

Economic Evaluation of Outreach Clinics in Pediatric Cardiology in the Province of Québec

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Introduction and Objectives: In the west of the Quebec province, the CHU Sainte-Justine (CHUSJ), a university pediatric hospital located in Montreal, offers pediatric cardiology services for the diagnosis and management of all cardiac conditions. To minimize the cost of family travel, pediatric cardiologists set up outreach clinics in the local hospitals of the network. The objective of this study was to conduct an economic evaluation of pediatric cardiology outreach clinics from patient and health care system perspectives.

Methods: The sample of this economic evaluation consisted of all patients who had a pediatric cardiology consultation or follow-up in the outreach clinics for the year 2015 (5292 visits). Two alternatives were evaluated: identification and evaluation of the costs (direct and indirect) associated with a visit in an outreach clinic with an equivalent visit at the CHUSJ. Both alternatives were compared using the cost differential method.

Results: The direct medical costs for the patients was zero because the medical visits are completely reimbursed by the state. The loss of productivity associated with the visit if the patient had to come to the CHUSJ ranged from 0 to 231 Canadian dollars (\$) with a statistically significant average of 29\$ per patient per visit, $p < 0.001$. This average increased with remoteness. The indirect costs associated with a visit at CHUSJ were higher, on average 84\$ per patient. The visits in the outreach clinics were statistically less expensive than the visits at the CHUSJ, $p < 0.0001$. The visit in an outreach clinic would bring an average total gain of 113\$ per patient compared to a visit at CHUSJ, a total of almost 600 000\$ for the year 2015. Outreach clinics cost an average surplus of 21\$ per patient to the health care system. As with the cost paid directly by the patients, the costs for the health care system increased with the distance between the patient's home and the place of consultation, but with smaller differences.

Conclusion: Outreach clinics not only increase access to specialized health care in the vicinity of the home of the patients but also reduce associated direct and indirect costs.