News

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27.03.2022

6th Ad hoc statement of the position paper authors group: The pandemic caused by SARS-CoV-2/CoViD-19

44 / 5.000 Übersetzungsergebnisse Corona: integration into routine care

Exactly two years after the start of its publications, the group of authors presents its 6th ad hoc statement on SARS-CoV-2/CoViD-19 and calls for the immediate integration of corona care into routine medical care. Tests without cause should be stopped; instead, symptoms and diseases should be clarified using standard medical procedures. The outpatient-inpatient gap in the care of sick infected people must be closed through energetic efforts in order to show support and, if necessary, to enable regulated hospitalization. The vulnerable groups are to be defined more precisely under the conditions of their vaccination status, and among the diverse questions in social and psychological care, more attention should be paid to the needs of institutionally cared for patients in hospitals and nursing homes and, for example, the farewell of the deceased should be given a dignified framework.

Seven demands are made in this regard. "The end of the pandemic will not be televised", a pandemic does not end suddenly, but requires complex compromises and therefore requires strong, experienced political leadership. Since many measures have been introduced without valid justification, the difficulty now is to explain their termination without reference to the cessation of these reasons. Politicians face the difficult task of shaping this phase of the end of

the pandemic.

Contact:
Prof. Dr. Gerd Glaeske (verstorben)

21.01.2022

29.08.2021

Thesis paper 8.0| - The pandemic caused by SARS-CoV-2 / CoViD-19

Pandemic as a complex system, control of the epidemic using indicator-sets, children and adolescents in the corona pandemic, politics and democracy under pandemic conditions

The 8th theses paper expands the tried and tested tripartite division of epidemiology, prevention and social policy by a preceding chapter, which proposes a conceptual understanding of the

epidemic that differs from the common, biological-linear view. A total of four topics are dealt with:

- The pandemic as a complex system,
- Control through indicators and development of indicator sets,
- Children and adolescents in the corona pandemic,·
- Politics and democracy under pandemic conditions.

Theses paper 8 tries to gain more perspective, primarily by proposing a concept for understanding the pandemic, secondly by proposing a set of indicators suitable for controlling, thirdly by further deepening the knowledge of the children and adolescents in the pandemic, and fourth, by attempting political interpretation to bid.

Summary:
The proposed concept is that the epidemic should be seen as a complex system. The individual persons represent the elements of the system, the infection as a form of interaction, the infection processes as a result of virus, host and environmental properties according to the rules of this interaction, that are indeed present in complex systems, but are not visible. Success-oriented handling of an epidemic requires knowledge of its essential characteristics (attractors, e.g. age dependency), the expansion of knowledge through iterative interventions (e.g. evaluation of school closings), and as the basis of all efforts, social self-confidence and openness to different approaches.

A concrete proposal for a multidimensional indicator set for control is presented, which, based on the draft of the German Hospital Society, focuses on age stratification and a reporting rate specified according to vaccination status, comorbidity, socio-economic factors and positivity rate along with test frequency. Outcome indicators such as hospitalization (also specified according to comorbidity and vaccination protection), intensive care and the need for ventilation are also used. However, a political line in the transition to multidimensional control systems is currently not discernible.

During the pandemic, children and adolescents made a significant contribution to society and, in doing so, accepted serious disadvantages themselves. In all measures that will apply in the future, your best interests must be given priority.

Instead of linearity and subordination, autonomy, ambiguity or VUCA (variability, uncertainty, complexity, ambiguity) are the words that have to be implemented in politics today.

Contact:
Prof. Dr. Gerd Glaeske (verstorben)

Prof. Dr. Philip Manow

28.07.2021

Third ad hoc statement by the group of authors on intensive medicine care

The group of authors supplements the statements from theses 4 and 6.1 on intensive medicine care

Contact:
Prof. Dr. Gerd Glaeske (verstorben)

Prof. Dr. Philip Manow

10.03.2021

Cannabis Report 2020: 500 percent increase in expenditure for SHI since 2017 in ambulatory settings! - A status report on the 4th anniversary of the prescription authorization of cannabis.

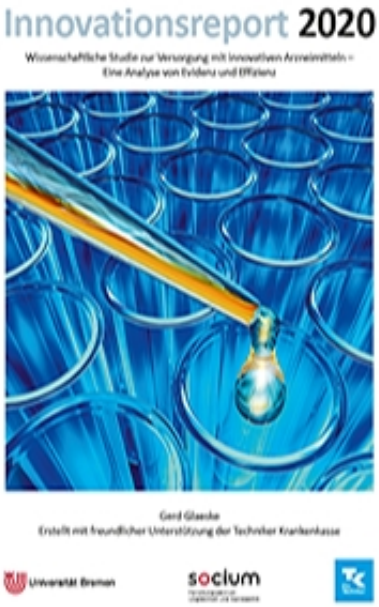
Health care research with secondary data: Report on cannabis-containing medicines based on prescriptions from BKK Mobil presented in an online press conference.

Contact:
Prof. Dr. Gerd Glaeske (verstorben)

Apotheker Lutz Muth

16.09.2020

New drugs in the Innovation Report 2020: Do they deliver what they promise?



The Innovation Report 2020 evaluates drugs that entered the German market in 2017

This year's Innovation Report rates 31 active ingredients of medicines launched in 2017.

