

Caring for older patients: Quality and efficiency

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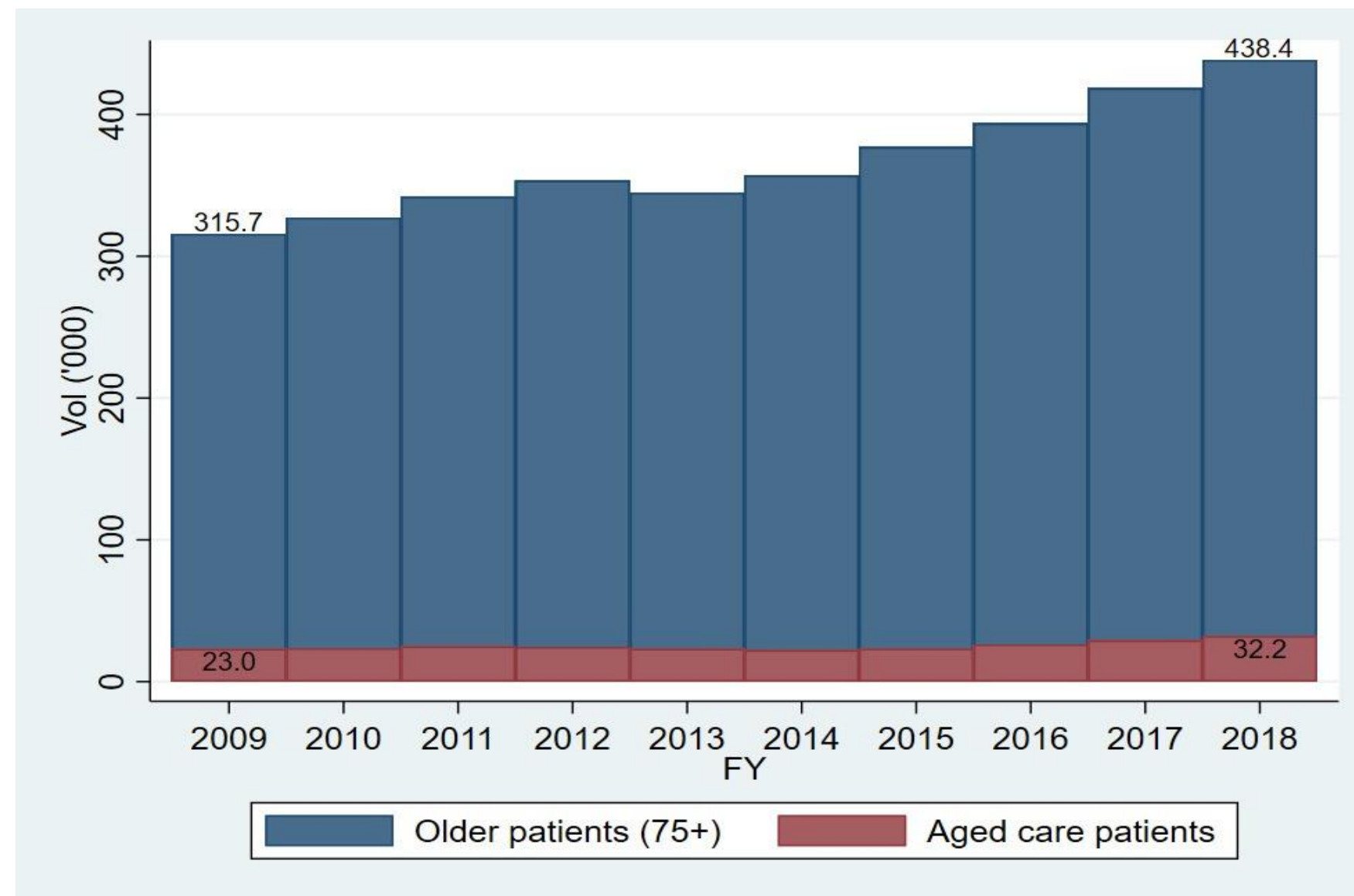
Introduction

- Older patients (75+) have more complex care needs, and are heavier users of health care and other services.
- Primary care, hospital care, aged care, etc.
- Older patients living in residential aged care require even more care.
- Medicare plays a key role in funding care for older patients.
- How does the system perform?

