MedicalXpress

Home-based treatment is cost-effective alternative for heart patients

August 20 2015

Post-discharge disease management provided in their own homes could be a cost-effective alternative for recently-hospitalised elderly patients with chronic heart failure (CHF).

Just published in the *International Journal of Cardiology*, this is the finding of a recent economic evaluation conducted by Griffith University using data from a randomised controlled trial (The WHICH Study).

In collaboration with the Australian Catholic University, 280 patients with CHF recruited from three public hospitals, received multidisciplinary disease management.

With the aim of reducing mortality and readmissions to hospital, the study compared home-based intervention (HBI) predominantly applied in the home, delivered by specialist nurses and community-based health professionals (e.g. family physician, community pharmacist), versus the clinic-based intervention (CBI), delivered by a specialist CHF clinic based in the hospital.

Intervention was provided for up to 1.5 years with median follow-up of 3.2 years. The groups were compared in terms of total healthcare costs and quality-adjusted life-years (years of life adjusted for their quality).

"A range of methodologies we used have converged on a common conclusion: HBI is likely to be cost-effective if decision makers are

willing to pay up to $50,000 per quality-adjusted life year. The net benefit of HBI appeared to be pronounced among the patients with a low level of self-care confidence or with fewer co-existing diseases," says lead study author Dr Shoko Maru from the Menzies Health Institute Queensland.

"The longer we live, the more healthcare we consume. Those in the HBI group lived longer, but when re-hospitalised, their hospital stay was shorter, which significantly reduced healthcare costs, an important implication from a public health perspective."

"If improved care reduces mortality while increasing the cost of survival, the cost-effectiveness of such care should be assessed over the long-term as it takes time to see the impact on mortality while the costs are upfront. Yet the duration of most studies is 9 to 12 months. What happens thereafter is largely unknown even though this factor can influence cost-effectiveness," says Dr Maru.

"Our findings inform the long-term cost-effectiveness of intervention intended for a lifelong disease such as CHF."

More information: *International Journal of Cardiology*, www.sciencedirect.com/science/ … ii/S0167527315302874

Provided by Griffith University