

Measuring Impact and Value: Home Based Palliative Care Reduces Hospital Readmissions

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Abstract

Home visits have significant potential to address the complex issue of hospital readmissions within 30 days of prior discharge. Many patients who are readmitted to the hospital have advanced chronic illness and multiple chronic conditions. They often have poor social support networks and limitations of functional ability. Medication regimens are complex and often difficult to follow.

Palliative Care Intervention (PCI)

PCI is performed by a physician collaborating with an interdisciplinary team from the Transitional Care Clinic, home health agencies, and home hospice. Patients are chosen based on their history of readmissions and hospital encounters.

Important Features of PCI

- A team approach by using home health agencies for nursing, social work, and rehabilitation therapies
- Face-to-face physician home visits wherever the patient lives
- Availability for emergency home visits during office hours, and by cell phone after office hours
- Advance care planning and goals of care
- Ongoing education of patient and caregivers about disease management, e.g. COPD, CHF, dementia
- Development of plan for emergencies, including emergency meds available in home

Results

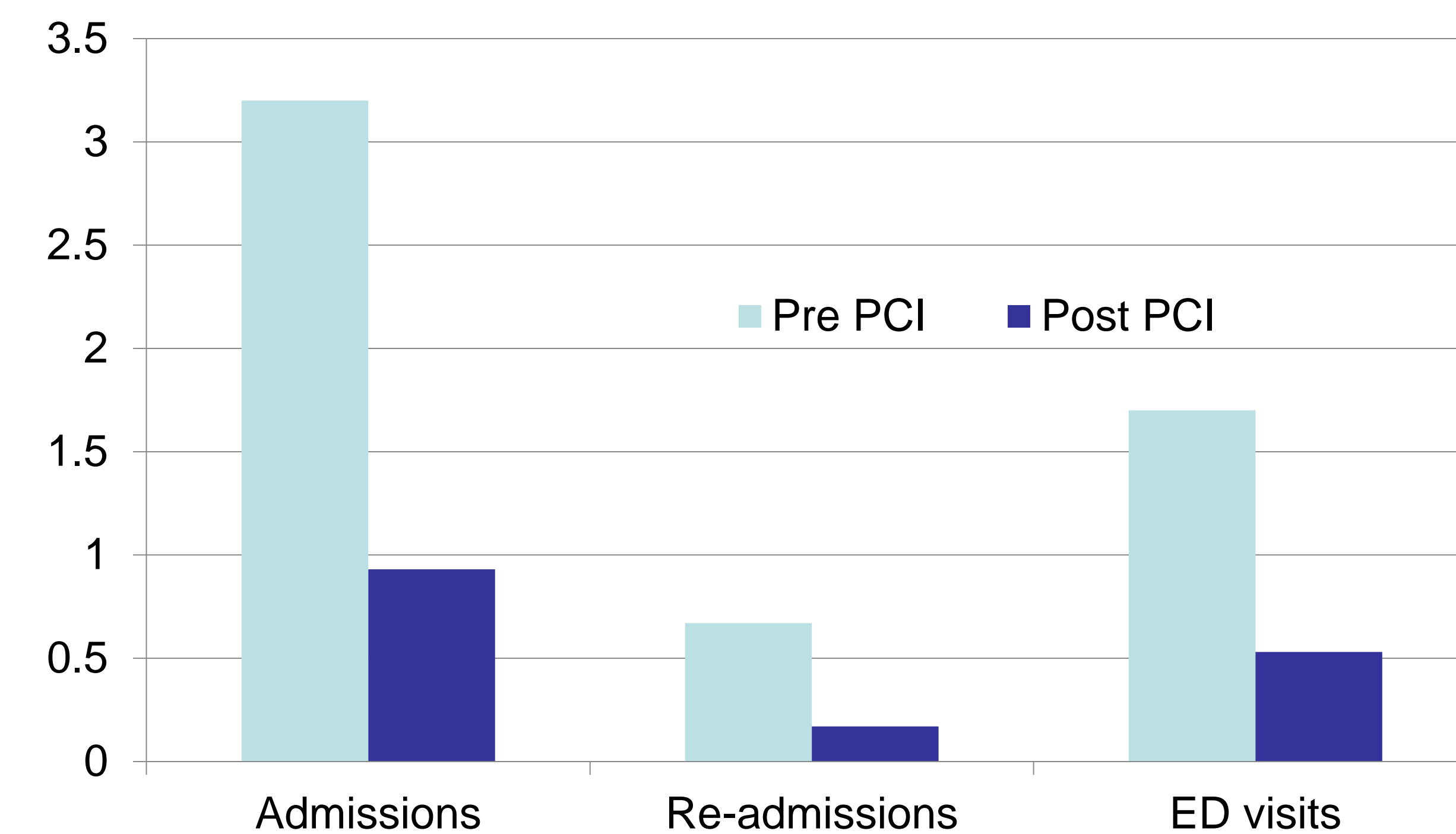
30 patients treated with PCI showed a 71% reduction in hospital admission, 75% reduction of 30-day readmissions, and 69% reduction in emergency department visits. Review of individual patient data shows that 5 of the 30 patients (17%) accounted for 54% of encounters.

PCI for another 41 patients resulted in 67% reduction of all hospital encounters (ED visit, admission, or observation admission) which averaged 6.7 encounters per patient during the year prior to PCI, down to 2.5 encounters during the subsequent year. Estimated hospital direct costs were reduced 81% per patient from \$23,239 during the year prior to PCI, down to average of \$4367 during the subsequent year. During the year following initiation of PCI, only 21 of the 41 patients had a hospital encounter.

