

INTRODUCING TIME-DRIVEN ACTIVITY-BASED COSTING IN CHILE: MEDIUM COSTS ESTIMATION OF BREAST CANCER BIOPSIES IN A PUBLIC ANATOMIC PATHOLOGY LABORATORY



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Background & Objectives:

- No local cost studies have been conducted in Chile to estimate medium costs of breast cancer biopsies in the public sector.
- Immunohistochemical studies and Hematoxylin and Eosin staining Histopathological Study experimented an expansion during 2010-2021 period, increased 379.4% and 19.1%, respectively, in relation to in echography and mastectomy rates.
- In a local context demanding increased biopsy rates, it is urgent to elucidate the impact of this activity in public laboratories, considering relevant cost drivers.

Methods:

- We conducted a **Time-Driven Activity-Based Costing (TDABC)**^{1,2} in a public laboratory responsible for processing 8.8% of national breast cancer intraoperative biopsies (IB).
- A comprehensive Business Process Management Notation diagram was constructed to represent activities and processing times. Biopsies were broken into pre-analytic, analytic, and post-analytic stages.
- We considered these biopsy types: IB, Hematoxylin and Eosin staining (H&E), and Immunohistochemical study (IS).
- Direct (human resources (HR), equipment, and supplies) and Indirect costs were estimated.
- Turn-Around Time (TAT) indicator was calculated.

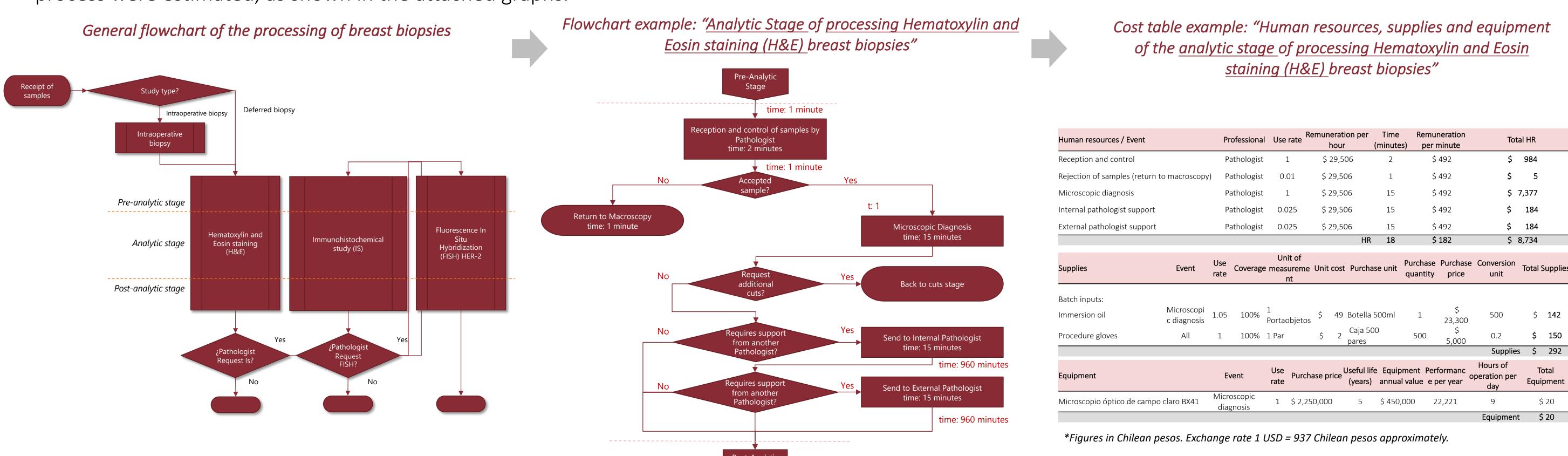
The time-driven activity-based costing (TDABC) methodology Select a medical condition Define the care delivery value chain Develop process maps of each activity inpatient care delivery Obtein time estimates for each process Estimate the cost of supplying patient care resources Estimate the capacity of each resource and calculate the capacity cost rate Calculate the total cost of patient care

¹ R. Kaplan; S. Shehab. the Time-Driven Activity-Based Costing Project Starter Kit. Harvard Bus Sch 2020;:1–15.

² Robert S. Kaplan, Steven R. Anderson. Time-Driven Activity-Based Costing. harvard bussiness Rev 2004.https://hbr.org/2004/11/time-

driven-activity-based-costing (accessed 2 Jun 2021).

Results: Firstly, the processing of breast biopsies in the pathology department of the Santiago Oriente Hospital was selected as a case study. A process map was developed from the value chain for the entire process and by type of biopsy. Finally, the resources and their capacity to calculate the total costs associated with the process were estimated, as shown in the attached graphs.



