

Critical analysis of "hospital in the home" programs



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INTRODUCTION

Health economics is linked to obtaining of maximum advantage of money spent for medical healthcare. The effectiveness of the healthcare infrastructure available needs to be linked to value of money. This is a step towards cost effectiveness with improved efficiency. Cost effectiveness is outcome of the best use of resources to achieve the desired outcome.

(Haycox, 2009).

1. Cost advantages of a ‘ hospital in the home’ program

The cost of healthcare services especially the acute care has increased that has compelled the governments to plan strategy for alternate methods and accordingly Hospital in the home (HITH) has been developed in response to this challenge. The studies have different views whether HITH provides cost savings compared with in-hospital care (IHC). There are differences in perception of HITH because of complexities involved in diseases. The culture also plays an important part especially while recognizing the beliefs and impact of patient's health. The difference in view comes on surface during the interaction with health care professionals, health care practices and health care outcomes. These differences make the valid comparison with traditional hospitalization and HITH (Macintyre, Druth&Ansari2002). Hospital at Home is an innovative model established to provide hospital level care to patient when he is at home instead of being admitted in hospital. The program has become success and is adopted by health systems and home care providers mainly as a tool to reduce the cost without sacrificing the patient safety, quality of medical care and satisfaction. The patients admitted for hospital in the home need to meet the specific medical

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eligibility criteria. It is suggested by number of doctors that many patients would be better off being treated at home instead of in hospitals. Nothing to blame the organizations but the cost of hospitalization depends upon cost of doctors fee and salaries to other supporting staff. Though it is expensive for patients to be in hospitals but it will depend upon type of ailments and future risk of the patient. Critically, academically it seems to be expensive but if the similar amount of health care is required at home, the patient will need number of staff members spending many hours travelling from one patient's home to another. That is a abnormal waste of time and money. Deloitte has conducted study wherein it has been concluded that there is savings of 32 per cent to treat patients at home instead of public hospitals. The inference from this study was accepted by the Australian Associated Press HITH society stating that lot of money can be saved by treating people at home. It also provide opportunity to hospitals to provide beds to needy patients and taking pressure off from emergency departments. It has been suggested that support for hospitals in the home programs can cut the odds of death and hospital readmission and save money as compared to cost of medical care in hospitals. The study has undertaken meta-analysis of 61 randomised controlled trials suggesting the reduction in mortality, readmission rates and cost in hospital in the home (HITH). This study also confirms the similar reductions in mortality for all age groups and HITH increased patient and carer satisfaction. Economically the cost of HITH was calculated as \$1466 as compared to the cost of a day in the ICU (Bryan, 2012).

1. How important is ‘ hospital in the home’ in Australia and other countries – ie what percentage of total hospital admissions are accounted for by ‘ hospital in the home’ patients.

There has been serious concern about the healthcare systems in Australia and all the Australian governments agreed to the National Healthcare Agreement (NHA) in 2008. This agreement was introduced to improve the health outcomes of all the residents and ensure the sustainability of the Australian health system. Not only it is cost effective but it adds to other benefits for patients especially psychologically. It helps the patients to avoid exposure to serious diseases. The importance to this aspect is evidenced from the fact that Governments in Australia control the HITH Guidelines. The media reports, “ The Canberra Times”, published copy of report stating that caring for eligible hospital patients in their own homes instead of hospital wards can cut costs by almost a third while delivering the same health outcomes. This publication also used research study by Deloitte. The data furnished that it was about \$900 cheaper for the government if a knee replacement patient was cared for at home rather than in hospital, \$1200 cheaper for a cellulites patient and \$145 cheaper for a patient with a respiratory infection (Canberra Times, 2011). It helps the service providers to have clear, standardised guidance in similarity to other Local Health Districts and Specialty Health Networks (LHD/SHN). The governments have ensured that all residents of Australia not only remain healthy but for meeting local needs they can utilize HITH services (NSW Health, 2013).

To be aware of the importance of HITH, there is need to understand the estimated HITH separations in public hospitals. Same-day separations are

categorised as admission and separation to total care (inpatient and HITH) occurred on the same day. It means that these separations had one day or less of HITH care. Recorded overnight separations generally involved some care delivered within the hospital followed by some care at home. The data analysed by research persons show that there were 51, 279 public hospital separations with HITH care in 2008-09. Of these, 41, 608 were overnight separations and 9, 671 were same-day separations. The critical analysis indicate that a substantial number of HITH care separations occur in NSW. The analysis of data collected also provides information that the majority of HITH patients who are chronically ill with compound illnesses and require episodic acute care are at older ages. (DLA Phillips Fox, 2010). HITH patients who require short-term medical treatments are those of varying ages (Deloitte Access Economics, 2011).

1. Three health services that could be provided in the home rather than in a traditional hospital?

The best methodology used is to consult doctors and establish relationship and based on his recommendations the recovery process need to be started. This will be cost effective, save from future infections form hospitals and other miscellaneous expenses.

1. Australian Governments has announced concession for patients with kidney disease that receive dialysis treatment at home. The concession will be given to patients and the concession is part of SA Health's commitment under the SA Health Care Plan 2010-2017 to ensure patients throughout South Australia have the opportunity access health care, where and when they need it. The treatment at home will provide

an alternative treatment option that can provide you with more independence and flexibility. There will no need to plan activities around pre-determined appointments and can receive treatment in the comfort of your own home. The concession is with effect from 2012 and will provide an electricity concession for patients who undertake dialysis at home. The concession is part of SA Health's commitment under the SA Health Care Plan 2010-2017 to ensure patients throughout South Australia have the opportunity to access health care in the home (Govt of South Australia, 2012).

2. Mothers and newborns, if eligible, may be admitted to HITH instead of keeping them in hospitals. The adopted healthcare unit will arrange for The Postnatal Domiciliary Grant (formerly the Variable/Maternity Services Grant) provides for post-discharge visits that cover postnatal domiciliary care to public maternity patients. The home birthing was included in HITH during the year 2010. It will provide basic postnatal health checks and appropriate lactation support. It will reduce the huge cost, if retained in hospital and it would not have given chance to other patients if bed was not made vacant (Department of Health, 2011).
3. Deep Vein thrombosis is one of the common diseases. However, majority of the patients in this category are eligible for treatment under HITH instead of keeping them in traditional hospitalization mode. The doctors attending such patients take immediate steps but it is patients who are required to take future steps to avoid aggravation. They need doctor's advice at regular intervals not at all times during the day. HITH is best suitable for them as it will ensure that blood thinners are given as directed. HITH will help the patients to look for

excessive bleeding because of blood thinners or due to cuts or bruise. Taking medication for Anticoagulation during HITH is mandatory and can help patients to avoid seriousness.

1. Can you see any disadvantages of such a program?

There are disadvantages of HITH but because of number of amendments and strict regulations the risks have been mitigated to large extent. Majority of the diseases can become serious and unless immediate steps are not initiated this can become fatal. The cost effectiveness can lead to deterioration in services.

1. Overall, do you think such a program could result in better health outcomes?

The biggest advantage of HITH is providing medication to patients in their own homes instead of hospitals and reduces huge costs in this action. The special training imparted to HITH to include intravenous therapy (mainly antibiotics), anticoagulation, wound care and chemotherapy for suitable patients in their own homes. The only challenge is selection of patients that are eligible. The disadvantage is that method can include the development of complications, anaphylaxis and patient or family anxiety. However, in appropriate cases, hospital in the home is effective and safe. Above all it is highly cost effective for individuals and country as there will be less infrastructure expenses by Governments.

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