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Introduction

The Belgian remuneration system for reimbursable medicines changed drastically in 2010: the traditional mark-up system was replaced by a system where 80% of the remuneration consists of fees, essentially for dispensing pharmaceutical care when delivering reimbursed medicines, in order to make remuneration largely disconnected from the price of medicines.

New remuneration system (NRS)

for reimbursed medicines in the Belgian community pharmacies

delivery fee (1) of € 3,88 (VAT not included) to which an economic margin (MEC) – calculated on the ex factory price (PX) is added		
if PX < € 60	MEC = 6,04% PX	
if € 60 ≤ PX	MEC = € 3,624 + 2% [PX - € 60]	
In addition to this remuneration which is defined in the same way for each dispensation of a reimbursed medicine, a specific fee ⁽¹⁾ of € 1,19 (VAT not included) for:		
• an INN prescription ;		
• a prescription subject to conditions of Chapter IV of the book of regulations of the Belgian Institute for Health and Invalidity Insurance ;		
• furthermore, a yearly compensation of € 500 is due to the pharmacies that collaborate on the implementation of a system of accompaniment of the first delivery of a medicine within a selection of therapeutic classes.		

(1) fees are indexed following the (Belgian) Consumer Health Index

	delivery fee (VAT (6%) exclusive)	specific fee (VAT (6%) exclusive)
April 1, 2010	€ 3,88	€ 1,19
Jan 1, 2011	€ 3,94	€ 1,21
April 1, 2012	€ 4,05	€ 1,24

Goals

- Collection of reliable and valid data for the set-up of the parameters of the new system in agreement with the global remuneration mass that was negotiated with the insurers, and also in order to reduce the differences between pharmacies (April 2010)
- the follow-up of the remuneration system in its present form
- the preparation of new stages in the remuneration: after disconnecting the remuneration from the price also its liberation from the actual delivery of a medicine in a system of fees for services.

Methodology

The implementation of the NRS was made possible thanks to the availability of reliable data on medicines consumption and expenditure. In collaboration with a multidisciplinary non-profit organization IPhEB (Institute for Pharmaco-Epidemiology in Belgium), the APB (the Belgian Association of independent pharmacies) has developed two complementary databases: Ifstat, a centralized database without personal data, and BelPharData, allowing the follow-up of individuals, patients as well as pharmacies.

Conclusions

Even in budgetary difficult times, the data gathered show that the first goal of the reform of the remuneration system is achieved: the remuneration does not depend anymore on the price of the medicines and thus pharmacists are not punished when they deliver cheaper medicines, neither are they rewarded for having patients that need expensive medicines. However, the remuneration stays merely connected to the delivery of medicines.

