

THE RESULTS OF THE ANALYSIS OF "WILLINGNESS –TO–PAY" FOR THE USE OF INNOVATIVE TECHNOLOGIES IN THE TREATMENT OF PATIENTS WITH DEPRESSIVE DISORDERS

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Introduction. Currently, the organization of effective medical and pharmaceutical care of patients suffering from depressive disorder in Ukraine is of great socio-economic importance. The introduction of modern multimodal antidepressants into the treatment of patients with depressive disorders allows using them for a long time to achieve full recovery and supports the premorbid level of social functioning. Innovative drug Vortioxetine corresponds to the important contemporary requirements which are put forward for the treatment of depression, has not only a high efficiency in relation to affective symptoms, but also unique properties to enhance cognitive functioning and, consequently, the quality of life of the patient. However, the application of new approaches is complicated by the problem of its high cost.

Aim. To make the analyzes of "willingness-to-pay" in the organization of treatment of patients with depressive disorders in Ukraine.

Materials and methods. The object of the research was the survey data of psychiatrists (55 persons) and family members of patients with severe depression (75 people), which was conducted during 2015 in Zaporozhye. The questionnaire worked up for physicians consisted of two parts, in the first part it was necessary to specify personal data (age, place of work, position, work experience in the position, etc.), and the second contained the special block of questions on the monitored problem. The aim of the second unit was to establish the attitudes of respondents towards the "willingness-to-pay" at the expense from personal funds and rationality of the real cost of treatment with the drug Vortioxetine from the perspective of the health system as a whole. The purpose of questioning of other suffering from depressive disorders patients was to identify the "willingness-to-pay" opportunities by private funds (before that, the respondents indicated the average monthly income per 1 person in the family), the rationality of the real costs for the treatment with the medicine Vortioxetine from the standpoint of the patient (indicating the cost of its implementation) and determining the maximum "willingness-to-pay" for the expense of personal budget and the rationality of the real costs from the position of health care organization.

Results and discussion. In the last decade, the results of pharmacoeconomic analysis is widely used in the health care system of the developed countries, while taking such management decisions as registration of medicinal products, development of forms and clinical guidelines (recommendations, standards of conducting patients), to draw up a restrictive list of medical technologies, which should to be paid from the expense budget or social insurance. The most valuable for the decision makers, are considered

the results of the analysis "cost-effectiveness" and "cost-utility". The analysis of "cost-benefit" remains quite attractive for economists in the field of health care organization because only it gives an indication of economic (monetary) benefit of the technologies contributing to the restoration, preservation or promotion of health. In addition, the results give us an insight into the preferences of the population (potential market) and at the same time can be used for economic justification of the use of medicines. 83.1% of physicians managed to evaluate "willingness-to-pay" without knowing the cost of treatment Vortioxetine and its effectiveness (to provide a monetary evaluation of medications conducive to everyday functioning and reduce the risk of suicide) at the expense of personal funds; 93.4% of doctors did the same at the expense of the health system. Among others patients the proportion of responses to questions was higher than that among health care workers – to assess "willingness-to-pay" for the personal expense without knowing the cost of treatment with Vortioxetine could 91.9% of others patients. After the respondents were informed about the cost of the treatment, to evaluate "willingness-to-pay" could only 79.3 %. The study calculated the ratio of the absolute difference of the benefits and costs depending on the size of «willingness-to-pay» for pharmaceutical ensure of different groups of respondents. It showed significantly different results among themselves. If we consider the responses of doctors, the use of Vortioxetine is obviously beneficial. But taking into the consideration the opinion of the patients' significant additional monetary investment is needed. Evaluation of "willingness-to-pay" which was conducted among physicians showed that 51% of respondents believe that all the expense for the treatment are to be carried out by the health care budget. 68% of physicians welcomes if the budget pays only 75% of the cost of treatment, 91% of doctors are for the payment of the half the cost of the treatment, and only 28% respectively are for the quarter of the budget payment. One of the important issues was to assess the feasibility of the real costs of Vortioxetine. The answer was given after the respondents recognized the real costs to treat depression using Vortioxetine. Among the asked whether it is appropriate to apply Vortioxetine considering its real value and efficiency, responded "no" only around 17.6% of patients and 3.7% of physicians.

Conclusions. Thus, the results of the study found out that the most "willingness-to-pay " for effective treatment was practitioners than average patients with depressive disorders. Considering the peculiarities of the health care system of Ukraine and the level of current financing, to ensure access of patients with depressive disorders it is necessary to conduct pharmacoeconomic analysis by the method of "risk sharing". Its results will justify a state procurement and establishing the price of the drug depending on the quantity (number of packages) for the treatment of depression, considering the limited financing of the branch. The scheme of partial state financing can also be implement for the expensive treatment involving 3 participants (the government – manufacturer – patient). It is only necessary to determine the percentage of reimbursement of expensive drugs in the case of the introduction of health insurance to ensure access of patients to high-tech means and methods of treatment.