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Cost-Minimisation and Budget-Impact Analysis

Practical 24 - Clinical pharmacy case practical

Aim

To compare costs and outcomes using a defined economic perspective.

Principle

Economic evaluation requires a comparator, perspective, time horizon, outcome and uncertainty analysis. Cost-minimisation is justified only when equivalent relevant outcomes are supported, not merely assumed.

Materials and Requirements

- Fictional or approved de-identified case, medicine chart and laboratory record
- Current local policy, relevant product information and clinical guidance
- Pharmaceutical-care and communication worksheet
- Approved method or teaching-data pack and a dated record sheet

Procedure

1. Define the preparation or dataset, study question and method version. Record identities, units and the criteria to be used before examining the outcome.
2. Identify the question, patient-specific information and missing data. Use the supplied fictional record; do not create a prescription or administer a preparation.
3. Define comparator, perspective, time horizon and included resource categories.
4. Calculate total expected cost and the appropriate outcome for each option, avoiding double counting.
5. For cost-effectiveness calculate incremental cost per incremental outcome; for cost-minimisation first justify equivalent outcomes.
6. Perform sensitivity and budget-impact checks and distinguish an arithmetic result from a policy recommendation.
7. Document the assessment, evidence, proposed action, responsible clinician and follow-up. Separate a student recommendation from an authorised treatment decision.
8. Retain the original observations and calculations. State deviations, missing information and the limits of the conclusion; do not replace measured values with expected results.

Observations and Record

Enter actual measurements or the supplied teaching data. Record the method, material identity, conditions and units.

Problem / evidence	Goal / priority	Proposed action / owner	Monitoring / follow-up
Safety or urgent issue	Define	Escalate appropriately	Specify
Effectiveness / adherence	Define	Discuss with team	Specify
Information gap	State	Obtain evidence	Review

Calculations

- ICER = (Cost_B - Cost_A)/(Effect_B - Effect_A)
- Budget impact = eligible patients x uptake change x incremental per-patient cost, with the defined complete cost model

Worked Example

Illustrative equivalent-outcome options cost 100 and 90 per eligible patient on the complete defined basis. At 1,000 patients and full substitution, potential annual saving is 10,000 currency units.
Include switching, administration, monitoring and wastage costs; equivalence must first be supported.

Result and Interpretation

- Provide a transparent cost/outcome table, uncertainty analysis and conclusion conditional on the evidence.

Precautions

- Protect confidentiality and use actual units and timing.
- Check allergy, indication, organ function, interactions and the complete medicine list.
- Urgent clinical findings need timely clinical assessment; teaching notes do not replace care.

Viva Questions and Answers

What is the perspective?

Whose costs and consequences are included.

When is cost-minimisation appropriate?

When comparable relevant outcomes are adequately established.

Is budget impact the same as cost-effectiveness?

Budget impact concerns affordability over a defined population and period.

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