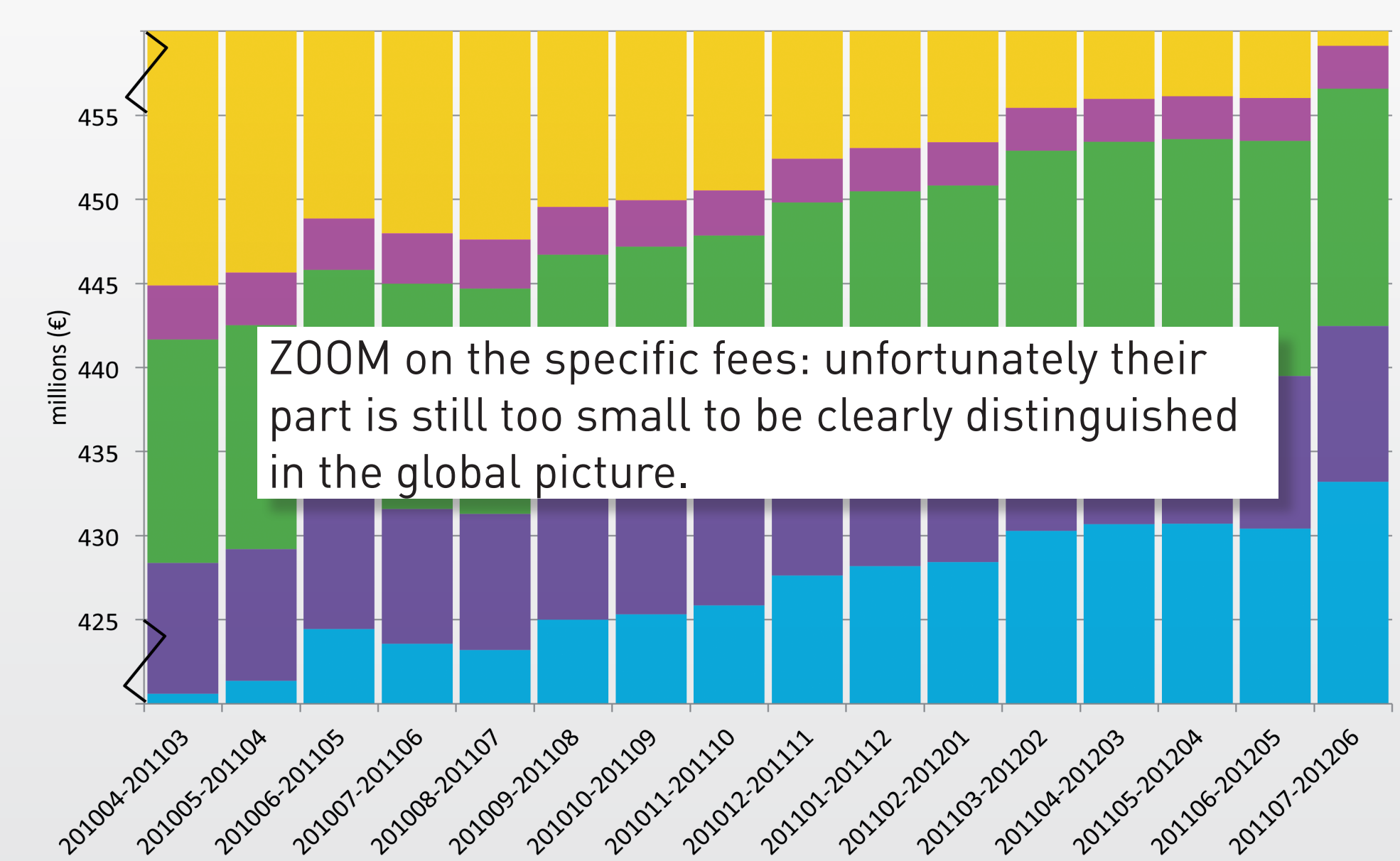
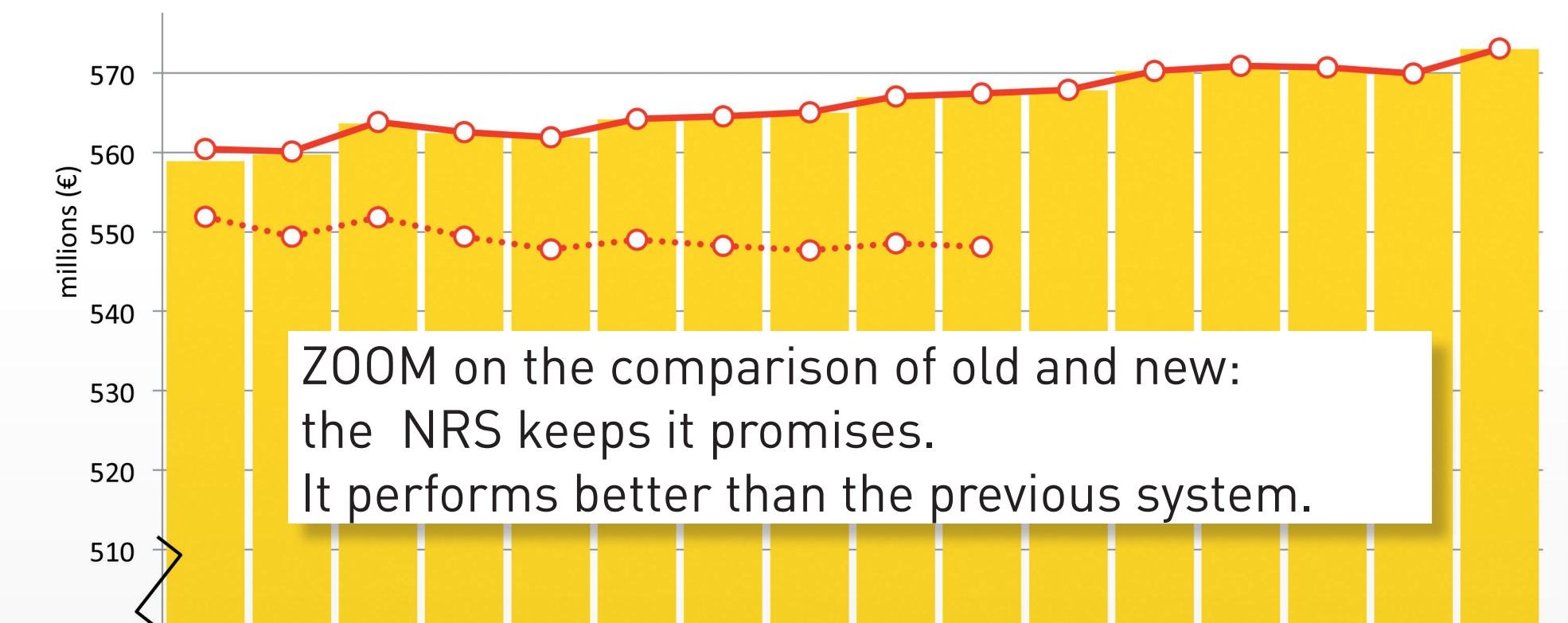
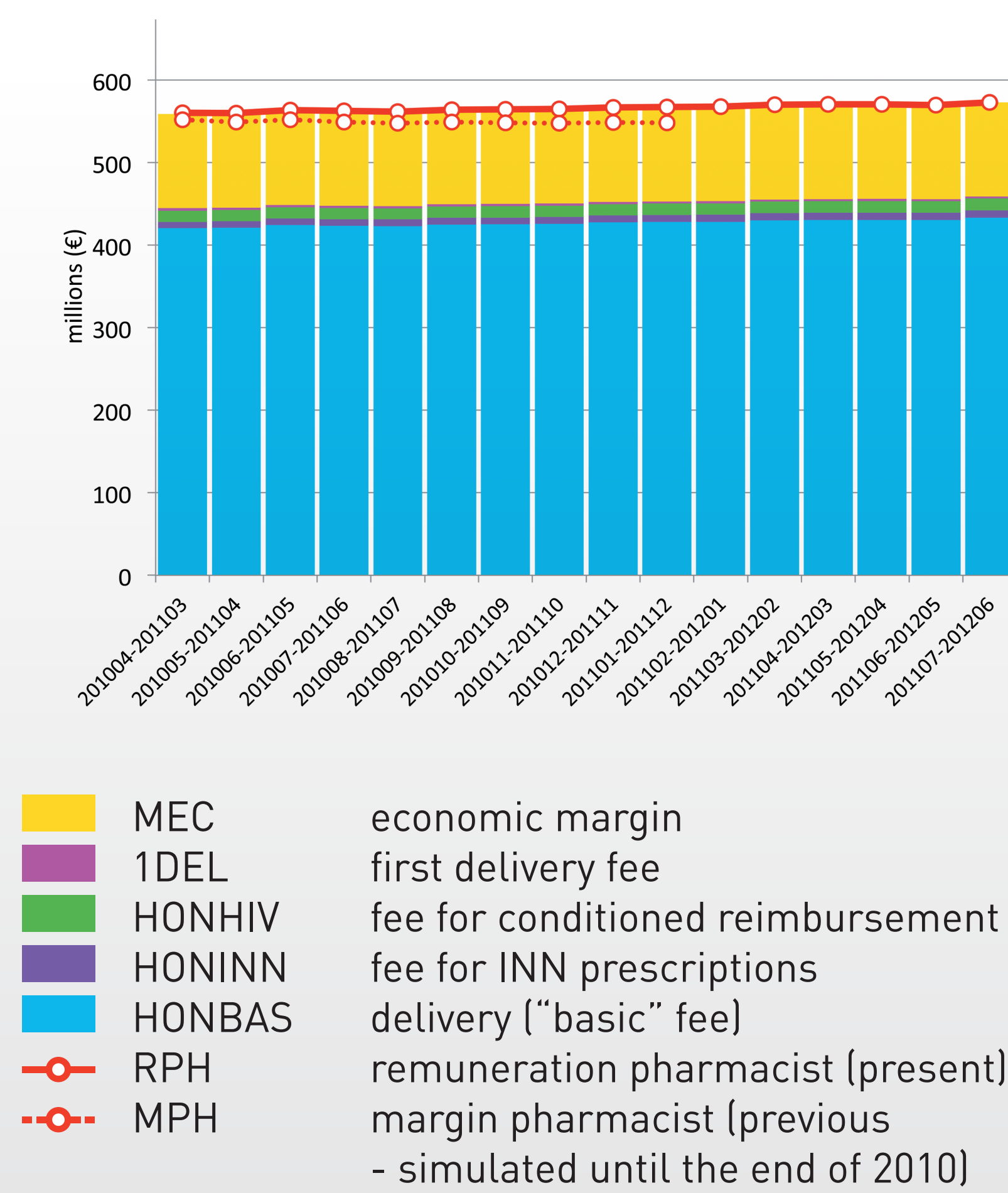
The NRS keeps its promises, but do the Belgian authorities? They seem not to respect the 2010 agreements on the global remuneration mass, and a claw-back was set on the revenue of the pharmacies (which does not figure on the data, since it entered into force on July 2012).

