

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

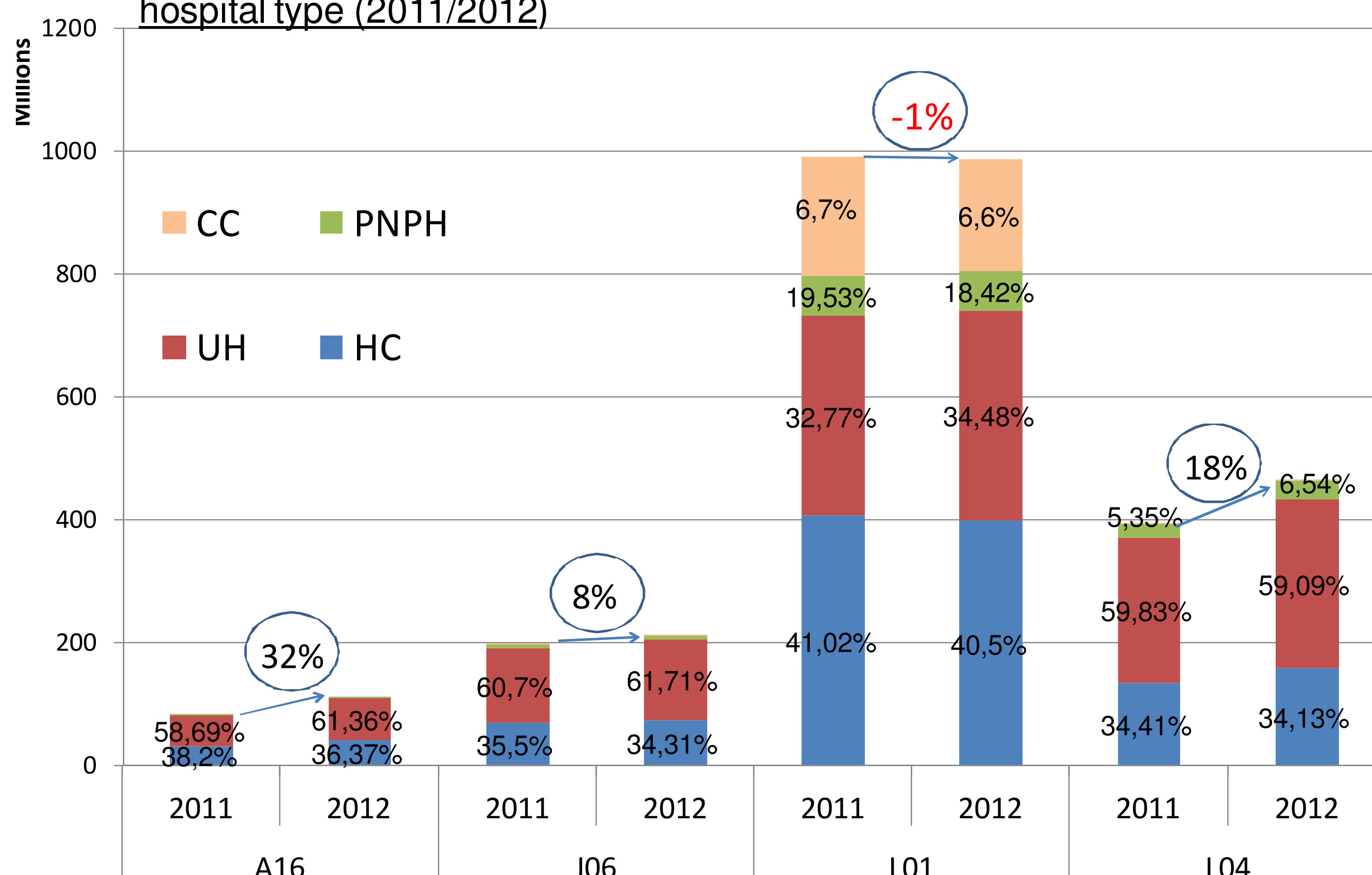
- This study used 2011/2012 data from "medicalized information system program" (ePMSI)
- Expensive drug expenditures are aggregated by each type of French hospitals (without private sector):
 - cancer centers (CC=19)
 - university hospitals (UH=32)
 - hospitals centers (HC=415)
 - private non-profit 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.

- **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®)

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



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 I. Descriptive statistic for the top 3 drugs in 2011 and 2012

	expenditure in millions of euros (2011)	expenditure in millions of euros (2012)	evolution (2011/2012)	contribution to the growth of hospitals (2011/2012)	contribution to the overall growth of 4.95%
UH	160	208	30%	5,35 out of 9%	2,51
HC	85	108	26%	3,12 out of 3%	1,16
PNPH	13	18	38%	4,75 out of 7%	0,26
CC	1	1	-3%	-0,02 out of -6%	0,00

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.**