

COST CONTAINMENT AND PRIVATISATION OF PHARMACEUTICAL CARE IN GREECE: A REVIEW OF POLICY REFORMS UNDER THE MEMORANDUMS' REQUIREMENTS

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Introduction

- Reduction of public health expenditure in among the Greek Memorandum requirements.
- A plethora of measures has been implemented in order to contain public pharmaceutical cost during the recent years in Greece.

Objective

- The main purpose of this study was to disaggregate the nature of these policy reforms in terms of cost containment and cost reallocation.

Methods

- For the period 2010-May 2017, 319 statutes and regulations that concerned directly or indirectly pharmaceutical costs were retrieved from the Government Gazette.
- Content analysis was performed to identify unique pharmaceutical policy measures.
- Initially, measures were classified with reference to their character as cost containment (white area) or rationing (black area) or a mixture of those (grey area). Rationing concerns the allocation and prioritisation of resources. It includes waiting lists, denial of quality treatment and discrimination between patients regardless of need.
- Pharmaceutical policy measures were also classified with respect to cost reallocation to the tax-funded National Health System (NHS) or the social security funds or health consumers.

Results

Table 1. Classification based on cost-containment

	White area		Grey area		Black area	
	N	%	N	%	N	%
2010	7	100.0%	0	0	0	0
2011	12	85.7%	1	7.1%	1	7.1%
2012	23	82.1%	5	17.9%	0	0.0%
2013	8	88.9%	1	11.1%	0	0.0%
2014	23	76.7%	7	23.3%	0	0.0%
2015	11	73.3%	4	26.7%	0	0.0%
2016	7	87.5%	1	12.5%	0	0.0%
2017	4	100.0%	0	0.0%	0	0.0%
Total	95	82.6%	19	16.5%	1	0.9%

Table 2. Classification based on cost reallocation

	NHS		Social Security Funds		Consumers (directly)		Consumers (indirectly)	
	N	%	N	%	N	%	N	%
2010	0	0.0%	2	25.0%	4	50.0%	2	25.0%
2011	0	0.0%	2	28.6%	3	42.9%	2	28.6%
2012	2	11.1%	6	33.3%	4	22.2%	6	33.3%
2013	3	30.0%	3	30.0%	2	20.0%	2	20.0%
2014	5	22.7%	6	27.3%	6	27.3%	5	22.7%
2015	3	21.4%	1	7.1%	7	50.0%	3	21.4%
2016	3	27.3%	1	9.1%	5	45.5%	2	18.2%
2017	0	0.0%	0	0.0%	2	100.0%	0	0.0%
Total	16	17.4%	21	22.8%	33	35.9%	22	23.9%

