

Study of cancer-care-at-home model demonstrates lower costs, better outcomes

May 19 2021, by Ashlee Harrison



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A new study published in the *Journal of Clinical Oncology* reports findings on Huntsman at Home, a cancer hospital-at-home model operated by Huntsman Cancer Institute (HCI) at the University of Utah

(U of U). The study analyzed aspects of Huntsman at Home acute care—meaning a level of care that is generally provided in an inpatient hospital setting.

In the 30 days after study entry, Huntsman at Home participants had 55% fewer hospitalizations, 45% fewer emergency department visits, and shorter hospital stays by one day. They also had 47% lower health care costs during the same 30-day period as compared with patients who did not participate in Huntsman at Home.

Kathleen Mooney, Ph.D., RN, Huntsman at Home research director and distinguished professor of nursing at the U of U, led the study, along with a team of nine other investigators. Their evaluation adds to the existing evidence of a reduction in costs and unplanned health care visits among Huntsman at Home participants.

Launched in 2018, Huntsman at Home was one of the first programs in the United States to provide acute cancer care at home. The service combines HCI research and clinical expertise for in-person care, remote patient and caregiver support, and acute-level clinical care provided by [nurse practitioners](#). Huntsman at Home has a variety of home-based services that range from symptom management to acute medical, post-surgical, palliative, and end-of-life care. The publication examines factors related to [acute care](#) admissions to Huntsman at Home on health care utilization and costs.

"Acute cancer care in the home had not previously been evaluated," says Mooney. "We sought to create a model that extended the compassionate care of HCI to provide services in a patient's home that otherwise might require urgent or emergency care or a longer hospitalization to resolve. Yet we also knew it had to be sustainable and would require new insurance reimbursement models. Therefore, we evaluated our Huntsman at Home program on health care utilization and costs to

determine the value added by the acute care model."

The Huntsman at Home team is led by HCI nurse practitioners working in conjunction with HCI oncologists and is operated in partnership with Community Nursing Services, a home health and hospice agency that provides the program with registered nurses, social workers, and physical therapists. Huntsman at Home was initially offered to patients who lived within a 20-mile radius of HCI's flagship cancer hospital in Salt Lake City.

"We found that emergency department visits and hospitalizations were approximately cut in half for patients who participated in Huntsman at Home," Mooney says.

Mooney and her team plan further studies to evaluate other aspects of Huntsman at Home. They are currently examining patient and family caregiver satisfaction, and potential reductions in symptom severity and caregiving burden.

In alignment with HCI's focus on meeting the needs of rural residents in its [catchment area](#)—a geographic region that spans 17% of the continental United States and includes all of Utah, Idaho, Montana, Nevada, and Wyoming—the team also plans to determine whether the model can improve care for patients who live far from a major medical center.

"Huntsman at Home is expanding to three rural counties in southeastern Utah, areas that require a two- to four-hour drive for patients to come to HCI," Mooney says. This will be the first expansion of the Huntsman at Home service area. The HCI cancer care team will partner with local providers and community organizations to provide care through a combination of in-person, remote monitoring, and telehealth approaches. "This important expansion exemplifies HCI's commitment to serve

cancer patients where they live," says Mooney.

More information: Kathi Mooney et al, Evaluation of Oncology Hospital at Home: Unplanned Health Care Utilization and Costs in the Huntsman at Home Real-World Trial, *Journal of Clinical Oncology* (2021). [DOI: 10.1200/JCO.20.03609](https://doi.org/10.1200/JCO.20.03609)

Provided by Huntsman Cancer Institute

Citation: Study of cancer-care-at-home model demonstrates lower costs, better outcomes (2021, May 19) retrieved 19 April 2024 from <https://medicalxpress.com/news/2021-05-cancer-care-at-home-outcomes.html>

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