At the time being, the follow-up of the pharmacists' remuneration is pursued. Global data are used for the yearly negotiation on the amount of remuneration, local data are used as regional benchmarks, and for detecting possible regional differences.

Results

Global data

per current 12months (lfstat)

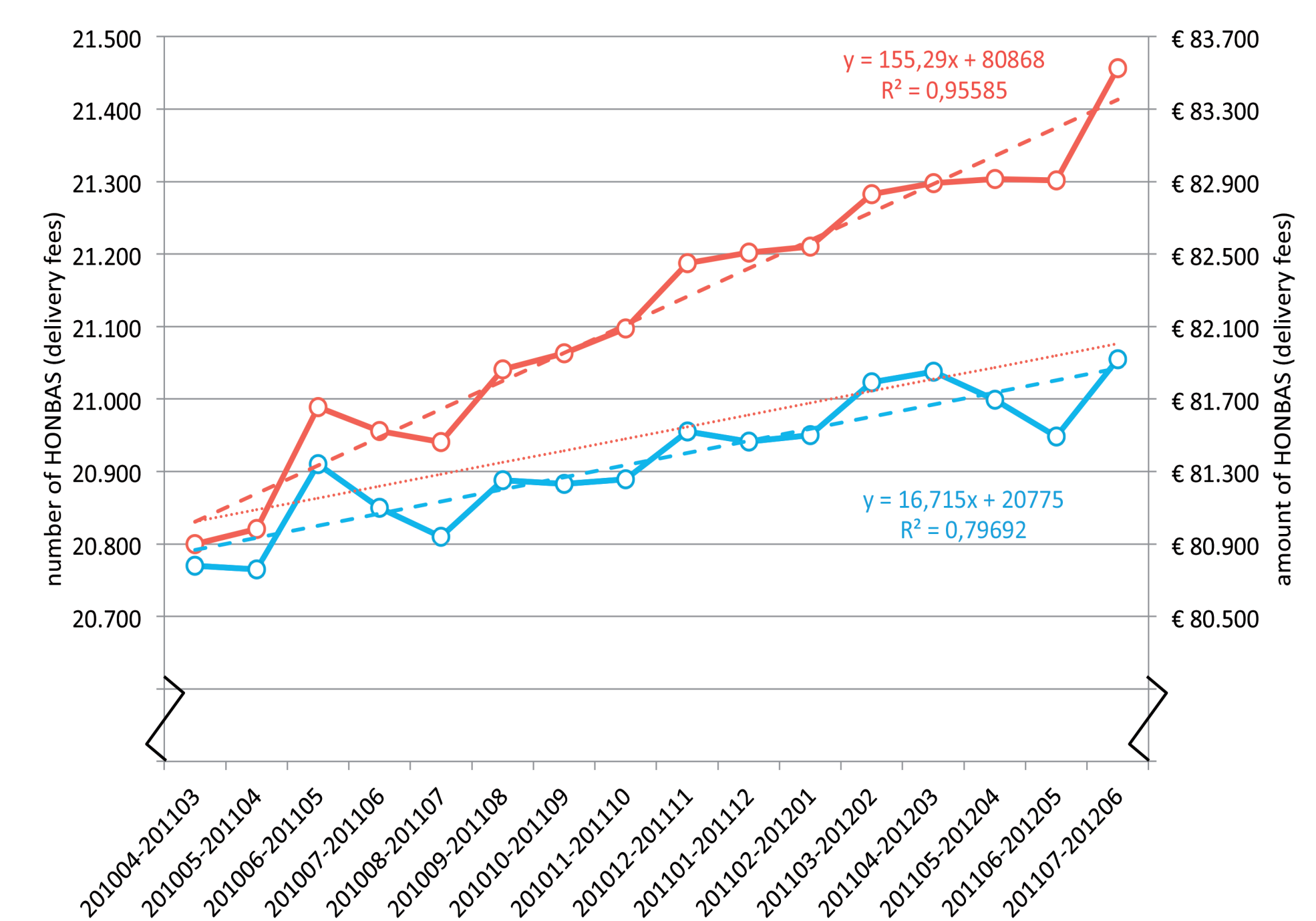


Averages

per pharmacy per current 12 months: number of packs – amount of basic (delivery) fees (BelPharData)

The amount of delivery fees (HONBAS) grows faster than the number of it, thanks to the indexation of the fees. Presently it is mainly the reason of the good performance of the NRS.

