Evidence Update

Health Sector Development Series

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Do specialist outreach clinics improve health care?

Specialist outreach clinics as part of a larger package can improve health outcomes. In cities, simple outreach care may have little benefit.

Inclusion criteria

Studies:

Randomized controlled trials, controlled clinical trials, controlled before and after studies, and interrupted time series analyses.

Participants:

Patients who are eligible for specialist care; primary healthcare practitioners; and specialists.

Intervention:

Specialist outreach clinics, defined as planned and regular visits by specialist-trained medical practitioners from a usual practice location to primary care or rural hospital settings.

Outcomes:

Primary: health outcomes; measures of access to care; quality of care.

Secondary: patient and provider satisfaction; use of hospital and primary care services; costs.

Results

- Nine trials met the inclusion criteria. All were conducted in developed countries, and two were carried out in rural or remote populations.
- Simple relocation of outpatients services improved access to care, but there was no evidence of impact on health outcomes.
- Specialist outreach clinics as part of complex multifaceted interventions involving collaboration with primary care, education, or other services was associated with improved health outcomes, more efficient and guideline-consistent care, and less use of inpatient services.

The additional costs of outreach may be balanced by improved health outcomes. Too few comparative studies were available to assess the effect on access or outcomes of outreach to rural or urban disadvantaged populations.





Adapted from Gruen RL, Weeramanthri TS, Knight SE, Bailie RS. Specialist outreach clinics in primary care and rural hospital settings. *The Cochrane Database of Systematic Reviews* 2003, Issue 4. Art. No.: CD003798.pub2. DOI: 10.1002/14651858. CD003798.pub2.

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Authors' conclusions

Implications for practice:

Specialist outreach clinics can improve access to specialist health care, health outcomes, and efficiency of the service, especially when delivered as part of a complex multifaceted intervention. Simple models in urban areas appear to have little benefit.

Implications for research:

Further well-designed comparative studies of outreach in rural and disadvantaged communities, who may benefit the most from outreach interventions in terms of access and health outcomes, are needed.

The Cochrane Database of Systematic Reviews is available from www.wiley.com, and free for eligible countries through www.healthinternetwork.org.