Drug Shortages Spread, Lead to Higher Costs

BY ALICIA AULT

The persistent shortages of several medications, especially injectable and infusion products, are now affecting virtually every hospital department, according to two separate surveys.

The American Hospital Association (AHA) and the American Society of Health System Pharmacists (ASHP) surveyed their memberships and found that 99.5% of hospitals had experienced one or more drug shortages in the last 6 months.

Most hospitals reported delaying treatment or rationing certain products, and almost all said that the shortages have led to increased drug costs.

This is not the first time the shortages have been reported to be a major problem. But it appears from the new data that shortages have grown from affecting mostly oncology departments to affecting the majority of clinical care areas at the hospital.

The AHA survey included responses from 820 hospitals, collected during June 2011. Of all respondents, 90%-95% said that within the last 6 months they had experienced shortages of medications for the following clinical uses: surgery and anesthesia, emergency care, cardiovascular, gastrointestinal/nutrition, and pain management.

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Shortages were also noted in infectious diseases, oncology, neurology, endocrinology, obstetrics/gynecology, allergy, and psychiatry.

Three-quarters of hospitals said they rarely or never received advance notice of the shortages.

Strategies to deal with the shortages varied. The vast majority of hospitals reported that they purchased a more expensive alternative or bought excess inventory. Three-quarters of respondents either bought a more expensive therapeutic alternative or product from a direct manufacturer.

In a separate study published online in the American Journal of Health-System Pharmacists, researchers from the University of Michigan and the ASHP reported that the number of shortages in 2010 (211) was the highest ever recorded in a single year. The researchers surveyed ASHP members about the impact of 30 recent shortages; 353 pharmacists responded.

Overall, pharmacists spent about 9 hours each week managing shortages, with an estimated annual labor cost of $216 million. The shortages seemed to hit bigger hospitals harder. When asked if drug shortages created an increased burden, 97% of the respondents agreed or strongly agreed; 93% said that shortages increased costs, and 55% said that shortages compromised care (Am. J. Health-Syst. Pharm. 2011;68:e13-e21 [doi:10.2146/ajhp110210]).

"Our results confirm what prior surveys have shown: Pharmacy directors believe that the burden of drug shortages continues to increase and that drug shortages have changed clinical practice and compromised patient care," the investigators wrote.

The shortage problem is attracting more attention in Congress. In February, Sen. Amy Klobuchar (D-Minn.) introduced the Preserving Access to Life-Saving Medications Act (S. 296), which would give the Food and Drug Administration the authority to require early notification from pharmaceutical companies when a shortage appears to be imminent. At press time, the bill had 11 cosponsors.

Rep. Diana DeGette (D-Col.) and Rep. Tom Rooney (R-Fla.) introduced the bill in the House in mid-July. "The early warning system this bill creates represents an immediate safeguard to help prevent sudden shortages of these life-saving medications," Rep. DeGette said in a statement. ■