



Identifying alternative delivery models to increase value and sustainability of healthcare: A scoping review of systematic reviews and an e-Delphi study

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Existing models of health service delivery

- Often historical, rather than based upon evidence of effectiveness and cost-effectiveness and/or needs-based
- May not be responsive to the changing needs of our health systems



Can we get the same (or better) care at lower cost?

1. **Scoping review** to determine what is known about alternative delivery models (systematic reviews of trials or economic evaluations, high income countries, PDQ-Evidence, 2012-17)
2. **Delphi study** to determine which alternative delivery models should be considered further (investigation, piloting, scaling up)



Cochrane
Effective
Practice and
Organisation
of Care
(EPOC)
Taxonomy



How and when care is provided



Where care is delivered



Who provides care



Coordination of care



Information technology and communication systems



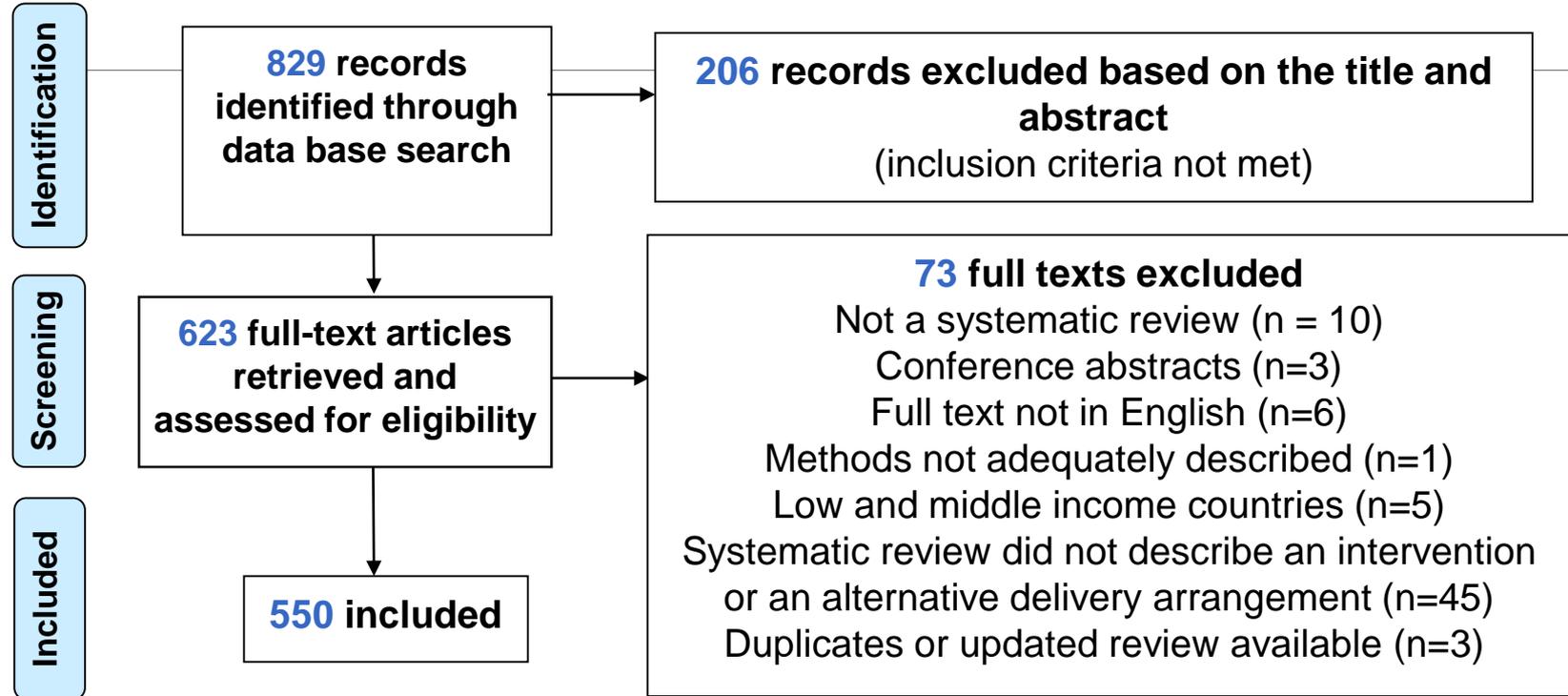
Goal focused



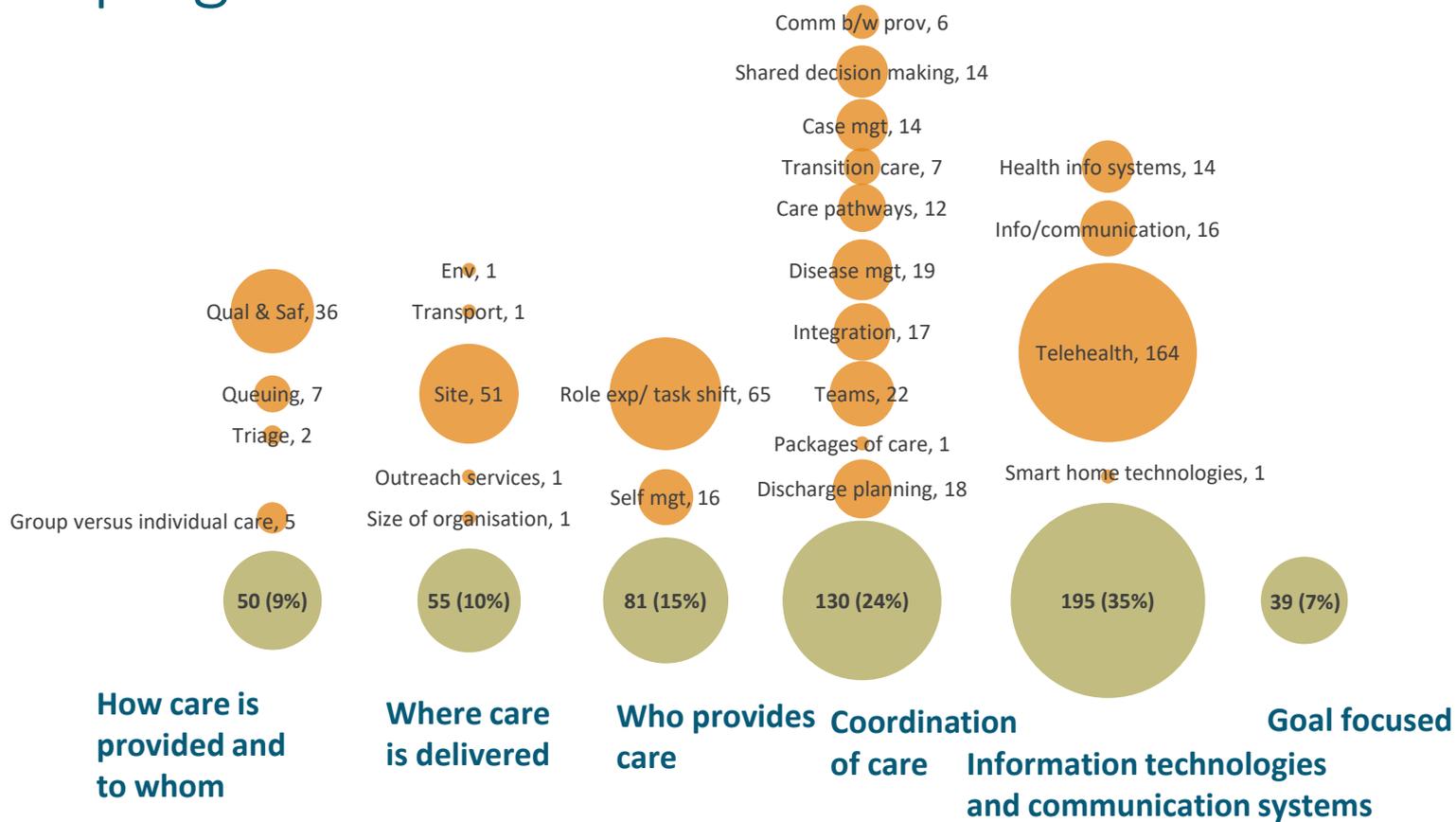
Scoping review - Methods

Type of synthesis	Scoping review of systematic reviews of trials
Type of intervention	Alternative delivery arrangement (compared to usual care) relevant to high income countries
