Does Continuity of Care Affect Patient Outcomes in the Home Health Setting?: A Systematic Review

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BACKGROUND / PURPOSE

Due to the recent rise of patients using home healthcare services, continuity of care has become an important topic in regards to patient outcomes in this setting. Continuity of care refers to the quality of care over time with a multidisciplinary approach. Therefore, the purpose of this systematic review is to evaluate if continuity of care affects patient outcomes in the home healthcare setting.

METHODS


Search terms: “continuity of care” AND “home health care” OR “home healthcare” OR “home health services”.

Inclusion criteria: English language, peer-reviewed, full text studies, human subjects 60 years or older, randomized control trials, cross-sectional studies, retrospective studies, cohort studies, and longitudinal studies.

Exclusion criteria: inpatient facility, long-term facility, mental health facility, hospice, primary care, or transitional care.

RESULTS

Each of the five studies found that patients receiving either PT, nursing services, or home health aid services in the home health setting demonstrated better outcomes on the OASIS or a decreased likelihood of re-hospitalization and emergency room admissions with a higher degree of continuity of care.

CONCLUSION / CLINICAL RELEVANCE

Based on the research, patients who received a higher continuity of care demonstrated better outcomes than those that received a lower continuity of care. Due to the rising demand of home health care services, there needs to be more research on the effects of continuity of care on patient outcomes. Multidisciplinary services should strive to increase the continuity of care for patients in this setting to improve patient outcomes, reduce cost of care and prevent hospital readmission.

MEASURES

Patient outcomes were assessed using the ADL and ADL severity scale of the Outcomes and Assessment Information Set (OASIS) in four of the five articles. Re-hospitalization and emergency room admission rates from the home health setting were assessed in two of the five articles.

The degree of continuity of care was calculated using a dispersion formula based on patient-provider contact across a number of sources.

REFERENCES


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