

PBM Perspective, Part 2 – The Economic Perspective

Patient Blood Management

Patient Blood Management (PBM) is an evidence-based, multidisciplinary approach to improve care of patients. Responsible restrictive use of blood – guided by robust clinical evidence – has been shown to favorably impact patient outcomes while lowering healthcare costs. Not only can organizations save by reducing inappropriate blood transfusions, but compelling findings indicate that hospital-acquired infection rates, cardiac and pulmonary complications and length of stay could be reduced for patients receiving fewer transfusions.^{1,2}

Increasingly, hospitals must absorb all or some of the costs of blood components when the products are transfused. Centers for Medicare and Medicaid Services (CMS) have proposed cuts for payments for outpatient transfusions. Additionally, CMS continues to move toward increased bundling of blood processing and transfusion into payments for primary procedures. These changes underscore an ever demanding need for more appropriate use of blood products in the US.

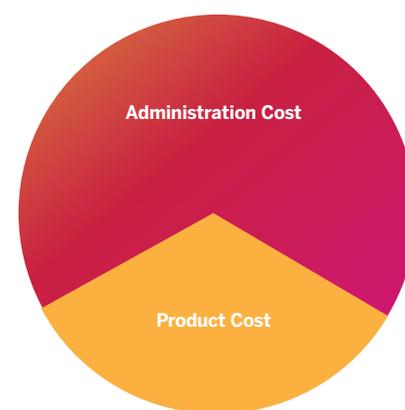
Don't think there is an overuse problem when it comes to blood transfusions?

At the National Summit on Overuse in 2012, sponsored by Joint Commission and American Medical Association (AMA), the focus was on curbing the top 5 overused interventions in hospitals for improving patient safety and quality. Blood transfusion was the #1 overused procedure identified! In 2013 at the American Hospital Association (AHA) Leadership Forum on Appropriate Use of Medical Resources, again blood transfusion topped the list of overused interventions. Likewise, as part of the Choosing Wisely® campaign, which encourages physicians to discuss with their patients avoidance of certain unnecessary or wasteful tests and procedures, appropriate use of blood transfusion made the list for six professional medical societies. In 2009 the US transfused blood at a rate of about 1.5 times that of other developed nations.³ In spite of initiatives for PBM programs at some US hospitals, more current data still shows US RBC utilization exceeds that of Canada and the United Kingdom by more than 30%.⁴

Outcomes from published studies drive clinical and financial incentives for hospitals to implement PBM strategies.^{5,6} Similarly, Versiti's own analysis of transfusion expenses consistently demonstrates:

- total cost of a transfusion is 3 to 4 times the cost of the blood product transfused
- blood utilization programs can achieve a 25% (or more) reduction in blood usage

RBC Transfusion Cost Summary



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Unwisely many health systems focus solely on the acquisition cost of blood; however, hospitals could save 25% in acquisition cost plus 3 to 4 times that amount in direct and indirect administration costs by reducing inappropriate transfusions.

To date, most studies associated with PBM strategies have demonstrated that using less blood is as safe as using more blood in various patient populations. These findings

are complex because blood components – including red blood cells, plasma and platelets – are critical to the treatment of many medical and surgical patients, and “sicker” patients are more likely to require a transfusion. However, inappropriate transfusions add cost and consume resources without any corresponding clinical benefit!

In the short term, cost reductions can be achieved through supply chain optimization. Sustainable,

transformational changes that provide lasting economic returns must come from within clinical leadership teams who promote and practice PBM. This paradigm shift requires collaboration, partnership and teamwork. Only through a focus on clinical improvement will your patient blood management initiatives thrive and deliver the economic results you are seeking.

References

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