project is currently underway in a proactive, selective and continuous way.

**Results** Activities were analysed during 2020, weeks 12–19 (16 March to 10 May 2020) and compared with theoretical activity during the same period in 2019, with an increase in activity (+21%). The difference between the sum of in-person and telematic consultations and the theoretical consultations for the period was named after omitted consultations.

Overall activity in weeks 12–19 was 5550 consultations, of which 4414 (79.5%) were in-person and 1136 (20.5%) telematic. The estimated activity would have been 7030 consultations, and 1480 (21% of the theoretical ones) have been omitted. In-person activity decreased from 5973 patients between weeks 12 and 19 in 2019 to 4414 in 2020 (−23.3%).

Distribution of the 1136 MHD: week 12 (30), week 13 (131), week 14 (232), week 15 (190), week 16 (168), week 17 (155), week 18 (115) and week 19 (115). Waiting times for in-person consultation were reduced from an average of 5.2 min/patient in the pre-alarm period to 3 min during the alarm (−42.3%).

**Conclusion and relevance** Our data may be used to detect areas for improvement; consultations should be made proactively and tools are needed to qualitatively analyse omitted activity. A system is needed to account for tele-assistance that has not resulted in dispensing medication or MHD.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

**Conflict of interest** No conflict of interest

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**2SPD-048 POLITICAL REPORT—OPTIONS TO BREAK THROUGH MEDICINE SHORTAGES**

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**Background and importance** Medicines shortages are recognised by the World Health Organization as a challenge threatening health outcomes. Shortages have tripled since 2017.

**Aim and objectives** To propose options for action to health policy decision makers.

**Material and methods** Stakeholder interviews, two Delphi rounds and system dynamics simulation with Vensim.

**Results** Most promising recommendations are:

- **Governance**
  - Determination of system leverage points
  - Designation of an integrating leader
  - Allocation and demarcation of responsibilities and duties
  - Expansion of stockpiling by the federal office for national economic supply
  - Reframing the primacy of constitutionally guaranteed freedom of trade: ensuring the availability of medicines even in less profitable business domains
  - Subsidies for allocation of higher capacities over the entire supply chain

- **API synthesis and trade**
  - Ensuring the synthesis of active ingredients in Switzerland and/or Europe
  - Admittance of non-Ph Eur qualities for non-parenteral products
  - Obligations to licence holders:
    - Registration of ≥ 2 API suppliers/manufacturers
    - Stockpiling of both API and medicinal product

- **Production**
  - Subsidies for products threatened by economic reasons
  - Financial incentive systems (price, taxes, subsidies)
  - Resizing of production scales (large, intermediate and small scale) and/or licensing to SMEs in economically weak regions
  - Merger requirements: to keep products on the market or to sell them to SMEs
  - Reinsurance for liability risks of SMEs
  - Backup supply of formula products from hospital pharmacies, universities, army
    - (Pre-)wholesalers/trade
  - Risk based differentiation of pharmaceutical supply chains
    - direct-to-hospital line
    - retail pharmacy line
  - Fewer serial stocks, but higher buffer capacity per stock
  - Backup supply by medicinal products with English documentation (for medical use, not for dispensing)
  - GPS monitoring of international medicines transportation

- **Healthcare providers**
  - Definition of formularies considering supply security
  - Limiting tendering
  - DCI prescription (instead of brands)
  - Investment in higher capacities, technical equipment for production, personalised medicine
  - Revision of outdated therapy paradigms
  - Expanding diagnostics to differentiate responders/non-responders
  - Outcomes
  - Pharmacoeconomic evaluation of added values (cost benefit, cos effectiveness, cost minimisation, cost of QALYs)
  - Keeping cost neutral (costs=unit price×quantity)
  - Reinsurance financial risks of stock bound capital
  - System financing
  - Revision of the pricing system
  - Charging employers for added health values and regained productivity of their employees
  - Acquisition of patents and intellectual properties by states

**Conclusion and relevance** Coping with medicine shortages by quota and rationing will not delete the root causes of shortages. Supply from additional sources (eg, SMEs, hospital pharmacies, universities) will replenish empty shelves.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

1. SNF_database (download: http://p3.snf.ch/project-174566)

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