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Poster Abstract

Effectiveness and cost impact analysis of a Post Acute Care at Home (PACH) programme

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Abstract

Objective: The objective of this study was to evaluate the effectiveness of PACH in reducing hospital readmissions and costs to the health system.

Methodology: A retrospective non-randomised trial was designed to examine the costs and outcomes of PACH. All patients referred for PACH and met the programme inclusion criteria were included as the intervention group. Patients who declined PACH programme or were out of boundary formed the control group. The primary outcomes were the number of hospital readmissions and total health system costs at 3 and 6 months post-discharge. To account for uncertainty in mortality for the control group, patients who had not utilised any health services after 6 months were assumed to have died.

Results: There were 409 patients in the PACH group and 201 patients in the control group. Both groups were similar in demographic and baseline characteristics. Multivariate analyses showed that hospital readmissions were 38% higher for patients in the PACH group after 6 months. Total healthcare costs at 3 months and 6 months showed no statistical differences.

Enrolment in PACH was associated with lower mortality, higher hospital readmissions and no differences in costs. However, the results could be limited by incomplete data on health services utilisation and mortality. These findings reflect the challenges faced when conducting programme evaluation in the local setting.