ABSTRACT

OBJECTIVES: The field of health economics (HE) has undergone vast growth over the last decade. One continually evolving factor in this growth is the motivation for performing HE studies, especially in Canada because of changing requirements for provincial formulary submissions. The objective of this study was to determine how HE data is being applied within pharmaceutical companies.

METHODS: A survey was sent to key personnel working in HE in the Canadian pharmaceutical industry and followed up. Data from returned surveys were compiled in databases (Excel, Statistica). The survey was distributed in 21 Canadian pharmaceutical companies. Thirty-one surveys were distributed (21 returned). The survey was anonymous and voluntary.

RESULTS: Twenty-one (68%) of 31 surveys sent to companies reporting previous experience with HE were returned. Ninety percent of those companies were firms with more than 100 full-time employees. Of the respondents, 86% currently have a department or unit whose sole responsibility is HE. Of the 21 respondents, 81% had previously submitted a study for approval, and 71% had previously written an article. Nearly 75% had conducted studies with provincial and hospital formulary submissions. Information from HE studies is being disseminated via the form of scientific posters or conference presentations and by 2/3 in the biomedical, peer-reviewed literature. Ninety percent of respondents cited plans for new HE studies in Canada within the next year.

CONCLUSIONS: Canadian companies have expanded their use of HE data in recent years. This has shifted from preferential internal use (pricing and marketing) to more external purposes such as provincial and hospital formulary submissions. Health economic research data also fill a place in training within pharmaceutical companies and in medical education.

INTRODUCTION

The field of health economics (HE) has undergone vast growth over the last decade. One continually evolving factor in this growth is the motivation for performing HE studies, especially in Canada because of changing requirements for provincial formulary submissions. Published studies have demonstrated a global increase in the cost of health care and its anticipated continuing growth. These studies also add to a growing emphasis on HE research in the pharmaceutical industry and health care delivery systems. In Canada, the Pharmaceutical and Healthcare Products Act (1995) prohibited the practice of influencing the formulary decision by the provinces. The Canadian Institute for Health Information (CIHI) in 1995 examined the adoption of HE by the pharmaceutical industry when the field was in its infancy, with a focus on trends and recent developments. Since then, HE departments functioned in Canadian pharmaceutical companies. Both surveys indicates that the role of HE in the industry has grown stronger from 1993 to 1999.

OBJECTIVE

The objective of this study was to look at how HE data is actually being used within the Canadian pharmaceutical industry.

METHODS

Survey

Data was gathered using a written questionnaire designed to describe the company environment, the amount and type of HE studies performed and how they were applied. The questionnaire, a series of discrete options were provided with the option of providing a textual information if desired. A copy of the survey is attached.

Participants

A total of 21 companies from the 2000 Canadian Pharmaceutical Specialties Directory and the Health Economics Directory were listed in the survey. The company names were randomised to ensure that each company was equally represented. The sample included HE managers or directors, clinical research directors, and doctors of regulatory affairs and quality assurance. Since the corporate individual was contacted, the rationale for the study was explained and agreement was requested to participate in the survey. Of the 21 companies in which a contact was made, 19 agreed to participate in the study and one representative from each of 25 companies returned a completed questionnaire.

Data Collection

Surveys were sent either by fax or mail according to the wishes of the respondent. If responses were not received within one week, a follow up phone call was made. Data from the questionnaires were entered into an Excel spreadsheet; every response that was checked in the questionnaire was given a value of 1. A ranked worksheet contained the numerical responses.

Data Analysis

Data collected was analysed, where appropriate using statistical tests for non-parametric data with the use of SPSS.</p>