Pharmacoeconomics and the Clinician: A South African Perspective

To the editor: Interest in economic evaluation of health care and medical technologies has increased substantially during the past decade, which is reflected in the growing literature. However, there has been little research devoted to understanding the demand side of economic evaluations, e.g. attitudes toward pharmacoeconomics among decision makers and actual use patterns.[1]

The increasing cost of health care products and services has become a great concern for patients, health care professionals, insurers, politicians and the public in South Africa. This increasing concern has prompted demand for the use of economic evaluations of alternative health care outcomes. This escalation in health care spending is due to increased life expectancy, increased technology, increased expectations, increased standards of living and increased demand for health care quality and services. Health care resources are not easily accessible and affordable to many patients; therefore pharmacoeconomic evaluations play an important role in the allocation of these resources. Pharmacoeconomics strives to guide the utilisation of health care resources optimally.[2]

Clinicians need to be aware of effective therapies that minimise costs. Pharmacoeconomic analysis can be utilised to create clinical guidelines for clinicians that will assist them in prescribing the most efficient drug.

"Clinicians already accept that there is a conflict of interests between the wants of individuals and the needs of society…"[3]

"74% of patients say that they would follow a clinician's recommendation to use a product."[4]

The above two profound statements raise questions about the pharmacoeconomic knowledge of the clinician.

While the level of stakeholder (including clinician) involvement differs, probably because of the different statutory responsibilities of decision-making bodies in different countries, one important consequence of stakeholder involvement is increased transparency. Whether this leads to 'better' decisions or a higher level of comfort with decision-making procedures is hard to assess.[5]

Importantly, decisions governing the use of prescription drugs lie in the hands of clinicians. Such decisions depend on the clinician's attitudes toward, knowledge of, and availability of information regarding pharmacoeconomic issues.

Today, in the major global pharmaceutical markets, the development and commercialisation sectors have been at the centre of a rapid increase in the implementation and utilisation of outcomes-based research and economic information relating to the health care industry. These data are being used to support a diverse range of applications, from drug substitutions/interventions to nationally enforced economic justifications, and in support of an application dossier for acceptance onto a managed care health care organisation drug formulary in countries such as South Africa.

The pharmaceutical industry traditionally viewed communications to the clinicians as one of its most powerful marketing tools and tended to concentrate on the safety and efficacy of medicines. However, the paradigm is now changing, as some pharmaceutical manufacturers are including economic ("pharmacoeconomic") data in their communications.

The motivation behind the growing demand for economic justification stems from the increasing cost of funding health care at both government and private organisation level. This has led many countries to explore the possibility of implementing formal procedures for the economic justification of new pharmaceutical products – a "fourth hurdle" in the drug development process alongside the traditional concerns of safety, efficacy and quality.

Like many other countries, South Africa has recently taken steps in the direction of introducing pharmacoeconomic guidelines within a formal evidence-based decision-making mechanism.

There is a growing demand for economic justification of the prescribing habits of clinicians, however, very little is known about the clinicians' attitudes towards pharmacoeconomics, the extent of their knowledge of and skills in accessing and interpreting evidence, and the additional support necessary to incorporate pharmacoeconomics into everyday general practice.

Therefore, there is a dire need for a study that proposes to evaluate the clinicians' attitudes towards pharmacoeconomics and their knowledge and skills in this area, and to recommend strategies to enhance the incorporation of this approach into everyday practice.

The objectives of the study would be to determine the clinician's:

- Attitude towards pharmacoeconomics;
- Knowledge of drug costs;
- Awareness and perceived usefulness of pharmacoeconomic literature and reference sources;
- Understanding of the technical terms used in pharmacoeconomics;
- Views on the perceived barriers to using pharmacoeconomics data in the clinical setting; and
- Views on how best to address the related pharmacoeconomic education-related needs.

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