Innovation Report 2020:

long version

short version

Presentation of Prof. Dr. Gerd Glaeske

Contact:
Prof. Dr. Gerd Glaeske (verstorben)

06.04.2020

Multidisciplinary position paper on the SARS-CoV-2/Covid-19 Pandemic

Improvement of the Databases | Strategic Development of Prevention Measures | Protection of Civil Rights

The aim of the present paper is to scientifically elucidate the current epidemiological crisis and to draw recommendations from the given situation for effective preventive measures. The proposals for prevention are placed within a sociopolitical framework that, in the view of the authors, is inextricably connected with the current circumstances. The comprehensive analytical section is preceded by a brief overview of the established positions. The authors endeavour to clearly point out the facts and issues at hand, thereby avoiding any criticism of the actors who in the past few weeks have had to make crucial decisions on the basis of information that one might say was “even more incomplete” than it is today. The statements made in this position paper are intended as a constructive contribution towards supporting the strategies taken in the coming weeks.

Contact:
Prof. Dr. Gerd Glaeske (verstorben)

12.03.2020

Corona crisis can intensify supply shortages of pharmaceuticals


Prof. Dr. Gerd Glaeske Foto Raphael Huenerfauth, Photothek.net

Gerd Glaeske believes increasing supply shortages are likely

More than 75 percent of all medication prescriptions are so called generics. Most of these drugs are made in India and China. This means long supply chains. Quality, manufacturing conditions and reliability might suffer. In China, the regions in which the products are manufactured are also affected by the corona virus, which will certainly exacerbate the delivery difficulties.

More information

Contact:
Prof. Dr. Gerd Glaeske (verstorben)

01.10.2019

The Innovation Report 2019 shows more negative ratings than last year

Cover Innovationsreport 2019

Study on innovative medicines of the year 2016 in day to day care

This year's Innovation Report rates 21 active ingredients of the total of 31 medicines launched in 2016.

Oncologics were most frequently evaluated, five drugs contain antiviral drugs, three are recombinant coagulation factors. The remaining active ingredients cover eight further indications. For the first time, a vaccine (the HPV vaccine, which i.a. protects against cervical cancer) was rated in this report. Eight medicines were launched with a fast track assessment.

The special chapter of the report is dedicated to the current topic "vaccination and compulsory vaccination" and discusses measles, HPV and flu vaccines in particular.

The data of the RKI, the KiGGS study and the WHO state that the measles vaccination rates have still not been reached. They show that compulsory vaccination, which has already been introduced in some European countries, has not eliminated measles. The Innovation Report 2019 presents various approaches how an increase in vaccination rates could succeed and how the potential arguments of the anti-vaxxers could be. It illustrates the great importance of physician-patient communication in this context. Compulsory measles vaccination should be the ultima ratio - education and information campaigns need to be developed and strengthened in the public.

Although five medicines were rated with a green overall traffic light, the increase in red traffic lights (61% of all assessed medicines) has degraded the hope of a positive development of newly licensed medicines compared to the last year. For six medicines red hand letters with important information for physicians and patients were sent. This also confirms the assumption that current

approval studies provide only a limited picture of effects and side effects, therefore pharmacovigilance studies in the "aftermarket" are urgently needed.

Medicines that represent a true therapeutic innovation and have been assessed with a green (added) benefit signal are human papillomavirus vaccines and medicines in cancer treatment of multiple myeloma (Daratumumab and Elotuzumab) and in the treatment of chronic heart failure with reduced ejection fraction (Sacubitril/Valsartan). Only one medicine (Elbasvir/Grazoprevir) is cheaper than the ACT and has been given a green light in this category. Regarding the price twelve medicines were rated as equally expensive (marked with a yellow traffic light) and four medicines as more expensive (marked with a red traffic light). In comparison with already available therapies, five medicines are marked in green, four in yellow, and 14 in red. Thus, only nine of the new medicines on the market contribute to already approved pharmaceuticals in a positive way.

Innovation Report 2019:

long version

short version

Presentation of Prof. Dr. Gerd Glaeske

Contact:
Prof. Dr. Gerd Glaeske (verstorben)

13.06.2019

Skin cancer report 2019 published

Cover Hautkrebsreport 2019

On 29th May Prof. Dr. Gerd Glaeske, Co-editor, presented the "Skin cancer report 2019" together with Techniker Krankenkasse and University Medical Center Hamburg-Eppendorf.

Skin cancer is the most common cancer in Germany with 270,000 new cases a year. In every seventh skin cancer, the most dangerous is black skin cancer (malignant melanoma), which accounts for around 14% of skin cancers, with 86% white or pale skin cancers. The number increases every year - in the years 2009 to 2015, 50% additional diagnoses of light skin cancer and 30% of black skin cancer were made. Skin cancer is often curable if diagnosed early enough.

02.04.2019

Second Congress for „A Longer Better Life“ Fully Booked in Short Time

BKK24 Länger besser leben.
Institut
Universität Bremen
Longer Better Living.-Institute

Topical Issues and Renowned Speakers Guarantee Gerd Glaeske and the BKK24 a Full Audience

How can we motivate people of different social backgrounds to change their life style, their fitness behavior and their eating habits in order to live a healthier, longer and more satisfying life? The Second Congress for “A Longer Better Life” offers an interesting program put together by Professor Gerd Glaeske of SOCIUM and the BKK24. The congress will commence on May 14th, 2019 at the Adademie des Sports in Hanover. Since it is still the social background which determines the life expectancy the congress aims at exploring the possibilities to improve the individual motivation. The topical question guaranteed that the congress was fully booked in short time.

