



Cost effectiveness of a model to improve access to community outpatient services

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Aim

An alternative model for access and triage (Specific Timely Appointments for Triage: STAT) reduces time from referral to first appointment for community outpatient services by 34%. We aimed to determine from a health service and societal perspective whether STAT was cost effective compared to a waitlist management model.

Method

Cost effectiveness analyses were completed alongside a multi-service, stepped wedge randomised controlled trial. Participants were patients referred to community outpatient services. During the experimental period patients were triaged to services using the STAT model. During the control period patients were triaged using a waitlist management model. Waiting time was the key outcome and incremental cost effectiveness ratios were reported from societal and health service perspectives.

Steps to Implement STAT

1 Gather Data
to understand service demand and relationship with supply

2 Calculate appointments
required to meet demand, accounting for normal disruptions (eg leave)

3 Create protected appointments for new patients
in clinician schedules, based on demand calculations

4 Reduce existing backlog
of patients on waiting list with targeted short term strategies

5 Establish a new work flow
Book patients into first available appointment on referral. Clinicians make decisions about ongoing management at the first appointment

What is STAT?

STAT is a model of access and triage designed to reduce waiting time in ambulatory health services. The fundamental principle is that the rate of demand is calculated, and the number of new appointments required each week to keep up with demand is protected in clinician schedules. This is complemented by a short-term, targeted intervention to clear the backlog of waiting patients.

Results

Economic data were collected from 278 patients in the control period and 279 patients in the experimental period. The incremental cost effective ratio from a societal perspective showed a saving of \$AUD 203 (95%CI -43 to 501) per day of reduction in waiting in the experimental group compared to the control group. Cost savings were mainly due to lower personal care costs and a reduction in loss of income. There were no significant differences in costs from the health service perspective.

Significance of findings to Allied Health

STAT likely reduced costs associated with waiting for patients referred to community outpatient services at no cost to the health service.

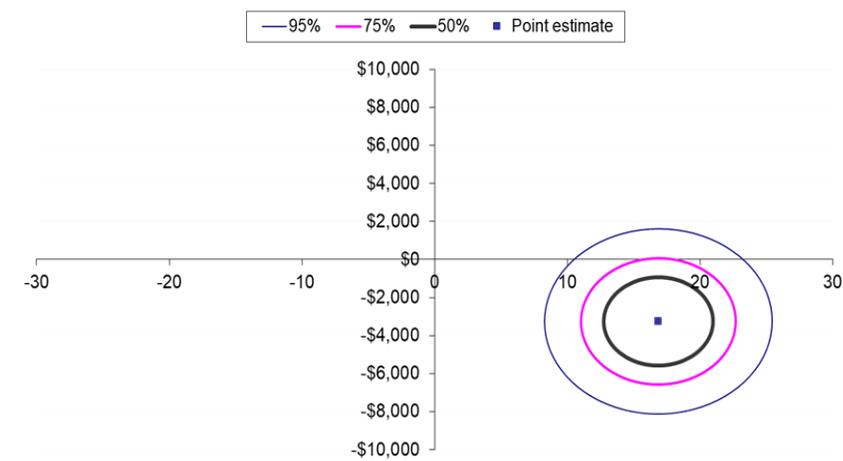


Figure 1. Confidence ellipses for the incremental societal cost (\$AUD) per day reduction in waiting time

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