FACTORS ASSOCIATED WITH THE PROVISION OF LAPAROSCOPIC SURGERY IN THAILAND: RESULTS FROM THE NATIONWIDE INPATIENT DATABASE

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OBJECTIVES: Laparoscopic surgery (LS) requires advanced and expensive surgical instruments but offers better quality of life and shorter hospitalization compared to conventional surgery. This study aimed to evaluate the utilization of LS between patients under Civil Servant Medical Benefit scheme (CSMBS) and those under Universal Coverage scheme (UC) and to determine the factors associated with the provision of LS in most common diseases. METHODS: A hospital data set representing 92 tertiary care hospitals and central government dispensaries, and 80% of central government hospitals and dispensaries is handled separately by a government association to know the details of mark-ups in the supply chain. The database contained 686,553 admissions with principle diagnoses related to LS from January 2003 to December 2007. Descriptive analyses and binary logistic regression models were used to analyze the data. RESULTS: The total of 24,175 hospitalizations (3.52%) was operated with LS. The proportion of CSMBS patients undergoing LS (7.8%) was higher than that of UC patients (2.68%). It was found that diseases of gallbladder and cholecystitis, diseases of gynecology and acute appendicitis were the most diseases performing LS in Thailand. The provision of LS was significantly associated with age, sex, principal diagnosis, admission year, type of hospital and type of health insurance coverage. Patients with CSMBS were about two or three times more likely to undergo LS compared to UC. Type of health insurance was the most significant factor associated with the use of LS. CONCLUSIONS: There is an unequal access to LS among patients owing to both medical and nonmedical indications. Health insurance coverage plays a significant role in LS provision in Thailand.

PHARMACEUTICAL PROCUREMENT AND SUPPLY CHAIN IN PUBLIC AND PRIVATE SECTOR IN DELHI, INDIA
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OBJECTIVES: In India, medicines are dispensed free in the public sector facilities. However, due to low availability of medicines in the public facilities, 80% of healthcare expenditure is out-of-pocket. The survey was conducted to investigate the procurement system and distribution of medicines in the public sector and supply chain in private sector in National Capital Territory of Delhi (NCT, Delhi), METROPHARMA. The majority of public health care in Delhi is provided by central government and the majority of NCT Delhi; there are two additional public sector providers, Municipal Corporation of Delhi and New Delhi Municipal Corporation of Delhi. Procurement system in NCT Delhi was studied in view of the four public sectors was studied. For procurement data was collected from reliable wholesalers and retailers by having their association to know the details of mark ups in the supply chain. RESULTS: Each public sector entity has its own procurement list and procurement system. Procurement for central government hospitals and dispensaries is handled separately by a government agency that charges fees. In case of stock outs or non-availability of rate control of medicines tertiary care hospitals and central government dispensaries do local purchase. Medicines bought as local purchases are usually more costly and rarely undergo quality assurance checks. In private sector medicine distribution is characterized by a high number of generic equivalents and high levels of competition at each level of the system. Manufacturer can only sell to a licensed wholesaler; wholesaler can only sell to licensed retailers. Trade schemes run between manufacturers, wholesalers, and retailers. CONCLUSIONS: Several strengths and weaknesses associated with the public procurement systems were observed. Huge amounts of local purchases were observed. Many amount of local purchases were observed. The ability to review progress within this field to-date and attempt to offer trends toward best practices will be key to the long-term viability of these novel reimbursement efforts. Despite the heterogeneity of agreement types, methods, and focus, the specific utilization of these agreements has been achieved and could potentially offer a guide for replication in future use.

MEASURING MEDICATION RECONCILIATION’S IMPACT ON THE FINANCIAL COST
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OBJECTIVES: Medication reconciliation is the process to review patients’ complete medication regimens at all the time of transitions of care and compare patients’ existing and previous medication with the regimens being considered for the new setting of care. The objective of this study is to implement medication reconciliation to reduce drug-dispensing errors and, to evaluate the financial impact of these approaches in Taiwan. METHODS: The criteria for cases recruiting in this study were patients staying in the academic medical center for more than 3 days. Nevertheless, the patients with cancer or admitted to the ICU were excluded. Pharmacists reviewed the patients’ admission charts and compared the patients’ medication regimens at present and past. Once the inconsistency medications were identified, pharmacists would discuss with the multispecialty team consisting of physicians, pharmacists and nurses to ensure if therapy should be adjusted. The determination of financial impact is expressed by cost avoidance per year in Taiwan. RESULTS: The data from the study suggests approximately 11.07% of drug-related problems were identified and prevented by pharmacists through medication reconciliation. This can be translated into approximately 355,697 episodes per year in Taiwan (based on the assumption for total hospitalization of about 3,168,000 persons per year). The estimated cost avoidance will be as high as NT 1941 million per year (based on the assumption for cost of prolonged length of hospital stay is about NT 1000) through achieving the medication reconciliation at admission. CONCLUSIONS: This study demonstrates that the pharmacists’ interventions were able to prevent potential adverse drug events, reconcile discrepancies among medications, and reduce medical expenditure as well. Effective assurance in medication safety is also achieved through the collaboration of multiple disciplines in patient care.