The Congress for “A Longer Better Life” is part of the preventive work of the Institute for “A Longer Better Life” which organized by the SOCIUM together with the BKK24.

More information: Longer Better Living.-Institute

Contact:
Prof. Dr. Gerd Glaeske (verstorben)

24.10.2018

The Innovation Report 2018

Cover Innovation Report 2018

More green traffic lights than in recent years.

The Innovation Report has been published annually since 2013 by Professor Gerd Glaeske und Professor Wolf-Dieter Ludwig with the support of the Techniker Krankenkasse (TK). This report combines healthcare provision research with the evaluation of new medicines that were first offered three years ago and that have undergone an early assessment by AMNOG criteria. In this respect, the innovation report offers a kind of "late assessment" of the drugs from the year 2015. The increasing marketing of orphan drugs can also be seen in this year's Innovation Report, as well as the trend towards accelerated market entry of pharmaceuticals.

The Innovation Report 2018 critically evaluates the new drugs launched in 2015 into the pharmaceutical market for German health insurance. Many patients with serious diseases that have been only symptomatically treatable live in the hope of being cured by newly developed medicines. These include, for example, drug therapies for Alzheimer’s dementia - which are dealt with in a separate chapter in this Report - but also new medicines for the treatment of malignant diseases. In particular, with regard to the former condition, information is regularly promulgated that raises hopes of a cure, but so far there has been no real therapeutic breakthrough with regard to finding a cure for Alzheimer’s dementia.

Altogether, 32 of the 37 pharmaceutical products introduced in 2015 are included in the Innovation Report 2018. In the report, there are 7 positive and 10 negative evaluations (indicated by a green or red traffic light respectively). Numbering nearly 50 % of the products, the largest proportion is registered as having at least partial additional benefits, which is indicated by a yellow traffic light.

Orphan drugs, used to treat rare diseases which afflict no more than 5 persons per 10,000 according to the EU definition, account for a third of the new drugs. In addition, there is a clear lack of new antibiotics or drugs available in the market for treating most “other neurological diseases” and mental disorders.

Download Innovation Report 2018:
Long version (in German)
Short version (in German)

Download:
Statement for the press conference by Gerd Glaeske (in German)
Slides for the press conference by Gerd Glaeske (in German)

Contact:
Prof. Dr. Gerd Glaeske (verstorben)

17.05.2018

Cannabis should be treated the same way as other new medicines

Cover Cannabis-Report

First Study on new Cannabis Medicines and their use presented in Berlin on May 17th, 2018.

Since March 2017, the prescription of cannabis at the expense of statutory health funds has been possible, although studies on the efficacy and safety of cannabis medicines are fragmentary. The Cannabis Report was drawn up by the University of Bremen, with the support of the TK, in order to be better able to assess cannabis as a therapy option for various diseases. Preliminary representative data on prescribed cannabis shed light on actual outcomes and contribute towards an objective debate over this new medicine.

In principle, cannabis treatment is assessed as positive, although in comparison to most proven therapies it is not a good alternative. In isolated cases, however, cannabis medicine does help patients.

This is one of the outcomes of the Cannabis Report presented on 17th May 2018 in Berlin.

Further information:
Gerd Glaeske/Kristin Sauer, Cannabis Report, 2018
Presentation at the Press Conference Cannabis Report, May 17, 2018, Berlin

Contact:
Prof. Dr. Gerd Glaeske (verstorben)

26.04.2018

Strengthen Prevention! Prevention is the fourth pillar and a key component of our healthcare system

Institute for Longer, Better Life

This is the topic of the first "Live Better, Live Longer" Congress organised by the University of Bremen and BKK24 on 26th April, 2018, in Hanover.

There have long been calls for the promotion and improvement of prevention, which - alongside medical treatment, rehabilitation and long-term care - is the fourth pillar of our healthcare system. However, despite the Prevention Act, which came into force in July 2015, the potential benefits of prevention are still underutilized. The "Länger besser leben." Institut (Institute for Longer, Better Life) - a joint cooperation between the University of Bremen and the BKK24 health insurance fund - has organised the Congress with the aim of making a recognizable contribution to the promotion of prevention.

More Information:
Länger besser leben." Institut (Institute for Longer, Better Life)

Contact:
Prof. Dr. Gerd Glaeske (verstorben)

20.09.2017

New medicines under examination: Nearly half without additional benefits

Innovation Report 2017

Health experts from SOCIUM Research Center on Inequality and Social Policy at the University of Bremen present the Innovation Report 2017 at the Federal Press Conference on 20 September in Berlin.

Professor Gerd Glaeske (SOCIUM Research Center on Equality and Social Policy) and Professor Wolf-Dieter Ludwig (Chairman of the Medical Committee of the German Medical Association), published the Innovationreport with the support of the Techniker Krankenkasse for the fifth time. The research report reviews drugs that have been prescribed in Germany since three years and have been reimbursed by the statutory health insurance (GKV). The results of assessments of 32 new drugs evaluated were mediocre - no single product receiving the overall "green traffic light".

In the Innovationsreport 2017, different aspects of the new medicines are analyzed according to their daily usage:

- Is the medicine the only one to treat the disease concerned?

