

# Reimbursement systems influence achievement of cholesterol targets

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The type of healthcare reimbursement system influences the achievement of cholesterol targets, reveals research presented at ESC Congress 2013 today by Dr. Anselm Kai Gitt from Germany. The subanalysis of the Dyslipidemia International Study found that fewer patients reached the target in countries with restrictive (e.g. Germany) compared to incentive (e.g. the UK) systems.

Dr Gitt said: "There are wide variations between European countries in the achievement of LDL-cholesterol (LDL-C) targets. However the effect of different reimbursement systems on meeting the targets was unknown."

Between June 2008 and February 2009 DYSIS assessed the prevalence and types of persistent lipid abnormalities in patients receiving statins. Eligible patients were at high risk of a [cardiovascular event](#), aged >45 years, and had been on chronic statin treatment for at least three months. A total of 22,063 patients were enrolled from 2,954 sites across 11 European countries and Canada.

The current subanalysis examined the possible impact of reimbursement systems on the achievement of LDL-C targets in 4,260 German patients and 540 UK patients. Germany operates a "restrictive" system in which chronic medical treatment is restricted by budget constraints. In the UK's incentive system, reimbursement of [general practitioners](#) (GPs) is linked to achieving cholesterol targets.

Dr Gitt said: "The bottom line is that German doctors fear a punitive system where they could be fined if they don't stay within budget while UK doctors get rewarded for achieving targets."

The study found that just 42% of German patients achieved the target of LDL-C

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