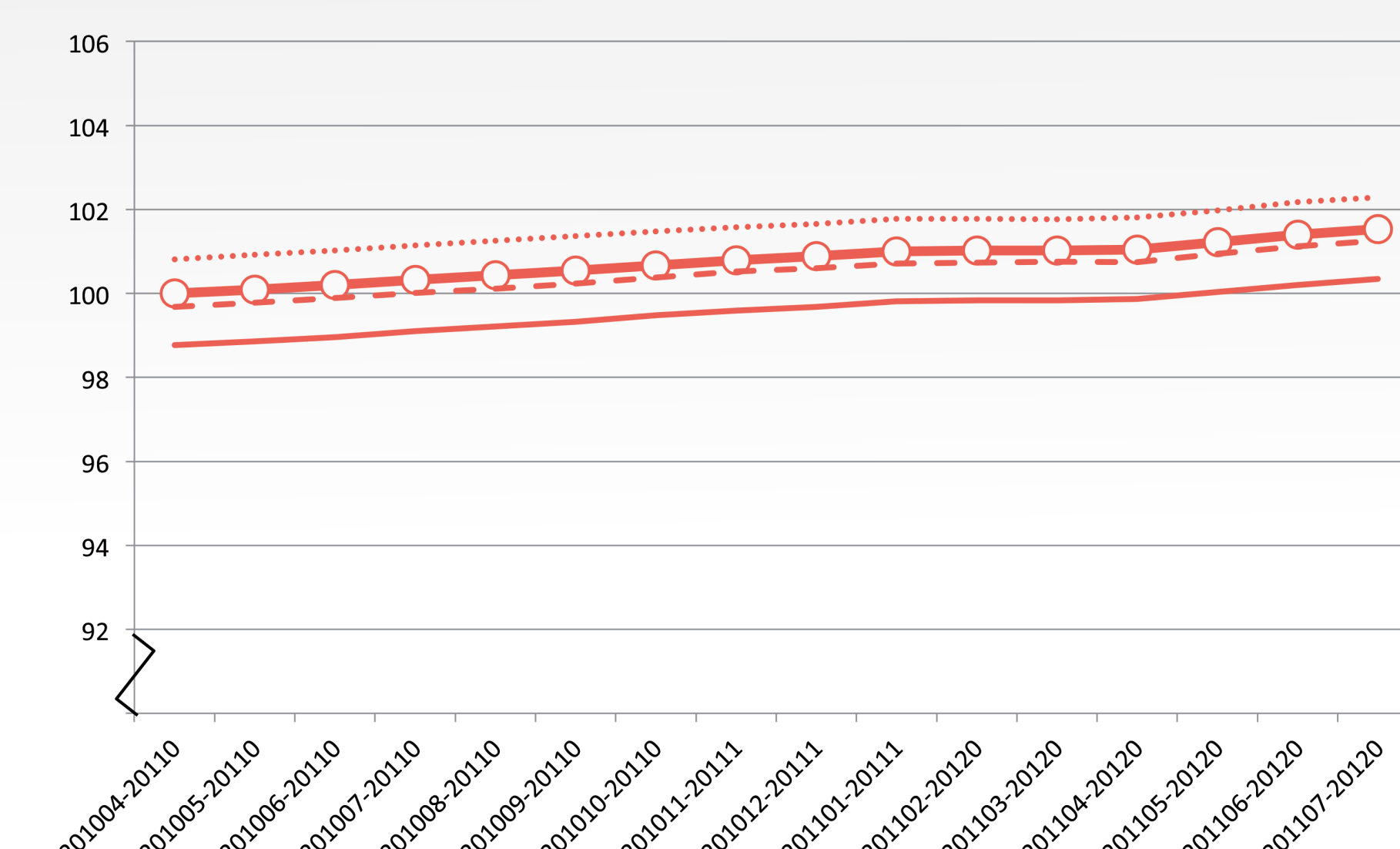
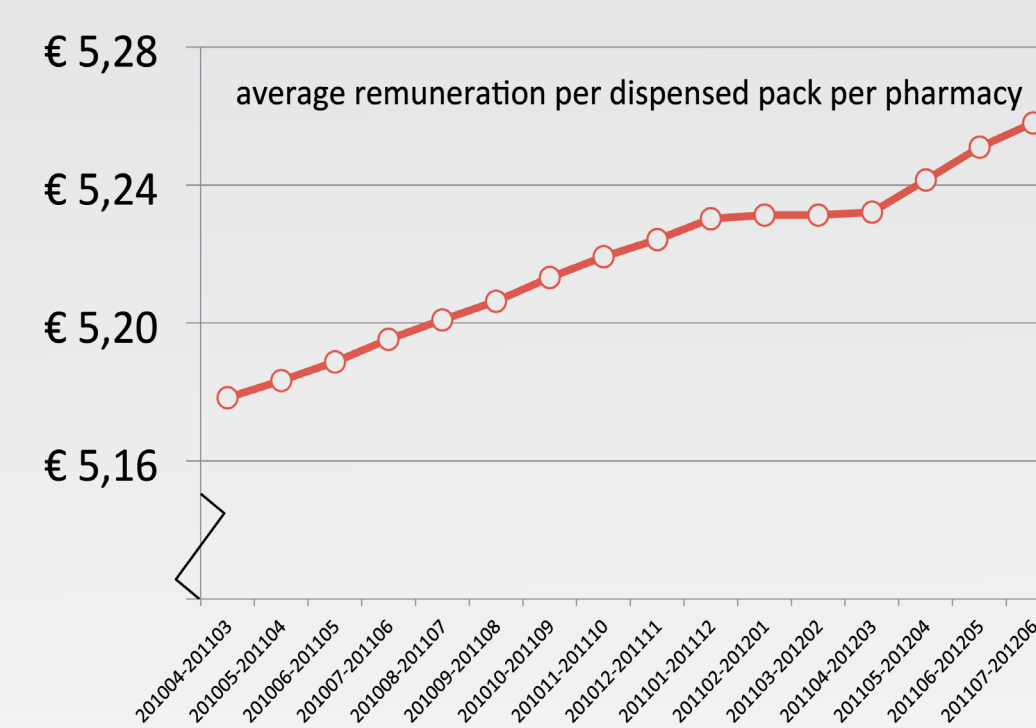
- average number of HONBAS per pharmacy
- average amount of HONBAS per pharmacy
- amount HONBAS at the pace of number
- - linear trend average number
- - linear trend average amount



