CLAIM: Comprehensive Longitudinal Advanced Illness Management (TH307-D)

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Objectives
- Describe the objectives of the CLAIM program.
- Describe the CLAIM model of care and preliminary hospitalization and cost data.

Original Research Background: Although hospice provides comprehensive, interdisciplinary care to patients near the end of life, there is no dominant model of “upstream” palliative home care for patients who are not yet appropriate for hospice.

Research Objectives: The objective of this Centers for Medicare and Medicaid Services–funded project was to evaluate a palliative home care program (Comprehensive Longitudinal Advanced Illness Management; CLAIM) and its impact on acute care costs in a population of patients with advanced cancer.

Methods: Prospective cohort study of patients with cancer enrolled in a palliative home care program that provides access to visiting nurses, social workers, chaplains, home health aides, and nurse practitioners.

Results: Of 894 CLAIM patients served over 20 months, the hospitalization rate was 0.88 per 100 patient days. Compared with a historical home care control population (1.3 per 100 patient days), CLAIM was associated with a 41% reduction in acute care utilization. As of June 30, 2014, 383 patients (42% of discharges) transferred from CLAIM to hospice.

Conclusions: Compared with a historical home care control population, the use of palliative home care services is associated with a substantial reduction in acute care costs.

Implications for Research, Policy, or Practice: This research furthers our understanding of patient needs at the end of life and provides a model for serving patients in a way that prevents unnecessary hospitalizations and therefore reduces acute care costs.