



Title	Followup Home Visits at Elderly Patients after Discharge from Hospital – A Health Technology Assessment
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Aim

To examine:

- If the chosen system – early, structured, and close followup of elderly patients by their GP and a visiting nurse after discharge from a medical or geriatric department – contributes to better patient treatment.
- The extent to which the chosen system can be implemented according to finances, present actors, and organizational structures.

Conclusions and results

The study documents a positive effect on treatment quality in terms of:

- The GP gains a better overview of the medical treatment of patients. The intervention is shown to reduce the inconsistency between the GP's knowledge and the patient's intake even though many of the intervention patients still take medicine that the GP does not know of, or where the GP provides information about medicine that the patient is not taking
- Better followup of the recommendations in the discharge letter
- Reduced risk for subsequent hospitalization.

Economic analysis indicates that the intervention is cost neutral with a tendency toward socioeconomic gain in favor of patients subjected to increased followup.

If the evaluated model is to be implemented, some basic conditions are necessary, including:

- Central or local procurement of a contractual basis for a system
- Managerial and political support
- Establishment of a fixed framework and agreements regarding the cooperation
- A motivated healthcare staff. They should prioritize the task and show flexibility vis-à-vis arranging joint visits to patients. Time pressure could be an obstacle to followup.

Recommendations

The project group recommends implementation of systems with improved post-discharge followup of elderly patients under medication. Inclusion of joint, focused home visits by the GP and the visiting nurse in the systems and a supplemental followup visit at the patient's GP should be offered. The project group also recommends efforts aimed at selected patient groups in special need of followup. Finally, the group recommends implementation of a register-based evaluation where the effect of the interventions is continuously reviewed.

Methods

The study consists of a randomized, controlled intervention study where data were collected via registration forms, patient interviews, and registers. This was supplemented by a survey and focus group interviews to examine the organizational situation.

The intervention was carried out from November 2003 to June 2005, followed by the organizational study. The project included 331 patients aged 78 years or more, discharged from the medical or geriatric department at Glostrup Hospital after admission of at least 2 days. All 7 municipalities near the hospital and 63% of the GPs in the area were enrolled in the project.