

Hospital at Home program improves patient outcomes while lowering health care costs

June 4 2012

Using a Johns Hopkins-developed program that allows medical professionals to provide acute hospital-level care within a patient's home, a New Mexico health system was able to reduce costs by roughly 20 percent and provide equal or better outcomes than hospital inpatients, according to new research.

"[Hospital at Home](#) is an excellent model of care that can be implemented in a practical way by health delivery systems across the country and can have dramatic positive clinical and [economic outcomes](#) for [patients](#) and systems," says Bruce Leff, M.D., the Johns Hopkins professor who developed the Hospital at Home model and leader of a study published in the June issue of the journal *Health Affairs*. "This program represents what [health care reform](#) is attempting to achieve; it's a high-quality clinical program that provides patient-centric individualized care while making the most effective and efficient use of the health care dollar."

The yearlong study involved 323 patients who were sick enough to require hospitalization, but who instead opted for care through the Hospital at Home program. They compared those patients with 1,048 hospital inpatients. For both groups, patients were elderly, mostly female and white, and the most common diagnosis was pneumonia.

All Hospital at Home patients in the study met validated medical eligibility criteria to ensure patient safety and lived in a residence within a 25 mile radius of an emergency department run by Presbyterian Healthcare Services of Albuquerque, N.M. Physicians visited each

patient daily for medical care, diagnosis and care plan coordination. Depending on the patient's condition, nurses would visit once or twice daily to assess the patient and administer infusions and other medications, conduct routine lab tests, perform ordered care procedures, teach patients and families about managing their medical condition, and prepare them for eventual discharge and transition. The physician visited the patient at home daily. The patients in the study were diagnosed with a variety of health problems, including recurring congestive heart failure, cellulitis, deep vein thrombosis, pulmonary embolism, urinary tract infection, nausea, vomiting and dehydration.

Among the study's key findings was that Hospital at Home patients had slightly lower hospital readmission and mortality rates, and almost 10 percent higher satisfaction scores than comparable patients. Presbyterian also had lower patient costs that resulted from shorter patient hospital stays and the use of fewer lab and diagnostic tests compared with patients in hospital acute care.

"The model allows physicians to provide patient-centered, evidence-based care," says Melanie Van Amsterdam, M.D., lead physician for Presbyterian's Hospital at Home program. "I am able to spend more time with my patients, helping them and treating their illnesses."

Despite the success of the Hospital at Home program, Leff says, implementation of the program on a wide scale has been limited by the incorrect assumption that hospital care is safer and by payment issues with Medicare. Currently, there are no payment codes for Hospital at Home care in fee-for-service Medicare. Thus, implementation of the Hospital at Home model has been limited to Medicare managed care and Veterans Affairs health systems.

"Presbyterian Healthcare Services' experience demonstrates once again that the Hospital at Home program is an innovative delivery model that

offers superior, patient-centered care at lower cost," he says.

Provided by Johns Hopkins University School of Medicine

Citation: Hospital at Home program improves patient outcomes while lowering health care costs (2012, June 4) retrieved 19 April 2024 from <https://medicalxpress.com/news/2012-06-hospital-home-patient-outcomes-lowering.html>

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