Snapshot of Prescribing Practice for Clopidogrel and Esomeprazole Co-Prescription and Cost Evaluation of Guidelines Application

VERNAZ, Nathalie, et al.

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in Greece a substantial increase of the households with at least one chronic condition patient which are subjected to CHI is recorded. There is a need for countermeasures or/and an alternative policy context in order to reduce this catastrophic effect of economic crisis.

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SNAPSHOT OF PRESCRIBING PRACTICE FOR CLOPIDOGREL AND ESOMEPRAZOLE CO-PRESCRIPTION AND COST EVALUATION OF GUIDELINES APPLICATION
Frosch E., Clotilde C., Bonnafoy P., Rouxel E.
University of Geneva Hospitals, Geneva, Switzerland
OBJECTIVES: Through CYP2C19, the antiplatelet clopidogrel and the proton-pump inhibitor esomeprazole demonstrate a pharmacokinetic interaction that could translate into clinical inefficacy of clopidogrel. No medical consensus has been reached to date and therefore different guidelines are available. We aimed to evaluate the prescribing practices in the University Hospitals of Geneva (HUG) by means of several STEMI (ST-segment elevation myocardial infarction) and primary PCI (percutaneous coronary intervention) registries and to measured the Omeprazole-Clopidogrel-Aspirin (OCLA) study impact on clopidogrel use in our hospital. METHODS: Patient’s medical orders and nurse’s drug administration planning’s were analysed from January 2013 to April 2014 and the hospital pharmacy database from January 2000 to April 2014. To measure the “extra costs” of the implementation of different guidelines we built scenarios assuming the clopidogrel or esomeprazole replacement with prasugrel or ticagrelor and pantozole or ranitidine, respectively. RESULTS: Fifty seven percent of patients under clopidogrel had a co-prescription of esomeprazole during the study period. Among them 15% (154/1'000) had a medical order staggering the co-prescription under clopidogrel had a co-prescription of esomeprazole during the study period. This study examines the association of 30 day in-hospital mortality, length of stay (LOS) during the first hospital episode, and hospitalization costs of ischemic stroke patients in Alberta

In-Patient Hospital Costs of Stroke: A Focusd Literature Review

Conclusions: Stroke is the third leading cause of mortality worldwide, with significant variations in inpatient hospital costs. The analysis was performed from a societal perspective. The resource utilization exclusion (excluding the database analyses) was identified in the medical records (80%), or from interviews (20%). Unit costs were primarily derived from national listings or hospital accounting files (36%) each. The sample sizes (ranging from 100 to over 60,000 patients), as well as the total costs (ranging from US$500 to US$150,000 per patient) and from US$70 to US$3,100 per day) varied significantly, as a result of the heterogeneous cost variables described. Conclusions: Methodologies varied in approach, complexity and specific cost variables evaluated. Consequently, the total cost of stroke per patient varies across studies which makes direct comparisons of outcomes difficult. A trend towards more sophisticated economic analyses, such as real costs measured versus hospital reimbursement rates, or hospitalization costs before versus after stroke, was observed. A more standardized approach to measuring in-patient costs of stroke care is warranted.

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OPTIMIZING PROCESS EFFICIENCY THROUGH IMPLANTING REVEAL LINQ® VERSUS REVEAL XT/DX FROM THREE SPANISH HOSPITAL PERSPECTIVES
Ega García M1, Toquero Ramos J2, García Alberola A3, Arias Palomares MA4, Marti Ribeiro B
1Medotec Iberia, Spain, 2Hospital Puerta de Hierro, Majadahonda, Spain, 3Hospital universitario Virgen de la Arrixaca, Murcia, Spain, 4Hospital Virgen de la Salud, Toledo, Spain
OBJECTIVES: Implantable loop recorders (ILR) are devices that continuously monitor heart rhythm in patients with suspicion of cardiac arrhythmias. Reveal LINQ™ is a new inertial holter, an 87% smaller than Reveal® XT/DX that records abnormal heart rhythm up to 3 years. The objective was to develop an economic tool which allows hospitals to quantify their cost savings from the simplified procedure of Reveal LinQ™. The tool was used to compare the costs of implanting Reveal® XT/DX in the cath lab to the costs of inserting Reveal LinQ™ out of the cath lab in three public hospitals of the Spanish National Health Care System. METHODS: A cost model was developed to assess the cost per procedure of Reveal LinQ™ and Reveal® XT/DX. The model included data of the personnel needed in the procedure, the hospital setting, the hospitalization previous to the procedure, remote monitoring and post-procedure days, and the cost of the following procedures. The calculated savings of LinQ™ vs. Reveal® XT/DX in Virgen de la Salud, Puerta de Hierro and Virgen de la Arrixaca Hospitals were €335 (13.3%), €365 (13.1%) and (517 (19.2%), respectively. Reveal LinQ™ was associated with a 66% reduction in cardiologist and OR-assistant time in Virgen de la Salud Hospital, a reduction of 15 minutes of cardiologist time in Puerta de Hierro Hospital and a reduction of 5 control visits due to remote monitoring in Virgen de la Arrixaca Hospital. Conclusions: The economic tool showed that insertion of Reveal LinQ™ is associated with mean savings of €406 from a hospital perspective compared to previous devices, mainly derived from moving the procedure out of the catheter lab, a reduction of the specialists’ time and in-hospital follow up visits due to remote monitoring.