

SYSTEMATIC IDENTIFICATION OF PHARMACOLOGICAL INEFFICIENCIES BY A VALUE-BASED PATIENT DRUG SAFETY PROGRAM

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The medicines account for 20% of overall health care expenditures across, but they do not always add value for patients, mainly due to redundant prescriptions, patients' non-adherence, and shortcomings in hospitals' management of stocks. Some studies reveal that the waste of medicines can be reduced by up to 30% if patients starting a new treatment are given an option to discuss their medication-related concerns, and the follow-up by the pharmacists was proven to cost-effectively reduce inefficiencies.

Objective: To describe the results of the systematic identification of pharmacological inefficiencies through a value-based patient drug safety program.

Method: Descriptive observational study, conducted between August 2020 - May 2021, in patients diagnosed with high-cost chronic pathologies. The pharmacists systematically identified and resolved the potential inefficiencies associated with drugs. A univariate analysis was performed, with summary measures of central tendency and relative and cumulative frequencies. R Core Team statistical package (2019) was used. Further, the potential savings of wasteful spending health was calculated.

Results: 13.768 patients were evaluated with a mean age of 59 years (SD:4), 65.0% were women. In 1.9% of the patients evaluated, 16.503 inefficiencies associated with inappropriate medication use were identified and intervened, mainly therapeutic duplications, unneeded medication, and drug interactions (figure 1). The acceptance rate of pharmaceutical management was 18%. The potential savings from pharmacist interventions was 452002.44 USD (50222 USD an average month).

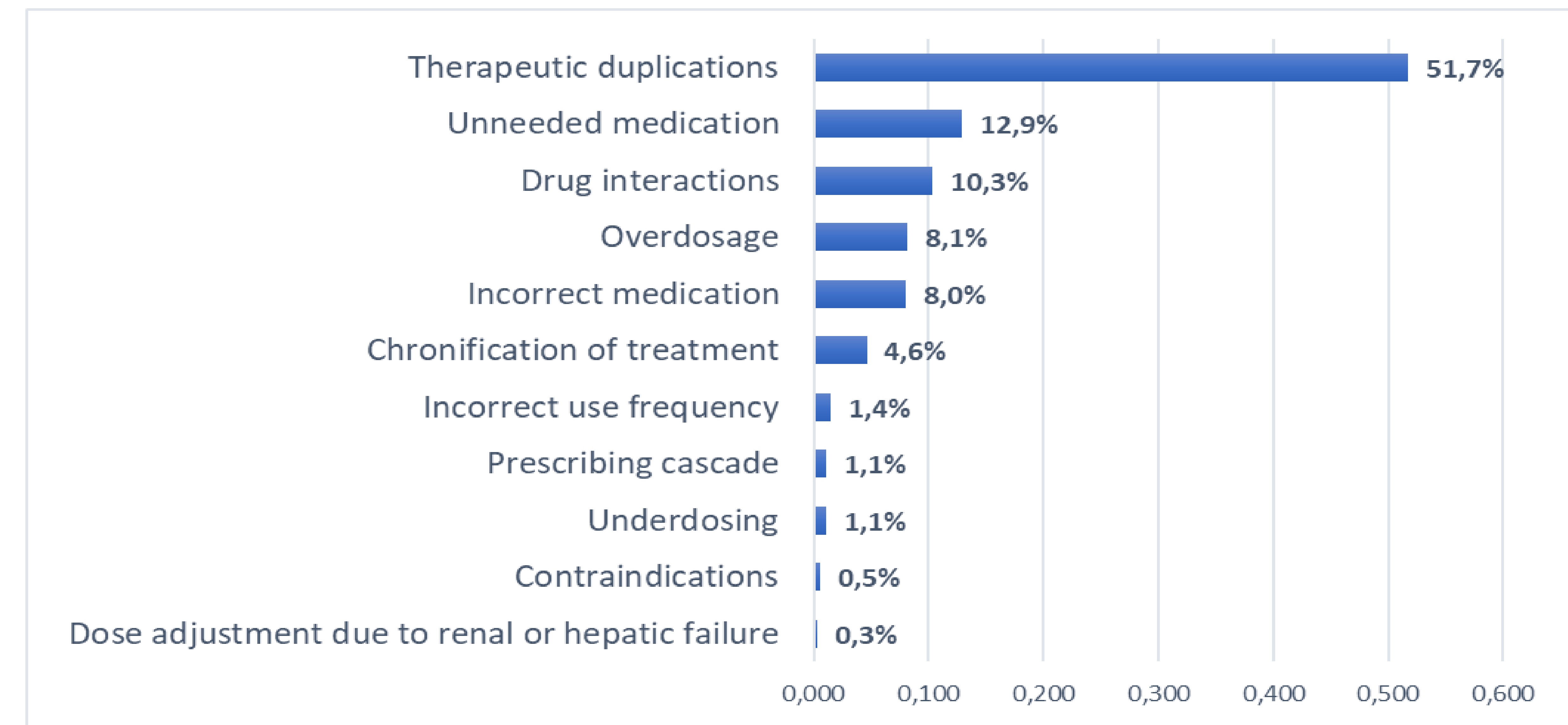


Figure 1. Inefficiencies identified

Conclusion: The value-based patient drug safety program allows the systematic identification and management of pharmacological inefficiencies, generating impact on clinical and economic results. However, articulation between pharmacist-physician-insurer health is required to improve the effectiveness of the pharmacist intervention.

Conflict of interest: none.