

Conference abstract

Worsening chronic heart failure and the link to frequent hospital admissions and need of specialist care

Harshida Patel, PhD, RN, Institute of Health and Care Sciences, Sahlgrenska Academy, Sweden

Sören Höjgård, Associate Prof., Swedish Institute for Food and Agricultural Economics

Maria Schaufelberger, Associate Prof., Departments of Emergency and Cardiovascular Medicine, Sahlgrenska Academy, Göteborg, Sweden

Karl Swedberg, Prof., Departments of Emergency and Cardiovascular Medicine, Sahlgrenska Academy, Göteborg, Sweden

Masoud Shafazand, MD, Departments of Emergency and Cardiovascular Medicine, Sahlgrenska Academy, Göteborg, Sweden

Inger Ekman, Prof., Institute of Health and Care Sciences, Sahlgrenska Academy, Sweden

Correspondence to: Harshida Patel, E-mail: harshidaben.patel@vgregion.se

Abstract

Background: Worsening chronic heart failure (CHF) is largely characterised by disabling symptoms, poor quality of life, frequent hospital admissions and need of specialist care. Lack of alternative care results in involuntary hospitalisation.

Aim: In a pilot study evaluate home care (HC) versus conventional care (CC) in relation to medical safety, health-related quality of life (HRQL) and cost-utility in patients with worsening CHF.

Method: Thirty-one patients with deteriorating CHF were randomised to HC or CC when seeking medical attention at hospital. Patients in the HC group were discharged from the hospital and were followed-up in their homes by a specialist nurse. Patients in the control group were treated in hospital with usual care. Follow-ups were conducted for both groups, 1, 4, 8 and 12 months after inclusion in the study. Health-related quality of life assessed by EuroQol-5D VAS, Standard Gamble technique, SF-36 and Kansas City cardiomyopathy Questionnaire. All health care related costs were assessed and cost utility analysis was performed to compare cost/QALYs between groups.

Results: There was no significant difference in clinical events, adverse events or in HRQL. The total cost related to CHF was lower in the HC group after 12 months. Median direct health care related costs in HC were € 1122 and in CC € 5670 (p 0.05). Cost/QALYs ranged € 74–580 in HC compared to CC € 289–1013, calculated from each follow-up. The cost utility ratio was (CC/HC) 2.55 (SG) and 2.65 (VAS).

Conclusion: Reductions in cost of care for selected patients with CHF eligible for hospital care might be achieved by a very early discharge from hospital followed by home visits. More importantly, HC seems to be safe and no difference was found in HRQL between two groups. This pilot study provides clinicians with useful information in their decisions concerning CHF patient management, who are reluctant to hospitalisation.

Keywords

chronic heart failure, healthcare cost, quality-adjusted life years, home care, cost-utility analysis, safety

Presentation slides available from:

<http://www.integratedcarenetwork.org/Sweden2008/slides/02-04-patel.ppt>