Quality and efficiency

- Quality
 - 30-day mortality, all-cause
 - 28-day readmission, all-cause
 - Hospital acquired complication (HAC)
- Efficiency: Average LOS
- Risk adjusted: Age, gender, diagnostic groups, comorbidity,
- location of residence, etc. etc.
- Data: All hospital admissions in Victoria, 2008/09–2018/19.

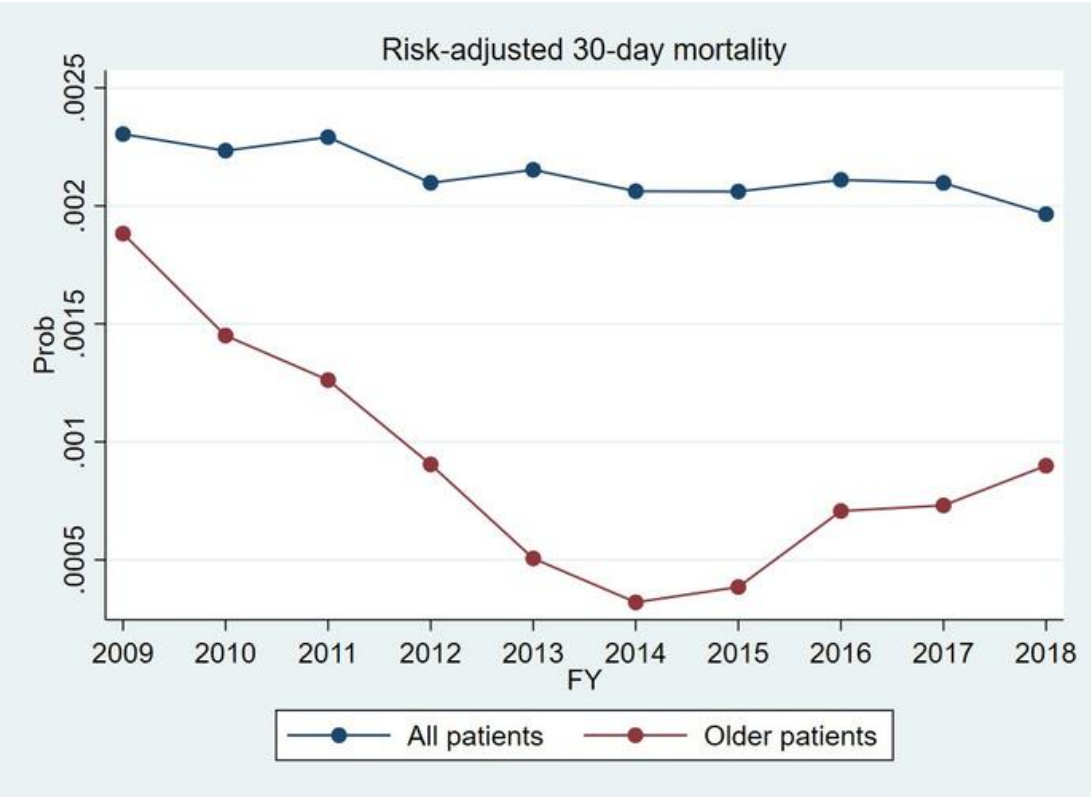
Volume of hospital separations, older patients (75+) and residential aged care patients, Victoria 2008/09–2017/18



