IMPACT OF HEALTHCARE REFORMS ON PRICING AND REIMBURSEMENT IN TURKEY

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Introduction
Recently, the need for health services has increased gradually and the limitations in sources allocated for this area have been recognized. Moving from this fact, it has gained a supreme importance to determine what health programs or technologies will be given priority. According to Danzon (2001), arrangements towards controlling the expenses through price and profit controls, reimbursement methods and incentives have recently gained wide currency. During the Health Transformation Programme some of main implementations for pharmaceuticals in the reform were:
• Reimbursement commission for pharmaceuticals established
• Family physician system started
• Reference pricing for pharmaceuticals started in 2004, putting a maximum reimbursement limit for one molecule was correlated with lowest price and establishing positive list for pharmaceuticals in 2006, starting to provide all medical device and pharmaceuticals for inpatients by hospitals in 2007.
• The statutory economic analysis for pharmaceuticals started for reimbursement applications in 2009
• Global budget for pharmaceuticals introduced in 2010

Pharmaceutical Market

Table: Turkey, Pricing Reimbursement Methods

<table>
<thead>
<tr>
<th>Country</th>
<th>Pricing Policy</th>
<th>Statutory Pricing</th>
<th>Direct Price Controls</th>
<th>Use of International Price Comparisons</th>
<th>Margin Controls</th>
<th>Reference Pricing</th>
<th>Price Control Level</th>
<th>Level of Price Control</th>
<th>Reimbursement Categories</th>
<th>Decision Taking Committee</th>
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<tbody>
<tr>
<td>Turkey</td>
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Health Expenditures

Results

Pricing Methods in Turkey

<table>
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<tr>
<th>Country</th>
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Price comparison is main criterion Turkey, it is the main criterion and the ceiling price is determined on the basis of the lowest price in other countries. A lower price may be defined upon the request of manufacturer.

Pricing is basically processed by using 3 different methods
• Free Pricing (Germany, The Netherlands, Denmark)
• Direct Price Controls (France, Italy, Portugal, Greece, Spain, Turkey)
• Margin Controls (UK)

Methodology

This present study examines; along with the current situation in Turkey, pharmaceutical pricing methods, reimbursement methods and basic health indicators, within the scope of changing pharmaceutical policies, in Turkey, obtained results and effects of those results so far.

Results

Upon the research conducted, it was founded that the pharmaceutical policies in Turkey has been affected medicines prices drastically last few years. Pricing and Reimbursement regulation changed several times and but public health expenditure hasn’t decreased. Access to healthcare was main factor of health expenditures. Rational drug use was another issue which was aim of Turkish Authorities.

Conclusion

Turkey is an important market for pharmaceutical sector with a population of over 75 million. Wrong policies that would be implemented in pricing and reimbursement processes may result in the lack of access to medicines in the short term and in the long term, these policies may pose an obstacle in front of the investments to be made by pharmaceutical companies in Turkey. Considering the greatness of the pharmaceutical sector, this is also of great importance in terms of employment.

Although it is natural for Turkey to put restrictions on drugs budget to ensure sustainable drug financing, in order to maintain the existence of pharmaceutical industry and protect the patients’ access to medicines, it would be more favorable in the development of the industry that the expectations of the stakeholders in the industry are taken into account in the policy making process. This would also help the already supported R&D activities to be sustainable as well. The positive and negative aspects of Turkey’s offering the least expensive medicine should be examined. Creating the inter-ministerial commission and making the pricing and reimbursement decisions through that commission, as seen in the other countries in our study, would minimize problems between the institutions and lead to a healthier decision making process. It is thought that employing full-time experts will increase the working capacity and productivity of the commission. The primary objective here should be keeping the technical and scientific capacity of the Commission at the highest level, as in other countries. Then it would be feasible to draw clear lines between the health service provision, payer and decision-makers.

References:
3) CANSU, Z., (2006), Referans Fiyat ve İlaç Piyasası, Hacettepe Sağlık İdaresi Dergisi; 11:1-10