

Digital Clinical Communication (DCC) – Health Economic Findings of the LYNC study

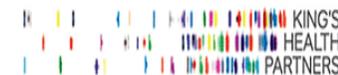
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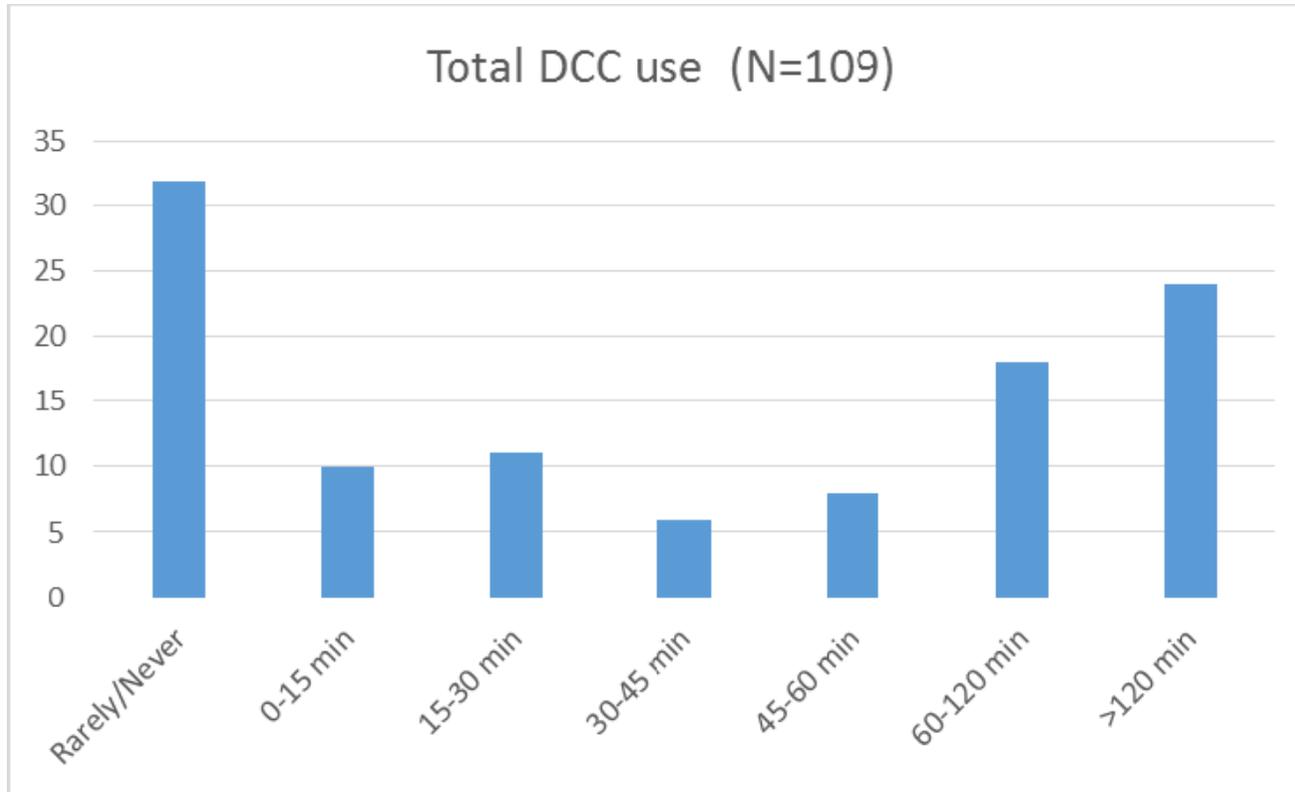
Aims of LYNC HE Sub-study

- Estimate the direct costs associated with DCC use across sites
- Identify ways in which DCC creates value for young people, and quantify this value.
- Describe pathways through which DCC can lead to improvements in health, wellbeing and clinic efficiencies.

Sources of data

- HE Questionnaire on DCC time and equipment completed by 109 staff across 17 sites (61% completion rate).
- 110 young people answered a question on their willingness-to-pay for a DCC-enhanced service.
- HE follow-up interviews with senior clinician at 9 sites.
- Analysis of qualitative data from main study.

Results of questionnaire



Time per day on DCC

Median: 45 minutes

Maximum: 9 hours

Rarely / never: 32 (29%)

> 2 hours: 24 (22%)

