

Antihemophilic factors (AF) : comparative analysis and monitoring of spending at the University Hospital of Dijon

Elodie PHILIPPE, Aline LAZZAROTTI, Christelle PRUDENT, Fabienne VOLOT, Marie-Hélène GUIGNARD, Philippe FAGNONI
1- Pharmacy, University Hospital of Dijon – France 2- EA 4184, University of Bourgogne, 21000 Dijon, France

INTRODUCTION

National spending for medications financed in addition to the french national per-stay prospective payment system is increasing (extra DRG mediations). Each year, the national health insurance organisation sets a target for spending on these medications, an increase of 8% in 2010. Between 2009 and 2010 in our institution, total spending increased by 18% (19.2 M€ vs. 22.7 M€). Spending on AF alone increased by 114% (0.5 M€ vs. 1.09 M€).

The aim of this study is to analyze spending on AF in our institution in 2009 and 2010, to compare our institution with others at both the regional and national level.

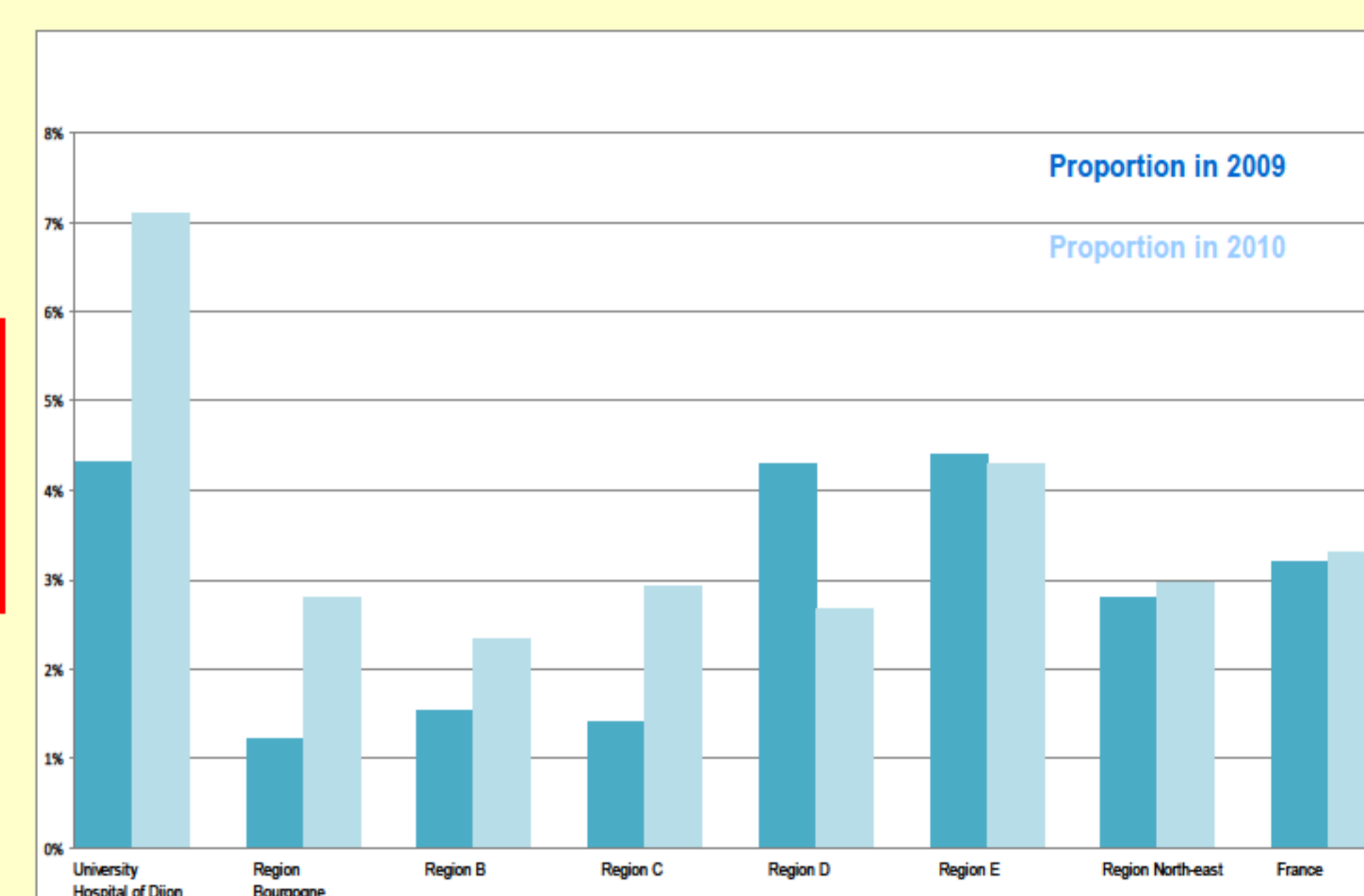
METHODS

Spending was classified according to three groups of AF : factor VIII, factor IX and anti-inhibitor coagulant complex (AICC). Spending on AF was obtained from national and regional databases. The indicators used were the global annual spending and per inhabitant. They were compared with national results and with the french health insurance targets.