Fig. 1. Classification based on type of measure

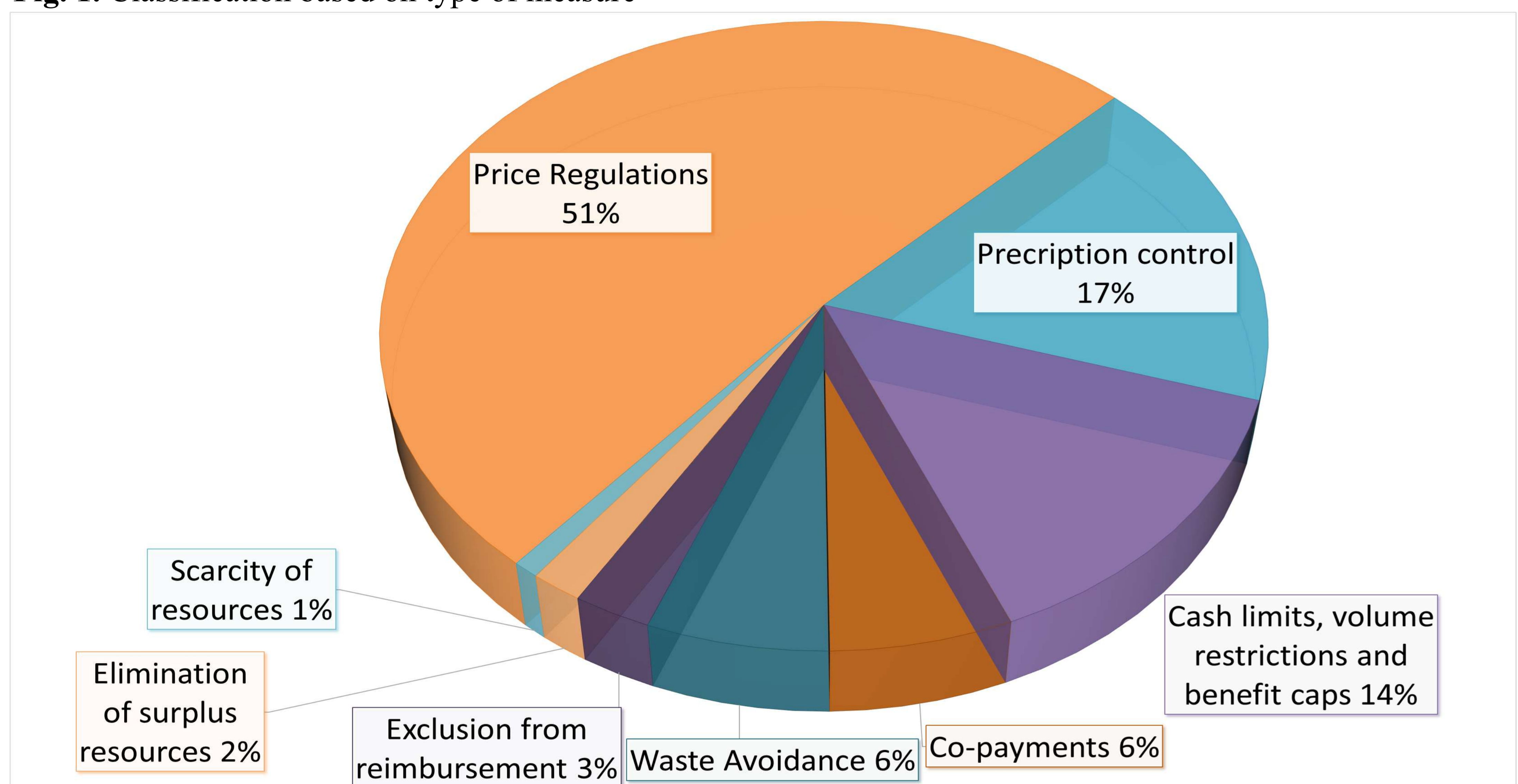


Fig. 2 Classification based