

# Use of the Flu-Fast-Track-Form in the treatment of uncomplicated viral infections in primary health care

Keziah Amacker, Telemachos Hatzisaak

PizolCare Praxis Wartau, 9477 Trübbach SG

## Introduction FFT-Form

The Flu Fast Track form can be characterized as a cost-reducing approach in the outpatient setting. It was developed to quickly identify patients with viral infections and to treat a majority of them without direct physician contact. When patients with symptoms that are common for viral infections arrive for their appointment they are questioned by the MPA and the FFT-Form is filled out. The completed form is then discussed with the doctor. Based on the information on the form (see picture FFT-Form), the physician decides whether or not he/she still needs to examine the patient himself/herself or if symptomatic treatment can be initiated without further examination. The study examines the form's cost efficiency and efficacy in primary health care.

## Method

The data that was used was collected during the flu season of 2016/2017 in the PizolCare practice in Wartau. The total costs of the respective treatments were calculated and an index patient was created to represent a comparative value concerning costs without the FFT-Form. The patients were divided into the following categories based on the success of the FFT-Form: "completed without consultation", "completed with consultation" and "not completed with follow-up consultation".

## Results

A total of 98 patients (mean age: 37y) were treated by the FFT-procedure. Compared to the index patient, the first category showed cost savings of 30.35%. The second category showed a cost reduction of 2.64% and lastly the third category depicted a loss or cost increase of 77.15%. However, this is only the case if the second consultation is considered to be the fault of the FFT-procedure. If the follow-up consultation is considered inevitable and therefore accounted for in the index patient, the third category shows a cost reduction of 11.43%. If the overall data is compared with the

index patient, including all categories, savings of 11.72% -18.75% are shown, depending on how third category was considered.

## Discussion

In order to further confirm these statements individual differences in billing would have to be taken into account. There are also limitations in the use of the Flu-Fast-Track-Form, for example in relation to its application to patients who belong to a risk group. Thus, depending on the patient population and comorbidities, the procedure may not be applicable in all practices. Overall, however, the data shows that there is great potential in the FFT-procedure if it were to be widely used, as it can lead to significant cost reductions in healthcare during the flu season.

## Conclusions

Overall, the Flu-Fast-Track-Form was able to prove its cost efficiency in the small-scale economic framework of a medical practice through a significant saving of 11.72% - 18.75%. The use of the procedure also shows some operational advantages, for example the relief of the physicians thanks to the delegation of certain tasks to the MPA. Thus, the use of the FFT-Form could be beneficial in terms of cost reduction and efficiency increase on both a small and large scale.

## Glossar:

GD (Sz 1): Gesamtdaten Szenario 1

GD (Sz 2): Gesamtdaten Szenario 2

EK 1: Erfolgskategorie 1

EK 2: Erfolgskategorie 2

EK 3 (Sz 1): Erfolgskategorie 3 Szenario 1

EK 3 (Sz 2): Erfolgskategorie Szenario 2

