



# ISPOR 5th ASIA-PACIFIC CONFERENCE

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## HEALTH CARE DECISION-MAKER'S CASE STUDIES

### RESEARCH POSTER PRESENTATIONS - SESSION II TUESDAY, 4 SEPTEMBER: 8:30AM-5:00PM

#### PCASE1: QUALITY IMPROVEMENT OF INTEGRATED MEDICAL CARE TOWARD LOYAL PATIENTS IN A 2000-BED MEDICAL CENTER IN TAIWAN

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**ORGANIZATION:** China Medical University hospital (CMUH), a 2000-bed medical center in Taiwan **PROBLEM OR ISSUE ADDRESSED:** The majority of patients with multiple chronic diseases tended to visit single hospital persistently, which accounted for 3.5% of all beneficiaries and 19.3% of covered National Health Insurance (NHI) expenses in Taiwan. To facilitate efficient medical care toward loyal patients, the Integrated Medical Care (IMC) services in CMUH was implemented. **GOALS:** The major goal of this case study was to improve the efficiency and quality of IMC services for the loyal patients in CMUH and to assess its outcomes. **OUTCOMES ITEMS USED IN THE DECISION:** The differences of medical expenditure reimbursed by NHI, OPD visits, number of prescribed medication (Rx), emergency department (ED) visits and appeals of inappropriate medical care in CMUH during baseline and implementation periods were examined. **IMPLEMENTATION STRATEGY:** The pre-post study design was used. Patients with the following characteristics were included: loyal health care users in CMUH and with multiple chronic illnesses. The administrative focus group and clinical medication utilization evaluation (MUE) team have cooperated to identify the quality improvement resolutions using Plan, Do, Check, Action (PDCA) and health matrix for the IMC services in CMUH. The patients' medication-related issues and medical care use were reviewed periodically and sponsored by the clinical pharmacist and clinical MUE team. The IMC implementation was fully supported by NHI in Taiwan. **RESULTS:** There were 3,410 patients taken care in the IMC services in CMUH in 2011. Up to September 2011, the four outcome measures were positive. **LESSONS LEARNED:** The major barriers of IMC services in CMUH were to bridge the communications between the administrative focus group and clinical practitioners, come up with assistant MUE mechanisms, and assess outcomes periodically through using limited manpower to implement IMC services in CMUH.

#### PCASE2: PHARMACOECONOMIC APPROACHES TO EVALUATING CLINICAL PROTOCOLS

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**ORGANIZATION:** In recent years, the health systems in many countries have been trying to allocate their financial resources with the greatest efficiency. This problem requires the implementation of the methods of pharmaco-economic analysis in cost planning for pharmaceutical benefits. **PROBLEM OR ISSUE ADDRESSED:** Pharmaco-economic evaluation is commonly used in making decisions about specific treatment technologies, particularly in drawing up the protocols for diagnosis and treatment. Today, it is important to estimate the economic characteristics of the drug therapy, proposed by clinical protocols which were approved in Kazakhstan. Such information can provide the basis for a real cost planning for pharmaceutical benefits of the health care organizations and the whole republic. **GOALS:** In our research we used pharmaco-economic analysis of the clinical protocols for computation the expected cost rates of all possible drug therapies of the essential arterial hypertension in hospital care conditions. **OUTCOMES ITEMS USED IN THE DECISION:** This activity is one of the stages of the implementation pharmaco-economic methodology for verification of the clinical protocols. Originally, it was assumed that approved by the treatment protocol compared treatment programs have approximately equal efficiency, making it possible to use the analysis method in order to minimize costs. These calculations allowed to compare the costs of proposed drug therapy and determine the most cheapest and effective alternative. **IMPLEMENTATION STRATEGY:** The carried out value appraisal of the drug component of clinical protocols in terms of hypertension in hospital care conditions shows a significant range in the costs of different treatments, even under approved protocols. **RESULTS:** and **LESSONS LEARNED:** The form of the pharmaco-economic research which we used can serve as the basis for determining the short-term estimates of the treatment cost. The development of the general treatment value appraisal in case of different types of medical care should be based on the prognosis of a population morbidity rate, which evolves from the studies of dynamics of the actual morbidity rate. After receiving the prognosis of morbidity rate for the upcoming period, the treatment cost for each group of diseases in case of different types of medical care can be determined by an expert.

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Must be comfortable working in Japanese and English.

Jennifer A Flynn, Eli Lilly Japan, Director of Health Outcomes is at ISPOR Asia 2012 and available to answer questions. Please send an email with subject heading HEALTH OUTCOMES JAPAN to [flynn\\_jennifer\\_a@lilly.com](mailto:flynn_jennifer_a@lilly.com) during the ISPOR Asia 2012 conference if you would like to speak live in Taiwan.

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Answers That Matter.

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