

Improving access and equity by reducing waiting time in community-based outpatient services: an evidence-based approach

Symposium Outline

Excessive and inequitable waiting times for care can be a problem for both patients and health services. Access issues are not only associated with emergency departments and surgical procedures; patients seeking sub-acute and community-based services also experience lengthy waiting lists, resulting in poorer health outcomes, anxiety, and reduced engagement with services.

Waiting lists are often considered to be the result of a disparity between demand and supply. Short term strategies, such as temporary increases in supply, often fail to resolve the underlying problem and waiting lists simply recur. Strategies that focus on managing waiting (such as triage and prioritisation systems) can help the most urgent patients to access timely care, but rarely reduce overall waiting time, contribute to inequity and can exacerbate the problem by diverting resources from clinical care.

In contrast, promising results have been reported from strategies that address patient flow by reducing complexity in booking systems, combining triage with initial management, and/or actively managing the relationship between supply and demand. One such model, known as Specific Timely Appointments for Triage (STAT) brings these elements together and reduced waiting times in two single service pilot studies by 30-40%. These studies provided support for successful National Health and Medical Research Council Partnership grant funding for a larger study.

This symposium describes the broad application of the STAT model across eight community-based health services using a stepped wedge cluster randomised controlled trial, supplemented by a cost effectiveness study, a qualitative evaluation of staff experiences and a comprehensive research translation program.

Presentation 1: The STAT Model reduces waiting time for community outpatient services: A stepped wedge cluster randomised controlled trial

Dr Katherine Harding, Eastern Health/La Trobe University

A stepped wedge cluster randomised controlled trial was conducted to determine whether STAT reduced waiting time in a fully powered study involving eight sites (n=3116 patients). The primary outcome was time from referral to first appointment; secondary outcomes included time to second appointment, rate of discharge at 12 weeks and number of appointments provided. Median time from referral to first appointment reduced from 60 days pre to 36 days post-intervention across all sites (IRR 0.66, 95% CI 0.52 to 0.85) with no change in secondary outcomes. Variation in waiting time also reduced, suggesting improvement in equity of access to services.

Presentation 2: Cost effectiveness of the STAT model in community outpatient services

Dr David Snowdon, Eastern Health/La Trobe University

Cost effectiveness analyses were completed alongside the multi-service, stepped wedge randomised controlled trial. Waiting time was the key outcome and incremental cost effectiveness ratios (ICERs) were reported from societal and health service perspectives. Full economic data were collected from 278 patients in the control period and 279 patients in the experimental period. The ICER from a societal perspective showed a saving of \$AUD 203 (95%CI -43 to 501) per day of reduction in waiting in the STAT group compared to the control group. Cost savings were mainly due to lower personal care costs and a reduction in loss of income.

Presentation 3: Staff perceptions of implementation of the STAT Model of access and triage

Professor Nicholas Taylor, Eastern Health/La Trobe University

The perceptions of staff who were involved in implementing STAT about the benefits and challenges of the model and the process of implementation were explored using thematic analysis of semi-structured interviews (n=20), with representatives from each of the participating services. Staff agreed that the STAT model improved access but led to challenges in managing prioritisation decisions after the initial assessment. The relative weight given to these factors varied and was influenced by the service environment, personal factors and the degree to which staff were exposed to the waiting list in their daily work, providing important insights about STAT implementation.

Presentation 4: Translation of the findings of the STAT trial into policy and practice

Annie Lewis, Eastern Health/La Trobe University

The STAT trial demonstrated that this model is an effective way to reduce waiting time in community based health services. In addition to dissemination through academic publications and presentations, the findings have been translated through development of practical and accessible online resources, printed materials and a workshop series for service providers. Further online updates and opportunities for web based discussion led to establishment of a community of practice. Our experience of translation will be used as a basis for discussion of successes and challenges in large scale translation of evidence from health services research into policy and practice.