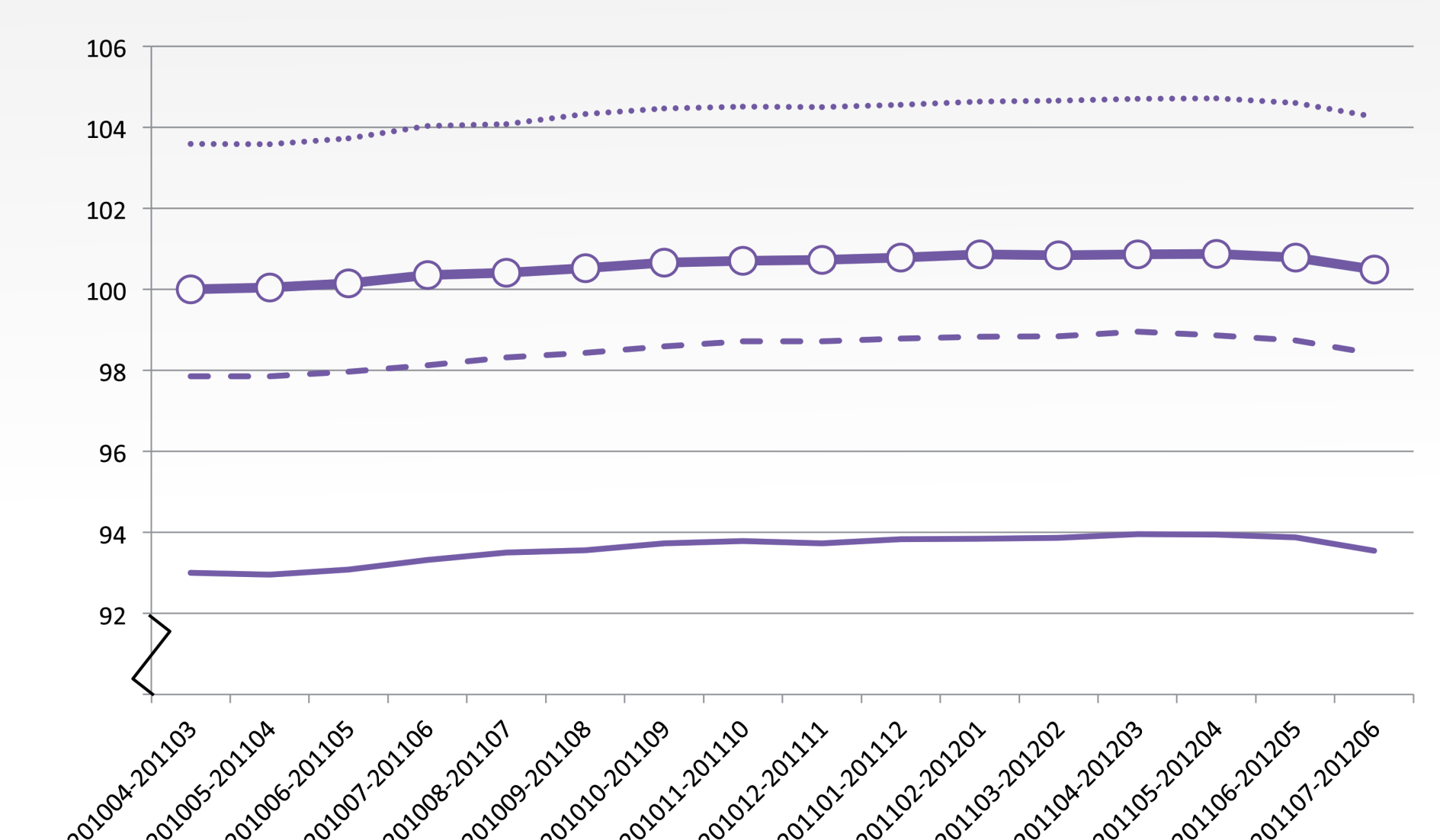
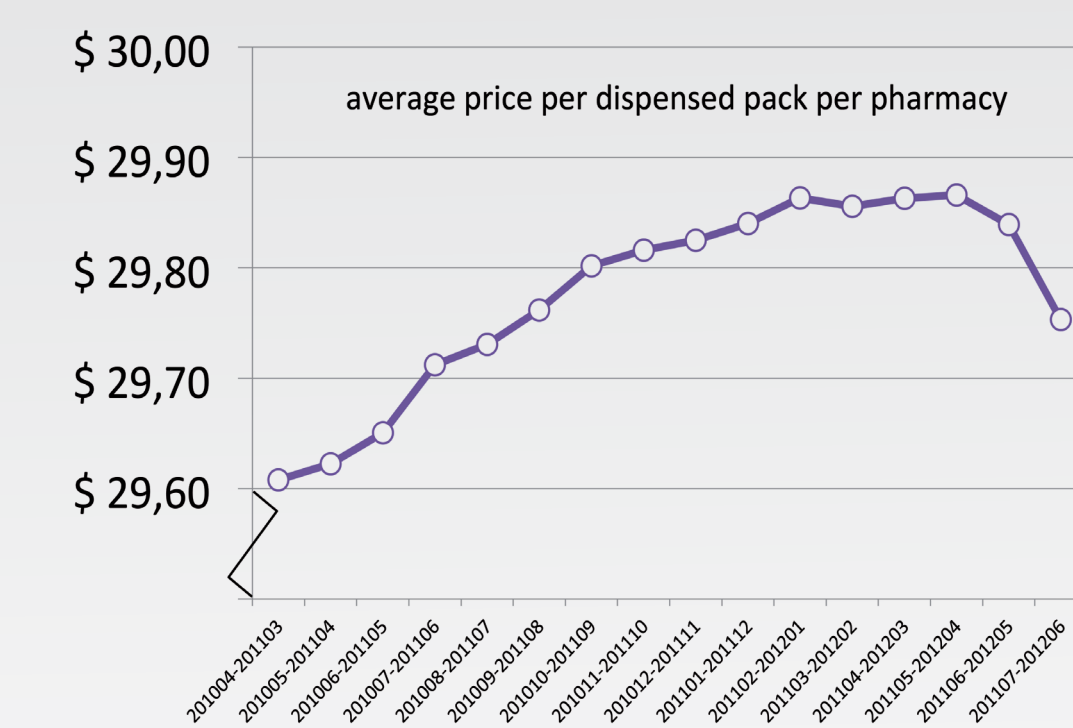
Differences

between pharmacies (BelPharData)

- average remuneration (REM) per pack per pharmacy (below: index)
- first quartile (REM) (index)
- - second quartile (REM) (=median) (index)
- third quartile (REM) (index)



- average public price (PP) per pack per pharmacy (below: index)
- first quartile (PP) (index)
- - second quartile (PP) (=median) (index)
- third quartile (PP) (index)



In order to highlight the differences between pharmacies, the quartiles have been added to the graphs of the averages of the remuneration per pack or the price per pack and in order to compare different orders of magnitude, the values have been indexed. It then becomes clear that the remuneration per pack varies much less than the price per pack. Even if the average price per reimbursed medicine varies from pharmacy to pharmacy, the average remuneration stays stable. This shows that the disconnection of the remuneration from the price is achieved. Next steps will include a shift to the rewarding of pharmaceutical services that are not directly linked to the delivery of medicines, such as medication schemes, follow-up of chronic patients, and other pharmaceutical services.