Sources of variation

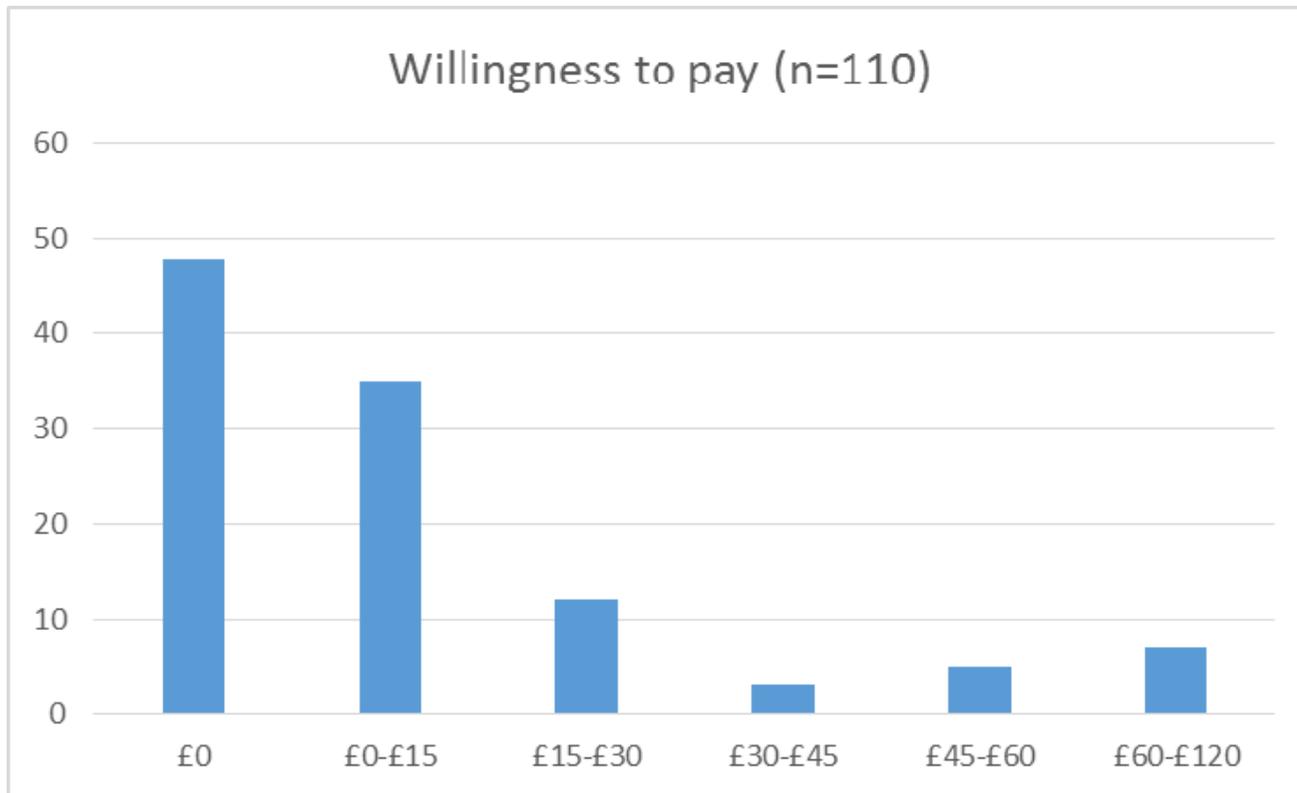
- Median time per staff member at each site varied from 0 to 113 minutes per day, with no clear relationship with condition.
- Consultant grade staff spent considerably less time using DCC:
 - Grade 6/7 mean time 100 minutes per day (N=43)
 - Grade 8 mean time 70 minutes per day (N=19)
 - Consultant mean time 12 minutes per day (N=26)

Site-level costing analysis

Site code	Condition	No of staff	Staff cost	Equipment cost	Total cost
£ per month					
CSK04	Cancer	5	2920	97	3017
CSW06	MH	10	9230	330	9560
CSW07	Rheumatology	11	0	0	0
CSW12	renal	6	135	26	161
CSK05	Diabetes	7	2648	85	2733
CSW08	Cystic Fibrosis	19	5323	383	5707
CSK09	Sexual health	10	3673	120	3792
CSK08	HIV	9	1055	51	1106
CSK10	Cancer	11	6090	267	6358

Equipment costs are a minor component of total DCC costs (3-5%)

Young person valuation of DCC



Where a value of £0 was reported, this sometimes reflected an objection to being charged for this service

Impact of DCC on costs

- DCC led to some efficiencies, particularly around DNAs
 - Opportunity costs depend on DNA impact on clinic.
- DCC could reduce need for clinic visits in relation to routine activities (csw01 estimate: 8-12 visits per user per year).
- Overall, respondents felt that DCC increased burden on staff:
 - Greater engagement, particularly with hard-to-reach groups
 - Barriers to contact lowered, so young people communicated more
 - Expectations around promptness of response.
 - Some of this workload was managed outside working hours.

Benefits of DCC

- Route to health benefits of DCC – richer, more frequent communication
 - Young people more likely to engage and sustain contact
 - Acute adverse events avoided or ameliorated
 - Long term prognosis improved
- Benefits to young people go beyond health
 - Anxiety, loss of control, uncertain prognosis, complex management.

Findings relevant to economic evaluation

- Distinguish between specific interventions with a DCC component, and DCC used in routine care.
- DCC may well increase, not decrease, staff workload and pressure on clinics working with young people
- DCC may lead to substantial health benefits and savings for health services (but not necessarily for the clinic itself).
- Benefits of DCC to young people beyond health are valuable.
- Key impacts (staff time, non-health benefits, long term impacts) can be hard to measure.

Collaborating Organisations:

University of Warwick, King's College London, University of Oxford, University Hospitals Coventry and Warwickshire NHS Trust, King's College London NHS Trust, Guy's and St Thomas' NHS Trust

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