Type of question	Effectiveness and economic outcomes
Publication range	Last 5 years (1 st March 2012 to 20 th September 2017)
Database searched	PDQ ('pretty darn quick') database: provides evidence for decisions about health systems derived from the Epistomonikos database of systematic reviews
Screening and data extraction	Two independent people, review characteristics, target population, setting and outcomes extracted

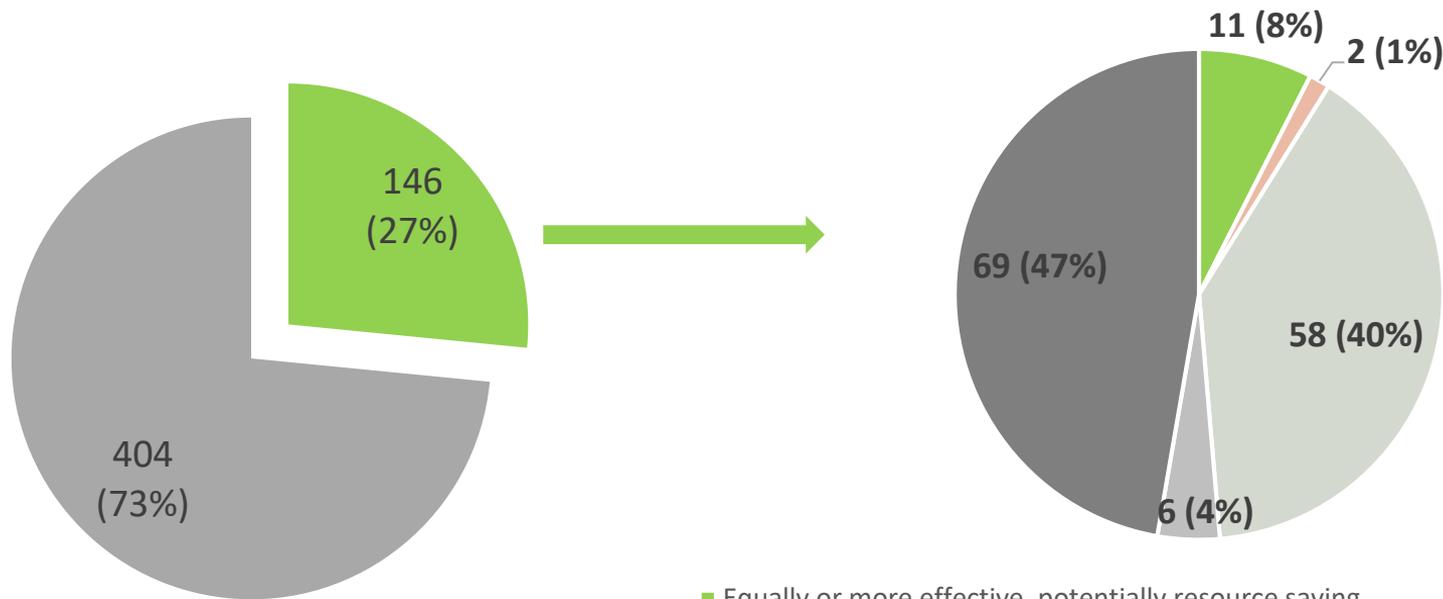
Scoping review - Search results



Scoping review - Results



Quality of reviews, findings of high quality reviews



■ High quality (Cochrane or quality assessed)

