MACH
Melbourne Academic
Centre for Health

MacHSR Future Leaders Fellowship program
Final reporting (Cohort 3)

Name: Kellie Le
Project title: A mixed methods evaluation of the Virtual Specialist Consults (VSC) at Northern Health

Original problem and approach:
VSC a virtual co consulting model between a specialist, GP and/or patient was implemented and had been in practice however there was no evaluation on the effectiveness of the services. We aimed to compare four key outcomes, between the VSC and hospital outpatient clinics:

To measure the impact of the VVSC on:
Costs of service provision
To analyse the operational cost of the VVSC service (multidisciplinary consults) compared to a traditional model of utilising outpatient specialist clinics at Northern Health.

Time to expert advice
To compare the time taken for GPs and/or patients to access expert advice through the VVSC service against the wait time for appointments in specialist's outpatient clinics at Northern Health.

GP experience, confidence and satisfaction
To explore the impact of the VVSC service on GP's confidence and capacity to manage patients within the community, and to determine whether this correlates with changes in future outpatient specialist referral rates by GPs engaging in the VVSC.

Estimation of patients' costs
Analysing the costs to the patients (travel, time off work, parking etc) for those utilising the VVSC versus those attending outpatient clinics at Northern Health.

The analysis focused on consultations within the six most frequently utilised specialties, namely: Paediatrics, Adult Medicine, Gastroenterology, Haematology, Endocrinology and Dermatology.

Refinements to the project:
During the period of research, we realised that the provisional and operational costs were likely to reflect very similarly to the OPC costs hence we changed it to a patient societal cost analysis only. To measure the impact of the service we chose to analyse the number of follow up appointments required per specialty between services for the most impact. Please see the new four key outcomes which we analysed for our research below:

We aimed to compare four key outcomes, between the VSC and hospital outpatient clinics:
(1) Potential cost savings for patients (societal costs)
(2) time-to- specialist opinion
(3) number of follow up appointments required
(4) GP satisfaction survey

The six specialties in which we analysed remained the same.
Activities, achievements and impacts, barriers or delays you faced, plans for continued activity/translation/implementation, resulting collaboration, and government or industry engagement, as relevant.

I have finalised my paper on the evaluation of VSC. I am currently waiting for feedback for final submission, pending publication. During this fellowship, the key achievements were the learning experiences and collaborate approaches that the MacHSR fellowship offered. I really appreciated having very experienced supervisors within my health service and within the MACH community. I wished that every research project had this amount of support and collaboration. The fact that we had access to a health economist was simply incredible. I could not have done my research without them. We are hoping to finalise this research to present it at relevant forums to demonstrate the effectiveness and innovation of this service.