Hospital pharmacist in charge of expensive medicines - redesign of the process

Annemarie van der Aart, Leonie Dunning, Rick Mulder, Marjolein Reinink, Jantien Stalman
Martini Hospital, Groningen, The Netherlands

Contact info: a.vd.aart@mzh.nl

GPI CPS50157

Why was it done?

Expenditure on medicines is increasing, mainly due to the availability of expensive, innovative medicines. The admission process for expensive medicines to the Dutch market is complicated and available medicines are not always (fully) reimbursed to hospitals.

In our hospital, various parties are involved different sub-processes related to expensive medicines. However, mutual coordination was limited and there was a lack of direction, monitoring and feedback of information to the prescribers.

What was done?

In collaboration with all parties involved, the expensive medicines process has been redesigned, from approval for local use to continuous monitoring of the process and feedback of information to prescribers.

Roles and responsibilities within the process have been explicitly assigned and a hospital pharmacist is in charge of the process.

How was it done?

- Various sub-processes have been defined: contracting, prescription and distribution, screening for new substances/indications, financial handling and monitoring. Tasks and responsibilities have been determined for each part of the process.
- A digital application procedure has been developed for local assessment of the use of new expensive medicines or indications, Compassionate Use Programs and authorizations for individual patients.
- A dashboard has been developed for continuous monitoring of KPIs regarding expensive medicines.
- Specific reports have been developed for each group of prescribers and are sent periodically. These reports include, for example, compliance with agreements made about preferred substances, conversion to biosimilars, and correct completion of indication codes (which are required for reimbursement).

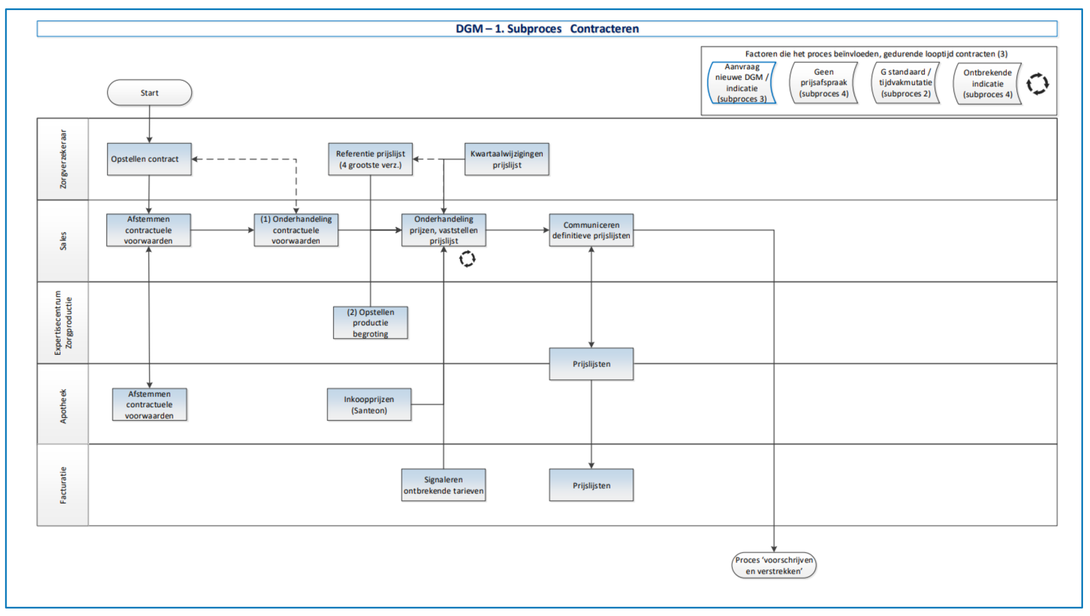

Fig. 1. Roles and responsibilities for the subprocess ‘Contracting’. Parties involved are health insurers, hospital sales and production departments, pharmacy and billing department.

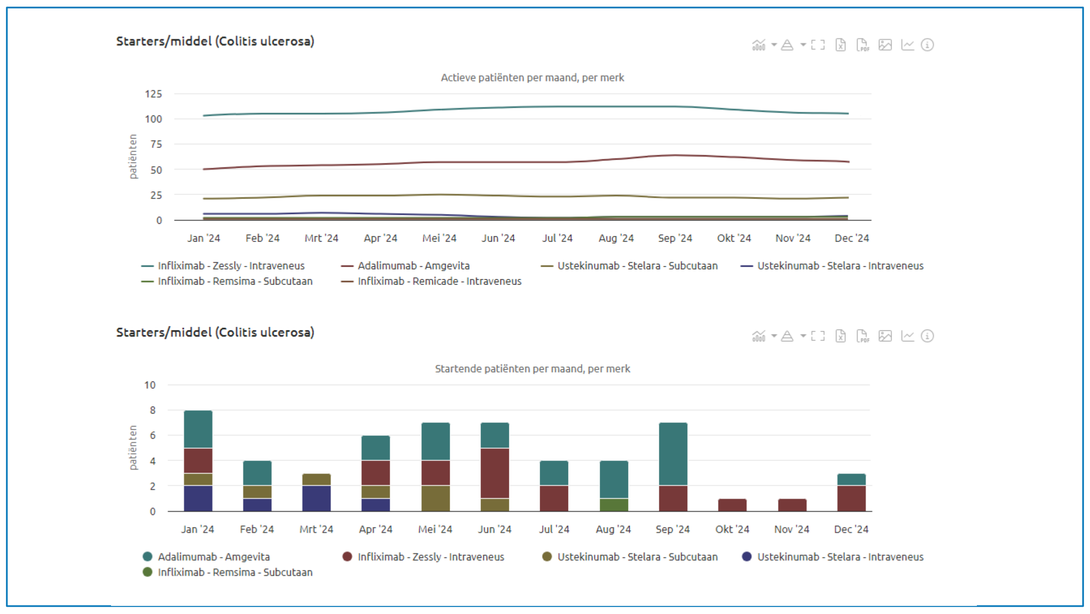

Fig. 2. Part of gastroenterology dashboard. Shown is the total number of patients with ulcerative colitis per drug and the number of new prescriptions per drug per month.

What has been achieved?

- Cooperation between involved parties has greatly improved.
- The turnaround time for the local assessment of new expensive medicine applications has been reduced to three days.
- All information regarding reimbursement of expensive medicines, including authorizations for individual patients and agreements regarding compassionate use programs, is centrally available and transparent to all parties involved.
- Physicians' awareness and knowledge of expensive medicines has increased, and this is reflected in their prescribing behavior.

What next?

- Continuous evaluation and optimization of the process
- Further development of the reports to the prescribers