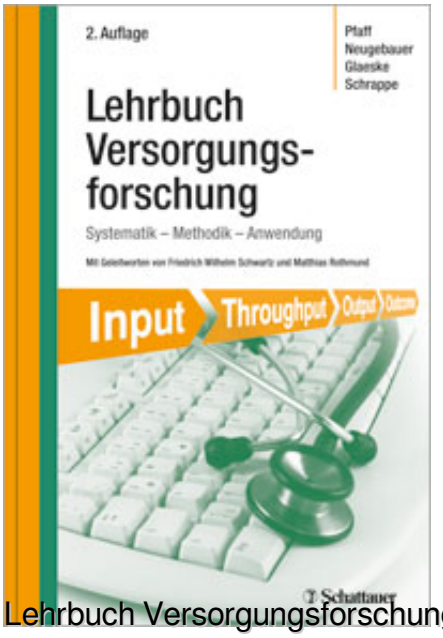
- Is there more benefit and / or less risk to patients and how expensive is it?
- Are there further references published that may change the assessments of the new drugs since the authorization of the respective agent?

These questions are answered by means of a traffic light system. There is a "red" traffic light for a critical assessment, a "yellow" for a more open classification and a "green" for a positive overall assessment.

Contact:
Prof. Dr. Gerd Glaeske (verstorben)

19.05.2017

Lehrbuch Versorgungsforschung is published



Lehrbuch Versorgungsforschung

Gerd Glaeske (SOCIUM, University of Bremen) is a co-publisher of the updated guide for health services research and the optimization of health care.

In cooperation with Professor Holger Pfaff (IMVR, University of Cologne), Professor Edmund Neugebauer (Medical University of Brandenburg) and Professor Matthias Schrappe (University of Cologne), the "Lehrbuch Versorgungsforschung" is published by Schattauer. The second edition is completely revised and provides a comprehensive and systematic overview of the methods and possibilities of health care research. It represents an important transfer of science in practice.

Contact:
Prof. Dr. Gerd Glaeske (verstorben)

07.09.2016

Innovation Report 2016 Published

Innovation Report 2016

The Evaluation of Pharmaceutical Products Introduced in 2013 and The Pharmaceutical Market Restructuring Act (AMNOG) Five Years on.

This is the fourth edition of the Innovation Report, drawn up by researchers at SOCIUM since 2013 (authors of the present edition are Daniela Boeschen, Dörte Fuchs, Judith Günther and Gerd Glaeske). The volume focuses primarily on 23 pharmaceutical produts that were launched on the German market in 2013, evaluating them in terms of their therapeutic benefit according to

the standards of evidence-based medicine (EBM), their development on the market, and actual medical outcomes in the years 2013-14 on the basis of routine data from the Techniker Krankenkasse health insurance fund (TK).

The Pharmaceutical Market Restructuring Act (Arzneimittelmarktneuordnungsgesetz, or AMNOG) came into force on 1st January 2011, and requires that, without exception, all new prescription drugs available to patients covered by statutory health insurance must be tested for efficacy and above all for added benefits to patients that comparable existing therapies do not achieve. Altogether 156 testing procedures have been completed since 2011.

Overall, in 56.4 per cent of the procedures it was confirmed that the new drugs had an added benefit over a comparable therapy. This conclusion had already been reached by the Federal Joint Committee (Gemeinsamer Bundesausschuss, or G-BA, the highest decision-making body of the joint self-government of physicians, dentists, hospitals and health insurance funds in Germany) when it assessed the 100th active substance in late 2014. At the time, even the degree of additional benefit was differentiated: in 21 per cent of cases, and in the oncological drug market segment as much as 43 per cent, a significant additional benefit was ascertained. Negligible additional benefit was ascertained in 26 per cent of the cases assessed, and in eight per cent of the cases the benefit was not quantifiable. Frequently, however, there was no additional benefit for all of the patients with the indications in question, but rather only for certain subpopulations (approx. 40 per cent of cases), which meant that only a relatively small proportion of the patients benefited from the new drug (22 per cent).

The political intent of the legislation was to introduce a differentiation, regulated by statutory law, of the innovative degree of new pharmaceutical products in order to distinguish whether and to what extent they may be found to have a more positive therapeutic effect than approved comparative therapies. This objective was fulfilled in most cases, but experts were not always unanimous in their assessments. In fact, there were, and still are, discrepancies between the assessments of the German Institute for Quality and Cost Effectiveness in the Health Care Sector (Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen, or IQWiG), which compiles the dossiers preparatory to the decisions, and the conclusive decisions of the G-BA. For example, in 2014, IQWiG compiled 36 assessments for 33 active substances (not including orphan drugs). The G-BA did not endorse these assessments in all cases; in ten cases the G-BA reached a different conclusion on added benefits, and in five cases it increased or reduced the maximal degree of beneficial effects, which amounts to an adjustment rate of 30.3 per cent. It is conceivable that IQWiG carries out very strict assessments of the available evidence, while the G-BA takes aspects of provision more strongly into account.

As in the Innovation Report 2015, almost half of the new active substances introduced are for use in oncology. A close look at the TK's expenditure for new drugs in 2013 shows that many of these new oncology products follow close behind the front runner Teriflunomid, a product for treating multiple sclerosis. The soaring costs of pharmacotherapy, brought on by high-priced pharmaceuticals now available on the market, especially in the areas of oncology and immunology, is causing excessive budgetary strain on Germany's solidarity-based healthcare

system, and there is an urgent need to amend the criteria for pricing new substances – that is one of the major conclusions drawn in the Innovation Report. The AMNOG was introduced as a learning system, and should therefore be amended when shortcomings and weaknesses become clear. This also applies to the tardy assessment of many pharmaceuticals of which too little is known about benefits to patients directly after approval. This is true of the majority of drugs newly available on the market – namely oncology products. Studies are urgently needed that document treatment outcomes in the three years following authorisation, thus allowing a more comprehensive assessment of the benefits and risks of the drugs in question. Reimbursement prices should ultimately be negotiated on the basis of that assessment. In terms of assessing new pharmaceutical products, AMNOG is undoubtedly a step in the right direction, but the legislation should be improved on an ongoing basis to establish more a reliable basis for decision-making.

