

The Missing PEACE of the Puzzle

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In recent years, medication costs have been rising at alarming rates, leaving hospitals in search of ways to control pharmaceutical spending. Typically, a hospital's Pharmacy and Therapeutics (P&T) committee would lead this process; however, this task becomes a greater challenge at larger institutions. Here at Thomas Jefferson University Hospital (TJUH), we've found another way to combat rising drug costs – through the PharmacoEconomics and Clinical Effectiveness (PEACE) committee. PEACE has undertaken the charge to achieve quality outcomes while optimizing dollars spent.^{1,2}

PEACE was established by hospital administration in 2003 with the goal of addressing high cost and high volume medications and disease states. It runs parallel to the P&T Committee, and reports directly to hospital administration. In contrast, the P&T committee reports to the medical executive committee. Members of the committee include the Chief Medical Officer, the Chief Financial Officer, administrative representatives from the pharmacy and nursing departments, and the medical staff. The PEACE committee, through various benchmarking reports and internal analysis, identifies items that match the committee's goals. Following data collection and discussion, PEACE then forwards the analysis to the appropriate P&T subcommittee for further insight and guideline development.

One of the first undertakings of the PEACE committee was to address the use of erythropoiesis-stimulating agents (ESAs). Erythropoietin is a high cost medication used for red blood cell stimulation in patients with anemia. Given that the cost of this medication was greater than any other at the time, it became one of the committee's first projects. After identifying committee members with expertise in the area and gathering information from other institutions, PEACE chose the most appropriate agent from the class and developed evidence-based guidelines for the medication. The outcome was savings amounting to greater than half a million dollars per year.

Within the past year, the committee began to address the nationwide increase of a potentially life-threatening infection, *Clostridium difficile* (*C. diff*). While the effort had very little to do with financial implications, it focused on another of the committee's key goals: optimizing appropriate patient care. Recent literature suggests risk factors for

C. diff may include the use of broad spectrum antibiotics (BSAs) in combination with gastric acid suppressants (GASs), which include proton pump inhibitors (PPIs) like esomeprazole or H2 antagonists like famotidine.^{3,4} Although much attention has been given to BSAs, it is equally important to focus on the GASs. The committee learned that 62% of TJUH patients were receiving one of these agents, with the PPI group comprising greater than three-quarters of the use. When benchmarked against use of PPIs in other University HealthSystem Consortium (UHC) hospitals, use at TJUH was double that of other similarly sized institutions.

PEACE committee representatives worked with the Gastroenterology subcommittee of the P&T Committee to develop an action plan to effectively decrease unnecessary use of GASs. A three-step procedure was designed, and is now in various stages of implementation. It includes education to all medical staff, an alert indicating when a GAS is being ordered for a patient already on a BSA, and lastly, a stricter ordering process for these medications. The impact of these actions is still under evaluation; however, early data shows a 6% decrease in PPI use in the past quarter.

Since its inception, PEACE has addressed numerous topics, including topical thrombin, inhaled nitric oxide, and chemotherapy. The committee continues to show promising results in meeting its charge to optimize patient care in a cost-effective manner. The examples provided in this article are surely just the beginning of PEACE's role in positively impacting patient care at TJUH.

References

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