Generic Medicines from the Perspective of Health Care Policy

March 14　2009

Hiroya Ogata
Graduate School of Medical Sciences
Kyushu University

1.Health Care Expenditures in Japan and Australia

（1）Total Expenditure on Health

(% gross domestic product) : OECD Health Data 2008

	1960	1970	1980	1990	2000	2006
Australia	3.8	5.2	6.3	6.9	8.3	8.7
Japan	3.0	4.6	6.5	6.0	7.7	8.1

- Total Expenditure on Health :%GDP in 2006

Australia	8.7%
Japan	8.1
Canada	10.0
France	11.0
Germany	10.6
Italy	9.0
United Kingdom	8.4
United States	15.3

（2）Total Expenditure on Pharmaceuticals and Other Medical Non-durables in 2006

	% Total Expenditure on Health	Per capita US dollar PPP
Australia	13.7 %	506 $
Japan	19.6	432
Canada	17.4	639
France	16.4	564
Germany	14.8	500
Italy	20.0	524
United Kingdom	15.8 (1997)	237 (1997)
United States	12.6	843

（3）Generic Market Shares in OECD Countries in 2004

	%Share (Value)	%Share (Volume)
Japan	5.2	16.8
Canada	16.2	41.4
France	6.4	12.0
Germany	22.7	41.1
Italy	2.0	4.0
United Kingdom	20.6	49.3
United States	12.1	53.3

2.Health Status in Japan and Australia

（1）Life Expectancy at Birth in 2006

	Female	Male
Australia	83.5	78.7
Japan	85.8	79.0
Canada	82.7 (2005)	78.0 (2005)
France	84.4	77.3
Germany	82.4	77.2
Italy	83.8 (2004)	77.9 (2004)
United Kingdom	81.1 (2005)	77.1 (2005)
United States	80.4 (2005)	75.2 (2005)

（2）Infant Mortality, Deaths per 1,000 Live Births

Australia	4.7
Japan	2.6
Canada	5.4(2005)
France	3.8
Germany	3.8
Italy	3.9(2004)
United Kingdom	5.0
United States	6.9(2005)

3. Health Care Delivery in Japan and Australia

（1）Capital Intensive or Labor Intensive?