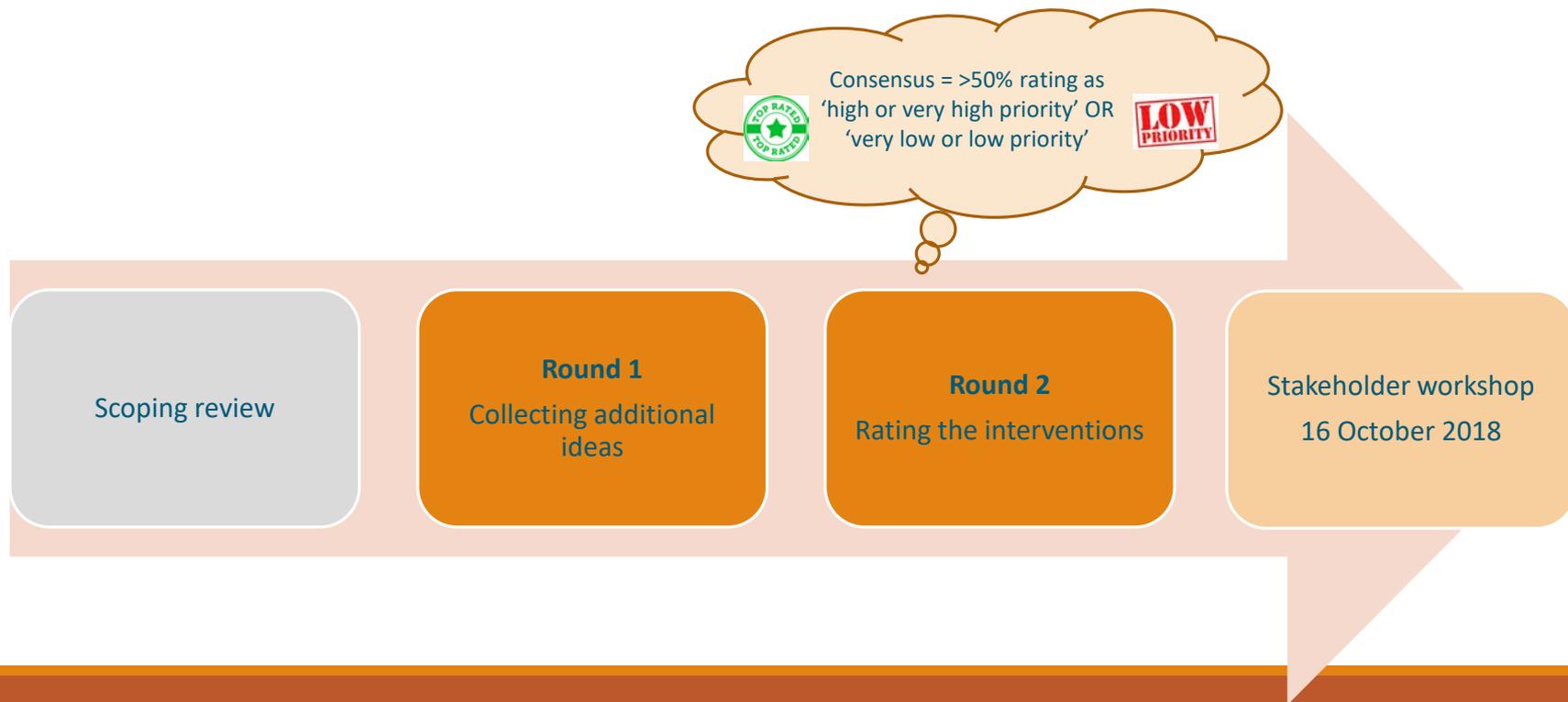
- Equally or more effective, potentially resource saving
- Equally or more effective, with the same or higher costs
- Equally or more effective, with unclear effects on costs
- Inconclusive (empty review)
- Inconclusive (low quality or insufficient evidence)



