

# OPERATIONAL SAVINGS GENERATED IN AN INTEGRATED CARE PROGRAM FOR PATIENTS WITH COMPLEX RESPIRATORY DISEASES

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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. Health systems and health professionals must strive to maximize benefits for patients and manage resources appropriately.

**Objective:** To describe the savings generated in an integrated care program for complex respiratory pathologies.

**Method:** Descriptive, cross-sectional study in a cohort of patients with asthma and COPD seen in an integrated care program for complex respiratory pathologies between November 2019 - December 2022. Patients were evaluated and followed up by a multidisciplinary group of health professionals including a physician, nurse, pharmaceutical chemist, and respiratory therapist; according to the evolution of the patients, pharmacological treatment was optimized. Univariate analysis was performed, with summary measures of central tendency, and relative and cumulative frequencies. The statistical package R Core Team Version 4.2 (2022) was used.

**Results:** During the period evaluated, 1009 patients were identified, of whom 122 (12.1%) had their pharmacological treatment optimized (82% of COPD and 18% of asthma), with a mean age of 60 years (SD: 18), and 65.6% (80) women. According to the clinical outcomes of the patients, the strategies used were modification of drug treatment, total discontinuation of therapy, dose adjustment, avoidability of initiation of drug therapy, and spacing in the frequency of administration of biologic drugs.

**Conclusion:** The approach to patients by a multidisciplinary team of health professionals allows for obtaining satisfactory clinical results in patients and optimization of pharmacological therapies, generating savings for the health system.

**Conflict of interest:** none.

These strategies generated a total savings of 194,464.66 USD and the drugs associated with these savings were mainly tiotropium 36.1%, omalizumab 19.7%, olodaterol/tiotropium 14.8%, budesonide/formoterol 8.2%, montelukast/levocetirizine 8.2%, montelukast 7.4%, benralizumab 2.5% and other drugs 3.3%.

