

Challenge

The Health Alliance of Greater Cincinnati wanted to identify cost savings opportunities without sacrificing quality patient care. In consultation with AmerisourceBergen, The Health Alliance determined that the full implementation of medication policy guidelines would not only save costs, but would actually improve patient care.

Solution

An AmerisourceBergen infectious disease consultant was brought in to develop strategic medication policy guidelines in partnership with key healthcare providers from The Health Alliance. The progress included an antimicrobial management program, disaster preparedness education resources, pneumonia and pneumococcal vaccination standards, and an extension of the IV to PO conversion program.

Working with AmerisourceBergen, The Health Alliance of Greater Cincinnati implements guidelines to improve infectious disease management

Standards improve participation in vaccination programs, educate staff about medication resistance, and provide cost savings.

Situation

The Health Alliance of Greater Cincinnati—a health system servicing the Cincinnati region with five hospitals, including a university hospital, community hospitals, and a rehabilitation hospital—needed a way to manage expenses during a difficult economic climate without sacrificing quality patient care.

Challenge

In consultation with AmerisourceBergen®, The Health Alliance determined that developing and implementing medication policy guidelines would improve patient care while simultaneously reducing costs. “AmerisourceBergen knew the economic climate health systems were facing and basically presented us with ways they could help,” said Marianne Ivey, Vice President of Pharmacy Services for The Health Alliance. “They were able to determine

areas of medication policy where we could be more effective, and they offered an array of resources and services to help implement strategies that would improve our performance.”

Solution

AmerisourceBergen brought in its own infectious disease consultant to carry out strategic medication policy guidelines. The consultant worked in partnership with key healthcare providers from The Health Alliance, including physicians, pharmacists, and laboratory personnel.

“This is an area that required a significant amount of relationship-building so that physicians, in particular, felt comfortable conducting research and sharing in the decision-making process,” explained Ivey. “Our AmerisourceBergen consultant created that trust.”

Result

- The implementation of antifungal guidelines resulted in approximately \$163,000 in acute renal failure case avoidance.
- Pneumonia and pneumococcal vaccination rates increased from 20 percent of patients vaccinated in January 2004 to 89 percent by April 2007.
- An IV to PO conversion program resulted in \$125,000 per year in cost savings.

Under the guidance of The Health Alliance Drug Policy and Development Committee, several areas for improvement were directly and efficiently addressed:

- **Antimicrobials:** Clear-cut standards were developed for medications such as antibiotics, antifungals, and antivirals to reduce costs; and staff education programs were implemented to reduce adverse reactions through better understanding of drug-resistant bacteria.
- **Pneumonia Vaccinations:** Only 20 percent of The Health Alliance patients who needed pneumonia and pneumococcal vaccinations were participating in their voluntary program in 2004. The development and standardization of guidelines across the health system increased that number dramatically over a relatively short period, meeting a Joint Commission Core Measure.
- **IV to PO Conversion:** While The Health Alliance's current IV to PO (oral) conversion program policies were supported by physicians in the health system, an analysis concluded that they were not being carried out to the extent and effectiveness that data and literature suggested they could. This finding was crucial to potential cost saving measures, as oral antibiotics are generally less expensive to provide. This measure was also critical to improving patient care, as oral antibiotics are also less invasive to administer than intravenous drugs.
- **Increasing Reimbursements:** AmerisourceBergen was able to identify key opportunities for indigent care reimbursements, and the existing program was expanded and improved to recoup costs.
- **Disaster Preparedness:** In response to disaster situations like the terrorist attacks of September 11, 2001, and the massive devastation in the Gulf Coast resulting from Hurricane Katrina, The Health Alliance also worked with AmerisourceBergen on developing disaster preparedness education resources.

The Result

With new medication policy guidelines standardized across the entire health system, The Health Alliance saw impressive cost savings and a marked improvement in the quality of patient care.

- The implementation of antifungal guidelines resulted in approximately \$163,000 in acute renal failure case avoidance.
- Pneumonia and pneumococcal vaccination rates increased from 20 percent of patients vaccinated in January 2004 to 70 percent by April 2006.
- As of April 2007, that percentage had risen to 89 percent. In addition, the results of the pneumonia and pneumococcal vaccination program were presented at the University HealthSystem Consortium.
- The IV to PO conversion resulted in \$125,000 per year in cost savings.

Ivey credits a strong partnership between The Health Alliance and AmerisourceBergen with the success of the program. "Healthcare is a dynamic industry. At The Health Alliance, we are constantly working to stay on top of challenges and take every opportunity to improve. Through our partnership with AmerisourceBergen, we were able to maximize our opportunities and improve our results."

For more information about these and other AmerisourceBergen Quality Care Solutions, contact us at 877-892-1254 or visit www.bestmedicine-forhealthcare.com.