

Identifying alternative delivery models to increase value and sustainability of healthcare: A scoping review of systematic reviews

Jessup, RL¹. O'Connor, D¹. **Putrik, P¹**. Buchbinder, R¹.

¹ Monash University and Cabrini Institute, Malvern, Australia.

Oral and poster abstract text (Currently 241, maximum 250 words)

Background

Healthcare expenditure is growing at an unsustainable rate. Alternative models of service delivery may lead to improved efficiencies and a more sustainable health system.

Objectives

1. To conduct a scoping review of the extent, range and nature of available systematic reviews (SR) of trials and economic studies of alternate delivery arrangements for health systems relevant to high-income countries.
2. To prioritise promising alternative delivery arrangements by key health system stakeholders.

Method

English-language SRs reporting the effects of alternative healthcare delivery arrangements (e.g. alternative providers, locations and formats of delivery) relevant to high-income countries and published on PDQ-Evidence between January 2012 and September 2017 were considered for inclusion. Included SRs had to report at least one patient, quality of care, utilisation, equity, adverse effect, or resource use outcome. Two authors independently conducted screening. Delivery arrangements were categorised using the Cochrane EPOC taxonomy of health systems interventions. An e-Delphi survey and stakeholder meeting involving key stakeholders will be used to prioritise promising alternatives for further investigation (e.g. usage estimates, implementation planning considerations).

Results

Of 829 abstracts screened, 554 SRs were included (Table 1). Less than ¼ of SRs reported on economic analysis as an outcome measure of interest.

Table 1 Systematic reviews by EPOC delivery arrangement category and economic analysis

EPOC category	No. of SRs	No. of SRs reporting on economic analysis
<i>How and when care is delivered</i>	51	13 (25%)
<i>Where care is provided and changes to the health environment</i>	57	21 (37%)
<i>Who provides care and how the workforce is managed</i>	82	23 (28%)
<i>Co-ordination of care</i>	129	35 (27%)
<i>Information technology and communication systems</i>	194	29 (15%)
<i>Goal focused reviews</i> (including studies of various delivery types)	41	5 (12%)
Total	554	126 (23%)

Conclusion

Identifying and prioritising promising alternative delivery arrangements (e.g. effective and potentially cost-saving) is likely to provide opportunities for health system gain. Future systematic reviews investigating alternative healthcare delivery arrangements should seek to include economic analysis as an outcome measure.