Hospital Outcomes for a Home-based –Palliative Medicine Consulting Service

Presented on: February 6th, 2013- Amna Kremed, TPCU Grey Nuns Palliative Care

Reference: Lou Lukas, MD, Carol Foltz, PhD, and Paxton, RN, MPH

Abstract

**Background:** There is a growing need for palliative care service located outside of hospital.

**Objective:** this study’s objective was to evaluate a home-based, nonhospice, palliative medicine (PM) consultation practice within a fee-for- service environment

**Method:** hospital and emergency department (ED) utilization and cost data obtained from administrative records were analyzed with longitudinal analyses to compare use 18 months before and after service enrollment in a single patient group.

**Participants:** Patients (N=369) with advanced complex illness (ACI) referred for home-based palliative consultation participated in the study.

**Intervention:** Consultation conducted by nurse practitioners included a multidimensional assessment with recommendations to outpatient physicians for symptom management and guidance to patient and family for goals of treatment and advanced care planning (ACP). Nurse practitioners were supported by a collaborating PM physician. Follow-up visits varied by need for symptom management and ACP.

Optimizing Advanced Complex Illness Support (OACIS) provides home-based, nonhospice palliative medicine (PM) consultation and management

**Results:** Total hospitalizations, total hospital days, total and variable costs, and probability of a 30-day readmission were significantly reduced in the 18-month period following program enrollment. However, probability of an ED visit was not reduced.

**Conclusions:** While requiring replication with rigorous methods, preliminary results suggest a home-based PM practice may reduce hospital utilization for ACI patients.

**Strengths:**
- Good number of participants,
- Long follow up period
- Multiple outcome measures
- Addresses palliative care patients with variety of diseases
- Addresses the psycho spiritual needs
- Covers a very important issues in palliative care

**Weaknesses:**
- No placebo/ control group, Selection bias
- Limited resources of data
- Required certified staff
- No clear causal link to the OACIS program
- Limited ethnic representation
- Not applicable to the Canadian health system

**Implications for palliative care:**
It is a good start to implement such a program of Home-based palliative care. It supports the goal of patient-centered care where patient’s wishes can be fulfilled. Helps to reduce the cost of the health care system.