INFLUENCE AND USE OF MEDICO-ECONOMIC METHODS IN FRANCE

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As in most Western countries, economic evaluation studies were introduced into the health care sector in France as instruments to enable more rational allocation of resources. These methods have been used in a setting of health expenditure control, in fields such as the evaluation of health programmes, evaluation of new methods and further still, within the therapeutic drugs sector. The impact of these studies in France, however, appears to have been disappointing. Many of those involved within the health system, including certain health economists amongst their leaders, have observed that these studies have had only limited influence on decision making processes. They are thought to have limited, if any, "impact". The pharmaceutical companies, however, continue, in parallel, to produce pharmaco-economic evaluations notwithstanding the fact that they have modified some of their uses, with the effect that we are wondering if the notion that these studies have only limited impact is founded or not. It is certainly difficult to identify the impact of these studies, which is undoubtedly relatively small. When looked at closely, however, it would appear that they have a far from inconsiderable indirect influence. An overly simplified view of the decision processes can produce pessimistic conclusions.

One of the most striking features of the French health care system from this point of view is the large extent to which it is centralised. Although health professionals have, for a long time, retained a relative degree of independence from public control, the state has, nevertheless since the 1970s, shown an increasing will to control certain of the key variables in the system, particularly economic and financial variables, with the result that two relatively separate levels of regulation have coexisted for a long period of time. The underlying independence of health professionals sits uncomfortably beside centralised attempts at regulation from the state. In order for central regulation to be enforced, the state has made use of planning instruments. Cost effectiveness analyses have occasionally been used within this setting in, for example, the hospital and in the preventative medicine sectors. In recent years the state has tried to rein in the system, initially by considering the relevance and effectiveness of medical practices. This in turn led to a request for economic evaluations. A more widespread institutional reform was started in 1996 through the Juppé Plan.

It is therefore mostly within the setting of centralised regulation that the economic studies have been able to be used in France. This institutional factor influences the use of economic analyses. A large number of decisions which may be informed by economic arguments have been taken by a small number of decision makers, often in the public sector. This has resulted in a very significant reduction in the number of potential people who might use these economic methods, leading us to favour a number of specific investigation methods.

In order to bring features of these analyses together, we have conducted in-depth interviews with decision makers and experts in the health system who are directly involved with these issues. We also sought the opinions of decision makers and experts by post, using the Euromet questionnaire.The results we obtained have no statistical value but show some trends, which can only be interpreted in a general setting. These results are not intended to do anything other than provide some general information about the influence of these studies.

The Euromet questionnaire was administered directly, face to face or by letter, either to decision makers or to experts directly involved in the use of economic evaluations in a decision making setting. Because of the formulation of some questions, particularly in terms of knowledge of evaluations or of their use in providing information for decisions which are taken, we decided not to

send the questionnaire to experts who perform the evaluations but do not take part directly in the decision making process. We used the core questionnaire designed by EUROMET but several questions have been modified in order to provide answers more adapted to the national context. We sent out 30 questionnaires by post and 6 were presented face to face. A total of 23 (64 %) questionnaires was completed.

TRAINING

In view of the population involved, the answers to this question may not be used to define the training of people who make decisions within the health care sector. They do, however, give an idea of the profile of the people who completed the questionnaire. A number of individuals had completed several types of training. Most of them are trained in medicine (47%) or economics (30%), some in management (13%) or in political sciences (9%).

Training	
Medicine	11
Economics	7
Management	3
Political Sciences	2
Law	1
Biology	1
Pharmacy	1
Engineer	1
Other	1

A part from a main professional training, several people mention they have been trained in health-economics (26%). It is worth noticing, however, that some of the interviewees, in spite of a real competence in the field, answered “no” to that question. They consider they have no specialised academic qualification. Indeed, most of specialised degrees have been created after these people have been working in relation with the discipline.

Training in health economics	
Yes	6
No	17

In the same way, we are able to examine the proportions of individuals questioned who were in the public sector (83%) compared to those in the private sector (8,5%), or in non-profit making organisations (8,5%). The mismatch which is seen is due to a structural effect because of the fact that most decisions are taken by public, frequently administrative, organisations.

