ABSTRACT
Cost-Saving Opportunities due to Avoidable Hospitalizations Using an Antibiotic IV-to-Oral Switch Capability

Background: Many patients with ABSSSI may be treated with an inpatient course of a antibiotics due to the perception of avoiding skin infection complications and higher cost. However, when patients present with ABSSSI with few or no comorbidities and no life-threatening conditions, there are opportunities to shift treatment to the ambulatory setting or using OMC IV in the ER and observation and then to outpatient treatment with OMC.

INTRODUCTION

Objective

- To evaluate the potential economic impact of shifting ABSSSI patients with few or no comorbidities and no life-threatening conditions from inpatient treatment of ABSSSI to outpatient treatment with OMC.

METHODS

- The key output was per patient cost differences between treatment with vancomycin and OMC.
- Data from a retrospective, observational study that used hospital discharge data from the Premier Hospital Database™ for inpatient treatment of ABSSSI patients receiving IV vancomycin from January 1, 2012 to December 30, 2012.
- Data from patients with CCI = 0 or 1 only (outpatient setting) were included.
- The cost of IV and PO OMC treatment was varied from 0 to $1000/day to estimate the upper end of daily OMC acquisition cost that still conferred cost savings with OMC compared to inpatient vancomycin.
- Model Inputs:
  - The cost of inpatient care, the ambulatory setting, or using OMC IV in the ER and observation and then to outpatient treatment with OMC.
  - The key output was per patient cost differences between treatment with vancomycin and OMC.
- Model Results:
  - The cost of OMC PO and IV was $284.11 and $136.64, respectively.
  - The cost of IV and PO OMC treatment was varied from 0 to $1000/day to estimate the upper end of daily OMC acquisition cost that still conferred cost savings with OMC.
  - The cost of inpatient care, the ambulatory setting, or using OMC IV in the ER and observation and then to outpatient treatment with OMC.

RESULTS

- Table 2: Estimated cost savings associated with substituting use of OMC in setting patients received IV OMC and patients treated with vancomycin.
- Table 3: Estimated cost savings associated with substituting use of OMC in setting patients received IV OMC and patients treated with vancomycin.

CONCLUSIONS

- It is estimated that up to 47% of OMC patients discharged home from the ED could be subsequently admitted, while still maintaining budget neutrality.
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REFERENCES

3. LaPensee, KT. Cost-Saving Opportunities due to Avoidable Hospitalizations Using an Antibiotic IV-to-Oral Switch Capability. Poster P1265 Abstract 1101

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