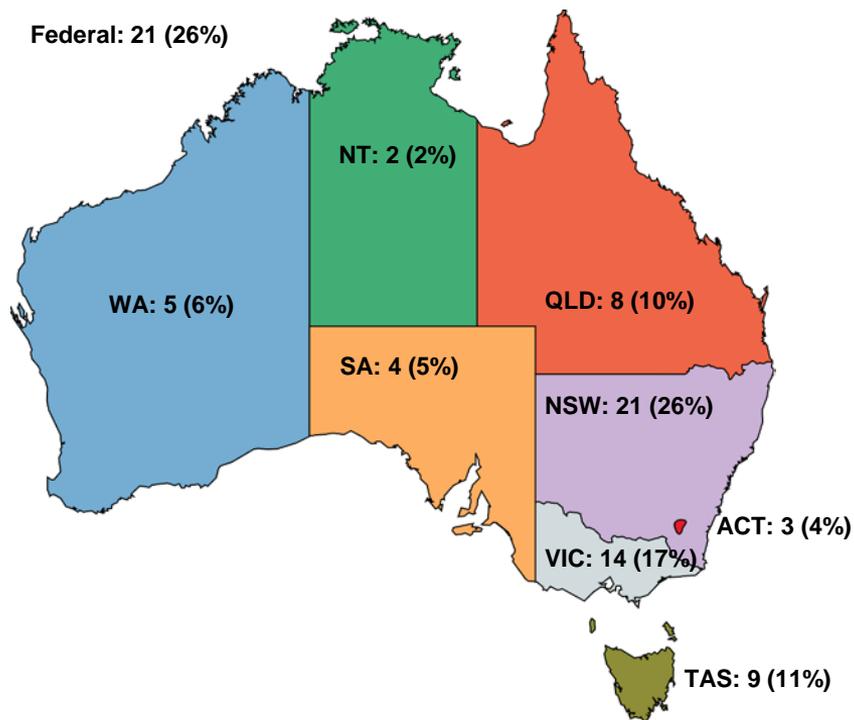
Delphi study

Which alternative delivery models should we consider for further research and implementation?

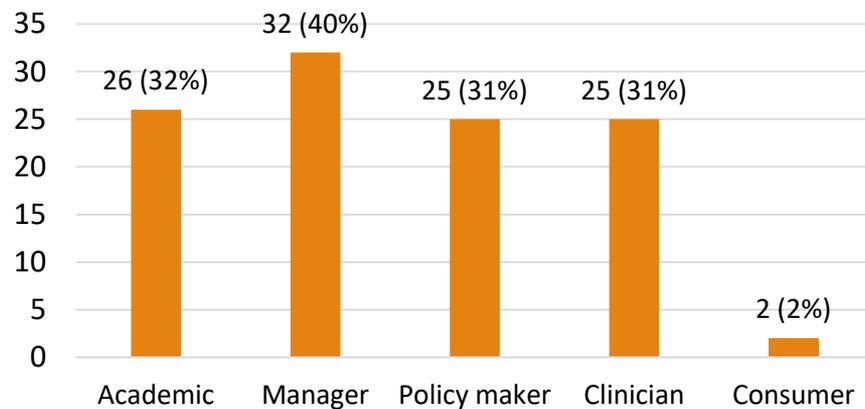
Structure of the e-Delphi study



Jurisdiction and expertise of final Delphi panel (N = 72, response rate 78% at round 2)