Downloads (in German only):
Long Version: Innovationsreport 2016
Short Version: Innovationsreport 2016

Press Conference statement by Gerd Glaeske
Press Conference presentation by Gerd Glaeske

Contact:
Prof. Dr. Gerd Glaeske (verstorben)

20.05.2016

Presentation of two new studies on morbidity-oriented risk structure compensation (Morbi RSA)


Prof. Dr. Gerd Glaeske

Expert team to Professor Gerd Glaeske presents two new expertise reports on morbidity-oriented risk structure compensation (Morbi RSA).

Gerd Glaeske (SOCIUM, University of Bremen), together with Wolfgang Greiner (Universität Bielefeld), Jan Dietzel and Carsten Neumann (both IGES), presents an expert assessment on criteria, analyses and alternatives relating to ancillary research for Morbi RSA. Gerd Glaeske, Jean Dietzel and Carsten Neumann have also published a second expertise report on questions of disability.

Following an initiative by 11 state health insurers, both reports propose alternatives for independent ancillary research on ways of improving Morbi RSA. The first report analyses the actual impacts of the present method of disease selection, and develops and evaluates a number of appropriate alternatives without a predetermined conclusion.

The second ancillary research report focuses on issues related to the necessity of indirect measurement of morbidity in the Morbi RSA or whether it can be abandoned in favour of a pure morbidity orientation.

Contact:
Prof. Dr. Gerd Glaeske (verstorben)

09.12.2015

The BARMER GEK Arzneimittelreport 2015 is published

Cover Arzneimittelreport 2015

First analysis of expenditure on cytostatic drugs in statutory health insurance.

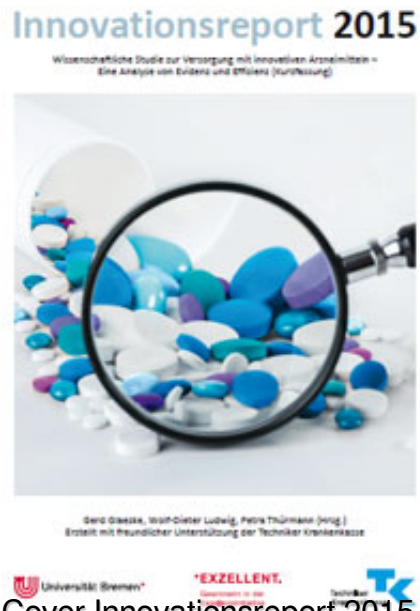
For the fifteenth time, the team of authors around Gerd Glaeske and Christel Schicktanz published the BARMER GEK Pharmaceutical Report 2015. By analysing the representative secondary data of prescriptions, expenditures and regional distributions of 8.6 million BARMER GEK insured, the pharmaceutical provision has been depicted convincingly. Special attention was drawn to the areas of supply where there is potential for improvement, i.e. drugs with unnecessary risks, preparations that are too frequently or too seldom prescribed as well as drugs with unnecessary costs.

Download:
BARMER GEK Arzneimittelreport 2015
Power Point Presentation at the press conference by Prof. Glaeske

Contact:
Prof. Dr. Gerd Glaeske (verstorben)

15.09.2015

Innovation Report 2015



Cover Innovationsreport 2015

Traffic Light Rating and Prescription of Newly Registered Drugs.

This is the third publication of the Innovation Report. Edited by Gerd Glaeske, Petra Thürmann and Wolf-Dieter Ludwig, the Innovation Report provides the first data on prescriptions of new drugs – which distinguishes it from all other reports on pharmaceutical products. These drugs, which have undergone the AMNOG early evaluation process, are subjected to a review which also includes everyday medical treatment. Both the prescribed amounts and expenditure are considered and set in relation to the benefit of these medicines in their respective indications.

Gerd Glaeske (SOCIUM, University of Bremen), Wolf-Dieter Ludwig (HELIOS-Klinikum Berlin-Buch and Chair of the Drug Commission of the German Medical Association) and Jens Baas (Chair of the Board of the Techniker Krankenkasse health fund) presented the Innovation Report 2015 on September 9th, 2015 in Berlin. The report was drawn up, with the kind support of the Techniker Krankenkasse, by a team of authors comprising Daniela Boeschen, Dörte Fuchs, Dr. Judith Günther and Prof. Dr. Gerd Glaeske from the Health Care Research Division of the Department of Health, Long-Term Care and Pensions at SOCIUM (formerly ZeS), University of Bremen. The report evaluates evidence on and the efficacy of new medicines that came onto the market in 2012 and considers their prescriptions in the years 2012 and 2013 in the light of routine data from the Techniker Krankenkasse.

Download: Innovationsreport, Long Version, in German

Contact:

Prof. Dr. Gerd Glaeske (verstorben)

15.07.2015

Medicinal Congress 2015: 29th September in Berlin

Patient oriented outcome research - yesterday, today, tomorrow.