Production Function：生産関数

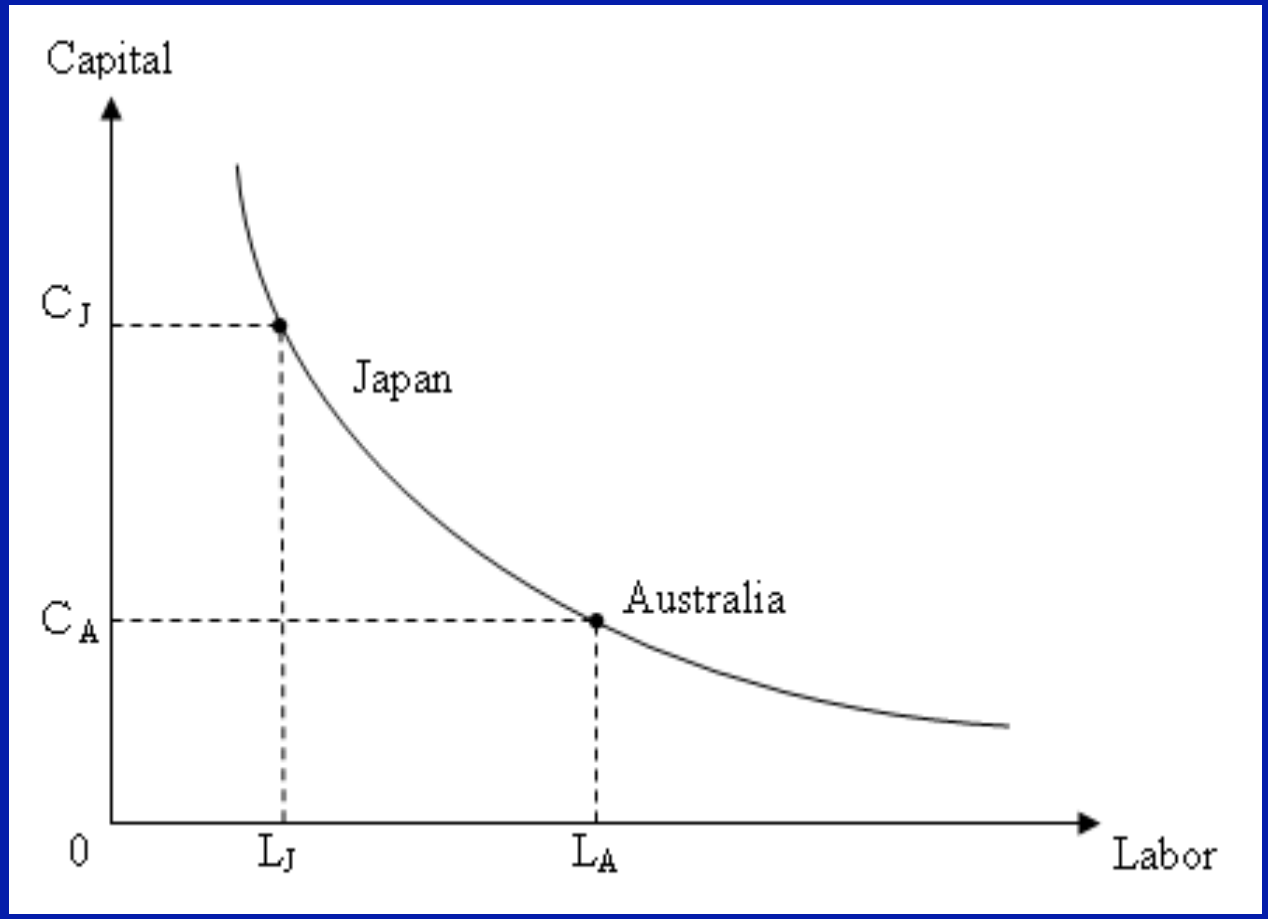
$Q = F(K, L)$

where Q represents output (health expenditure) over a period of time, and K and L represent the quantities of capital and labor inputs over the period

（2）Isoquant Curves：等量線

$Q = Q_0$: Isoquant (Isoproduct) curves

All combinations of factors of production (inputs) yielding a constant level of output


Capital
C_J
Japan
C_A
Australia
0
L_J
L_A
Labor

- Capital Inputs in Health Care in Several OECD Countries (2006)

	Number of acute-care beds (per 1,000 population)	Number of MRI units (per million population)
Australia	3.5(2005)	4.9(2005)
Japan	8.2	40.1(2005)
Canada	2.8(2005)	6.2
France	3.7	5.3
Germany	6.2	7.7
Italy	3.3	15.0(2005)
United Kingdom	2.2	5.6
United States	2.7	26.5

- Labor Inputs in Health Care in Several OECD Countries (2006)

	Number of Physicians per 100 beds	Number of Nurses per 100 beds
Australia	71.8(2005)	248.7(2005)
Japan	15.0	66.4
France	48.6	105.6
Germany	58.8(2005)	118.1(2005)
United Kingdom	69.4	330.6
United States	75.0	328.1

（3）Health Care Reforms in Japan in 2006

○Capital-intensive→Labor-intensive Health Care Delivery

○Lack of Differentiation and Standardization

OECD(2001), *OECD Economic Surveys : Japan*

→・Reforms in Regional Medical Care Plan

・Extension of Diagnosis Procedure Combination in the Acute Inpatient Care

4. Health Care Financing in Japan and Australia

- Percentage of Out-of-pocket Payments of Total Expenditure on Health in 2004

Australia	21.6%(2002)
Japan	17.3(2003)
Canada	14.9
France	7.6
Germany	10.4(2003)
Italy	19.6
United Kingdom	11.0(1996)
United States	13.2

○ Benefits for Pharmaceuticals

・Cost-sharing by the patients

→Co-payments, Co-insurance,

Deductibles（保険免責制）

・ A Cap on the maximum cost-sharing amount

（高額療養費、ドイツの所得2%上限制等）

・Australia : Pharmaceutical Benefits Scheme

（PBS）

5. Policy Options

○ Introduction of Reference Price System
（参照価格制度の導入）

・No Extra-billing Principle（「混合診療」の禁止）
・Asymmetry of Information in Health Care
（医療における情報の非対称性）
・「保険外併用療養費制度」の拡大
評価療養＋選定療養

いわゆる混合診療については、公平性の観点のみならず、医療サービスにおける「情報の非対称性」の観点から、無制限な解禁は行うべきではないと考える。

この問題については、新たな「保険外併用療養費」制度の枠組みの中で、あくまでも個別の医療サービスごとの適切な医療技術評価等を踏まえ、具体的に判断していくべきであろう。1つの候補としては、薬剤費におけるジェネリック品の価格を保険給付の対象（保険外併用療養費）とし、ブランド品を利用した場合にはブランド品価格との差額を患者負担とすることが考えられる。これは一種の「参照価格制」であるが、ジェネリックの安定供給、品質管理、十分な情報提供等が担保されれば、理論的には十分成り立ちうる案であろう。

＊尾形裕也・田近栄治編著(2009)『次世代型医療制度改革』第2章より抜粋（ミネルヴァ書房近刊）