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

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, cost 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, army, universities) will replenish empty shelves.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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

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