Health services research has achieved a lot in the meantime - but is it enough? The Advisory Council on Health claimed in its report of 2000/2001 an expansion of outcome research and an increased use of administrative data. This includes primarily the presentation of rational and quality-oriented patient care through methodologically adequate studies, the revealing of overuse, underuse and misuse of care and an evaluation of health policy-induced changes in our health care system. These aspects still determine future challenges for health services research on a medical, political and economic level:

- more comprehensive evaluation concepts of therapeutic measures in favor of patients and from the perspective of patients on the basis of adequate funding;
- development of new concepts to improve care structures and processes;
- improved transfer of research results for the public and increased consideration of the

findings in politics.

The congress focuses on outcome research by taking into account already achieved results and future requirements for improvement opportunities regarding the quality of care.

Contact:
Dr. Christoph Straub
CEO of Barmer GEK

Contact:
Prof. Dr. Gerd Glaeske (verstorben)

16.09.2014

BARMER GEK Heil- und Hilfsmittelreport 2014 presented in Berlin

BARMER GEK Heil- und Hilfsmittelreport 2014

Produced by members of the ZeS, the BARMER GEK Heil- und Hilfsmittelreport investigates the German statutory health care in a ten year tradition.

The BARMER GEK Heil- und Hilfsmittelreport 2014 reports the amount of prescriptions and

expenditures from 2013 and 2012: Expenditures for therapeutic interventions reached 774 million Euro (+5.6 %). For medical devices 867 million Euro (+10.2 %) were spent. While rates of increasing numbers of insurants who were treated with these therapeutics were considerably lower than the increase of expenditures, the growth of treatment costs is shown. Especially the increasing costs for medical devices highlight the importance of their market, which is becoming progressively more lucrative to producers and suppliers. Unlike with current procedures in the pharmaceutical market, where drugs have to be approved before application, the vast majority of medical devices require a self-declaration by the manufacturer in order to receive the CE-marking for marketing in the European market. There are no requirements for the demonstration of a long term patient benefit – an unacceptable situation. Besides claiming for a substantial benefit and cost-benefit assessment, the report provides detailed proposals for further activities for better quality and transparency of care with medical devices in the statutory health care system.

The diagnosis related analyses assess important subjects of an older growing society with a high burden of chronic diseases, among others, considering regional aspects: Since the results show that only 40 percent of people with chronic wounds received a compression therapy and 75 percent of diabetic patients with a high risk for food complications did not receive podiatric treatment, a clear under-treatment was identified. Further analyses provide transparency of the utilization of blood glucose test strips, which was characterized by regional differences.

Download:
BARMER GEK Heil- und Hilfsmittelreport 2014, only available in German
Supplementals, only available in German

Contact:
Prof. Dr. Gerd Glaeske (verstorben)

20.08.2014

Report on cost-benefit ratings of registered drugs presented in Berlin

Bestandsmarktreport 2014

The Centre for Social Policy Research (ZeS) at the University of Bremen continues the cost-benefit assessment of drugs with existing admission to the pharmaceuticals market.

Since 2011, the Pharmaceuticals Market Reorganization Act (AMNOG) stipulates an early assessment for newly approved drugs if they are to be prescribed within the statutory health insurance (SHI). This cost-benefit assessment has consequences for the drug prices in the SHI Pharmaceuticals Market. The original intention was to subject important and often prescribed pharmaceuticals of the existing drug market to an AMNOG efficiency rating as well. This law, however, was changed on April 1, 2014, the examination of the already registered drugs was abolished. Medicines, which, compared to proven and affordable treatment alternatives, do not have recognized additional benefits, continue to cause unnecessary costs for the SHI in the billions.

The Centre for Social Policy Research (ZeS) has continued the review process for certain drug groups with the kind support of the TK, a German health insurance fund. The German Federal Joint Committee, the G-BA, had commenced this process before the abolition of the law with a few medicines of the existing pharmaceuticals market.
The market development of selected drug groups was illustrated by routine data of the TK health insurance fund. The focuses of the review are new oral anticoagulants, newer antidiabetic drugs (GLP-1 agonists and DPP-4 inhibitors) and drugs for the treatment of rheumatoid arthritis.

The evaluated 17 drugs were assessed on the basis of a literature review in relation to their patient-oriented additional advantage, compared to established drug therapy options. None of the drugs was evaluated positively in the overall assessment. For example, none of the six studied antidiabetic obtained an additional asset. Of the products still in the market (two antidiabetic

agents were withdrawn from the market because the manufacturers could not implement their price expectations) only two (still more expensive than comparative therapies or agents of first choice) were cheaper in relation to drugs from the same drug class.

Overall, our results highlighted the need for the AMNOG rating of the existing pharmaceuticals market to improve the efficiency of the drug supply. The results of this report will therefore be placed at the disposal of prescribing physicians.

Download: Bestandsmarktreport 2014, in German

Contact:
Prof. Dr. Gerd Glaeske (verstorben)

Dipl.-Soz. Friederike Höfel

06.06.2014

Medicinal Congress 2014 on 24th June in Berlin

Flyer Medicinal Congress 2014

Multiple sklerosis - a disease with many faces

Some 130,000 people in Germany are affected by the autoimmune disease multiple sclerosis (MS), and annually there are 2500 new cases. It is still unclear what triggers the still incurable disease. Established drugs generate hope, new medicines promise progress for the patient - and a billion dollar business for the manufacturers. As a result, complex needs for action on medical and socio-economic levels develop:

- Application of verified knowledge in diagnostics and therapy;
- Promotion of MS research and the evaluation of disease-progression,also in the context of health services research;
- Improvement of the medical and pharmacological treatment;
- Control of the financing and evaluation of new MS drugs;
- Development of optimized care and treatment structures;
- Intensification of the cooperation and coordination of all professional groups involved.

