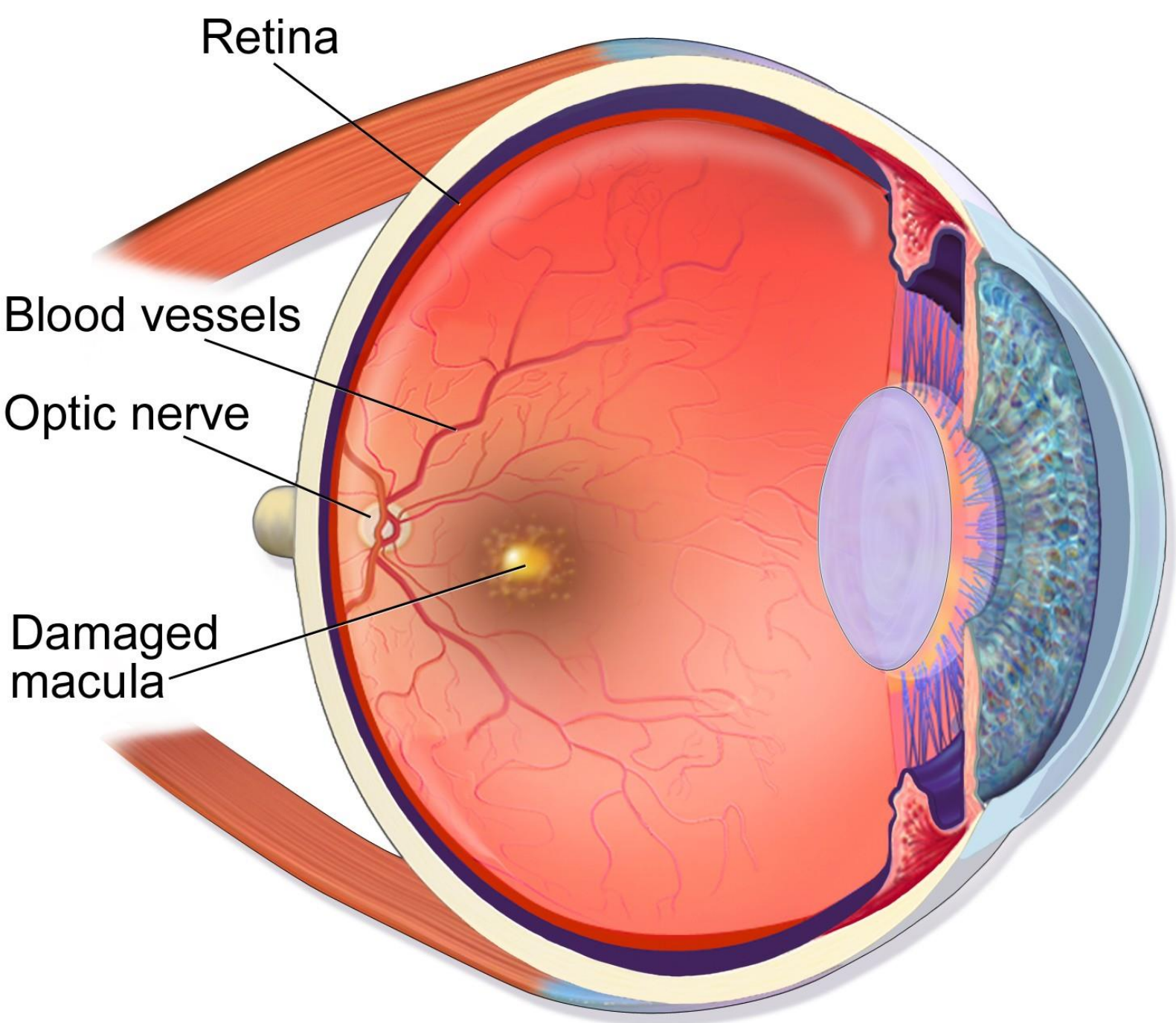


Objectives: Improving outcomes and reducing costs require adequate measures for each of these two performance dimensions. Many hospitals have limited their systematic collection and reporting of outcome measures. Several initiatives — such as the International Consortium for Health Outcomes Measurement (ICHOM) — are making headway in the development of robust and widely accepted sets of measures capturing patient outcomes for many of the main conditions afflicting patients globally. In contrast, developing cost management systems should be a much faster endeavor, thanks to the availability of proven and widely accepted costing techniques that have worked for decades in most other industries. TDABC is a long-term strategy that aims to define an accurate measure of labor productivity and identify its determinants. The objective of this study is the implementation of TDABC in an ophthalmic clinic. It aims to fill the current gaps by delivering evidence-based recommendations for improving performance and on the determinants of labor productivity, and increased capacity, possibly including outcome measurement and collecting both patient & health-related outcomes.

Methods: TDABC is a methodology that calculates the costs of healthcare resources consumed as a patient moves along a care process by building processed maps. TDABC is a major step for identifying the possible improvements in care pathways. Thanks to freed-up capacity, value-added activities for patients such as outcome measurement (both patient-reported and health-related outcomes) could be introduced into routine practice without adding an additional administrative burden to staff. TDABC system follows a bottom-up approach - costing strategy and financial outcomes. The unit cost per activity is obtained by adding the individual cost of all the tasks necessary for its execution. In turn, the data were processed using Excel and following the methodological procedure. The data relates to the year 2022.



Macular Degeneration

Figure 1: Comparison of MD types

Results: Process maps for macular degeneration were built, and costs of intravitreal injection of anti-VEGF inhibitors were calculated. Our study demonstrates improved waiting times and increased capacity up to 50% by reallocating resources. Ongoing emphasis on provider engagement and development resulted in improved communication with referrals and patients, automatization of administrative processes, and facilitated patient path as well as available resources which could be used for collecting patient data and measuring outcomes (both patient-reported and health-related).

TDABC

- ✓ Define an accurate measure of labor productivity and to identify its determinants
- ✓ Methodology that calculates the costs of healthcare resources
- ✓ Major step in order to for identifying the possible improvements in care pathways
- ✓ provides a framework to identify process improvements for health care delivery
- ✓ Assist providers to implement efficiencies

Figure 2:TDABC explanation

Conclusion: TDABC provides a framework to identify process improvements for healthcare delivery. TDABC, by establishing a capacity cost rate for each resource consumed in a care process provides a blueprint to assist providers to implement efficiencies and make cost-conscious decisions. A multidisciplinary, value-based care framework incorporating TDABC provides the tools to demonstrate “value” at a local level and beyond. Based on TDABC and process mapping, in particular, the periodization and integration of processes regarding the patient data collection (both patient-reported and health-related outcomes) are possible.