RESULTS

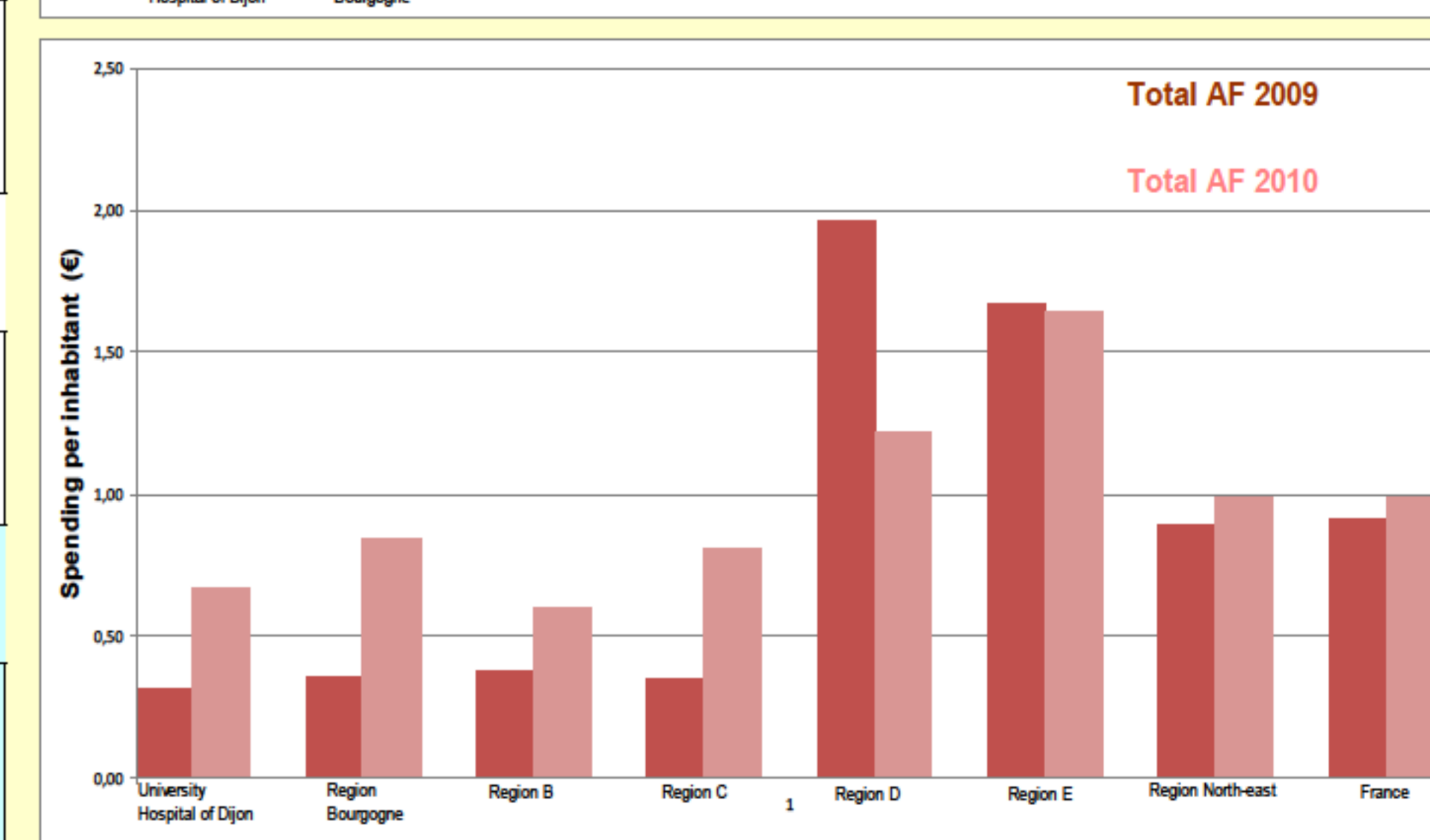
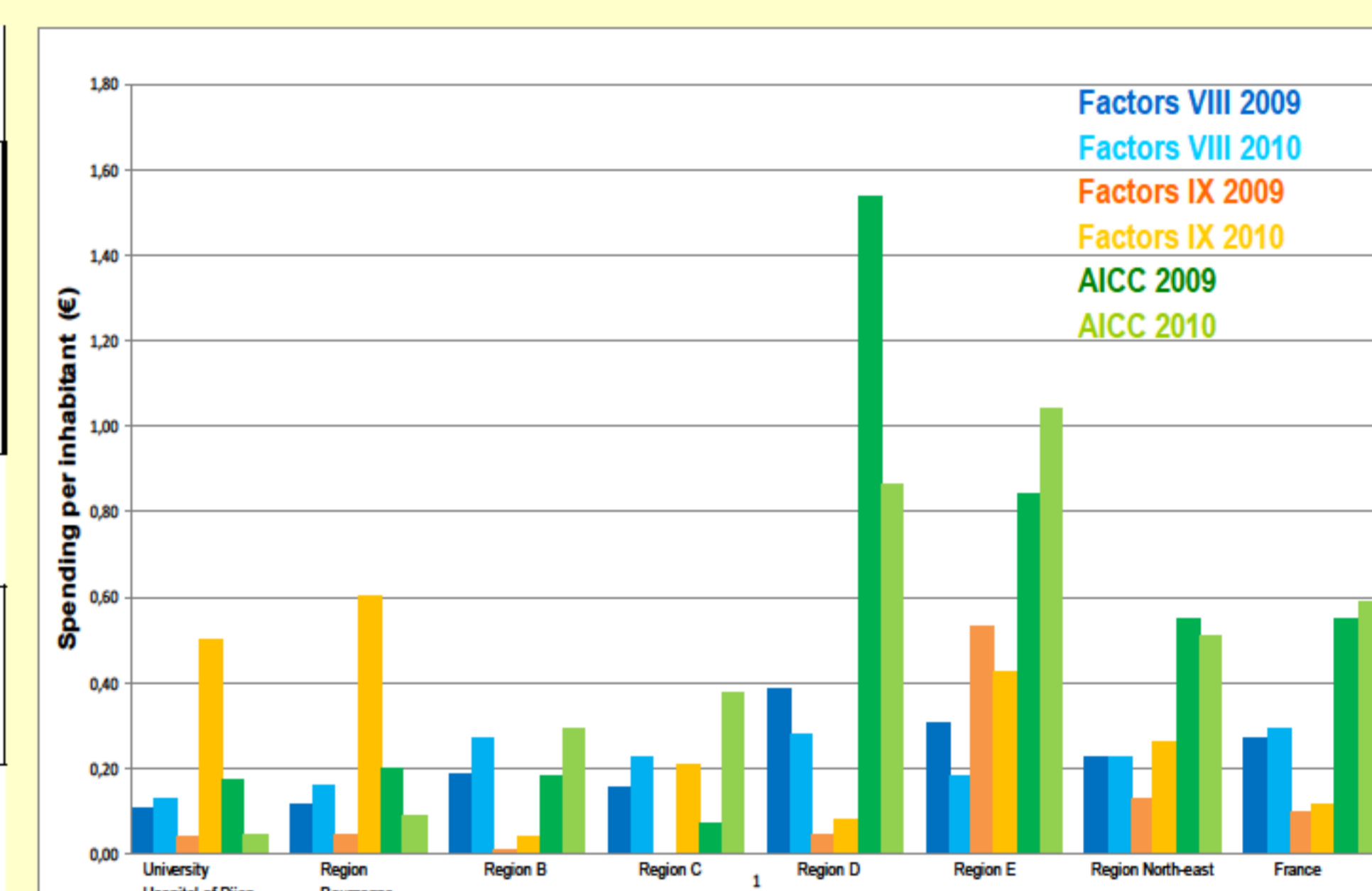
• Proportion spent on AF of total expenditure on extra DRG medications in 2009 and 2010 :