on cost containment/rationing

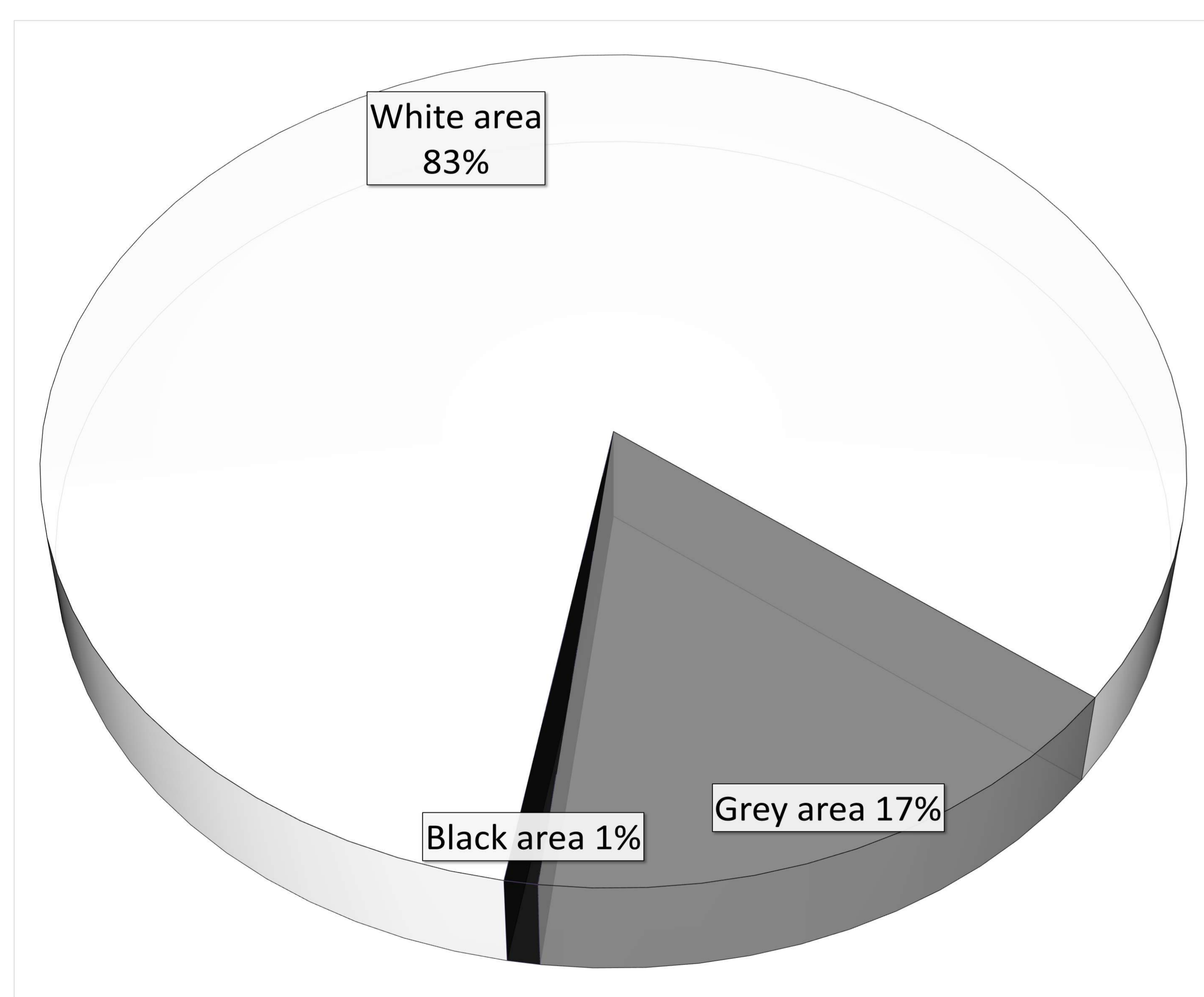
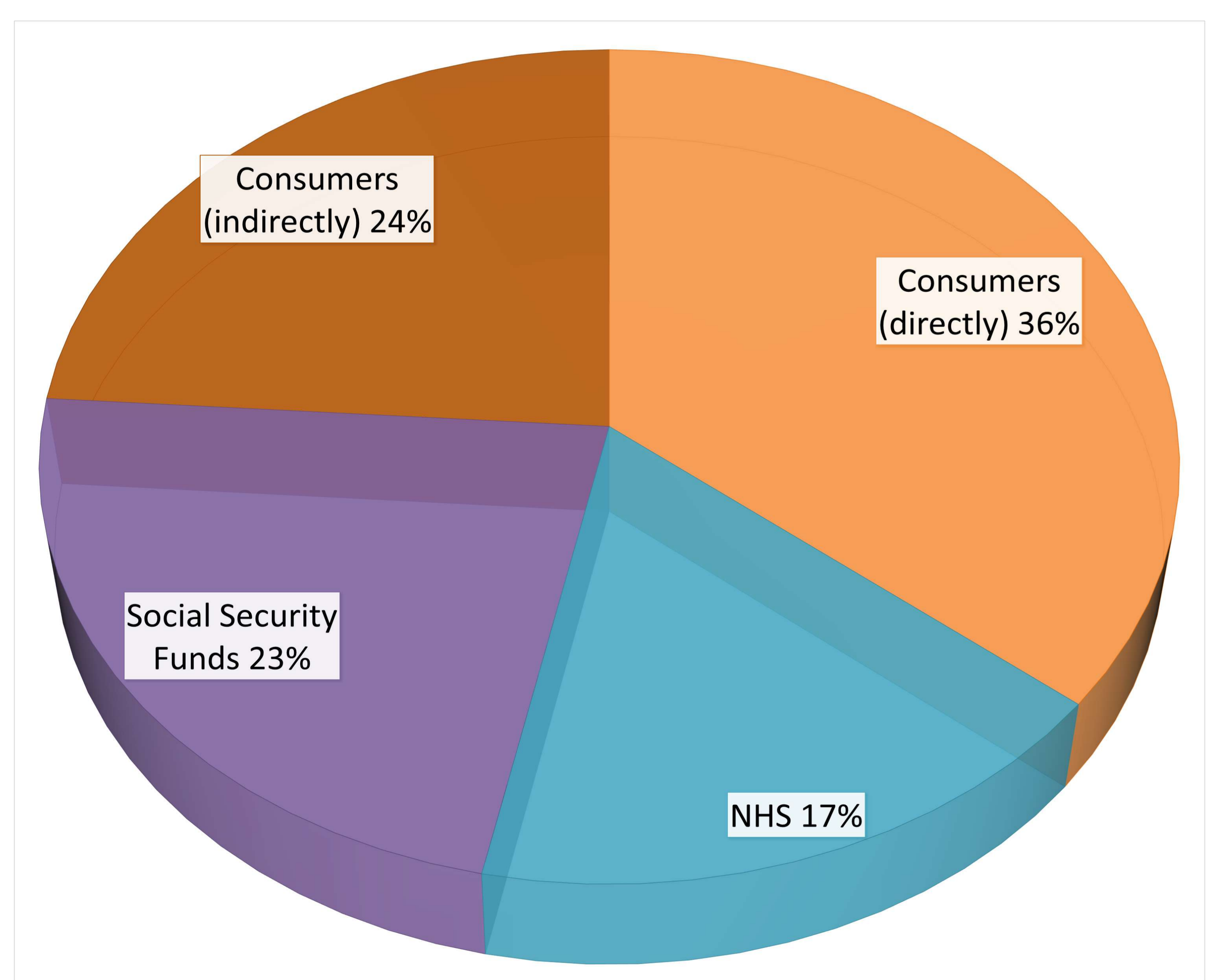


