

Advancing the Agenda for Home Healthcare Quality

Transitional Care: A Critical Dimension of the Home Healthcare Quality Agenda Executive Summary

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THE ISSUE

Recent efforts to master the art of “seamless” care have placed a spotlight on care coordination and continuity as key explanatory variables in assessing the success of the U.S. health care system. One of the most promising approaches to enhance care coordination and improve quality is to focus on the critical transitions of high risk patients and their caregivers between major components of the health care system. Hospitals, home health, long-term and other health care settings, which traditionally have functioned as independent “silos,” are now attempting to build bridges to support the critical acts of integration and coordination between these divisions.

Transitional care, a term that encompasses a broad range of services and environments designed to promote the safe and timely transfer of patients between levels of care or across settings, has emerged to bridge the gap between and among a diverse range of providers, services and settings. High quality transitional care is particularly important for vulnerable groups of patients coping with multiple chronic conditions because they typically are cared for by multiple providers and move frequently between and among healthcare settings.

PAPER OBJECTIVES

The aims of this paper are: to describe the research base on transitional care of older adults that relates to the home healthcare setting; to examine factors contributing to the chasm between research-based “best practices” and current care; to explore strategies to incorporate proven interventions into home healthcare practices; and, to offer an agenda to both advance the science in transitional care and translate evidence-based “best practices” into home healthcare settings.

FINDINGS

Research findings are helping to identify the factors associated with poorly executed transitions. Incomplete communication among providers and across health care agencies, inadequate patient and caregiver education and

involvement in decision making, limited continuity of care and decreased access to essential services are among the major issues contributing to poor quality and cost outcomes. Language, literacy and cultural barriers further exacerbate the problem.

A growing body of science suggests that patient groups coping with multiple chronic conditions and complex medication regimens are particularly vulnerable to breakdowns in care and, thus, have the greatest need for transitional care services. The “hand-off” of these patients and their caregivers from hospital to home has been linked to adverse events, serious unmet needs and poor satisfaction with care. Rehospitalization rates among recently hospitalized older adults are very high, with one-quarter to one third considered preventable. The cycle of repeated hospitalizations has tremendous human and economic consequences.

Among studies of transitional care interventions, nurse-directed, multidisciplinary, multidimensional interventions have demonstrated the greatest promise in improving quality and reducing health care costs for older adults at high risk for poor outcomes. Less intensive transitional care interventions emphasizing all domains may be just as effective for lower risk groups. Findings from intervention studies are helping to define the core components of effective transitions.

Research-based transitional care innovations have typically not been adopted by home healthcare agencies, or by other settings and providers because of the lack of Medicare reimbursement. In addition, models of transitional care challenge the culture of current practice which is characterized by the organization of care into distinct and separate “silos” with limited cross-disciplinary collaboration. Currently, few incentives exist for home healthcare agencies to adopt evidence-based “best practices” or for other healthcare settings such as hospitals to collaborate with home healthcare agencies in improving cross-setting communication. Despite these challenges, much more can and must be done by home healthcare agencies, as well as with other settings and providers to incorporate evidence-based approaches to transitional care.

Increasingly, researchers are collaborating with potential end-users of their research to promote adoption of evidence-based “best practices.” These partnerships have been formed to close the chasm between research and practice, an exceedingly important goal given the projected growth of the population of chronically ill children and adults with complex care needs over the next few decades.

IMPLICATIONS FOR HOME CARE

Opportunities to advance the science in transitional care and translate proven best practices in home healthcare are substantial. The following areas are among the priorities on this agenda: to test and refine the profile of patient groups in greatest need of transitional care services; to compare and contrast the relative effectiveness of alternative transitional care intervention designs and components; to identify the optimal length, intensity and providers of such interventions; to examine the generalizability of findings across a broader spectrum of patient groups and settings; to develop and test incentives to improve the transition of patients to and from home health care; and, to test interventions to translate and promote widespread adoption of proven models of transitional care. While a robust agenda will guide future research, the contributions of clinical scholars to date provide home healthcare leaders, managers and clinicians with a blueprint for immediate action related to transitional care. Available literature suggests the domains of relationships, management, and information should guide changes in the system needed to enhance transitional care. Without question, home healthcare is the segment of our system best positioned to build the bridges that will assure patients and their caregivers do not “fall through the cracks.” Despite formidable challenges, history suggests that home healthcare can and will rise to the challenge.