Which therapeutic progress shall be paid by Social Health Insurance?

Session: “What is the value of choice?”

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Background

- Traditionally all new drugs were automatically reimbursed in Germany; this is increasingly seen critically

- New legislation requires that the benefit for the insured/patients and cost-effectiveness are considered

- In this study we look at the insured’s attitude towards certain therapeutic improvements

- *No* direct trade-off framework in this part of the study
Data and methods (1)

- CAPI in spring 2005 with a nationwide random sample of 1064 insured of German social health insurance aged 18+
- Field work by TNS-EMNID GmbH, Bielefeld
- Study financed by Janssen-Cilag GmbH, Neuss, Germany
- 45 minutes interview, various health policy related issues, among them the issue of this presentation
Data and methods (2)

- Four scenarios, each constructed in the same way
- The starting point in each case was a notional medicine A which can be prescribed under the health insurance scheme, but has a specific side effect.
- As an alternative, there is a new type of medicine B which is “much more expensive” than A and does not have the side effect concerned, but with otherwise the same effects.
- Respondents in each case had to decide whether the health insurance schemes should fully reimburse the costs for the better and more expensive medicine B or whether only the costs up to the price of medicine A should be reimbursed. The additional amount would then have to be funded by patients out of their own pocket if they should decide jointly with their doctor on the prescription of this medicine.
- The question and the associated consequences for the contribution rate or the fact that income-related differences in uptake might occur as a result of private financing were visualized in the interview by means of two graphs.

Wasem, Nolting, Grabbe, Loos
Which therapeutic progress shall be paid by Social Health Insurnace?
Only the cost of medicine A is paid in full by the health insurance schemes.

Patients who want to have medicine B must pay part of the price from their own pockets.

Possible consequences:
- Patients on low incomes will go without medicine B in order to save money.
- The health insurance scheme’s contributions remain stable.
The cost of medicine A and medicine B are paid in full by the health insurance schemes.

Possible consequences:
• Many patients will want to have the expensive medicine B.
• Health insurance scheme contributions go up.

| Price of medicine A | Portion paid by the health insurance scheme | Portion paid by the health insurance scheme | Price of medicine B |
Medicine A

**Case 1:**

Medicine A has the following side effect: About one quarter of patients experience **mild headaches, nausea or dry mouth** while taking it.

**Case 2:**

With medicine A, there is a **risk of renal damage** for a very small proportion of patients after years of taking it. Patients affected by this side effect must then undergo regular dialysis with an artificial kidney. This side effect **occurs about three times in 100,000 patients**.

**Case 3:**

Patients must take medicine A **three times daily at the same times of day** to be effective.

**Case 4:**

Medicine A has the side effect that **weight gain of up to 5 kg** may occur.

Medicine B

(is new and much more expensive than A)

**Case 1:**

Does not have this side effect. (Effect otherwise as for A)

**Case 2:**

Does not have this side effect. (Effect otherwise as for A)

**Case 3:**

Medicine B needs to be taken just once a day when getting up.

**Fall 4:**

Does not have this side effect. (Effect otherwise as for A)
Results

- Avoidance of renal damage in 0.001% of patients (78.4%)
- Avoidance of headaches, nausea in 25% of patients (70.3%)
- Avoidance of weight gain of up to 5 kg (60.7%)
- Avoidance of more frequent consumption (without other medical consequences) (39.8%)
Proportion: patient should pay privately

<table>
<thead>
<tr>
<th>Condition</th>
<th>Chronically Sick</th>
<th>Not Chronically Sick</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renal damage</td>
<td>17.6%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Headaches</td>
<td>26.5%</td>
<td>26.9%</td>
</tr>
<tr>
<td>Weight gain</td>
<td>32.3%</td>
<td>36.8%</td>
</tr>
<tr>
<td>Administration</td>
<td>p &lt; .01 (Chi-Q)</td>
<td>59.3%</td>
</tr>
</tbody>
</table>

p < .01 (Chi-Q)
Conclusions

- Insured are able to make decisions in scenarios on whether new drugs shall be included in the benefit package of social health insurance.
- Decisions look rather consistent.
- Only very small differences between health related or socio-demographic groups.
- Even small therapeutic progress shall be paid by SHI according to a majority of the population.
- The results are thus consistent with the frequently confirmed esteem which the principle of solidarity funding of disease risks enjoys in the population.
Thank you for your attention

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