

Better continuity of care for elderly patients cuts costs and complications, study finds

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Improving the coordination of care for elderly patients with chronic diseases trims costs, reduces use of health services and cuts complications, according to a new RAND Corporation study.

Studying a large group of Medicare patients, researchers found that even modest improvements in the continuity of care among patients with diabetes, [congestive heart failure](#) or emphysema were associated with sizable reductions in use of hospital emergency departments and hospitalizations.

The findings, published online by *JAMA Internal Medicine*, suggest that improving the coordination of care for patients with these three illnesses could save Medicare as much as \$1.5 billion per year.

"Improving the coordination of care for patients with [chronic illnesses](#) can be difficult to achieve, but our findings suggest that it can have benefits for both patients and the [health care](#) system," said Peter Hussey, the study's lead author and a senior policy researcher at RAND, a nonprofit research organization.

Patients with chronic illnesses often face care that is poorly coordinated. They may see many different [health care providers](#) working in multiple clinical locations, and poor communication between provider and patient is common. These factors can lead to higher use of [health services](#) and poorer outcomes.

Care coordination among providers has been identified as a priority by the Institute of Medicine and the National Priorities Partnership, a coalition of 52 national organizations working to improve the U.S. health care system. New models of patient care and provider payment programs—encouraged under the Affordable Care Act—are intended to reduce costs and improve quality through better coordination of care.

Previous studies have shown that patients with a close, continuous relationship with a physician are more likely to receive recommended medical care. But many programs that aim to improve coordination of care have not reduced costs or improved quality.

Researchers evaluated the care received by nearly 300,000 Medicare recipients who were treated for an episode of congestive heart failure, emphysema or type 2 diabetes.

The study used a standard measure of continuity of care to determine how well patients' care was coordinated among different health providers. Care was deemed to be better coordinated if patients saw fewer health providers or if visits were concentrated among fewer providers.

Researchers found that [patients](#) with better continuity of care were less likely to be hospitalized, less likely to visit hospital emergency departments, had lower rates of complications and had lower overall costs for their episodes of care.

"Our results suggest the potential importance of care continuity and underscore the potential benefits that can be achieved through programs that improve coordination," Hussey said. "As [health care delivery](#) and payment programs evolve, we need to measure whether these reforms improve continuity and reduce [health care costs](#)."

Provided by RAND Corporation

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