The Congress plans to broaden the knowledge about MS. We try to promote the discussion and implementation of optimization possibilities in terms of a high quality of care.

To this end, we invite you cordially:
Dr. Christoph Straub , CEO of the BARMER GEK
Dr. Rolf-Ulrich Schlenker, Executive Vice Chairman of the BARMER GEK
Prof. Dr. Gerd Glaeske, Centre for Social Policy Research (ZeS), University of Bremen

Download: Medical congress program, in German

Contact:
Prof. Dr. Gerd Glaeske (verstorben)

27.05.2014

BARMER GEK Pharmaceutical Report 2014 presented in Berlin

BARMER GEK Arzneimittelreport 2014

Gerd Glaeske and Christel Schicktanz provide a first impression of last year's drug prescription data.

For the fourteenth time, the team of authors around Gerd Glaeske and Christel Schicktanz presented the BARMER GEK Pharmaceutical Report. By analysing the representative secondary data of prescriptions, expenditures and regional distributions of 8.6 million BARMER GEK insured, the pharmaceutical provision has been depicted convincingly. Special attention was drawn to the areas of supply where there is potential for improvement, i.e. drugs with unnecessary risks, preparations that are too frequently or too seldom prescribed as well as drugs with unnecessary costs.

The share in generic drug prescriptions is stagnating at 75 percent of the packages and at 35 percent of total sales. The share in pseudo-innovations slightly decreased in the BARMER GEK expenditures (from 12 to 11 %). In view of the relatively high Me-too-shares in the prescription market, the waiving of the AMNOG-assessment takes its toll: The respective assessments would have revealed that most Me-too-drugs do not show any advantages in patient care, and corresponding price negotiations would have entailed a relief in expenditures for the statutory health insurance. Another important aspect concerns the so-called special preparations, and especially biologics. The number and expenditures of their prescriptions are rising gradually but consistently: to around 3.3 percent of the prescriptions fall 36 percent of the expenses. Hence, it is of particular importance to differentiate at an early stage whether these drugs present an actual therapeutic and additional benefit compared to existing treatments.

Three fields have been investigated: new oral anticoagulants, proton pump inhibitors and drugs for the treatment of multiple sclerosis (MS).

Download:
BARMER GEK Arzneimittelreport 2014 (in German)
Presentation Prof. Glaeske

Contact:
Prof. Dr. Gerd Glaeske (verstorben)

03.04.2014

The "Innovation Report 2014" of the Centre for Social Policy Research is published

Innovationsreport 2014

The Pharmaceutical Market Restructuring Act (AMNOG) on trial.

Roland Windt, Daniela Boeschen and Gerd Glaeske presented the Innovation Report 2014 on 2 April 2014 in Berlin. The report, which is based on data offered by the Techniker Krankenkasse, has been prepared and presented by the Centre for Social Policy Research for the second time and offers an overview of new drugs introduced into the market in 2011. Among the results are that three of twenty analysed drugs have shown a real therapeutic advantage, seven of twenty have been classified as not innovative at all.

Download:
Extended Version: Innovationsreport 2014, in German
Short Version: Innovationsreport 2014, in German

Statement of Prof. Dr. Gerd Glaeske, in German
Sheets of Prof. Dr. Gerd Glaeske, in German

Contact:
Prof. Dr. Gerd Glaeske (verstorben)

06.11.2013

Gerd Glaeske - elected for a further term to the Scientific Advisory Board of the Federal Centre for Health Education


Prof. Dr. Gerd Glaeske

Professor Gerd Glaeske, co-head of the department "Health Economics, Health Policy and Outcome Research" at the Centre for Social Policy Research (ZeS), was also in the 4th period appointed to the Scientific Advisory Board of the BZgA.

The BZgA is a specialist authority within the Federal Ministry of Health (BMG). Together with BZgA - the Scientific Advisory Board discusses and develops methods for evidence-basing and quality assurance of health promotion and prevention.

More information:
Federal Centre for Health Education
(Bundeszentrale für gesundheitliche Aufklärung - BZgA)

Contact:
Prof. Dr. Gerd Glaeske (verstorben)

25.09.2013

BARMER GEK Remedies and Medical Aids Report 2013 is published

Gerd Glaeske Kristin Sauer, Claudia Kemper and Jana Schulze refer in the newest report to special developments in the remedies and auxiliary supply and the growing importance of this sector.

Representative findings, which are based on BARMER GEK prescription data for remedies and medical aids from the years 2011-2012, show that many more people require hearing aids, physiotherapy or adaptation aids than previously assumed.

Download
BARMER GEK Heil- und Hilfsmittelreport 2013, in German

Contact:
Prof. Dr. Gerd Glaeske (verstorben)

05.06.2013

Innovation Report 2013

The "Innovation Report 2013" of the Centre for Social Policy is published.

Roland Windt, Daniela Boeschen and Gerd Glaeske presented the Innovation Report 2013 on 31 May 2013 in Berlin. The report, which is based on data offered by the Techniker Krankenkasse has been prepared and presented by the Centre for Social Policy Research for the first time and will be published annually from now on.