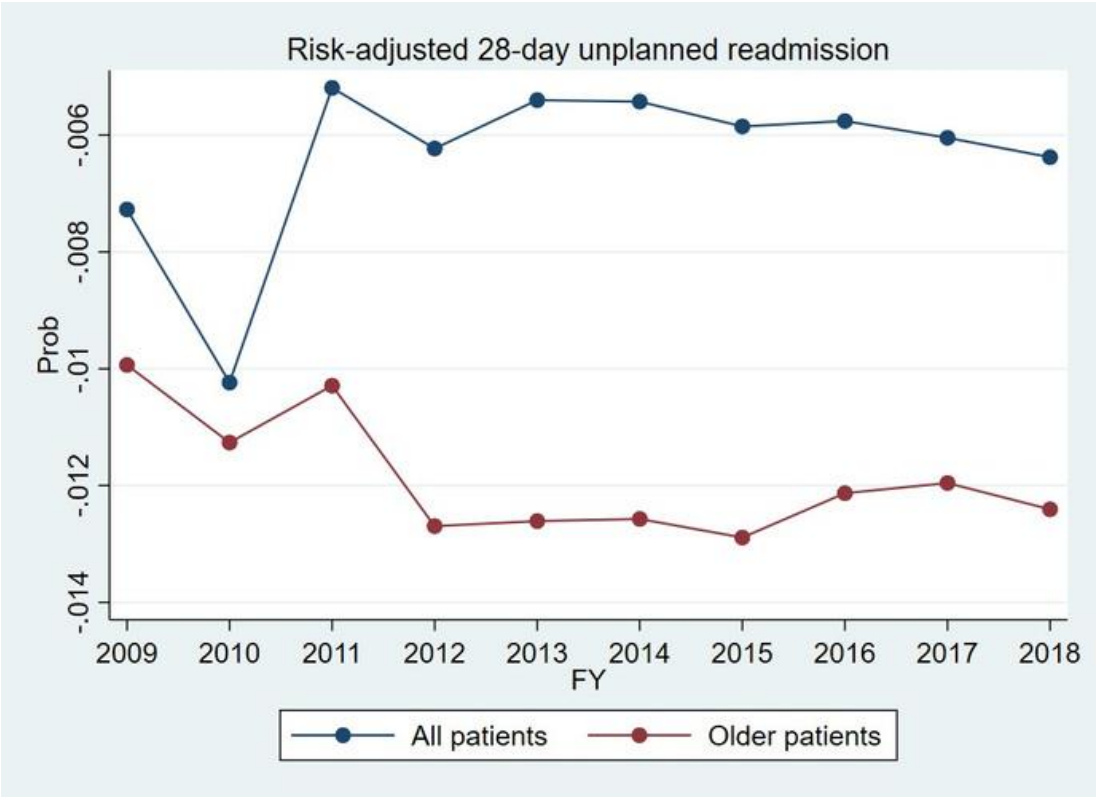
- People 75 or older account for 7–8% of population in Victoria.
- They account for 20–21% of total hospital admissions.

