

Co-payment Strategies for Chronic Medications: A Qualitative and Comparative Analysis at European Level

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Abstract : The management of pharmacotherapy and the process of dispensing medicines is becoming critical in clinical pharmacy due to the increase of incidence and prevalence of chronic diseases, the complexity and customization of therapeutic regimens, the introduction of innovative and more expensive medicines, the unbalanced relation between expenditure and revenue as well as due to the lack of rationalization associated with medication use. For these reasons, co-payments emerged in Europe in the 70s and have been applied over the past few years in healthcare. Co-payments lead to a rationing and rationalization of user's access under healthcare services and products, and simultaneously, to a qualification and improvement of the services and products for the end-user. This analysis, under hospital practices particularly and co-payment strategies in general, was carried out on all the European regions and identified four reference countries, that apply repeatedly this tool and with different approaches. The structure, content and adaptation of European co-payments were analyzed through 7 qualitative attributes and 19 performance indicators, and the results expressed in a scorecard, allowing to conclude that the German models (total score of 68,2% and 63,6% in both elected co-payments) can collect more compliance and effectiveness, the English models (total score of 50%) can be more accessible, and the French models (total score of 50%) can be more adequate to the socio-economic and legal framework. Other European models did not show the same quality and/or performance, so were not taken as a standard in the future design of co-payments strategies. In this sense, we can see in the co-payments a strategy not only to moderate the consumption of healthcare products and services, but especially to improve them, as well as a strategy to increment the value that the end-user assigns to these services and products, such as medicines.

Keywords : clinical pharmacy, co-payments, healthcare, medicines

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