

〔第4回学術大会シンポジウム「DPC下で真価を発揮するジェネリックと薬剤師」要旨〕

## ジェネリック薬導入を契機とした経営収支の改善 — 適正な投薬に向けて —

### The Economical Contribution of Generic Drugs to the Improvement of Account Balance — toward the Optimization of Drug Administration

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Summary : The municipal hospitals play a critical role in a regional emergency or tertiary medical care. However, most of them have a time of financial adversity both because of an increasing expenditure and because of a shortening of medical fee by the government. Recently, the Ministry of Health, Labor and Welfare brought a new system of payment for acute medicinal treatment (DPC, diagnosis procedure combination) to National Insurance. It is the prospective payment system unique to Japan for the purpose of establishing a sound financial basis in National Insurance and gave a great impact to the finances of hospitals. In DPC, there exist the two important methods for improving an account balance; a budget cut and an increase of income. And, the reduction of budget using an exchange to generic drugs must be the most useful one among several strategies for the former. In Japan, an employment of generic drugs is much less than the other countries. Japanese doctors and patients tend to refuse a use of generic drugs due to their less creditability. In July 2008, our hospital introduced DPC and then determined the plan of hospital that promotes an exchange to generic drugs. After DPC introduction, several indicators of management have drastically changed; decreased hospitalized days, increased turnover of hospitalization and discharge and increased hospitalization fee and so on. Therefore, the budget financing turned to be balanced. For an exchange to generic drugs, the criteria were determined by the pharmaceutical committee that set conditions on the scale, confidence and achievement of drug companies. The committee chooses the candidates of generic drugs to be employed according to it and posts the lists to the medical staffs. In the case that anybody appeals against the selection, the committee must estimate again to the suspicious drug. Before DPC introduction, the ratio of generic drugs was 5.9% (87 drugs) of the number of the employed drugs and 3.0% of the cost (7.17 million yen per month). Eighteen months after DPC introduction, the ratio of generic drugs increased to 11.7% (171 drugs) of the number and to 10.1% of the cost (18.9 million yen per month). As a result, the purchasing cost of drugs was reduced so much. In addition to a lowering of official price of drugs, an exchange to generic drugs contributes to this reduced expense. The saved cost by an exchange to generic drugs is estimated about one hundred million yen per year. The more precise analysis, focused on 5-HT<sub>3</sub> antagonists, was performed before and after DPC introduction. This drug is necessarily used for a prevention of emesis by anticancerous drugs. In Japan, an oral administration of this drug is more popular than an intravenous one while it is internationally the case to the contrary. Considering also that the most authorized guideline recommends the first choice of an oral one, the cancer board determined to choose an oral one as the first choice as well as an exchange to generic drugs. Before DPC introduction, the ratio of oral drugs was only 19%. After DPC introduction, the ratio increased up to 63%. The change of administration route and an exchange to generic drugs reduced about 4million yen per three months. The cost per one case reduced by half (from 5,535 yen to 2,458 yen). Any clinical complaints have not appeared during this period. Our trial that employed more generic drugs and optimized a drug administration proved to be very useful in improving a financial balance. And, the successful result must be based on good coordinations and comprehensions of all the employees.

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