



Costs of a home-based rehabilitation program for older adults after lower limb orthopedic surgery: a pilot study

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Abstract

Little is known about the cost of home-based rehabilitation programs in Quebec, Canada. The objective of this pilot project was to test a cost estimation methodology in the context of rehabilitation services delivered at home and to provide preliminary data on the costs for lower limb orthopedic surgery patients. This pilot study examined a short-term home care program for adults, aged 65 and over who returned home after lower limb surgery and required rehabilitation services. Efficacy was determined as the functional autonomy changes between admission and discharge from home rehabilitation program, as measured by the functional autonomy measurement system (SMAF). Costs of professionals, including direct and indirect time related to the intervention, were also determined in order to document cost-effectiveness of the program. Eighteen subjects were recruited. From those, 14 had complete data available for the analysis. The result shows that costs related to the combined natural improvement and the effect of the home-based rehabilitation program were CAN\$ 419 per unit of change of functional autonomy. The results of this pilot study confirm the feasibility of the cost estimation methodology for a home-based rehabilitation program.

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1. Introduction

One trend over the last 30 years in Quebec, Canada, has been the development of home care services to help people with permanent disabilities, those with mental health problems who are deinstitutionalized, persons who are discharged early from acute care hospitals, and frail older adults who choose to stay at home as long as possible (Ministry of Health and Social Services, 2003). The need for home care will likely continue to increase over the coming years as a way to respond to innovative health practices helping people to receive, at home, services which are routinely given in institutions (acute care hospitals, long-term care facilities). For example, because of considerable cost-cutting constraints in the health system in Canada, the length of stay of older persons admitted to acute units in short-term care facilities has decreased significantly, which has put pressure on home care services to assure continuity of care. Rehabilitation services in particular are identified as a key point in the early discharge home of patients from acute care hospitals.

Many examples of the use of home-based rehabilitation suggest that this alternative form of health services is at least as effective as hospital-based rehabilitation for people who have had a stroke (Gladman et al., 1993, 1994; Rodgers et al., 1997; Rudd et al., 1997; Widen Holmqvist et al., 1998; Anderson et al., 2000; Mayo et al., 2000; Von Koch et al., 2000), hip fracture (Farnworth et al., 1994; Tinetti et al., 1997, 1999; Crotty et al., 2000, 2002, 2003; Neal, 2001) and those with rheumatoid arthritis (Li et al., 2000). Generally, these studies suggest that early discharge home with continuity of home rehabilitation services for the majority of moderately disabled individuals is no less beneficial for improving physical health and functional ability than conventional rehabilitation programs.

Although some data on economic evaluations are available for patients with stroke (Gladman et al., 1994; Widen Holmqvist et al., 1996; Rudd et al., 1997; McNamee et al., 1998; Beech et al., 1999) and rheumatoid arthritis (Li et al., 2000), little is known about the cost of home rehabilitation for older adults who have had lower limb orthopedic surgery. The objective of this pilot project was to test a cost estimation methodology in the context of rehabilitation delivered at home for these patients and to provide preliminary data on the costs of this program.

2. Subjects and methods

2.1. Home-based rehabilitation services

Home care services in the Sherbrooke, Quebec area are provided by a Local Community Services Centre (LCSC) which is responsible for delivering services to older adults with the objective of maintaining them at home as long as possible, with the best quality of life. Three programs are designed to achieve this goal. First, the short-term home care program serves older adults with acute health problem requiring hospitalization, who are discharged early to their homes. Services are co-ordinated with hospital staff to ensure their timely provision when the discharge from hospital is planned. Second, the long-term home care program is offered to older adults who require care or services related to a decline in their functional autonomy with one of its objective being to delay institutionalization in private or public facilities. The third program serves older adults needing palliative care.

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