Clinical networks can improve patient outcomes and allocation of health funding, but more research on their effect on patient and professional experiences is needed


What is the context of this review?

- Clinical networks are complex organizational systems that allow healthcare professionals from different disciplines to work together over multiple care settings to provide a high-quality response to a specific condition.
- The quadruple aim advocates for: 1) improving patient experience, 2) reducing cost, 3) advancing population health, and 4) improving the provider experience.
- It is unclear whether clinical networks can help to achieve the quadruple aim goals.

Box 1: Coverage of OHT building blocks

This review addresses building block #8: 1) defined patient population 2) in-scope services 3) patient partnership and community engagement 4) patient care and experience 5) digital health 6) leadership, accountability and governance 7) funding and incentive structure 8) performance measurement, quality improvement, and continuous learning (domain 53 - Performance measurement across the quadruple aim and across sectors)

What question is being addressed?

- Are clinical networks able to improve effectiveness, efficiency, patients’ satisfaction, and professionals’ behavior in healthcare settings?

How was the review done?

- The authors conducted a comprehensive search to identify studies on clinical networks and their impact on effectiveness, efficiency, patient satisfaction, and professionals’ well-being.
- A total of 1,0178 studies were identified, 12 of which were deemed eligible after assessing their eligibility.
- This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.
How up to date is this review?

- The authors searched for studies published until February 28, 2018.

What are the main results of the review?

- Of the 12 studied included in the review, nine focused on the improvement of patients’ outcomes, and four focused on network efficiency. None of the studies considered patients’ and professionals’ experiences.
- Two different types of clinical networks were identified, each with their own advantages:
  - Networks made up of only hospitals with different specializations (more suitable for treating acute conditions)
  - Networks linking hospitals of different levels with general practitioners and care settings (more suitable for treating chronic conditions)
- In conclusion, there is some evidence that clinical networks can improve patient outcomes and allocation of health funding from a small number of moderate- to low-quality studies.

How confident are we in the results?

- This is a recent and moderate-quality systematic review with an AMSTAR score of 6/10.
- Included studies were deemed of moderate- to low-quality. Further and more rigorous studies are needed to confirm these findings.
- The lack of studies with rigorous design and focusing on all four “quadruple aim” goals limited the authors’ ability to draw definite conclusions.