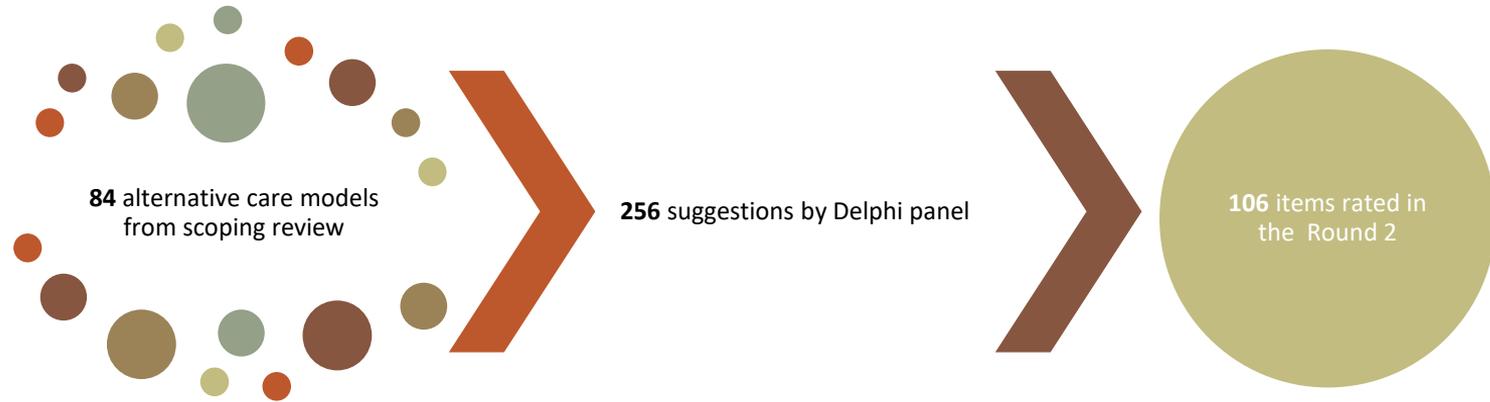
Expertise (multiple options possible)



62 (86%) indicated senior level expertise

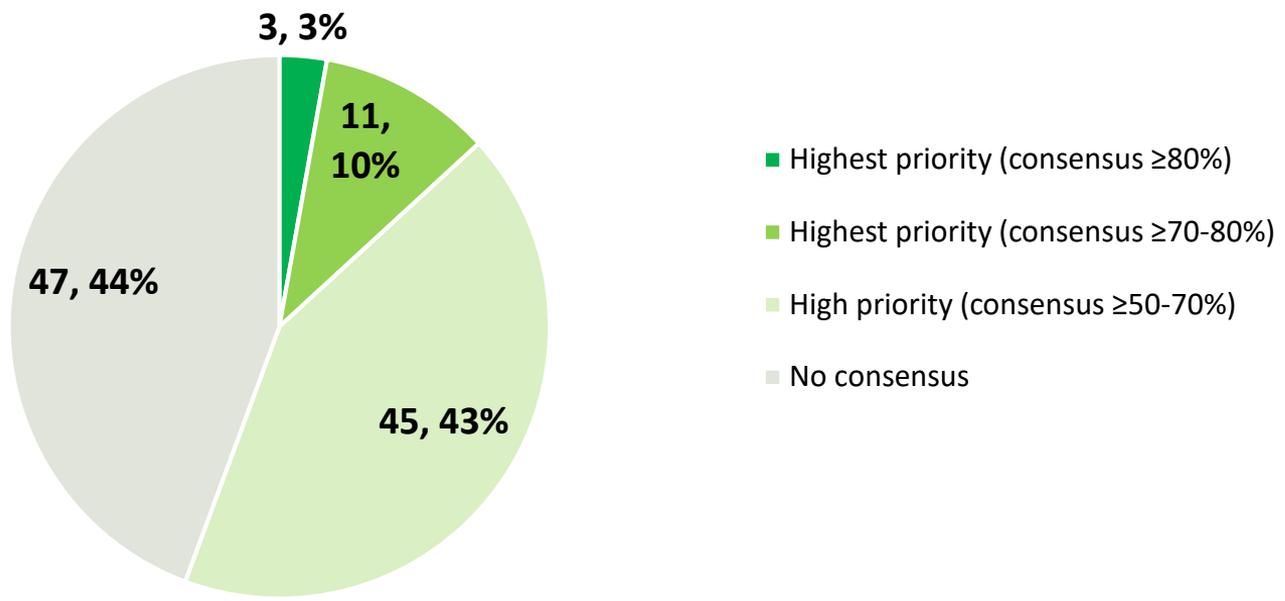


Delphi round 1 and 2





Overview of Delphi results: round 2





Top-3 alternative care delivery arrangements

#	Intervention	N (%)
1	Primary care (allied health and GPs) and hospital services (nurses and specialists) providing services or co-located in residential care facilities vs hospital (in- or out-patient) for elderly (e.g. IV antibiotics)	61 (86%)
2	Collaboration between GP, hospital and nursing home vs usual care for the frail elderly residents of aged care facilities (to reduce ED presentations)	58 (82%)
3	Multidisciplinary care (including allied health professionals) [single point access] vs usual care for depression, low back pain management, osteoarthritis, neonatal care, severe mental illness, children with asthma, other chronic conditions and patients with complex needs	57 (80%)



