

KEY MESSAGES

Economic evaluation alongside a cluster-randomised-controlled trial of intensive management by Indigenous Health Workers of Indigenous people with poorly controlled type 2 diabetes in remote Australia.

Was “Getting Better at Chronic Care” cost effective? It depends on what you measure

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Policy context

Diabetes and associated complications are extremely high among Aboriginal and Torres Strait islanders in far north Queensland. The existing service model remains focussed on acute care (fee-for-service) rather than a chronic team-based care model. High turnover of itinerant health staff result in lack of continuity of care. Evidence suggests that much of this risk can be mitigated in the primary care setting with better use of culturally appropriate support by trained indigenous health workers (HW) based in the community.

We conducted two kinds of economic evaluation of a cluster randomised trial of a HW-led model of care over an 18-month period.

Key messages

The intervention suffered from significant implementation failure due to severe service cuts during the trial, so that the model could not be fully implemented.

A standard cost-effectiveness evaluation found that the program was low value for the money; however, a more targeted analysis found that the HW model significantly reduced the likelihood of hospital admissions (by 40%) for severe acute infections and acute diabetes-related complications.

We found that the choice of outcome measures for economic evaluation of this kind of program makes a difference to the findings, and that outcome measures directly linked to the program (in this case, severe acute infections and diabetes-related), including the type of hospital admissions avoided, are most likely to capture the true impact of the program.

In remote communities, a bigger role for IHWs as key providers of chronic care may be cost-effective provided it is supported by a full chronic care model including an information system which includes care planning, team care, recall systems and effective client engagement.