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OPINION ON A REPORT DEALING WITH PROBLEMS RELATED TO THE TOTAL RESPONSIBILITY FOR PHARMACOTHERAPY AND PROPOSALS FOR SOLVING THEM

The Ministry of Social Affairs and Health has asked the National Advisory Board on Health Care Ethics to issue an opinion on the report by Rapporteur ad int. dealing with problems related to the total responsibility for pharmacotherapy and proposals for solving them (Reports of the Ministry of Social Affairs and Health 2007:2). The Advisory Board discussed the report at its meeting on 20 March 2007 and states as its opinion as follows:

Rapporteur ad int. Dr Huttunen takes up several problems related to pharmacotherapy. In regard to the pharmacotherapy provided at municipal health centres and hospital outpatient departments the procedure is in contrary to the law in force if the patient him/herself has to buy from a pharmacy the medicine that is administered. It was stated in the context of drafting the Health Insurance Act (1224/2004) that the responsibility for covering the costs of medication for further treatment prescribed at the health centre or other public health care unit rests with that unit (Bill 50/2004, detailed reasons, section 3). Comparable treatments are provided in private health care in this way, in which case the patient receives compensation under the health insurance scheme if the medicine is among the medicines that are compensated under the scheme. Such medicines are, among others, the hormone implants used in the treatment of cancer, bisphosphonates injected into veins and medicines injected into joints.

Expensive pain-killers that have been excluded from among the medicines reimbursed under the health insurance scheme are sometimes necessary not only in the care provided in bed wards but also in the home care of a seriously ill patient. These medicines are neither subject to the payment ceiling for medicines. In some municipalities, patients get their medicines so that the municipality gives them a payment commitment, whereas in others patients are registered as patients of the health centre or hospital even when they are cared for at home, in which case the health care unit pays the medicines. Home nursing patients pay their medicines themselves, and then the pharmacotherapy of seriously ill patients may incur these patients unreasonably high costs. If a patient is not able to pay expensive medicines, it often happens that the patient must be moved to the health centre ward or a specialised medical care unit, and in that case the cost of the care incurred by the municipality is many times higher.

Rapporteur Huttunen proposes that home hospital care should be recorded in legislation as health centre or hospital care taking place in the patient's home. In that



case the health care unit is responsible for covering the costs. The Advisory Board considered the proposed amendment important. It would considerably improve the position of, in particular, terminal care patients nursed at home. If home hospital activity is recorded in the law as care provided by the health centre or hospital in the patient's home it is important to determine also the situations (e.g. terminal care at home) in which the patient is entitled to such care.

Treatment provided at outpatient departments but paid by the patient is genuinely problematic. It is possible that if public health care units do not consent to covering these medicines for the patients in the future, the situation might be that patients are left without such therapy. Patients are then placed in an unequal position depending on where they are living. This is because in private health care medicines purchased by the patient at a pharmacy can be given to the patient against separate payment, and thus patients that can afford to use private health care or are living in localities where private services are available can obtain medication benefiting them even in the future, whereas those living elsewhere cannot.

The proposal for the reimbursability under the health insurance scheme of pharmacotherapy provided at health centres and hospital outpatient departments does not necessarily solve this problem, but can give rise to new ones. The Advisory Board saw it problematic that pharmacotherapy provided at health centres and hospital outpatient departments would be reimbursed under the health insurance scheme. In this way pharmacotherapy would be given a special status in public health care while, on the other hand, all types of care should be considered as equal components of health care. The amendment would considerably increase bureaucracy without bringing significant financial benefit. Despite reimbursability under health insurance a prescription written for expensive therapy will anyway be more advantageous to the health care unit than treatment provided at an outpatient department. If the costs of a prescription medicine exceed the patient's annual payment ceiling, the costs are even within the present system reimbursed to the full by the health insurance scheme and the Social Insurance Institution.

The payment ceiling is even otherwise problematic from the patient's point of view. A payment ceiling for health care that would cover, besides pharmacotherapy, also other client charges would be fairer to the patient than the present complex system that is unreasonably expensive for persons in need of several health care services. The Rapporteur does not touch on this problem in his report.

Expanding the reimbursement under health insurance to treatment at outpatient departments in accordance with the proposal can be interpreted as earmarked support to municipalities and pharmacotherapy in the form of health insurance reimbursement, in particular if a corresponding sum would otherwise be reduced from the central government transfer to the municipality. Therefore, the Advisory Board urges that it should be discussed if special support for pharmacotherapy is needed at this stage when even other payment criteria for the central government transfers are being deliberated in the context of the municipal and service structure reform, or if it would be better to ponder the issue after other structural reforms or in their context. The principle of free pharmacotherapy at outpatient departments has been considered important, and therefore it has been reinforced by legal provisions. The task of the supervisory authorities is to monitor the implementation of the provisions.

The Rapporteur further proposes setting up a specific assessment board for pharmacotherapy at the Ministry of Social Affairs and Health and a system of equalising the costs of exceptionally expensive medicinal treatments. The assessment

board would suggest which pharmacotherapies should be taken into use nationally. It would also propose which pharmacotherapies should be retained under the health insurance scheme, and if its proposal will not be realised, oblige municipalities to supply pharmacotherapy to patients against separate payment for the medicines in question. The proposals would be based on an evaluation of the total benefit of the medicine concerned. Similar evaluation is also carried out by the Finnish Office for Health Care Technology Assessment FinOHTA and elsewhere by the Pharmaceuticals Pricing Board under the Ministry. There also exists a system for equalising the costs of expensive treatments. Based on these remarks the Advisory Board proposed that it should be considered if it is necessary to set up a new board or if that would involve overlapping activities, which should be avoided.

On behalf of the Advisory Board

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Advisory Board on Health Care Ethics