

The influence of integrated geriatric outpatient clinic on the health care utility of elderly

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Geriatrics & Gerontology

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Geriatric integrated outpatient clinic, the elderly, health care utility, comprehensive geriatric assessment

Abstract

Background: People above age 65 are growing in many countries. Taiwan will be a super-aged society in 2026 and the utility of health care will increase considerably. Our study was aimed to evaluate the efficacy of the geriatric integrated outpatient clinic on health care utility reduction of the elderly.

Methods: This was a retrospective case-control study. The patients with age more than 65 years old in the geriatric outpatient clinic (Geri-OPD) and non-geriatric outpatient clinic (non-Geri OPD) with age and sex-matched in a single medical center were included. The numbers of outpatient clinic visits, emergency department visits, hospitalization, and medical expenditure data were collected in the first year and second year. The subgroup analysis by Charlson comorbidity index (CCI) and older age (age \geq 80 years old) was done between Geri-OPD and non-Geri OPD.

Results: Total 6723 patients were included (3796 women and 2927 men). The mean age was 80.42 ± 6.39 years old. There were 1291 (19.2%) patients from the Geri-OPD and 5432 (80.8%) patients from the non-Geri OPD. After one year regular follow-up, those Geri-OPD patients had significantly reduced 5.62 ± 10.85 kinds of drugs in each prescription and 18.18 ± 48.85 clinic visits per year ($P < 0.01$). After two-year follow-up, the clinic visits, emergent department visits, hospitalizations, and the annual medical cost still decreased in the Geri-OPD patients. The Geri-OPD patients have more co-morbidities and higher health care utility than the non-Geri OPD patients. In the subgroup analysis, the patients with higher comorbidities (CCI \geq 2) and older age (\geq 80 years old) have significant health care utility reduction in Geri-OPD. The medical utility difference between the Geri-OPD and non-Geri OPD patients also decreased significantly.

Conclusion: The geriatric integrated outpatient clinic reduced the medical cost, drug numbers, and the frequency of outpatient clinic visit, emergency department visit and hospitalization in the complicated elder patients. The effect was even better in the second year.

