Outpatient parotidectomy at the Fallon Clinic: the first 2 years

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Record Status
This is a critical abstract of an economic evaluation that meets the criteria for inclusion on NHS EED. Each abstract contains a brief summary of the methods, the results and conclusions followed by a detailed critical assessment on the reliability of the study and the conclusions drawn.

Health technology
Outpatient and inpatient parotidectomy.

Type of intervention
Treatment.

Economic study type
Cost-effectiveness analysis.

Study population
Patients admitted for elective outpatient and inpatient parotidectomy (19 men, 13 women). The mean age of inpatients was 58.5 years, and the mean age of outpatients was 51.6 years.

Setting
A community teaching hospital and a multi-speciality group practice, Fallon Medical centre, Worcester, Mass, USA.

Dates to which data relate
Effectiveness and resource data were collected between 1992 and 1994. No price date was clearly stated.

Source of effectiveness data
Single study.

Link between effectiveness and cost data
Costing was undertaken retrospectively on the same patient sample as that used in the effectiveness analysis.

Study sample
19 consecutive outpatients and 13 concurrent inpatients admitted electively for parotidectomy. No power calculation was stated.

Study design
Retrospective review of hospital and office charts for patients admitted for elective outpatient and inpatient parotidectomy. No loss to follow-up was stated. The length of follow-up was not reported. The timing of postoperative visits was left to the discretion of the individual surgeon.
Analysis of effectiveness
Based on treatment completers only. The main health outcome used in the analysis was the number of complications. A telephone survey was conducted in order to assess patient satisfaction.

Effectiveness results
No complications were specifically attributable to outpatient status. Patient satisfaction was high in the outpatient group, but higher in the inpatient group. 73% of outpatients and 82% of inpatients found their overall hospital experience very good or excellent.

Clinical conclusions
No complications were specifically attributable to outpatient status. Patient satisfaction was high in both groups but higher in the inpatient group.

Measure of benefits used in the economic analysis
The main health outcome used in the analysis was the number of complications. A telephone survey was also conducted in order to assess patient satisfaction.

Direct costs
Some costs and quantities were reported separately. Direct health service costs were considered, such as fee-for-service return visit charges. Dates for costs and prices were not clearly stated. Costs were based on actual data.

Statistical analysis of costs
A statistical analysis was carried out on patient visits and charges.

Currency
US dollars ($).

Sensitivity analysis
No sensitivity analysis was carried out.

Estimated benefits used in the economic analysis
No complications were specifically attributable to outpatient status. Patient satisfaction was high in the outpatient group, but higher in the inpatient one. 73% of outpatients and 82% of inpatients found their overall hospital experience very good or excellent.

Cost results
Outpatients were discharged an average of 4 hours after surgery. The mean saving on hospital-based charges compared with a 1-night stay was $196 per case. The outpatients had 2 more postoperative visits in the first 90 days after surgery; their postoperative care cost was $72 more per case than for the inpatient group.

Synthesis of costs and benefits
Benefits and costs were not clearly synthesised. Clinical outcomes were shown to be similar for the two groups but inpatient satisfaction was slightly higher although, outpatient care leads to cost savings.
Authors' conclusions
Parotidectomy can be performed safely on outpatients. Outpatient satisfaction was high, but inpatient satisfaction was higher. The savings per case depend on the particular cost structure of the institution and may be modest compared with that of a 1-night inpatient stay. Savings are higher when compared with the diagnostic-related group allowable stay of 4.0 days.

CRD COMMENTARY - Selection of comparators
The reason for the choice of the comparator is clear, as inpatient parotidectomy was widely used in the authors' setting.

Validity of estimate of measure of benefit
Data have not been used selectively to prove a particular point. No adjusting for confounding variables was undertaken.

Validity of estimate of costs
Not all resource quantities were reported separately from prices and no adequate details relating to prices and price dates were given.

Other issues
The authors acknowledged the fact that the cost results may not be generalisable to other settings/countries.

Source of funding
None stated.

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