Between 2009 and 2010, of total expenditure on extra DRG medications, the proportion spent on AF in our institution increased from 4% to 7%. This result is higher than the national result (3% vs. 3%).



• Spending per inhabitant and evolution of spending between 2009 and 2010 in each AF group and for all AF :

	University Hospital of Dijon		Region Bourgogne		Region B		Region C		Region D		Region E		Inter-region North-east		France	
	Spending per inhabitant 2009(€)	Spending per inhabitant 2010(€)	Spending per inhabitant 2009(€)	Spending per inhabitant 2010(€)	Spending per inhabitant 2009(€)	Spending per inhabitant 2010(€)	Spending per inhabitant 2009(€)	Spending per inhabitant 2010(€)	Spending per inhabitant 2009(€)	Spending per inhabitant 2010(€)	Spending per inhabitant 2009(€)	Spending per inhabitant 2010(€)	Spending per inhabitant 2009(€)	Spending per inhabitant 2010(€)	Spending per inhabitant 2009(€)	Spending per inhabitant 2010(€)
Factors VIII	0,1026	0,1231	0,1139	0,1576	0,1828	0,2669	0,1526	0,2208	0,3809	0,2746	0,3027	0,1789	0,2216	0,2218	0,2674	0,2879
	20,00%		38,40%		45,98%		44,70%		-27,91%		-40,92%		0,09%		7,66%	
Factors IX	0,0364	0,4988	0,0412	0,6006	0,0066	0,0382	0,1259	0,2053	0,0408	0,0756	0,5281	0,4222	0,1278	0,2580	0,0947	0,1136
	1271,99%		1357,65%		481,82%		63,10%		85,43%		-20,05%		101,95%		20,00%	
AICC	0,1710	0,0426	0,1964	0,0836	0,1795	0,2890	0,0668	0,3767	1,5358	0,8618	0,8380	1,0397	0,5448	0,5059	0,5456	0,5864
	-75,11%		-57,42%		61,05%		463,52%		-43,89%		24,07%		-7,14%		7,48%	
TOTAL AF	0,3099	0,6645	0,3515	0,8419	0,3688	0,5941	0,3454	0,8028	1,9575	1,2120	1,6688	1,6408	0,8942	0,9857	0,9077	0,9879
	114,43%		139,50%		61,07%		132,47%		-38,08%		-1,68%		10,24%		8,84%	



Spending per inhabitant increased by 114%, which was greater than the national increase (9%). If we look not at the evolution of spending but the spending per inhabitant, the trend is reversed. In our institution, spending per inhabitant (0.31 €/person vs. 0.66 €/person) was smaller than that at the national level (0.91 €/person vs. 0.99 €/person).

DISCUSSION

It seems that the value of a target for an increase or decrease in spending between years cannot be suitable of an institution's spending when it concerns specific drugs like AF.

This study has led to the development of an annual record of spending per hemophilic patient, per stay and per day of hospitalization in our institution. Spending across years can therefore be followed. This approach is scheduled to be extended to cover the inter-region Nord-east in 2012.

WFH, 2012 World Congress, Paris, France, July 8-12