Risk-adjusted outcomes, all patients vs older (75+) patients

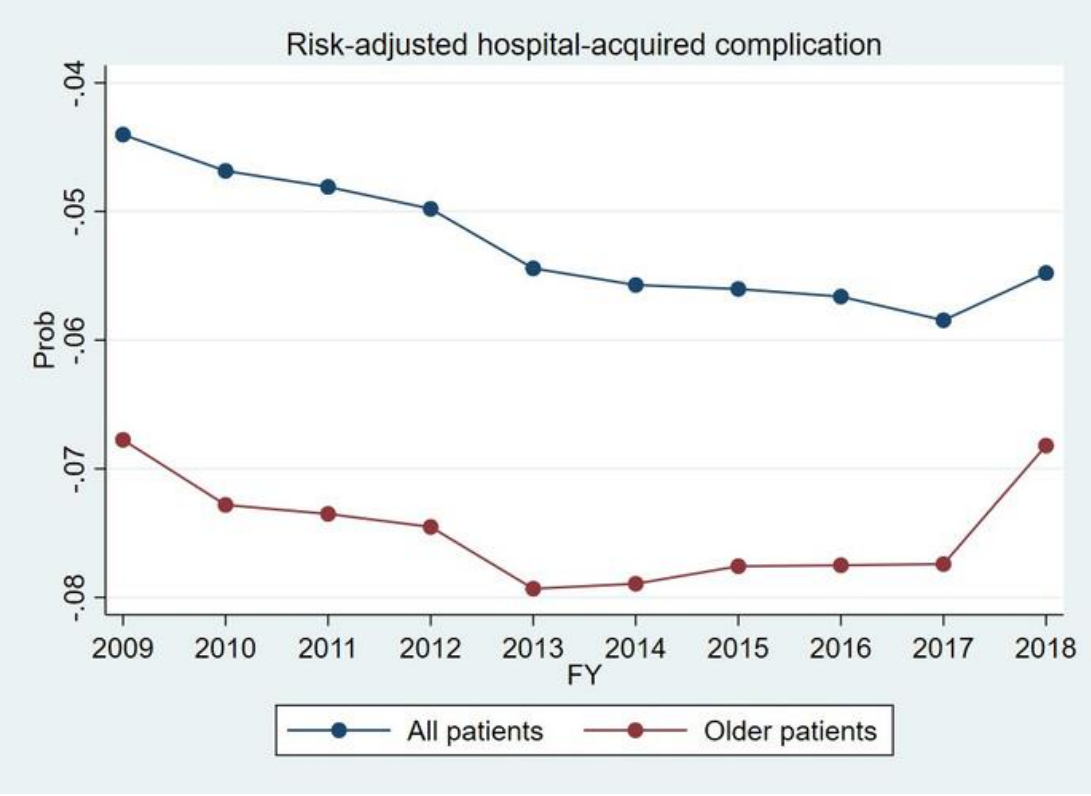
(a) 30-day mortality



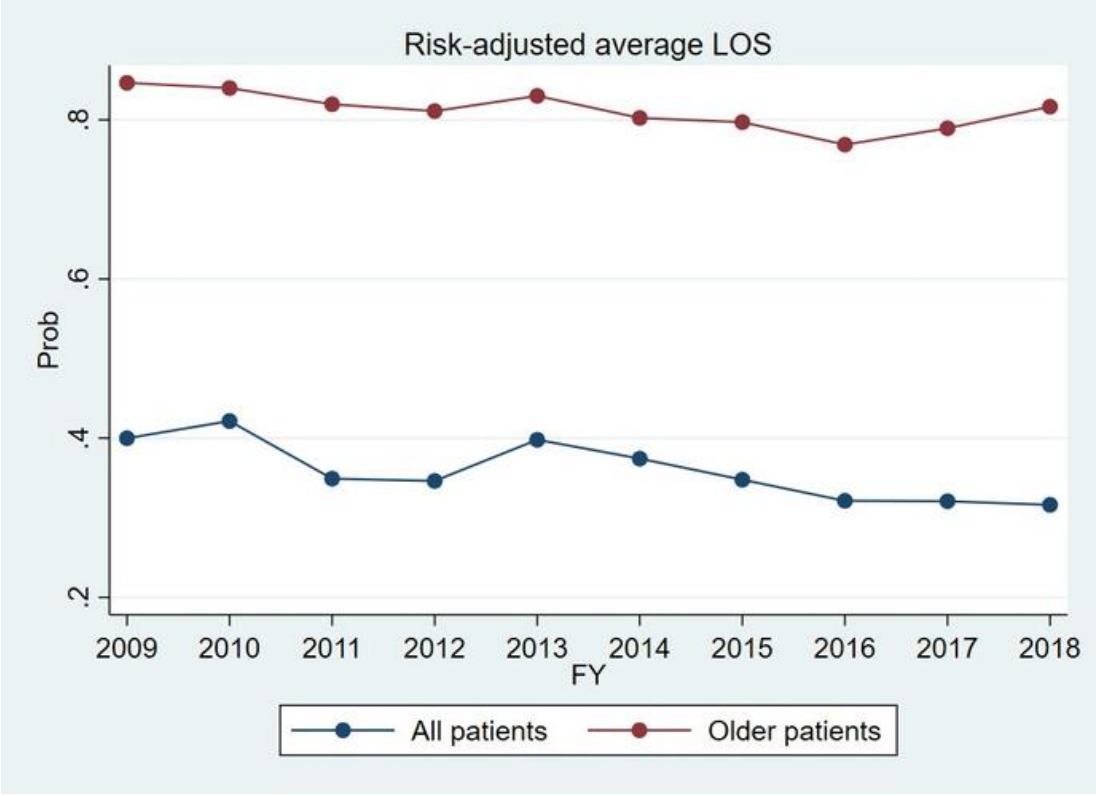
(b) Unplanned readmission



(c) HAC



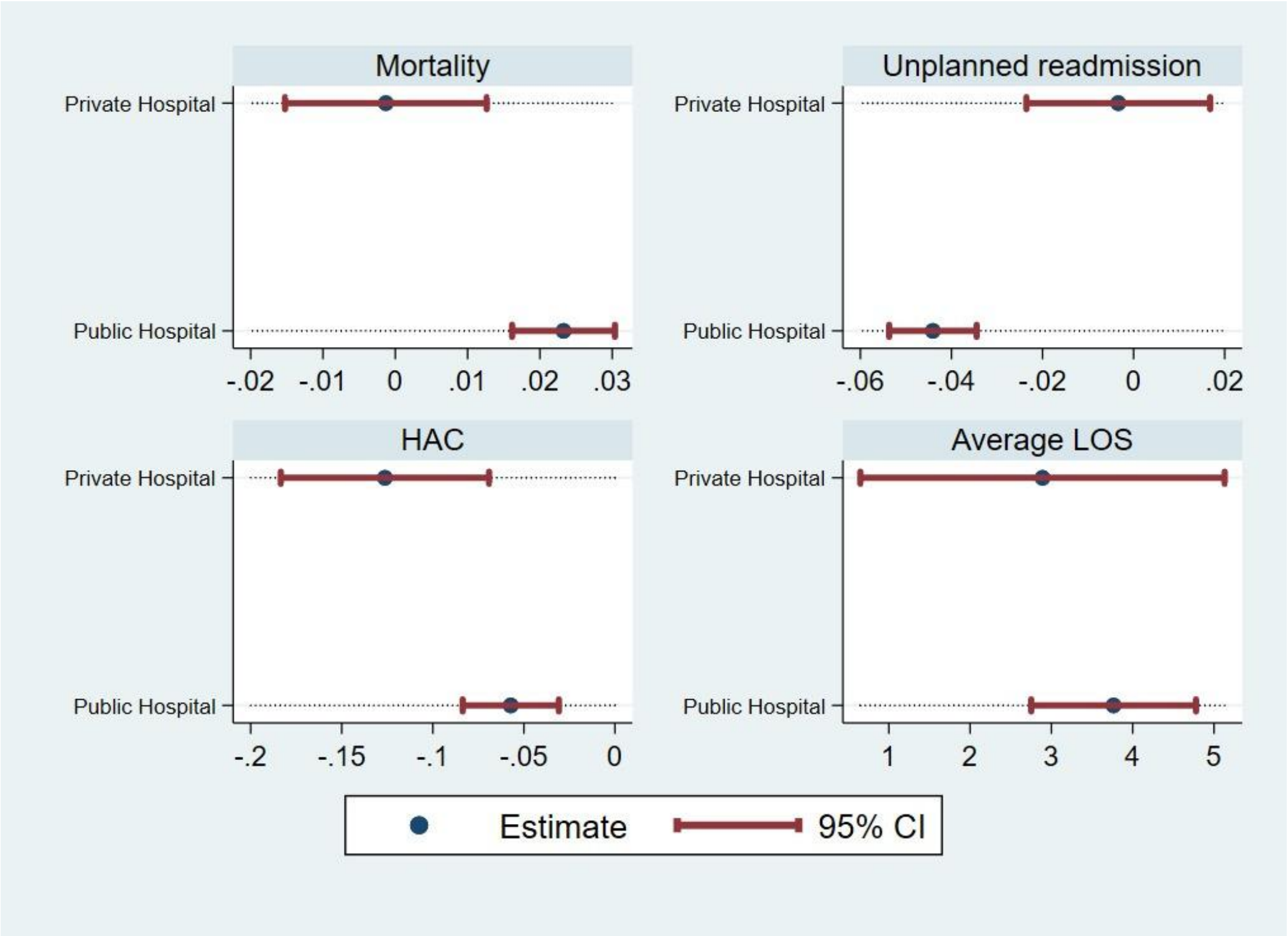
(d) Average LOS



Risk-adjusted outcomes of older patients, non-aged care vs aged care



Risk-adjusted outcomes of older patients, private vs public hospitals



Conclusions

- Older patients need more care services.
- Current system delivers good care for older patients, but less so for patients living in residential aged-care homes.
- After adjusting for risk factors, aged care patients stay longer in hospitals, but have worse outcomes in care quality.
- Necessary to integrate primary care, hospital, dental, palliative, and aged care for older patients.
- Many barriers to integrated care, key policy issue is funding and incentives.
- Current fee-for-service model is not ideal for integrating care.
- Bundled payments and single budget holder could be key.