CONFERENCE ABSTRACT

Cost saving with a GP-led integrated health service delivery model for complex chronic disease: an optimal Beacon practice

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Claire Jackson¹, Connelly Luke³, Maria Donald¹, Bharat Vaikuntam¹, Samantha Hollingworth¹, Anthony Russell¹.²

¹: University of Queensland, Australia; ²: Department of Diabetes and Endocrinology, Princess Alexandra Hospital, Australia

Health policy internationally is promoting the benefit of delivering complex chronic disease care in the community rather than the hospital setting. The Beacon model is designed as a primary-secondary integrated model of outpatient substitution whereby patients with complex diabetes receive care through a community-based practice where GPs with a special interest (GPwSI) and advanced training in diabetes work alongside an endocrinologist and diabetes nurse educator (DNE). We draw on over a decade of research to sketch a profile of an optimal Beacon clinic in terms of capacity and cost. We measured costs at five study sites: two hospitals and three Beacons and computed the Beacon clinic duration and patient load that minimises the costs of treatment. While the costs varied across sites, an optimal Beacon was found to be a lower cost alternative to usual hospital outpatient care. It costs $4,998 to deliver one optimal clinic of four hours duration with two GPwSI and one endocrinologist treating 14 patients with the DNE employed 3-days/week. This estimate is based on an urban setting in which local patient treatment needs are sufficient to support weekly/fortnightly clinics. The model holds promise as a way to cost-effectively manage complex chronic conditions, while freeing resources in hospital settings to attend to acute and inpatient services. It is delivered via a shared Commonwealth and state funding model, currently an uncommon arrangement for chronic disease management. However, proposed pooled funding arrangements at the local level designed to support better integrated care could provide leverage for the model.

Keywords: integrated care; chronic disease; model of care; cost-savings