

Frequent in-person home visits can reduce both readmission and death for patients with heart failure

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Home-visiting programs and multidisciplinary heart failure clinic interventions can reduce hospital readmission and improve survival for patients with heart failure, according to research from RTI International and the University of North Carolina at Chapel Hill.

The work, based on a report funded by the Agency for Healthcare Research and Quality (AHRQ), was published today in the *Annals of Internal Medicine*.

Heart failure is a leading cause of hospitalization and [health care expenditures](#) in the United States. Nearly 25 percent of patients hospitalized with [heart failure](#) are readmitted to the hospital within 30 days of discharge, according to data from AHRQ's Healthcare Cost and Utilization Project. Hospital [readmission](#) can lead to additional health complications and [unnecessary costs](#) for patients, insurers and hospitals.

The Centers for Medicare & Medicaid Services began reducing reimbursements to hospitals with high readmission rates in 2012. All these factors have led hospitals, insurers, and other healthcare providers to create transitional care programs, which provide services, resources and education to reduce readmission. Heart failure is associated with the highest rate of hospital readmissions among Medicare patients, therefore many programs focus on this condition.

"Hospitals and other healthcare systems are under increasing pressure to reduce unnecessary readmissions," said Cynthia Feltner, professor in the department of [internal medicine](#) and researcher at the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill, and lead author of the article. "At the same time, what types of programs are most effective remains uncertain."

Feltner led a team from the RTI-UNC Evidence-based Practice Center to examine the efficacy, comparative effectiveness and harms of transitional care programs for heart failure patients. Researchers conducted a systematic evidence review of 47 randomized controlled trials of programs that included home-visits, outpatient clinic visits, telemonitoring (monitoring physiological data remotely), telephone support, and educational programs.

Programs providing a series of home visits soon after hospital discharge can reduce 30-day readmission rates by 66%. Both home-visiting programs and multidisciplinary heart failure clinics visits can improve mortality and reduce all-cause readmission in the six months after hospitalization. Telephone support interventions do not appear to reduce all-cause readmission, but they can improve survival and reduce readmission related to heart failure. Programs focused on telemonitoring or providing only education did not appear to reduce readmission or improve survival.

The number and frequency of visits varied by program, but Feltner said face-to-face contact was a common theme among the most effective programs. The multidisciplinary heart failure clinic interventions included contact with physicians as well as dieticians, pharmacists and nurses.

"Hospitals and providers should consider focusing efforts on interventions that provide frequent in-person monitoring after discharge—specifically, home-visiting programs and multidisciplinary heart failure clinic interventions. This may be a challenge because these programs require more resources; however, they have the best evidence for reducing unnecessary readmissions and improve survival for patients with heart failure," Feltner said.

More information: The report, "Transitional Care Interventions to Prevent Heart Failure Readmissions," is available online: [effectivehealthcare.ahrq.gov/s...
oduct&productid=1409](https://effectivehealthcare.ahrq.gov/products/productid=1409)

Provided by University of North Carolina at Chapel Hill School of Medicine

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