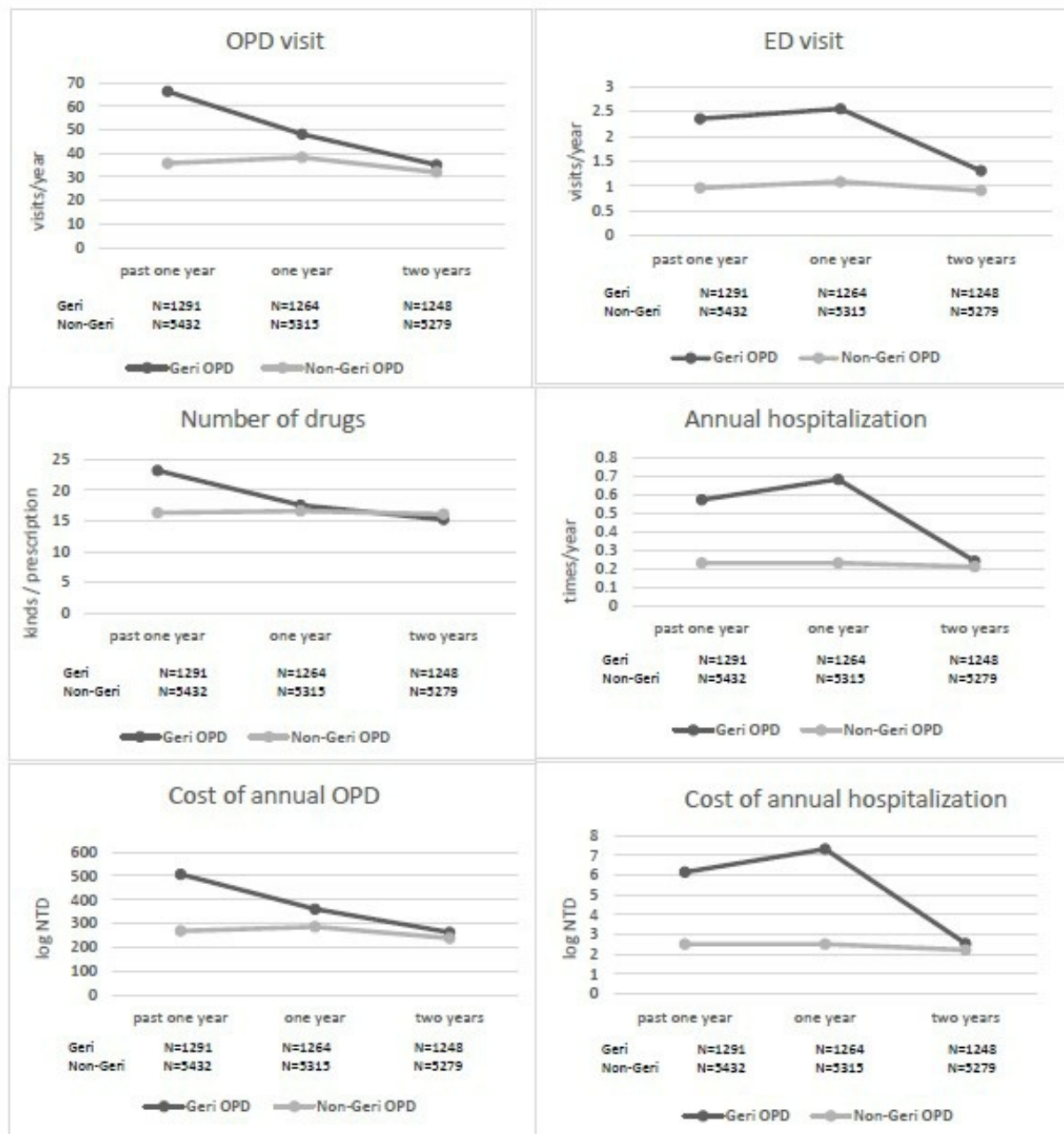
Full-text

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However, the manuscript can be downloaded and accessed as a PDF.

Figures

Figure.1 High health care utility decreased significantly in Geri-OPD patients.

