Alliance for Home Health Quality and Innovation

Cleveland Clinic Journal of Medicine

Optimizing Home Health Care: Enhanced Value and Improved Outcomes

The Alliance for Home Health Quality and Innovation and the Cleveland Clinic Center for Continuing Education have partnered to sponsor a CME-certified supplement to the *Cleveland Clinic Journal of Medicine* issued in January 2013 to address contemporary topics in home health and other home-based care concepts. The supplement examines innovative approaches to home health designed to help patients succeed at home. The following articles each highlight the importance of home health care in improving patient outcomes and enhancing the value of care provided in the United States.

Improving Patient Outcomes with Better Care Transitions: The Role for Home Health

Clinical leadership from home health provider Amedisys present data and outcomes from a care transitions initiative, including impacts on the patients' quality of life and avoidable rehospitalizations. Results from the care transitions initiative indicated a decrease in the 12-month average readmission rate (as calculated month by month) from 17 percent to 12 percent.

Improving Outcomes & Lowering Costs by Applying Advanced Models of In-Home Care

The Virginia Commonwealth University (VCU)'s Medical Center implemented a hospital-based transitional care program (TCP) serving over 500 patients, resulting in a decreased use of hospital resources including fewer inpatient days, shorter lengths of stay, and fewer intensive care unit days.

In-Home Care Following Total Knee Replacement

Dr. Marc Froimson of the Cleveland Clinic examines care path designs and compares these designs to in-home rehabilitation services for total knee replacement. Their post-acute home care program has yielded reduced hospital length of stay, increased discharges to the home and lower readmission rates for those patients discharged home (as compared with pre-protocol practice and with those discharged to a skilled nursing facility).

Home Based Care for Heart Failure: Cleveland Clinic's 'Heart Care at Home' Transitional Care Program

Research suggests that post-acute, home-based care for patients with chronic heart failure may yield outcomes similar to those of clinic-based outpatient care. Dr. Eiran Gorodeski and others examine the Cleveland Clinic's "Heart Care at Home" program, which was designed to minimize the risks patients experience both when being transitioned to home and when being cared for at home. The program has yielded increased levels of patient satisfaction and lower readmission rates compared with overall Cleveland Clinic rates.

The Case for 'Connected Health' at Home

Dr. Steve Landers discusses "connected health," a care delivery practice that links technology and the personal relationships between physicians and patients. Communication and health monitoring technology and devices can enhance patients' access to specialized care, monitor in-home risks for patients, and minimize care delivery annoyances such as delays in service and long waiting times.

Innovative Models of Home-Based Palliative Care

This article provides context and background on the provision of palliative care in the home and explores how home health can work seamlessly in coordination with other health care stakeholders to improve patient satisfaction and reduce unnecessary utilization and cost.

Accountable Care & Patient-Centered Medical Homes: Implications for Office-Based Practice

To provide a perspective for the practicing clinician, the Cleveland Clinic Journal of Medicine (CCJM) interviewed David Longworth, MD, Chair of the Cleveland Clinic Medicine Institute on the strategy and implementation of the Institutes' activities related to accountable care organizations (ACOs) and the patient-centered medical home (PCMH), and home health's vital role in these initiatives.

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To read the full supplement, please visit: http://www.ccjm.org.
For the corresponding CME program, please visit: http://www.clevelandclinicmeded.com.