RELEVANCE OF A NATIONAL FORECAST GROWTH RATE AS A REGULATION TOOL OF THE EXPENSIVE HOSPITAL DRUG SPENDING IN FRANCE

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Objective

- In France, a forecast growth rate in spending related to the list of expensive hospital drugs, funded in addition to DRG-based payment, is determined annually (2% in 2012)
- If hospitals exceed the rate, they will be controlled, based on the proper use of drugs

The objective is to question the relevance of this national growth rate as a regulation tool

Methods

- This study used 2011/2012 data from "medicalized information system program" (ePMSI)
- Expensive drug expenditures are aggregated by each type of French hospitals (without private sector):
  - cancer centers (CC=19)
  - university hospitals (UH=32)
  - hospitals centers (HC=415)
  - private non-profit hospitals (PNPH=104)
- In order to identify their specificities, we analyzed:
  1. the expenditures of the first therapeutic class in value by hospital type
  2. how much the top 3 drugs, that drive the overall growth, contribute to their respective growth

Results

- Overall spending of the list of expensive hospital drugs grew by 4.95% in 2012
- 1. Antineoplastic drugs (1% of decrease) represent 48% of overall expenditures (graph 1).
  - Their market share varies from 34% in university hospitals expenditures to 95% in cancer centers, the only hospital type that meets the forecast rate.

Graph 1. Spending of the four major therapeutic classes in value by hospital type (2011/2012)

- 2. The top 3 drugs contribute to 3.93 points of the total growth and represent 17% of overall expenditures
  - 2 immunosuppressant drugs (L04): eculizumab (Soliris®) and infliximab (Remicade®)
  - 1 replacement enzyme (A16): alglucosidase Alfa (Myozyme®)

Their contribution to the growth of each hospital type is uneven (Table I): from -0.02 point out of the decrease of -6% in cancer centers to 5.35 points out of the growth of 9% in university hospitals.

<table>
<thead>
<tr>
<th></th>
<th>expenditure 2011</th>
<th>expenditure 2012</th>
<th>evolution</th>
<th>contribution to the growth of hospitals</th>
<th>contribution to the overall growth of 4.95%</th>
</tr>
</thead>
<tbody>
<tr>
<td>UH</td>
<td>160</td>
<td>208</td>
<td>30%</td>
<td>5.35 out of 9%</td>
<td>2.51</td>
</tr>
<tr>
<td>HC</td>
<td>85</td>
<td>108</td>
<td>26%</td>
<td>3.12 out of 3%</td>
<td>1.16</td>
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<tr>
<td>PNPH</td>
<td>13</td>
<td>18</td>
<td>38%</td>
<td>4.75 out of 7%</td>
<td>0.26</td>
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<tr>
<td>CC</td>
<td>1</td>
<td>1</td>
<td>-3%</td>
<td>-0.02 out of -6%</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Conclusions

- There is a divergence in the growth of expensive drug spending for the different hospital types because of their specific characteristics leading to different consumption profiles.
- Some hospitals are more impacted by changes in the spending structure, as cancer centers for antineoplastic drugs.
- A regulation by an annual growth rate is useful because of its flexibility. But a single national rate does not reflect the care’s offer heterogeneity.