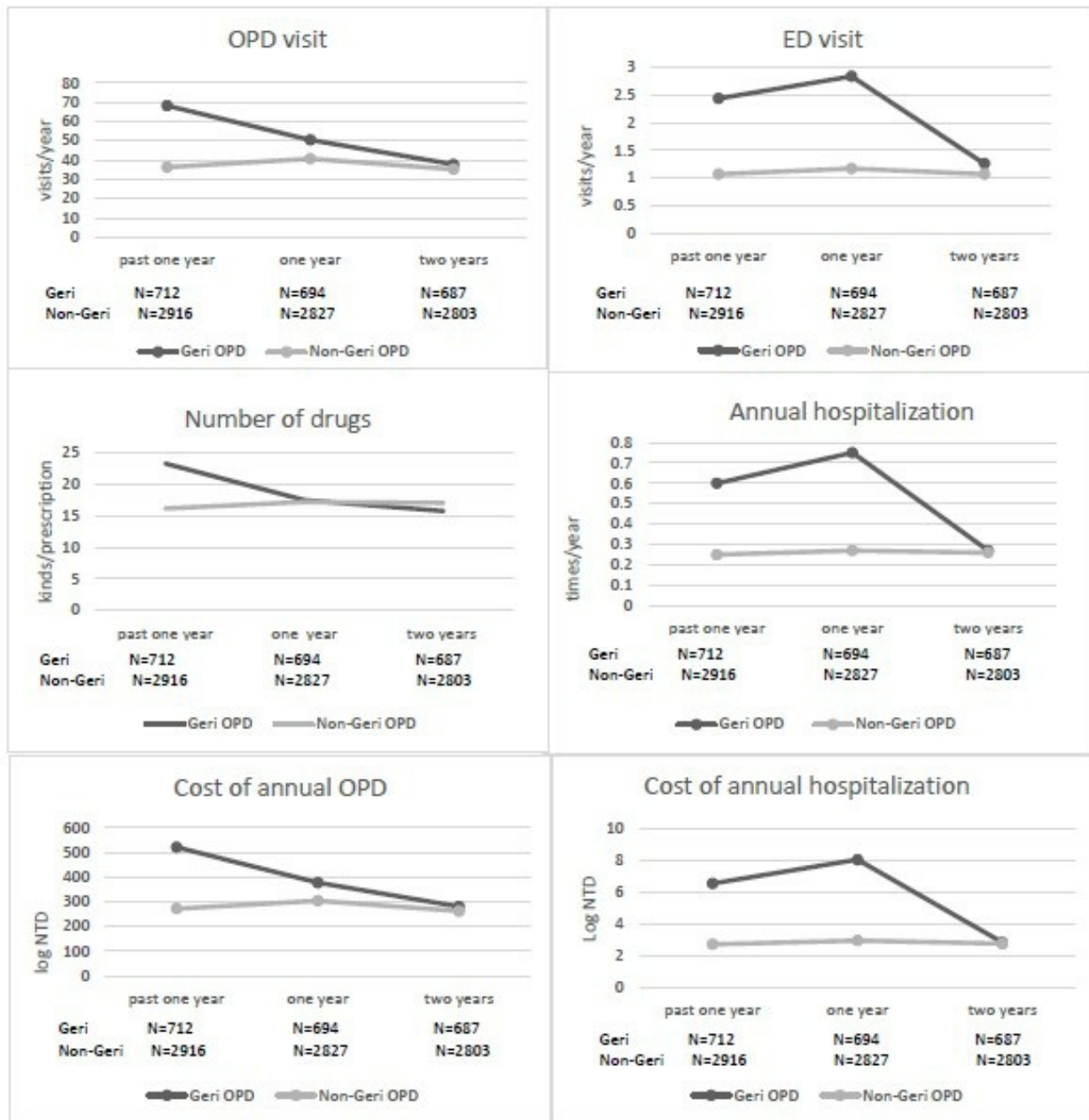


Abbreviation: OPD: out-patient department, ED: emergency department, NTD: New Taiwan Dollar

Figure 1

High health care utility decreased significantly in Geri-OPD patients.

Figure 2. The health care utility also decreased significantly in Geri-OPD patients aged above 80 years

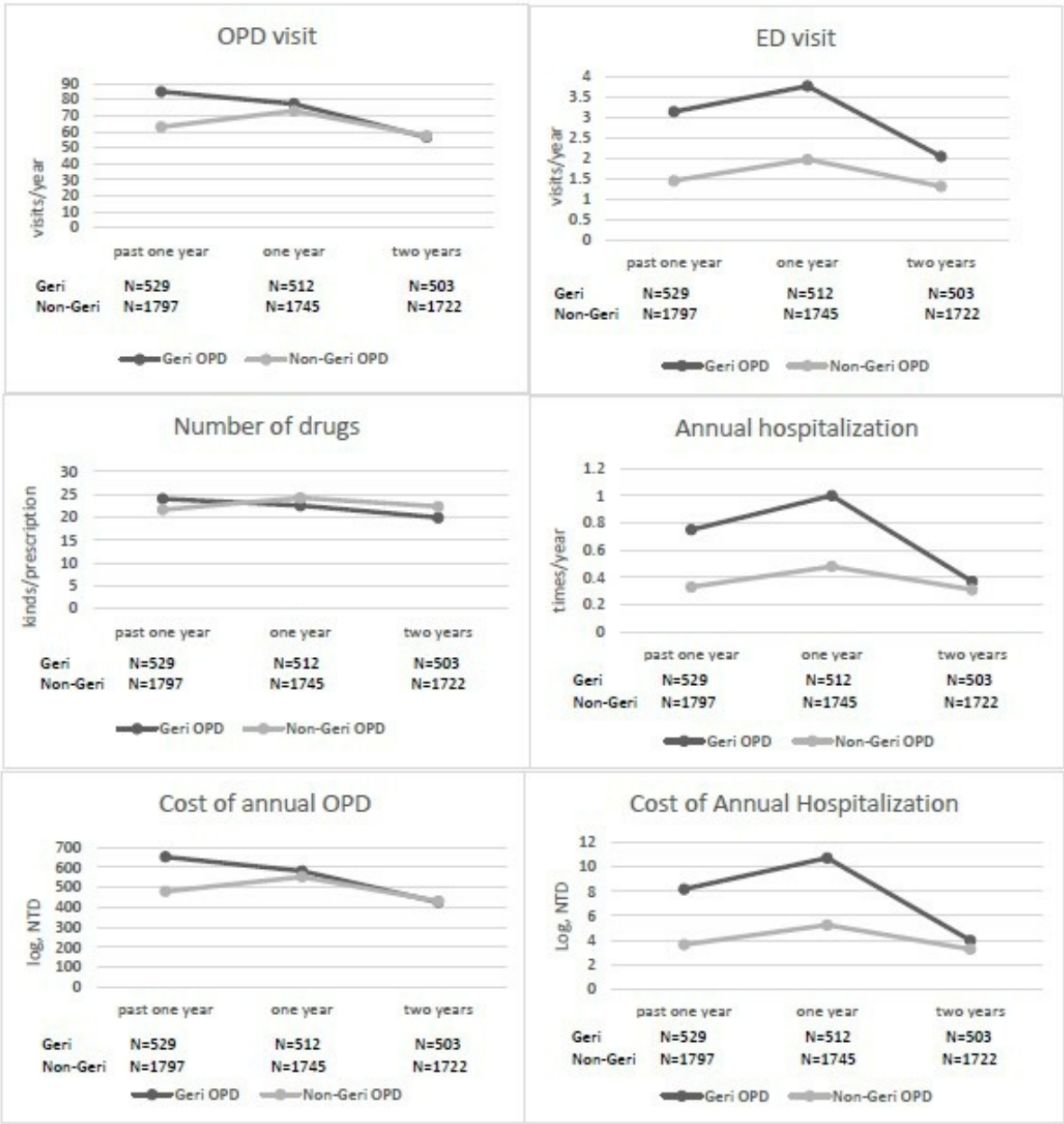


Abbreviation: OPD: out-patient department, ED: emergency department, NTD: New Taiwan Dollar

Figure 2

The health care utility also decreased significantly in Geri-OPD patients aged above 80 years.