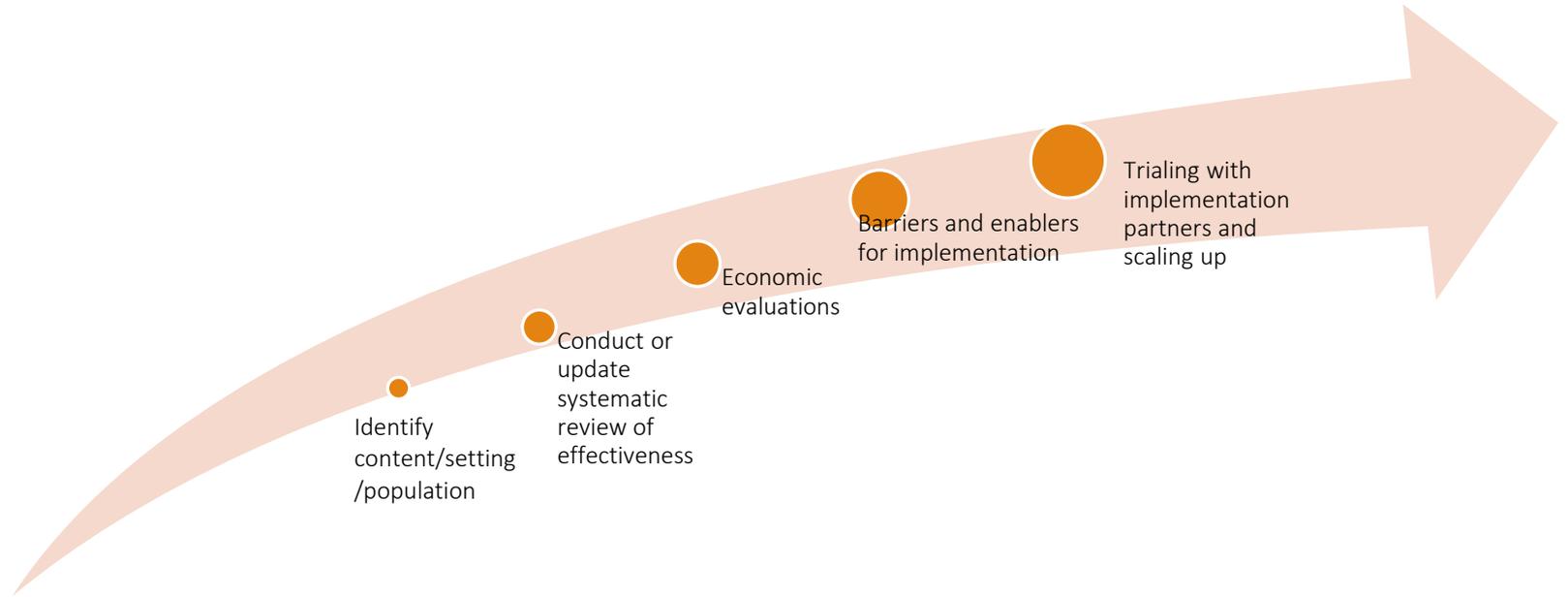
Examples of other high priority delivery models

1. Telehealth
2. Early supported discharge and rehabilitation at home
3. Discharge planning tailored to individual patient
4. Integrated care models and continuity of care

In total – 14 priority areas to be explored further



Potential strategies for delivery arrangements identified as highest priority (Years 2-5 of NHMRC partnership grant)



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