Conclusion

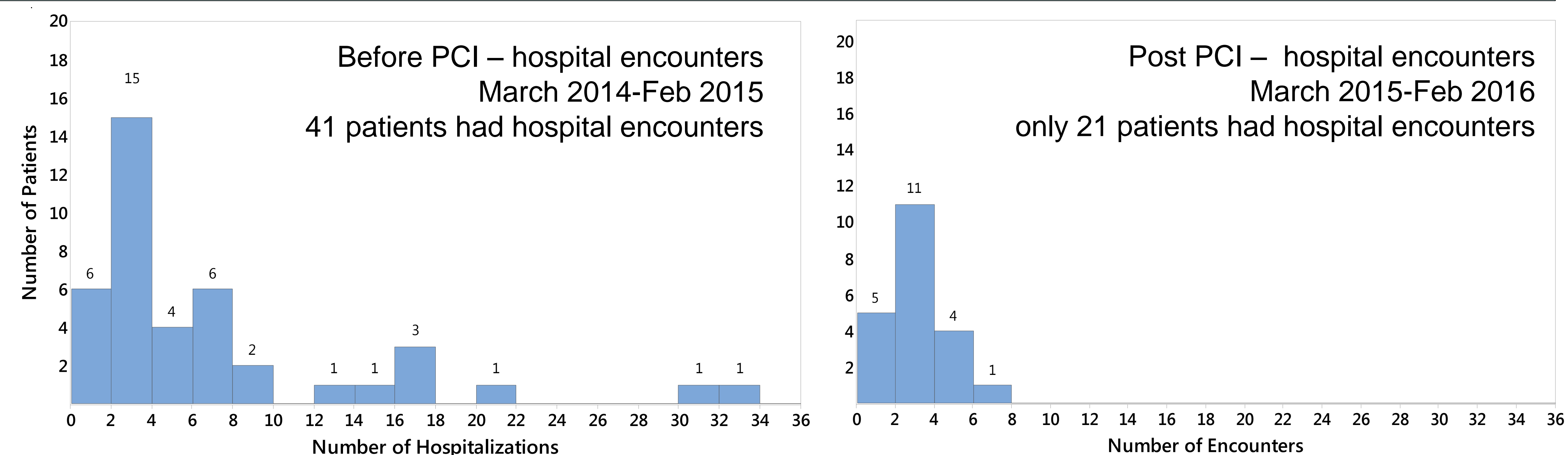
A home-based palliative care intervention with physician home visits significantly reduces hospital encounters and readmissions along with direct costs for patients with advanced illness.

COMPARE pre and post PCI hospital encounters: admissions, re-admissions, and ED visits



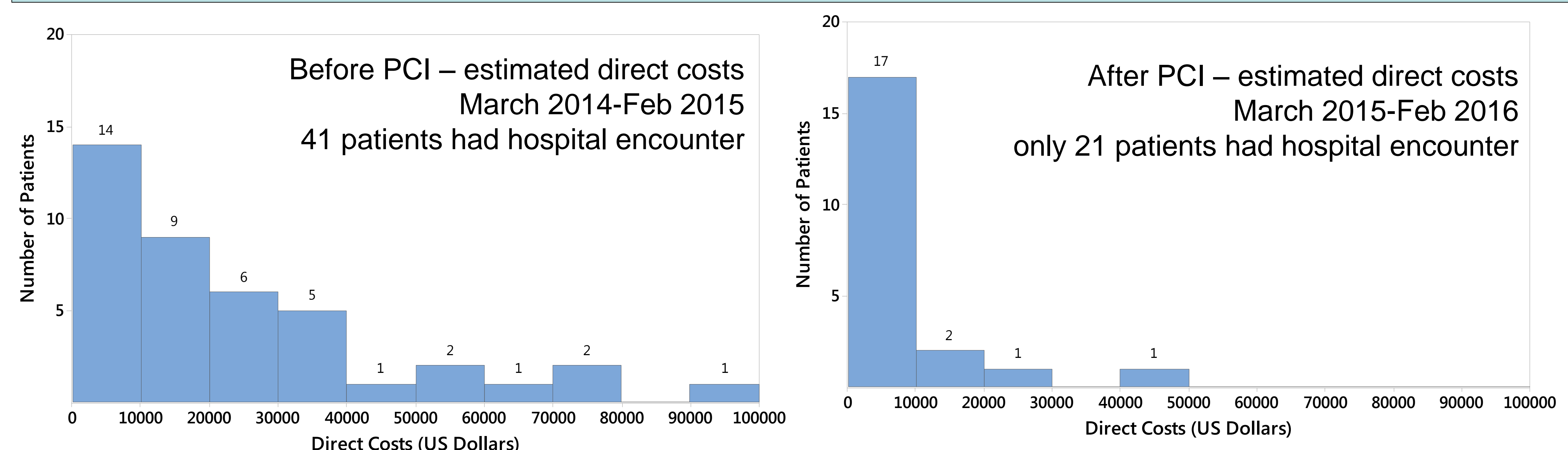
Hospital encounters 1 year before and 1 year after palliative care intervention

IMPACT: 67% reduction in number of hospital encounters 1 year after PCI



Estimated direct costs before and after palliative care intervention

VALUE: 81% reduction of direct costs for this high risk group after PCI



For this group of 41 patients, average cost per patient pre PCI was \$23,239; post PCI was \$4367, an 81% reduction of cost for this high risk group.