

Evidences from systematic reviews of alternative high-value health care delivery system arrangements.

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Introduction

Infants and children's cognitive and physical development may be influenced by their mothers' health, nutrition, and activities. The costs of providing healthcare services are increasing at an unsustainable rate. Health systems and healthcare providers must analyse the economic implications of the service models they provide and determine whether other models might achieve greater efficiencies without compromising care quality. The purpose of this protocol is to describe a scoping review of the scope, range, and character of available synthesised research on alternate delivery arrangements for health systems relevant to high-income nations that were published in the last 5 years [1].

Global health systems face a continual problem in providing sustainable, appropriate healthcare. There are numerous factors that contribute to rising healthcare expenditures. Growing population pressures, rising prevalence of chronic and preventable diseases, increasing availability of (more expensive) clinical tests and treatments, medicalization of risk factors and active screening of healthy people, lowering diagnostic and intervention thresholds for high prevalence conditions, and shifting community expectations are just a few of them. Furthermore, high-income countries are facing rising inflationary pressures as well as labour shortages. Health systems and providers must be able to withstand and react to these expanding challenges by providing services that maintain a high level of care while giving better value for money in order to be sustainable [2]. In reality, this means that health systems and providers must assess the efficacy and economic impact of current service models, as well as whether there are alternative models that could result in increased efficiencies without compromising treatment quality or patient outcomes.

There are examples of service delivery models that have been implemented in practise and provide small improvements for patients when compared to standard treatment, but the economic impact is unknown (e.g., early departure from hospital and home care) (eg, mid-wife led models of care). Furthermore, some alternative delivery arrangements have been implemented despite uncertainty about their effects on patient care and economic impact (e.g., primary care physicians providing care in emergency departments), and in some cases, effectiveness has been found to be low and

associated costs, high (eg, rapid exchange of operating room air to reduce infection rates). As a result, efforts to control spending must include not just the advantages to patients, but also the value of the delivery arrangement in relation to the cost. This distinction is critical because high-cost models of care may still be good value if they provide high levels of benefit to patients, whereas low-cost models of care may provide little or no benefit [3]. The Australian Productivity Commission released a report in 2017 stating that identifying enablers and barriers to more efficient care models can save money, and that eliminating financial incentives for service delivery where there is clear evidence of ineffectiveness or cost effectiveness, or where the benefits do not outweigh the costs, can save money.

Alternative service delivery models allow healthcare providers to deliver healthcare services in new and potentially more cost-effective ways by utilising lower-cost providers, locations, and delivery formats. Changing the location of service delivery from a more expensive to a less expensive option, providing care to groups rather than individuals, substituting highly trained or specialised health workers for less specialised or lay health workers, or using technology to deliver care are just a few examples (eg, telemedicine). This method of service delivery may result in the same, or even better, outcomes for patients without compromising care quality. However, because these alternative models may increase costs, they must be subjected to rigorous economic evaluations that evaluate not only gains in patient and caregiver outcomes, but also the value and costs to the entire health system.

A scoping review is a quick way to map key concepts within a study field while also giving you an overview of the main sources and forms of evidence available. It's especially useful when the study question is complicated or hasn't been thoroughly examined before. In the last five years, a number of reviews of alternate delivery models have been published. The majority of evaluations have focused on the delivery of a single test or therapy for a specific disease or condition, or a single form of delivery arrangement, such as chronic disease programmes, multidisciplinary care, or integrated care interventions. As a result, the amount and depth of existing synthesised research on alternative distribution arrangements is not fully summarised in these evaluations [4]. The focus of a recent Cochrane review was on delivery arrangements. Low-income nations, on the other hand, face

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unique health-care challenges, such as a high prevalence of communicable diseases, resource limits, and limited access to innovative technologies and other resources. As a result, the conclusions of this overview may be less applicable to high-income nations (for example, it includes HIV/AIDS, malaria, paediatric diarrhoea, pneumonia, immunisation, and antenatal care delivery arrangements).

To our knowledge, no scoping analysis or overview of alternate delivery arrangements for high-income countries' health systems has been done to yet. By mapping the availability of existing synthesised information, particularly where economic analysis of alternative delivery systems exists, and exposing gaps for future study, this work is likely to be valuable for decision makers. The proposed scoping review is part of a five-year Partnership Centre for Health System Sustainability funded by the Australian National Health and Medical Research Council and other partners, with the goal of investigating and developing interventions to improve health system performance sustainability [5]. This scoping review is in addition to the Partnership Centre's on-going systematic review of intervention sustainability, improvement initiatives, and outcomes.

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