Contact:
Dr. Daniela Boeschen

Dr. Roland Windt

18.01.2011

Report on the long-term management of an efficient pharmacological treatment in oncology


from left to right: M. Schrappe, W.-D. Ludwig, G. Glaeske, S. Kapferer (Source: BMG)

The Report was realized under the direction of Professor Gerd Glaeske and was handed over to Stefan Kapferer, state secretary of the Federal Ministry of Health, 11.1.2011 in Berlin

The professors Klaus Höffken, Wolf-Dieter Ludwig, Matthias Schrappe, Lothar Weißbach and Eberhard Wille, as well as the research fellows Maike Rehrmann and Friederike Höfel were involved as experts.

The Onkology-Report was commissioned by the Federal Ministry of Health in 2009 within the National Cancerplan. Besides an extended review of the developements in oncological pharmacotherapy regarding medical and economic aspects, the pharmaceutical and social law, the authors suggest strategies to secure an efficient and evidence-based pharmacological treatment. Furthermore, concepts were introduced for differentiated financing of the expensive oncological drugs. In addition to research on the benefit of these drugs in health care reality, the patient orientation was strengthened by presenting strategies for the provision of neutral information.

The report provides an important basis for discussions and the work of the National Cancerplan.

Download (in German):
Press release from 11th January 2011, Bundesministerium für Gesundheit

Expertise (in German):
Glaeske, Gerd; Rehrmann, Maike; Höffken, Klaus; Ludwig, Wolf-Dieter; Schrappe, Matthias; Weißbach, Lothar; Wille, Eberhard, 2010: Sicherstellung einer effizienten Arzneimittelversorgung in der Onkologie, on behalf of: Bundesministerium für Gesundheit, Berlin, 11.01.2011

Universität Bremen

socium
Research Center on
Inequality and Social Policy

Contact:
Prof. Dr. Gerd Glaeske (verstorben)

Dipl.-Soz. Friederike Höfel

09.07.2010

Medical congress: Drug appraisement, pharmacological service provision and financing of pharmacological therapy

This year’s medical congress of the BARMER GEK and the Centre for Social Policy Research took repeatedly place in Berlin on 6th July, 2010 under the scientific direction of Professor Gerd Glaeske.

Besides pharmacological experts, health economists and health insurances' agents, 280 medical and political experts, representatives of research, industry and organizations discussed the Drug appraisement, pharmacological service provision and financing of pharmacological therapy.

Pharmacological therapy belongs to the most important instruments of therapeutic interventions in health care and needs special attention as well as the consideration of diverse requirements. The congress aimed to contribute to the establishment and localization of research, industry and the statutory health insurance and to depict solutions for an adequate and financeable pharmacological service provision.

Birgit Fischer, the BARMER GEK's chairwoman of the board of directors, and Dr. Rolf-Ulrich Schlenker, the BARMER GEK's deputy chairman of the board of directors, gave presentation of pharmacological service provision from the statutory health insurance's perspective. Prof. Dr. Eberhard Wille, University of Mannheim, broached the issue of financing expensive drugs within the statutory health insurance. Prof. Dr. Matthias Schrappe, University of Bonn, discussed the avoidance of drug misuse in pharmacological care as a task of the German Coalition for Patient Safety. Prof. Dr. Wolf-Dieter Ludwig, Helios clinic Berlin-Buch and representative of the German physician's drug commission brought together health care relevant criteria for the critical appraisal of new drugs. Prof. Dr. Peter Sawicki, IQWiG, focused on the comparison regarding pharmacological cost-benefit analysis and Dr. Timm Volmer, former Wyeth Pharma, presented the associated requirements that address pharmaceutical manufacturers. Subsequently, Prof. Dr. Gerd Glaeske, University of Bremen, discussed the importance of health service research with the focus on pharmacotherapy for the patients' benefits.

Contact:
Prof. Dr. Gerd Glaeske (verstorben)

18.06.2010

BARMER GEK published report 2010 on drug utilization

left: Dr. jur. Rolf-Ulrich Schlenker, right: Prof. Dr. Gerd Glaeske (Source: BARMER GEK)

At the federal press conference on the 9th of july in Berlin, the results of the analysis of drug utilization data in the years 2008 and 2009 were presented

In the 10th report on drug utilization, Gerd Glaeske and Christel Schicktanz show the increased expenditures for the statutory health insurances due to expensive special drugs.

After the merging of the BARMER and the GEK, now BARMER GEK, claims data of both insurances were consolidated for the first time. On the basis of 8.5 Mio insurants, the report gives the first reliable overview of the current developments and trends of expenditures in the German pharmaceutical market. Furthermore, special analyses of health care regarding cytostatic mixed to order drugs, prostate cancer or Multiple Sclerosis were conducted.

Pharmaceutical innovations in the field of rheumatoid arthritis, cancer or Multiple Sclerosis burden the health insurances' budgets increasingly. The rate of increase of the 20 most expensive drugs in 2009 ranges almost consistently between 12 and 25 percent in the BARMER GEK.

Gerd Glaeske expressed his serious doubts on the benefit of some supposedly innovative and often prescribed drugs. He numbered the savings volume of three particular drugs of the top-20-list at about 50 Mil. Euro. He still sees large efficiency resources in the increase of the rate of generic drugs. According to his comment on the present law on the reorganization of drugs

“Arzneimittelneuordnungsgesetz” (AMNOG), he claims temporary accreditation with the statutory health insurance companies for patent protected drugs without any equivalent benefit.

Contact:
Prof. Dr. Gerd Glaeske (verstorben)