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## Economic Evaluation of the OPTI-MEND Trial



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The evaluation of the OPTI-MEND trial reveals that adding a dedicated professional team to existing emergency department (ED) care significantly enhances patients' quality of life and saves an average of €6,128 per person.

ED crowding is a growing issue globally, negatively impacting healthcare outcomes and patient satisfaction. Researchers from Trinity College Dublin and the University of Limerick investigated the economic benefits of incorporating a specialised team of professionals into caring for older patients. Their findings highlight substantial cost savings and notable improvements in patient quality of life.

The study, published in PLOS ONE, details the 2023 OPTI-MEND trial. The trial introduced a dedicated ED team of health and social care professionals (HSCPs) to provide timely assessment and intervention for patients aged 65 and over. Involving 353 older adults, the trial demonstrated that early assessment and intervention by the HSCP team reduced ED length of stay, decreased the risk of hospital readmissions, and improved patient satisfaction.

The new service ensures that low-acuity patients (those less likely to have severe disease or complications) receive care from a senior occupational therapist, a senior physiotherapist, and/or a senior medical social worker in addition to routine ED care.

Primary clinical findings from the OPTI-MEND trial suggested that many older adults could be safely discharged from the ED following early assessment and intervention by the HSCP team, avoiding costly inpatient stays. This led to a collaboration between the University of Limerick and Trinity College Dublin to explore the potential economic benefits.

The Trépel Lab (Trinity) conducted an extensive analysis of the trial data to evaluate changes in quality of life and estimate the direct and downstream costs to the Irish Health Service. The study found that integrating HSCP teams into existing ED care improves patients' quality of life and could potentially save €2.4 billion nationally.

These savings are primarily driven by the timely discharge of older adults from the ED, allowing them to return home sooner. This economic evaluation, conducted alongside the HRB-funded OPTI-MEND trial, provides compelling evidence that HSCP teams should be part of standard ED care. Without this integration, the health service overspends by €6,128 every time a low-acuity patient visits the ED.

According to the authors, clinical trials have historically focused on generating evidence to guide clinician decisions. The OPTI-MEND trial exemplifies the importance of incorporating an economic perspective, highlighting the Health Research Board's commitment to including patient and public perspectives in funded studies. With most health systems managing a limited budget, this study shows that a modest investment in HSCP teams could save up to €2.4 billion for other services while significantly improving health-related quality of life.

Source: [PLOS One](#)

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