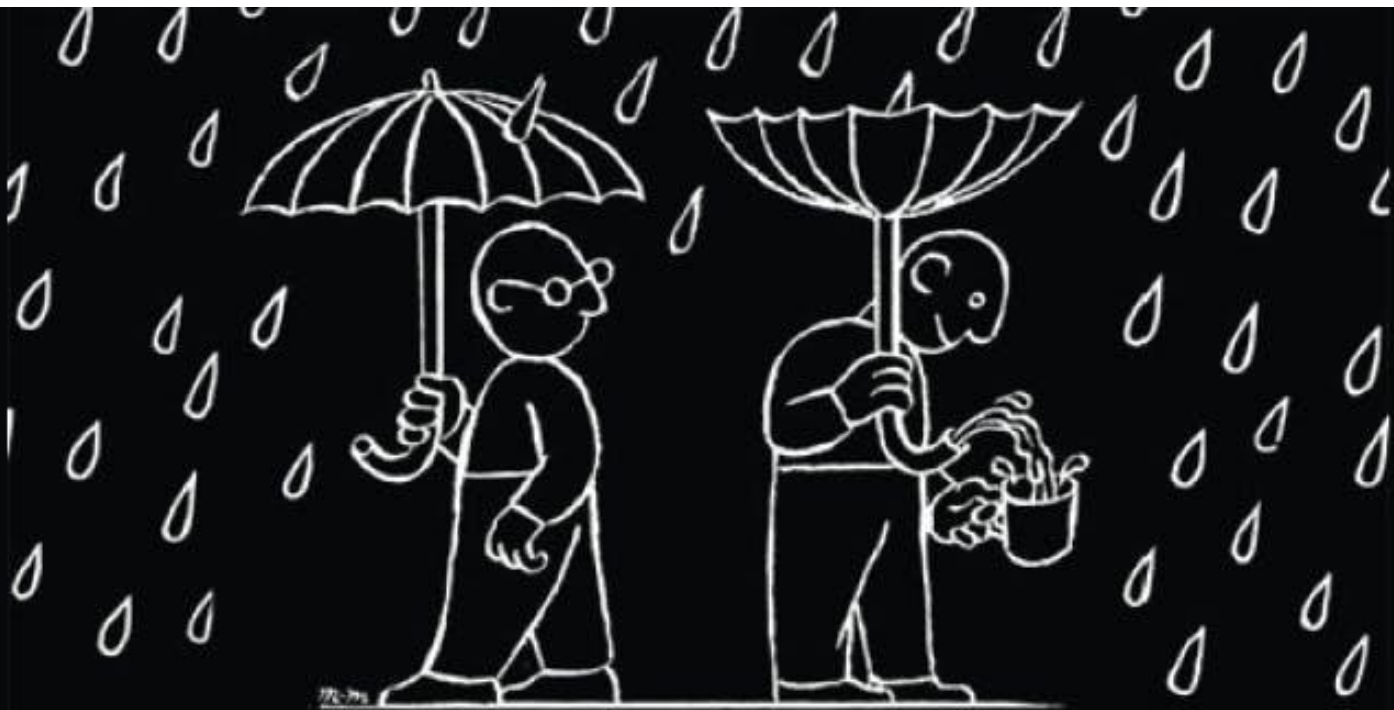
Identify and regulate other cost centers of medical goods

EOPY to reimburse only based on quality of services provided – pay for performance

The (mistaken) general perception for the industry/ innovation

Pharmaceutical companies set the drug prices without taking into account of the poor third world. Given that these companies have exclusive use of these medicines, international criticism has begun in recent years. Collect data on this subject and make your point of view, documenting it with both humanitarian and economic evidence.





INNOVATION IS A STATE OF MIND

Thank you for your attention