Institutions you belong to	
Public	19
Private	2
Non profit	2

- **Knowledge of methods**

Examining the extent of knowledge about the different methods involved in isolation provides little information in view of the small size of the sample questioned. It does appear however that amongst the people who were questioned, cost-effectiveness analyses were better understood than other evaluation methods, although we know that they are both less widely used and more complicated.

Level of knowledge	Cost-Utility	Cost-benefit	Cost-effectiveness
Well	9	8	10
Moderately	5	8	5
Little	8	6	4

- **Sources of information used**

The major sources of information are scientific journals and study reports. Amongst the scientific journals quoted we find both specialist journals, such as *Pharmaco-economics* (five citations) or the *Journal d'économie médicale*, and general or specialised medical scientific journals (JAMA, NEJM, BMJ etc.). Some questionnaires mention the use of data bases, such as *Medline* and *Embase*.

Sources of information	
Reports, working papers	16
Scientific journals	15
Public institutions	4
Contact with experts	2
No access	2

- **Appropriateness of influence on medical decision making**

In the french questionnaire, the question about the use of economic considerations in medical decision making was divided into two items: 1) the influence of preparing *guidelines* to direct medical decision making, 2) the influence on medical decision making itself. This choice arose as a result of the debate in France where « opposing medical considerations » have been introduced since 1994. Overall, the economic approach appears to be best tolerated for *guidelines* which are seen more easily as reflecting thinking on a population basis than for medical decision making itself.

Should economic considerations influence the redaction of medical guidelines ?	
No	3
Only Marginally	4
To some extent	9
Very much so	7

Should economic considerations influence medical decision making ?	
No	3
Only Marginally	4
To some extent	13
Very much so	1

- **Uses in decision making**

In order to assess the use of economic studies in decision making, the French version of the questionnaire increased the sensibility of this question. Instead of three items, five possible answers were proposed, from “never” to “very usually. This permitted to limit floor and ceiling effects.
The sample was chosen on the basis of its presumed use of economic evaluations in decision making. It is therefore to be expected that a large number of the people questioned reported that they take these studies into account. We did find however that a large number of people only *very rarely* took these into account. The no answer group mostly relate to responses from experts who do not directly take part in decision making.

Use of the studies to make a decision	
Very usually	2
Usually	5
Exceptionally	9
Never	2
No answer	5

Several of the people questioned mentioned the fields in which they had used these evaluations. The therapeutic drugs sector featured frequently:

« Perinatal plan »
« In the drugs sector »
« Very often when I was a central administration director »
« In oncology and cardiology »
« Glycopeptides + G-CSF »
« Fixing drug prices, screening programmes »
« For decision making in the field of therapeutic drug policy in a public institution »
« Comparative studies of health care strategies for a health insurance fund »
« Antibiotic prescription »
« Public health, new technologies »

As for the type of studies used, the answers were distrubuted in two categories. Most of the people who answered the questionnaire are using studies found in the literature or made by themselves. This « active » attitude seems to be more usual than a « passive » one, which consists in using commissioned studies or studies furnished by the supplier.

Type of studies used	
Already in the literature	8
Furnished by the supplier	4
Undertook by myself	7
Commissioned	4

- **Consequences on decision making**

When asked about their refusal to finance or adopt a treatment, most of the people questioned accepted the principle of taking economic criteria into account, although they considered that these criteria should not always be used.
At times, some restrictions are formulated *("it all depends on the clinical effectiveness of the new treatment", "it is ethical if ethics includes a public health perspective", "it is ethical if budgets are limited").*
The small number of possible answers available probably resulted in the large number of median responses.

Do you find it ethical to refuse to adopt new treatment on economic ground ?	
No	2
In Some cases	18
Yes	3

- **Discouraging and encouraging factors**

  - *Discouraging factors*

The most discouraging factors were not related to the intrinsic properties of the evaluations themselves (complexity, large number of assumptions) but rather to institutional factors. It would appear that general institutional factors making up the organisation of the whole health care system (difficulty transferring budgets, resources allocated on a budget rather than economic basis etc.) are more responsible for restricting the use of economic methods than the immediate institutional context in which the methods are used (bias due to financing from industry, studies not required). It also appeared tangibly absurd to most of the people questioned that budget limits should prevent new treatments being adopted. This may reflect the fact that the studies were not seen by the people questioned as relating to "*Hard Choices*", which may result in certain treatments being rejected.

