THE END OF THE EXCEPTIONAL FINANCING OF ERYTHROPOIESIS-STIMULATING AGENTS IN FRENCH HOSPITALS: WHAT ARE THE IMPACTS FOR PUBLIC HOSPITALS OF PARIS?

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Background & Objectives
Erythropoiesis-stimulating agents (ESAs) used to be part of listed drugs exceptionally financed in addition to DRGs tariffs, for which use and expenditures are monitored by the authorities. Considering that ESAs are not innovative products anymore and that their prices are now low, the Health Minister decided to include the amount of ESAs used in French DRGs tariffs as of March 2014, with adjustment of dialysis-DRGs tariffs only. This measure raised concerns about a potential impact on hospital budgets that might alter patient care.

The objective is to assess the impact on both the activity and the budget of Public Hospitals of Paris (AP-HP).

Materials & Methods

A before-after study (March-September in 2013 versus the same period in 2014) was conducted in acute care hospitals of AP-HP. Only hospitals and their care units which are financed by DRGs tariffs were included.

1. Variation of hospital activity assessment

Only data on drugs which are financed in addition to DRGs tariffs are tracked by the authorities: no data have been available since ESAs were included in DRGs tariffs. That’s why the number of DRGs with administration of ESAs during the period after was estimated from the data of the period before:

- 3 databases were used
  - SAP software (Finance and logistics software)
  - Infocentre (AP-HP own database)
  - e-PMSI database (French medical information program)
- 2 hypotheses were performed
  - Hypothesis A: it was proportional to volumes of ESAs which were delivered by hospital pharmacies to care units
  - Hypothesis B: it was proportional to total number of DRGs

2. Budget impact (BI) analysis

\[ BI = \alpha - \beta - \gamma \]

- \( \alpha \) = difference of valuation of dialysis and extra-dialysis-DRGs with administration of ESAs, during the period before and during the period after
- \( \beta \) = loss of money that was earned during the period before, by negotiating ESAs prices below the ESAs reimbursed tariffs
- \( \gamma \) = amount of ESAs administration that was included in the DRGs tariffs during the period after

Results

20 hospitals were included (10 have dialysis care units, 10 don’t have dialysis care units)

1. Variation of hospital activity

<table>
<thead>
<tr>
<th>Number of DRGs</th>
<th>Before</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hypothesis A (variation rate (%))</strong></td>
<td><strong>Hypothesis B (variation rate (%))</strong></td>
<td></td>
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<tr>
<td>Dialysis-DRGs</td>
<td>5 278</td>
<td>5 542 (+5%)</td>
</tr>
<tr>
<td>Excluding dialysis-DRGs</td>
<td>4 060</td>
<td>4 140 (+2%)</td>
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</tbody>
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1. No significant variation of hospital activity (Wilcoxon test)

2. Negative budget impact

Whichever hypothesis is applied

Conclusions

This study shows no significant impact on the hospital activity, but the budget impact is negative for AP-HP. This infers that the DRG-based payment may not be appropriate to finance dialysis. Besides, the French Health Ministry is working on a patient pathway-based payment for patients with chronic renal failure.