

AUSTRIA

Recent developments in pharmaceutical policies 2016

Special topic: Out-of pocket payments

D E V E L O P M E N T S	<p style="text-align: center;">CHANGES IN PRICING</p> <ul style="list-style-type: none"> • <u>No changes</u> 	<p style="text-align: center;">CHANGES IN REIMBURSEMENT</p> <ul style="list-style-type: none"> • <u>Confidential agreements</u>: Since beginning of 2016, confidential agreements (managed-entry agreements) between industry and the Main Association of Social Security Institutions are flagged in the Reimbursement Code (no disclosure of content of the agreement).
	<p style="text-align: center;">OTHER CHANGES</p> <ul style="list-style-type: none"> • <u>“e-Medikation”</u>: At the end of May 2016 a pilot project on “e-Medikation” (through the electronic health record a list of prescribed medicines is generated and viewable for physicians and partly for pharmacies – full list only upon presentation of the “e-card”¹) has been launched in one district in Styria (a region in Austria). By now, about 30 contractual physicians, nine community pharmacies, one public hospital and one nursing home have been voluntarily involved. “e-Medikation” (which is one part of the electronic health record) will be gradually rolled out throughout Austria. • <u>Beneluxa collaboration</u>: On 17 June 2016 Austria joined the collaboration of Belgium, Luxemburg and the Netherlands on pharmaceutical policies with the aim to exchange information and experiences as well as possible collaborative negotiations with pharmaceutical industry. <p><small>¹ The Austrian “e-card” was originally produced as a substitute for the health insurance voucher. Step-by-step paper-based processes were replaced by electronic solutions, reducing administrative burden for patients and healthcare providers. The e-card does not contain software functions, it solely holds identification data which are the access key for applications.</small></p>	
S P E C I A L T O P I C	<p style="text-align: center;">OUT-OF POCKET PAYMENTS</p> <p><u>Out-patient</u> Medicines are either fully reimbursed or not reimbursed at all (thus there are neither percentage reimbursement rates nor percentage co-payment rates). If medicines (= prescription-only medicines and prescribed over-the-counter (OTC) medicines) are reimbursed, patients pay out-of pocket a fixed prescription fee amounting to €5.70 (2016). If the pharmacy retail price is below prescription fee, patients typically only pay the pharmacy retail price. No further co-payments apply.</p> <p>Since January 2008 private expenditure based on the prescription fee has been statutorily capped, i.e. all insured spend maximum 2% of their net annual income on medicines. Vulnerable groups (e.g. low-income pensioners, people suffering from communicable diseases) are exempt from the prescription fee. In 2014, the shares of packages dispensed to people exempt from the prescription fee (dispensed at the expense of health insurance funds) varied between 25.7% (at the beginning of the year) and 52.4% (at the end of the year) (source: Apothekerkammer, Apotheke in Zahlen 2016). The following year, 331,249 persons were exempt from paying the prescription fee due to the 2% ceiling.</p> <p>OTC medicines are to be fully paid out-of pocket by the patient.</p> <p>Household out-of pocket payments for pharmaceuticals and other medical non-durable goods amounted to 154.59 euros per capita in 2014 (31% of total pharmaceutical expenditure) (source: OECD Database, accessed on 4 November 2016).</p>	
	<p>Study findings: In one small sickness fund, the possible impact of a differentiated reimbursement rate was explored during an observational period of one year (2005/2006). A lower prescribed fee was applied in cases of the prescription of generics. The intervention led to an increase in prescriptions of generics and overall lower pharmaceutical expenditure. <small>Source: Gouya G, Reichardt B, Bidner A, Weissenfels R, Wolz M. Partial reimbursement of prescription charges for generic drugs reduces costs for both health insurances and patients [Article in German]. Wiener Klinische Wochenschrift. 2008;120(3-4):89-95.</small></p> <p><u>In-patient</u> Patients do not have to provide extra payments for medicines they receive during their in-patient stay.</p>	