



Title	Early Home-Supported Discharge (EHSD) of Patients Suffering from Stroke – A Health Technology Assessment
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Reference	DACEHTA Report 2005; 5(1). Danish, English summary. ISBN 87-7676-044-8 (online): www.sst.dk/publ/publ2005/cemtv/hjemmetraening/hjemmetraening_apopleksi.pdf

Aim

To comprehensively and systematically assess EHSD by separately examining the technological, economic, organizational, and patient-related issues, to enable a synthesis, and to provide guidance in implementing EHSD.

Conclusions and results

- Death or referrals to an institution during followup (3–12 months) are reduced from 27.6% to 16.2%, with OR (Odds Ratio) 0.59 and NNT=9 (Number Needed to Treat). Referral to an institution has OR=0.52 and NNT=14.
- About 45% of all newly diagnosed stroke patients might benefit from EHSD.
- An economic evaluation related to Danish conditions is based on 3 saved bed days, a reduction of 4 percentage points in referrals to an institution during the first 12 months, and an average of 10 home training sessions. This is calculated as an average net saving of 800 EURO per patient, exclusive of a QALY effect of 0.04 priced as 400 EURO.
- The effect of EHSD is related to 2 psychological processes: (1) patients have a special motivation to return as quickly as possible to their homes and usual social relationships, and (2) training at home improves the capacity for coping.

Recommendations

Despite the socioeconomic net saving and the qualitative improvements, a potential financial barrier exists between the healthcare and social sectors. To overcome this constraint, a flexible model is outlined whereby the hospitals are partially compensated for their expenses for sending out therapists.

It is recommended that EHSD be planned and coordinated by a multidisciplinary hospital team comprised, at minimum, of physiotherapists, occupational therapists, and nurses.

To facilitate interprofessional collaboration, it is recommended to use an appropriate functional measure, eg, the Functional Independence Measure (FIM) and a plan for goals and rehabilitation.

Methods

This HTA is based on a MEDLINE literature search for randomized controlled trials (RCTs) on early supported discharge or home rehabilitation of stroke patients, supplemented by a series of patient interviews from an implementation project. The meta-analysis of outcomes from EHSD trials includes 6 RCTs from 5 countries (994 patients). Economic evaluation is designed as a cost-benefit analysis based on the average variable costs, savings, and benefits during the first 12 months after admission to hospital. A seminar with reviews from invited specialists was held to synthesize the partial investigations. Two external peer reviewers appointed by DACEHTA, and anonymous to the author, assessed the final report.

Further research/reviews required

More research in the development of *therapeutic empathy* relevant to an individualized rehabilitation scheme, such as EHSD, is recommended.