

# Medicines in Poland Workshop Series: Improved Medicines' Reimbursement

12 November 2009



This workshop was hosted at the Medical University in Warsaw on the evening of Thursday, 12 November, 2009. Four university students attended, representing the medical and pharmacy faculties, with some from graduate-level programmes.

List of Participants: Anna Gomółka  
Joanna Sekuła  
Magdalena Andrasik  
Wanda Gajzlerska

## Key Presentation

Christine Leopold, from the Austrian Health Institute, was commissioned to analyse reimbursement-related barriers to access essential medicines in Poland. Her analysis was published by HAI Europe in a national case study on Access to Essential Medicines in Poland, available in English and Polish.

At the workshop, the presentation of key speaker Christine Leopold, covered three areas:

- A comparison of Polish health and pharmaceutical expenditure (public and private) with that of other European countries;
- An outline of the Polish reimbursement system: its structure and function;
- A discussion with the students about their personal analysis of the reimbursement system, with a focus on what prevents people from accessing the essential medicines they are prescribed, and from using medicines rationally.

*During the discussion, the group raised the following key barriers to access:*

**Information about prices is inaccessible for patients:** Many patients are not aware of the online pricing tools or how their co-payment is calculated. As a result, patients do not have the information they need to request a less expensive medicine.

**Poor quality information about medicines in print media:** Patients rely on information about medicines published in newspapers and other print media. However, some articles are promotional and/or ghost written, which can influence patients' perceptions or decisions about medicines.

*Several points echoed those presented by Christine, including:*

**New medicines with therapeutic advances not reimbursed:** Often, new generations of medicines are not reimbursed because they are expensive; even though they may be more effective and/or have fewer side effects.

**Polypharmacy:** Patients can go to different doctors (sometimes on the same day) and receive prescriptions for the same/similar medicines, which can be filled at several pharmacies. This contributes to the high consumption of medicines in Poland.

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*All discussion points raised by the group are listed in point form in Annex 1.*



## **Lessons learned for future medicines workshops in Poland**

This workshop was an informative pilot exercise that allowed us to make contact with medical and pharmacy students in Poland who are interested in reimbursement issues. The following points can help us to improve the structure and content of future workshops.

- **Content to exclude:** Students have a strong knowledge of the structure and function of the reimbursement system taught in their courses, so this overview is somewhat redundant and need not be included in future workshops.
- **Content to incorporate:** Students expressed a keen interest in the comparison and the performance of their system in relation to other countries. International comparisons could be elaborated on to discuss the structure, function, and access to medicines in other countries.
- **Workshop structure:** Lecture-style workshops seem to be preferred to the group discussion model, although students were very open and keen to share during round table discussions.
- **Sustainability:** Before pursuing future reimbursement workshops, there is a need to identify opportunities for national-level change / improvement in order to sustain the students' future involvement in this issue.

*The full summary of evaluations from participants and the speaker is in Annex 2.*

### Reimbursement & Pricing

- New generations of medicines are not reimbursed because they are expensive but are also sometimes more effective. \*Observed by Christine
- Patients are not aware of the pricing tools on the internet.
- Patients will ask a pharmacist for a cheaper medicine, if they want to.
- Patients do not understand why they have to pay the 50% co-payment plus the reference price difference for an expensive or branded medicine.
- Patient groups are not involved in the Drug Management Team, which determines which medicines are reimbursed. But, there is a good balance of stakeholders including doctors and pharmacists.

### Trust in generics

- Some people are happy to pay less for generics.
- Some people trust only the doctor's prescription.

### Information

- Patients get their medicines information from the newspaper articles they read and they think they can treat themselves.
- Many articles in newspapers or supplements are ghost written.
- Doctors do not have enough time to spend talking to patients about their prescription medicines.
- An example of unethical promotion of OTCs is for ActiMel, a digestion aid, which was advertised on TV to treat the flu. This is how patients are getting their information.

### Dispensing

- There is no information system that provides electronic or print information about a medicine when it is dispensed.
- There is no way to see all the prescriptions that a patient has or has ever had. Patients can go to many doctors (on the same day) and get many prescriptions for the same medicines. These prescriptions can be filled at several pharmacies. This phenomenon contributes to the high consumption of medicines in Portugal. \*observed by Christine
- There is now a voluntary system where patients can have a health card that contains their personal medicines record. This card can be used by all the doctors and pharmacists that patients visit.
- Pharmacists don't follow a protocol of information that needs to be told to the patient when a medicine is dispensed. If the patient asks a certain question, the pharmacist will gladly answer.

## ANNEX 2 – PARTICIPANTS’ AND SPEAKERS’ EVALUATION



### Written evaluation (participants)

Content – new and important information: 2 agree, 2 disagree  
Speakers – knowledgeable and effective communicators: all agree, strongly agree  
Structure – sufficient time for topics and useful interaction: 3 agree, 1 disagree  
Overall – workshop was useful: 3 agree, 1 disagree  
Overall – expectations were met (3), expectations were not met (1)

### Learning outcomes and topics of interest (participants)

Didn't learn anything new in the reimbursement workshop (25% of respondents)  
OECD statistical data comparing reimbursement systems across Europe (consumption of meds, public/private costs for health care or pharmaceuticals, etc.) was new information (50% of respondents)  
More comparisons with the structure and function of other types of reimbursement systems (European and/or including USA)

### Content evaluation (speaker)

In order to sustain the students' future involvement, we need to show them what they can get out of this information; we did not achieve this in this workshop.  
OEBIG's analysis and students' experience criticize the same points of the reimbursement system. This reinforces the validity of OEBIG's analysis.

### Structure evaluation (speaker)

Need to consider cultural differences and/or differences in teaching styles, where lecture-style workshops seem to be preferred to the group discussion model.  
The first round-table introductions were important to break the ice and judge how comfortable people are speaking English, which could have an impact on future discussions  
Group discussion was very good. There was lots of interaction and sharing between participants.  
Speaker + facilitator's questions to the group were perceived as us learning from the students.  
In the future, possibly have students prepare something in advance and present their work, because they are very knowledgeable.

### Logistics evaluation (speaker)

IFMSA representatives were very helpful in promoting the workshop to students at the local level.  
The workshop should be promoted a minimum of one month in advance to maximize attendance.  
All attendees should receive a Certificate of Attendance.  
Need to communicate the logistics better with OEBIG.  
First communicate with the intended audience to determine a good time and to get their buy-in, then work out logistics with speakers and venues.  
Ask course coordinator if students can get points for attending the workshop.  
Contact groups like insurers through AIM and include these groups as the target audience. These groups would/should be particularly interested in reimbursement.  
University students were a well suited target audience.