Therapy optimization and clinical interventions within a specialty infusion pharmacy lead to significant direct and indirect cost savings

Authors: Mona Dumais, RPh, MBA; Barbara Prosser, RPh; Bridget Smith, RPh; Christine Miller, PharmD; Mary Woodward; Tim Walton, MHS, CCRP; Todd Hare, RPh – Soleo Health

Discussion

The economic burden of patients with neurology and immunodeficiency diseases is well documented in the literature. Costs related to medications for symptom treatment, hospitalizations, outpatient testing, and physician visits are all indirect costs that drive the annual cost of a patient with CIDP, CVID, or other diagnosis. Keeping the patient symptom-free could potentially lead to significant cost savings for the payors.

Interventions by the clinical staff keep patients on service at home and decrease the need for inpatient and outpatient services. Site of care also plays a role in the economic burden of caring for the patients. Improving adherence, resolution of patient insurance issues and removing care coordination barriers allowed patients to continue therapy at home in a lower cost setting.

Conclusions

Pharmacy clinicians offer significant value based cost-saving interventions while preventing adverse patient outcomes. Providing clinical follow-up and patient monitoring can keep patients on service and therapeutically stable. Patients receiving IG therapy whose doses were adjusted for changes in weight or therapy discontinued due to lack of response showed significant direct and indirect payor cost savings.

Reference


Authors of this presentation disclose the following concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation: Nothing to disclose.