

Is there a more cost-effective method for performing lower-limb vascular assessment when comparing traditional Ankle Brachial Pressure Index (ABPI) with BlueDop?

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Methods

We reviewed the UK national database provided by the Agenda for Change framework and chose a mid-band salary to provide us a conservative cost per clinician: £50/hour(1). We then reviewed a number of clinical papers and observed that the range in time for a traditional ABPI (including rest) was 20-30 minutes(2). Following our conservative model and reducing bias, we decided to opt for 20 minutes as our standard of care time. All participants received a BlueDop vascular assessment at their routine appointment, following standardised guidelines.

Conclusion

Implementing BlueDop into a High-Risk Foot clinic not only had a substantial impact on time savings, which translated into increased clinical capacity. Using BlueDop as a first-line assessment and rapid triage tool led to NICE Guidance 19(4) compliance and cost avoidance achieved without the addition of extra staff.

Vascular Screen

Up To **20x's** More Patients Per Hour

Traditional ABPI



BlueDop



85% Cost Reduction

Potential National Savings: -

£72 Million per annum

(based on 4.6 million people living with diabetes)

Results



BlueDop Rapid average assessment time (rest time not required):

Single leg: 1 minute (*average time of 205 single limbs*)
Both legs: 3 minutes (*average time of 76 bilateral limbs*)

Traditional Pathway	BlueDop Pathway
£16.50	£0.85
Longer appointment	1-minute assessment
Higher staffing cost	Lower staffing cost
Limited capacity	Greater capacity

References

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