



<b>Title</b>	<b>Role and Positioning of University Outpatient Departments</b>
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## Aim

To define, from a positioning standpoint, the services of university hospital outpatient clinics in contrast to healthcare services offered by specialized physicians and/or outpatient clinics in peripheral hospitals.

## Conclusions and results

Results of literature review: Economic arguments dominate the discussion on the role of outpatient clinics in university hospitals. Cornerstones of the debate include: structural reforms, medical training and research, patient visits and referrals, hospital operation, and documentation of performance.

Results of development of methodology:

- Development of a prototype to analyze outpatient performance data: profiles of 3 different groups of patients determining the profile of services delivered, were defined: 1) complex and interdisciplinary cases/patients vs noncomplex cases; 2) emergency patients vs nonemergent patients; 3) pre- and postinpatient cases and consequent examinations and therapies.
- Development of a matrix to systematically categorize services based on 'depth of care', defined by: 1) technical input/infrastructural need; 2) complexity/interdisciplinarity; 3) specialization/low incidence/rareness/risk. This definition served to differentiate medical services that can be offered only in university clinics from those offered in other settings (group-practices or specialized physicians).

Conclusion: Generation of a profile for outpatient services in university hospitals must be realigned along the following key elements:

- Clinical factors determining the range of services offered defined by infrastructural need; complexity/interdisciplinarity; rareness of indication and need for specialization.
- Factors determining the needs in medical teaching and research are led by the need for 'average' patients and the need for training in unspecific diseases.

(Only the extent/the minimum number of 'average' patients is under question.)

- Alternative low threshold institutions for extramural care, especially for the socially disadvantaged who visit outpatient clinics more frequently than specialized physicians.
- Economic rationalities showing that especially care for non-complex patients takes disproportionately more resources – because of additional diagnostic and therapeutic input – than in other settings.

## Methods

- a. A literature search identified 34 relevant publications on strategic positioning, spectrum of services, function, documentation and quantification of care/medical training and teaching/research, patient access, resource use, and appropriateness in the setting of outpatient clinics in university hospitals. A systematic literature review, complemented by a survey of university hospital managers, summarizes the state of the discussion.
- b. A methodology to empirically analyze the data on the performed services was developed as a prototype and probed.
- c. A matrix was developed to systematically categorize the services performed, based on 'depth of care'.