Care management for older people discharged from hospital

EDITORIAL

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Older people discharged from hospitals are at higher risk of readmission. In Hong Kong where publicly funded health care is primarily hospital based, over 18% of patients aged 70 years or older were readmitted to hospital within 28 days.[1] This high readmission rate is indicative of the poor interface between hospital and community care.[2] Post-discharge home visits of selected patient-groups by community nurses have been tried with mixed results.[3,4]

In this issue, a randomised trial of care management by social workers having close liaisons with health and social care providers over an 18-month period effectively reduced hospital utilisation, with mortality in the intervention group being significantly lower than in the controls.[5] It is noteworthy that the health status of the intervention group was actually deteriorating with time. This study highlights the need for continuity of care in frail older people who suffer from progressive decline in health.

Unfortunately, the implementation of such a model of care management in Hong Kong poses many challenges. For example, the current hospital service in Hong Kong is predominantly episode based, and social services provide care on demand rather than proactively. Now that there is evidence that hospital utilisation can be reduced by care management, there may be a case for public funding. But the policymakers will need to know more about patient selection and cost effectiveness. In the United States, care management was cost neutral only in some programmes,[6] which had strong links with local hospitals and entailed frequent personal contacts for patients with moderate to severe risks of hospital admissions.

Social workers might constitute suitable care professionals to deliver care management for the frail elderly, in whom psychosocial problems are prominent and associated with hospital utilisation.[7] Thus, the skills of social workers in networking, empowerment and counselling may contribute greatly to effective care management. In order to manage the medical problems, it is essential that social workers work closely with the geriatric multi-disciplinary team.

Along a similar line, the Hospital Authority of Hong Kong is launching a programme of post-discharge telephone follow-up for high-risk older patients by trained nurses in a centralised call centre in three health regions. This initiative was prompted by encouraging data from pilot trials in two hospitals. This may be a more cost-effective model of care management. A randomised controlled trial is being planned to evaluate the cost effectiveness of such programme in preventing readmissions.

Preventing readmissions of elderly patients is a laudable aim that benefits the patients, their families and health care providers. Continuity of care is the key, and care management may deliver just that. The challenge is to find the right care managers to deliver the care to the right patients in the most cost-effective way.

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