

Conclusion and Relevance The PAGE-defined regimen results in significant cost savings compared with the conventional SmPC-defined regimen.

The pharmacist's intervention contributes to the optimisation of health resources, further increasing the sustainability of the health system.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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Conflict of Interest No conflict of interest.

1ISG-010

ECONOMIC IMPACT OF THE CLINICAL PHARMACIST ON THE REDUCTION OF DRUG-RELATED PROBLEMS BEFORE THE INITIATION OF AN ANTI-TUMOUR TREATMENT – A PROSPECTIVE MULTICENTRE TRIAL

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10.1136/ejhp2024-eahp.22

Background and Importance Multiple studies have shown a high rate of drug-related problems (DRP) in patients with cancer. To reduce this risk, several oncology departments have set up multidisciplinary assessment programmes that include pharmaceutical consultation.

Aim and Objectives In a context of limited resources allocation, our study aims to evaluate the economic impact of clinical pharmacists' interventions (PIs) on DRP detection from a hospital perspective.

Material and Methods A French prospective non-interventional double-centre study was set up in 2020. Patients treated for solid tumours were included between February 2020 and March 2021.

First, we calculated the pharmaceutical time based on consultations and analysis times. The time spent has been valued (i) to an average annual full-time equivalent (FTE) and (ii) by the grade of the contributor (2022 salary scales). Two scenarios have been established (low/high salary grades).

Second, we selected PIs regarding clinically significant drug-drug interactions related to drug toxicity (evaluation made by an expert panel). We sought to estimate the cost based on the avoided clinical consequences. We valued the likely 'diagnosis related groups' of the avoided event thanks to the 2019 national survey on hospital costs. Costs were weighted by an occurrence probability based on the level of evidence: $p=0.01$ for very low; $p=0.1$ for low; $p=0.4$ for moderate; and $p=0.6$ for high.

Results 438 cancer patients were included: 62% of males, mean age of 65+/-13 years.

Per patient, the pharmacist average time was 39+/-15 minutes: 23+/-7 minutes of interview and 16+/-11 minutes of analysis. Total time was 283 hours, and the estimated annual FTE was 0.13. The total cost was estimated between € 4,199 (low salaries) and € 5,250 (high salaries) per year. Cost was estimated between € 11.4 and € 14.3 per patient and between € 18.42 and € 23.02 per drug-drug interaction.

122/266 PIs were evaluated to be clinically significant drug-drug interactions related to drug toxicity that could have caused a hospitalisation. Cost of hospitalisation for these serious avoidable adverse events was estimated on average at € 4,869. Avoided hospitalisation costs were estimated at € 180,633.

Conclusion and Relevance Clinical pharmacists are an indispensable and legitimate member of therapeutic assessment programmes for cancer patients. They help in reducing DRP in a cost-effective manner.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

1ISG-011

OPPORTUNITY FOR DAILY HOME-BASED MANAGEMENT OF CHRONIC PATIENTS FROM THE SAME AREA USING AN INTERPROFESSIONAL NETWORK MODEL DEVISED, SET UP AND IMPLEMENTED FOR THE COVID-19

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10.1136/ejhp2024-eahp.23

Background and Importance The Coronavirus SARS-CoV-2 pandemic highlighted the fragility of National Health Service based on a too specialised and hospital-centred approach. In the pandemic context, the need to reverse the model by focusing on the needs of the community became clear.

Aim and Objectives The main aim of promoting home-based management as much as possible for both chronic and acute conditions, can be achieved through the utilisation of a model of an integrated network involving all stakeholders in the care and assistance process, utilising new technologies and telemedicine systems as done during the pandemic period with an ad hoc interprofessional network within a local health authority.

Material and Methods The model utilised interconnected and functionally integrated structures and nodes, with defined pathways and operational procedures based on dedicated telemedicine platforms. These platforms facilitate the comprehensive management and care of Covid-19 patients by all network stakeholders. Results were monitored using specific and dedicated indicators, collecting and analysing data from the period when the care of positive Covid patients began (November 2020), whose management did not require hospitalisation.

Results From November 2020 to December 2021, the number of patients living in the territory under home management in Home Health Care Units, non-ambulatory residential facilities undergoing non-pharmacological therapy, non-ambulatory vaccinated individuals receiving home vaccination, and vaccinated individuals in residential facilities, amounted to 38,223. Among these, 37.8% tested positive for Covid. The total number of accesses during this period was approximately 94,000. The shift has been significant, transitioning from managing the entirety of patients in hospitals to slightly over 4.5% of the total managed in that period.

Conclusion and Relevance The reproducibility of this system assures the possibility of further network implementation, not only in emergencies but also for the daily management of chronic patients. Moreover, in a time when, among other things, Mission 6 of the PNRR has allocated resources