Fig. 3 Classification based on cost reallocation



Results

- 84 Gazette issues encompassed 115 unique measures.
- 51.3% of the measures were about price regulation, 17.4% prescription control, 13.9% cash limits, volume restrictions and benefit caps, 6.1% co-payments, 6.1% waste avoidance, 2.6% exclusion from reimbursement, 1.7% elimination of surplus resources and 0.9% scarcity of resources (Fig.1).
- Regarding their rationing or cost-containment character, 82.6% of them were cost-containment measures, 16.5% belonged in the grey area (both cost-containment and rationing type), and 0.9% in the black area (rationing type) (Table 1, Fig.2).
- 64 Gazette issues were identified to contain 92 unique measures of cost reallocation (from any source). 17.4% of them transferred pharmaceutical cost to the NHS, 22.8% to the social security funds, and 59.8% to consumers (Table 2, Fig 3).
- Measures that burdened consumers directly (35.9%) included reforms in co-payment percentages, while indirect encumbrance concerns price regulations. (Table 2, Fig 3)

Conclusions

- Pharmaceutical reforms present a clear tendency to reallocate pharmaceutical cost to consumers in the form of out-of-pocket payments.
- However, the Greek citizens are already facing multiple economic challenges within a quite privatised Greek health system.
- Policies should focus on improving health system's efficiency and effectiveness, instead of increasing out-of-pocket payments, which may exacerbate barriers to pharmaceutical access, especially for the more vulnerable groups.