

This study assesses the cost-utility of OPAT compared to Inpatient Parenteral Antimicrobial Therapy (IPAT) from the perspective of a public university hospital and the Brazilian National Health System (SUS)” Psaltikidis et al (2018).

Abstract:

BACKGROUND: Outpatient Parenteral Antimicrobial Therapy (OPAT) has been used for decades in different countries to reduce hospitalization rates, with favorable clinical and economic outcomes. This study assesses the cost-utility of OPAT compared to Inpatient Parenteral Antimicrobial Therapy (IPAT) from the perspective of a public university hospital and the Brazilian National Health System (SUS).

METHODS: Prospective study with adult patients undergoing OPAT at an infusion center, compared to IPAT. Clinical outcomes and Quality-Adjusted Life Year (QALY) were assessed, as well as a micro-costing. Cost-utility analysis from the hospital and SUS perspectives was conducted by mean of a decision tree, within a 30-day horizon time.

RESULTS: Forty cases of OPAT (1,112 days) were included and monitored, with a favorable outcome in 97.50%. OPAT compared to IPAT generated overall savings of 31.86% from the hospital perspective and 26.53% for the SUS. The intervention reduced costs, with an Incremental Cost-Utility Ratio (ICUR) of -44,395.68/QALY for the hospital and -48,466.70/QALY for the SUS, with better cost-utility for treatment times greater than 14 days. Sensitivity analysis confirmed the stability of the model.

CONCLUSION: Our economic assessment demonstrated that, in the Brazilian context, OPAT is a cost-saving strategy both for hospitals and the SUS.

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Reference:

Psaltikidis, E.M., Silva, E.N.D., Moretti, M.L., Trabasso, P., Stucchi, R.S.B., Aoki, F.H., Cardoso, L.G.O., Höfling, C.C., Bachur, L.F., Ponchet, D.D.F., Colombrini, M.R.C., Tozzi, C.S., Ramos, R.F., Costa, S.M.Q. and Resende, M.R. (2018) Cost-utility analysis of outpatient parenteral antimicrobial therapy (OPAT) in the Brazilian national health system. *Expert Review of Pharmacoeconomics & Outcomes Research*. October 26th. .

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