

Give PEACE a Chance

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Who can forget that great Beatles' song ("Give Peace a Chance"), now almost 30 years old? Our academic health center, faced with spiraling drug costs, especially in the biotechnology sector, recently empaneled a new committee, entitled PharmacoEconomics and Cost Effectiveness (PEACE). How is this committee structured, and what might we learn from the experience of one health center?

PEACE works in parallel with a robust P&T committee structure. Our P&T committee, with multiple subcommittees built around key specialties such as cardiovascular medicine, anesthesia, and the like, has been fulfilling its responsibilities admirably. We also have a Medication Quality Subcommittee that focuses on safety and process improvement. My hunch is that most large hospitals have a similar structure.

So why give PEACE a chance?

We found that with the rising costs of biotechnology-derived products, such as recombinant activated coagulation factor VII (NovoSeven®, Novo Nordisk), a more agile approach was required. PEACE is not a medical staff committee; rather, it reports to the hospital administration and ultimately to the Chief Executive Officer (CEO) of the University hospital. It provides the hospital CEO with ready access to detailed information on expensive new products. It sometimes advises the P&T committee, which naturally includes medical staff members. As a result, PEACE reports to the Executive Council of the medical staff—the final policymaking body for more than 1,000 physicians active on our staff.

PEACE cannot make the final decision as to which drugs will be added to the formulary, but it can help to propose practice guidelines, algorithms, and standards of care. Space precludes a detailed discussion of the impact of NovoSeven® but surely, at nearly \$10,000 per dose, this agent is symbolic of the need for such a parallel committee structure.

During the spring of 2004, the P&T committee received multiple reports from different units within the hospital, including the trauma center, the medical intensive-care unit, and the oncology department, where NovoSeven® had been used "successfully." Not surprisingly, subspecialty hematologists caring for hemophilia patients had already added this drug to the formulary. No one could have guessed that its use would spread more rapidly into other locations within the institution.

Although the P&T committee has a set up monthly schedules, usually made up a year in advance, it is unable, as a result of this widespread diffusion, to give timely advice to the nonclinical leaders in our institution. PEACE swung into action and called a special session to evaluate these reports on the far-reaching dissemination of NovoSeven®. We had some difficult decisions to make that were shared by many of our colleagues across the U.S.

Ultimately, we had to restrict the use of NovoSeven® to key specialists within the institution. We created a mandatory second-opinion program with sophisticated practice guidelines to support decision-making by the consultants.

Is this system perfect? Of course not! However, the experience with NovoSeven® showed me why we have to give PEACE a chance. Our mission of teaching, research, and patient care is at risk by the undisciplined—or, some would argue—by a lack of an evidence basis for the use of products like this one. Few would deny that this kind of recombinant technology is inspiring, but unfettered access to such products creates economic havoc for institutions.

Even though I am singling out NovoSeven®, many other current and anticipated products might also need to undergo scrutiny by our PEACE committee. Giving PEACE an opportunity to evaluate these products may help to ensure a rational drug decision-making process and stabilize our pharmacy budget.

I am interested in learning how your institutions are handling these kinds of products and whether you see the need for a parallel advisory committee such as PEACE.

As usual, you can reach me at my e-mail address, david.nash@jefferson.edu.