Figure 3. The health care utility reduction was obvious in the Geri-OPD patients with Charlson comorbidity index ≥ 2

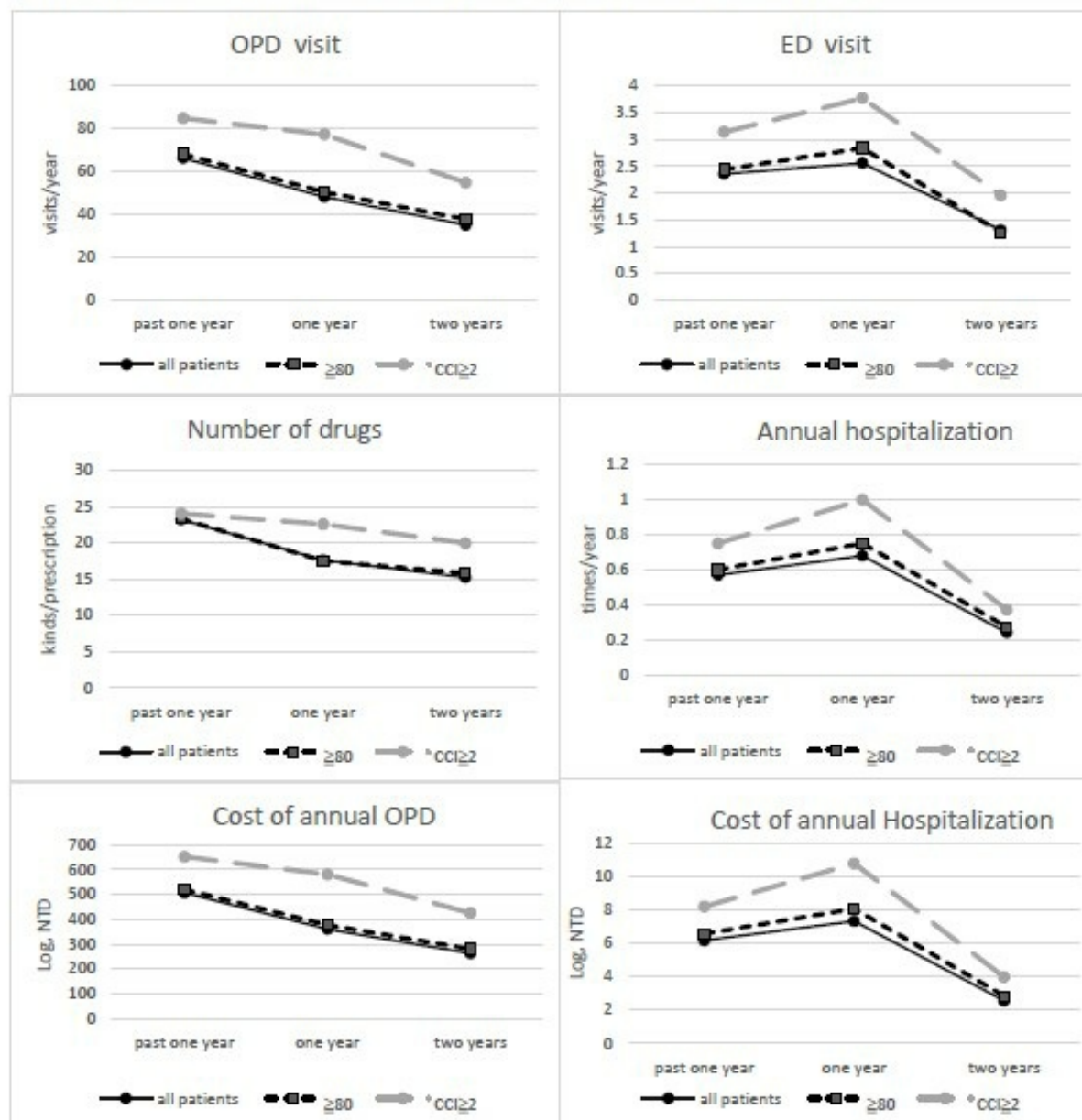


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Figure 3

The health care utility reduction was obvious in the Geri-OPD patients with Charlson comorbidity index ≥ 2

Figure 4. The health care utility decreased gradually after 2 years Geri-OPD follow up.



Abbreviation: OPD: out-patient department, ED: emergency department, NTD: New Taiwan Dollar

Figure 4

The health care utility decreased gradually after 2 years Geri-OPD follow up.

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