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CLINICAL AND ECONOMICAL EFFECTS ONE YEAR AFTER ESTABLISHING A DECENTRALIZED PSYCHIATRIC OUTPATIENT SERVICE

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Background: Intensification of outpatient psychiatric care may improve the care quality in community but also increase the total care costs in the first period as well as reduce in-patient cumulative length of stay over the medium term.

Objective: We investigate the economic and clinical effects of establishing of a psychiatric outpatient-service in a South-Bavarian catchment area one year before and one year after establishing.

Methods: All admitted patients in a psychiatric acute ward corresponding to the catchment area of the new outpatient- service are registered one year before establishing (2007, n=145) and one year after (2009, n=167). Associations between clinical, demographic and economical variables were investigated by means of multivariate regression analysis. Control variables are sex, age and psychiatric diagnostic groups.

Results: Cumulative length of stay ($b=-1.72$, $p=0.68$) and number of admissions ($b=-0.10$; $p=0.28$) decreased, but not significantly. In-patient as well as global care costs remains the same. Costs of prescribed psychopharmacological drugs ($b=54.4$; $p=0.36$) and outpatient psychiatric care ($b=67.8$; $p=0.15$) increase obviously, but not significantly.

Conclusions: Additional implementation of an outpatient-service is not related to increase of service use costs. We found out, that in the first year there is a demand increasing effect. The effects on in-patient parameters and diagnosis groups have to be observed for the following years.