Most discouraging factors	Not at all important				Very important	Total
Difficult to move ressources...	3	2	3	5	9	22
So tight budgets...	7	3	7	1		18
Not real savings...	3		4	13	1	21
Containment rather than optimatization...	1	3	3	11	3	21
To many assumptions...	1	7	6	6	1	21
Biased results...		4	7	6	4	21
Complicated studies...	1	5	5	7	3	20
Studies not required...	2	4	4	6	3	18

  - *Relative importance of most discouraging factors*

In order to rank discouraging factors, a method of rating the relative items consisted in scoring the responses « not at all important » to « very important » from 0 to 4 (nota at all important = 0, very important = 4), and calculating the mean response for each item.

Difficult to move ressources...	2.68
Containment rather than optimatization...	2.57
Biased results...	2.48
Not real savings...	2.43
Complicated studies...	2.4
Studies not required...	2.33
To many assumptions...	1.95
So tight budgets...	1.11

- *The most encouraging factors*

There was a trend amongst the people questioned to consider that most of the factors offered could promote the use of economic evaluations. Nevertheless, certain factors were considered to be slightly more effective than others (although this difference of course was not statistically significant). A part from an institutionnal factor such as flexibility in budgets, accreditation of evaluations appeared to be one of the most likely factor to encourage the use of economic evaluations. This was more important factors relating to the evaluations themselves (standards), or the immediate setting in which the studies were used (explanation of relevance, access to more straightforward evaluations). Training in health economics did not seem to be any more important than the others in encouraging the use of economic evaluations.

Most encouraging factors	Not at all important				Very important	Total
Appraisal by trusted sources	1	2	1	7	10	21
More flexibility in budgets	0	2	1	4	12	19
Standardization	0	3	3	9	7	22
More explaination of the relevance	0	1	3	7	6	17
More training in Health Economics	2	2	3	7	7	21
Easier access to studies	2	4	1	7	5	19

As well as for the discouraging factors, the method of rating items consisted in scoring the responses « not at all important » to « very important » from 0 to 4 (not at all important = 0, very important = 4), and calculating the mean response for each of them.

More flexibility in budgets	3,37
Appraisal by trusted sources	3,10
More explaination of the relevance	3,06
Standardization	2,91
More training in Health Economics	2,71
Easier access to studies	2,47

- **Quotes**

Finally, some general comments were made in the responses to the questionnaire which are worth reporting as *verbatim* quotes. These comments can be categorised into four different groups.

Comments on the very questionnaire

"This questionnaire is too abstract to be useful"

"The questionnaire is constructed on the assumption that medico-economic evaluations have a role to play in budget restructuring. Their role is actually to provide critical information for the decision making process, to give broader information about the subject".

Comments on the evaluations, their quality etc.

"As a developing field, fundamental methodological aspects are inadequate, as is the qualitative importance of the studies performed in France. Our general impression is that the true benefit provided by these studies in many developed countries is still not apparent".

"When the methodology used in economic evaluations is as well refined as the methodology in clinical trials, there use can become widespread. Methodological research studies need to be carried out and need a decision maker to take part in these studies".

Comments on the decision making system

"Political opportunism often affects the methods of economic evaluations in the field of health care".

"It is an obvious instrument to help in the decision making process which is too often ignored by public authorities. We have to remove the "suspicion" (bias, evaluations designed for promotional use etc) from these studies, by drawing up standards and practice recommendations (as has taken place in clinical research) and by having them evaluated by people who are competent in this field. The discipline needs to be recognised as an essential tool to help decision making in public health".

"I have a feeling that the way in which things are seen depends to a large extent on the socio-economic setting! The questionnaire does not state the time at which these studies would be used: at marketing (Marketing Authorisation), or during re-evaluation (re-registration). This is however an essential factor in the debate".

Comments on the outcomes of studies

"The fundamental problem is determining the type of objective which should be set for these studies, who is responsible for deciding who should perform them and what methodology should be used. For example: medico-economic evaluations to assess changes in budgets in different activity sectors, to set unit prices etc.".

"These studies should be able to anticipate changes in the health care system. In the present situation, decisions take account of both economic factors and the health care advantages of a new method (expected results), but also of political factors".

"Not enough studies are financed by the institutions in order to demonstrate the benefits of *evidence based medicine strategies*".