OPERATIONAL WASTE MANAGEMENT MODEL ARTICULATED BETWEEN INSURER HEALTH AND PHARMACEUTICAL BENEFIT MANAGER

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Health systems aim to improve health and increase the quality of life of the population. However, the financial cost is high and almost one-fifth of health spending is considered wasted, mainly for unnecessary services or services that do not add value to the patient's health status or health outcomes, the use of costly and non-cost-effective technologies, and the duplication of services or administrative fragmentation.

Objective: To describe the results of an operational waste management model articulated between the insurer health and the pharmaceutical benefit manager.

Method: a descriptive observational study, conducted between November 2020 - May 2021 in patients diagnosed with high-cost chronic pathologies. The pharmacists screened the patient prescriptions before dispensing their medications to identify and manage operational wasteful in an articulated way between the insurer health and the pharmaceutical benefit manager. A univariate analysis was performed, with summary measures of central tendency and relative and cumulative frequencies. R Core Team statistical package (2019) was used.

Results: 2099 patients were managed with a mean age of 67 years (SD:4) and 62.0% were women. Operational wasteful were identified and managed in 1.8% of the patients evaluated, representing 1103026.18 USD (157575.17 USD an average month). The main causes of operational waste were authorizations of drugs that had already been previously suspended by the treating physician, and drug authorization (Figure 1). The acceptance rate of the interventions was 100%.

Conclusion: The articulation between the insurer health and the pharmaceutical benefit manager demonstrates that the identification and management of operational waste allow the optimization of the health system resources.

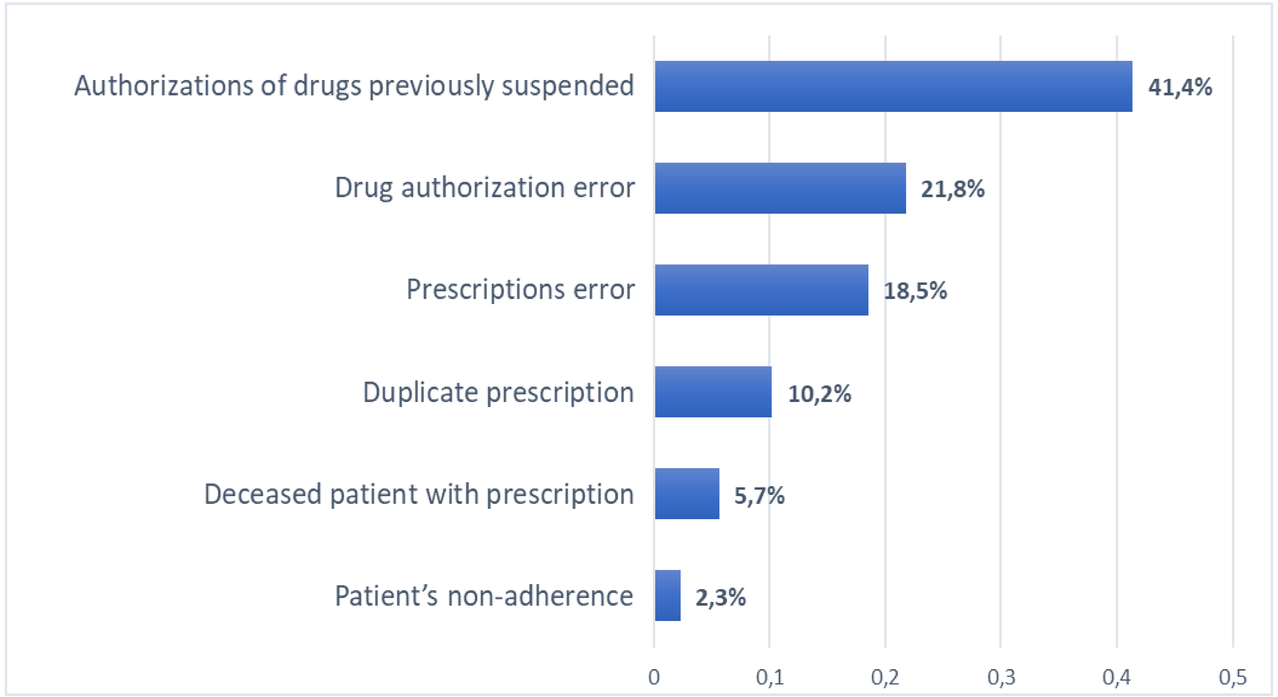

Figure 1. Cause of operational waste

Conflict of interest: none.

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