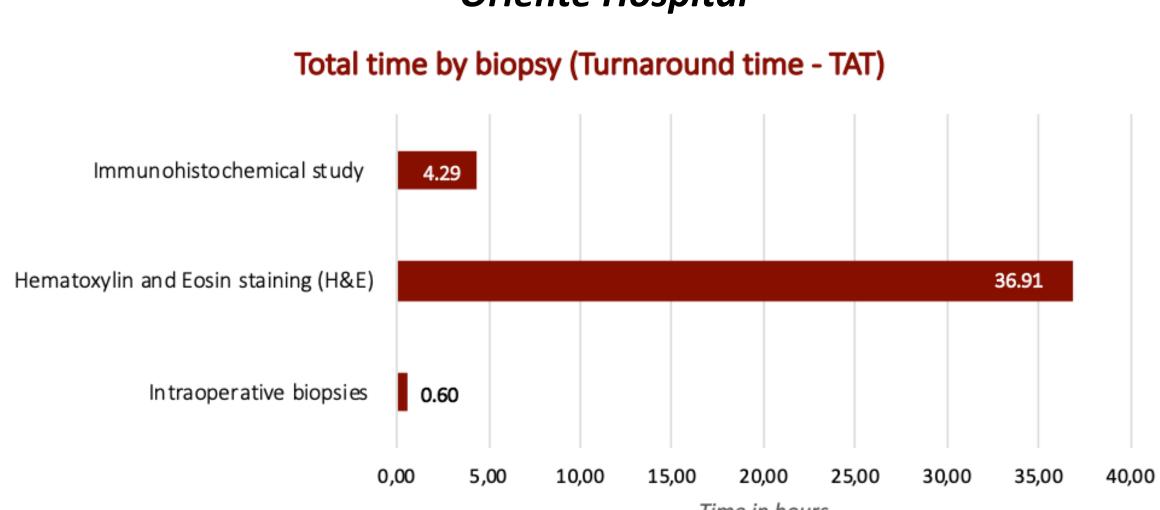
• All biopsies ranked in a similar indirect versus direct cost distribution; however, direct costs varied per type. Intraoperative biopsies resulted in a medium cost of USD\$27.01 -per biopsy- at an indirect cost of USD\$4.36 (16.1%) and a direct cost of USD\$22.66. Out of medium cost per intraoperative biopsies, equipment explains 39.4%, HR 37.4%, and supplies 7.0%. Intraoperative biopsies showed a TAT of 0.6 hours. H&E resulted in a medium cost of USD\$58.7, for which indirect cost (26.1% equal to USD\$14.48) and human resources in direct costs (68.3% equivalent to USD\$37.95) were the most impactful costs drivers. Its TAT was 36.91 hours. For the immunohistochemical study, a total cost of USD\$122.48 was calculated, at a total direct cost of USD\$89.95 (73.4%), out of which supplies explain 38.1% of total cost. A TAT was calculated in 4.29 hours.

Medium Costs of Breast Biopsies of the Pathological Anatomy Cost Center of the Santiago Oriente Hospital

Medium Costs of Breast Biopsies						
Cost drivers	Intraoperative biopsies		Hematoxylin and Eosin staining		Immunohistochemical study	
Human resources	\$ 9,480	37.4%	\$ 35,563	68.3%	\$ 40,268	35.1%
Supplies	\$ 1,767	7.0%	\$ 1,825	3.5%	\$ 43,714	38.1%
Equipment	\$ 9,987	39.4%	\$ 1,117	2.1%	\$ 300	0.3%
Total direct cost per biopsy	\$ 21,233	83.9%	\$ 38,505	73.9%	\$ 84,284	73.4%
Total indirect cost per biopsy	\$ 4,083	16.1%	\$ 13,572	26.1%	\$ 30,486	26.6%
Total medium cost	\$ 25,316	100.0%	\$ 52,077	100.0%	\$ 114,769	100.0%

*Figures in Chilean pesos. Exchange rate 1 USD = 937 Chilean pesos approximately.

Turnaround time – TAT of breast biopsies at the Santiago Oriente Hospital



Conclusions:

- This became the first TDABC study in Chile in breast cancer biopsies in the public sector.
- Biopsy costs varied per type and by cost driver. Higher direct costs were observed in intraoperative biopsies, versus H&E and IS which had a similar proportion of direct and indirect costs. HR are higher in H&E (68.3%, versus 37.4 35.1% in IB and IS, respectively). IS has a higher proportion of supplies cost (38.1%, versus 7.0 3.5% in IB and H&E, respectively). TAT was 265% greater in H&E than the average of the biopsies studied.
- Particular attention should be paid to innovation in adopting new technologies to accelerate processing times and workflow due to its cost impact.