RWD176

ECONOMIC RESULTS GENERATED BY OPTIMIZING A PARENTERAL MEDICATION APPLICATION PROCESS

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A considerable portion of healthcare spending is wasted worldwide due to healthcare services that do not add value or improve patient outcomes. The administrative complexity results in higher costs associated with billing and insurance related expenses, including managing clinical documentation and prior authorization issues. Also, the failures of care coordination due poorly managed or incomplete electronic health records and the lack of communication and collaboration between providers of care.

Objective

To describe the results obtained through a strategy called *Priori* for the optimization of the application process of high-cost drugs.

Method

Descriptive observational study conducted between January 2022 - May 2023.

The results of the implementation of a healthcare model that seeks to provide greater timeliness and safety in the scheduling and administration of high-cost parenteral drugs called *Priori* were evaluated. Healthcare workers receive medical prescriptions, evaluate their pertinence and safety, contact the patient, and assign them to the administration of their medications according to the results of safety tests, prioritization of each medication, infusion time, and an analysis of the capacity of the medication application room.

The results in the number of visits and billing were compared before the implementation of the *Priori* strategy (January - July 2022) and after it (August 2022 - May 2023) through a univariate analysis with summary measures of central tendency, relative and cumulative frequencies. The statistical package R Core Team Version 4.2 (2022) was used.

Results

A total of 72949 drug administrations were performed, 65.02% (47435) were performed after the implementation of the strategy, which represented an increase of 30.1% in the number of applications/month and an increase in the billing of 170502 USD/month (13.9%).

Subcutaneous drug administration increased by 55.4%, intravenous by 12.9%, and intramuscular by 2.0%.

The drugs with the greatest increase in the number of administrations were dupilumab 300mg (76.4%), denosumab 60mg (73.6%), dupilumab 200mg (52.9%), iron carboxymaltose 500mg (45.5%) and immunoglobulin normal human 5g (39,2%).

Conclusion

The ***Priori*** strategy generates greater timeliness in the administration of the drug after its prescription, avoiding the patient having to take administrative steps to access drug therapy and therefore better health outcomes.

Conflict of interest: none.