

High Users of Acute Care Hospitals in NL

Objective

To describe the frequency of high users of the health system by region and their characteristics in NL.

Practice Points

1. The top 5% of health users account for approximately 75% of health costs.
2. Primary care is considered to be an effective way to improve the efficiency of use of the health system among high users.
3. Remote monitoring in patients with COPD and/or congestive heart failure in Eastern Health (EH) has demonstrated reduced hospitalization, particularly in those with more severe disease.

Data (PI: Dr. K. Aubrey-Bassler)

This information was obtained from a report submitted to the Department of Health and Community Services in 2019 entitled “Patterns of high cost acute-care hospitalization and emergency department utilization in Newfoundland and Labrador” using data from 2011–12 to 2014–15.

More recent data were obtained from the Canadian Institute for Health Information (CIHI).

Results

- The top 5% of hospital users in NL account for almost 80% of acute hospital and 39% of emergency department costs.
- 10–30% of costs for high users were attributable to potentially preventable hospitalizations, depending on the definitions used.

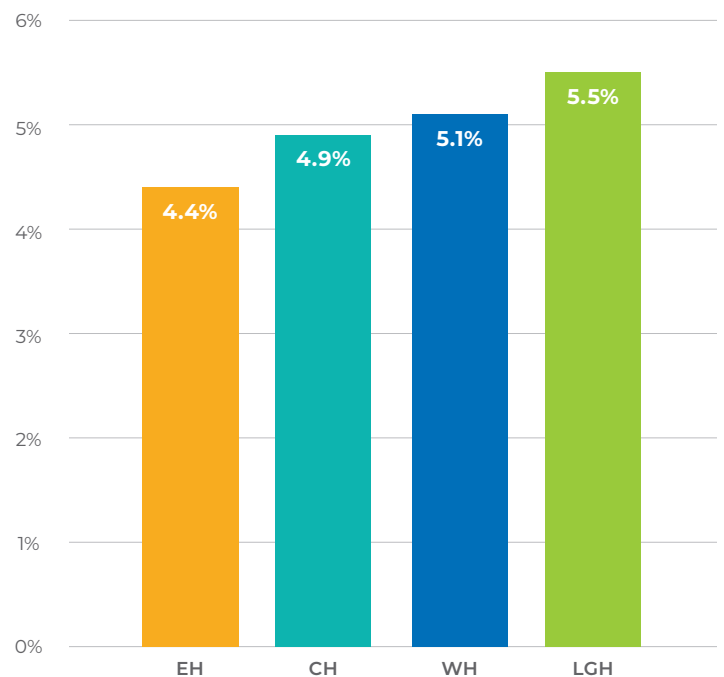


Figure 1. Per Cent of Users of Hospital Beds Considered High by the Definitions Used by CIHI Analyzed by Region (2017–18)

- High users rate in the province was 4.7% compared to 4.5% in Canada, with highest rate in Labrador-Grenfell Health (LGH).

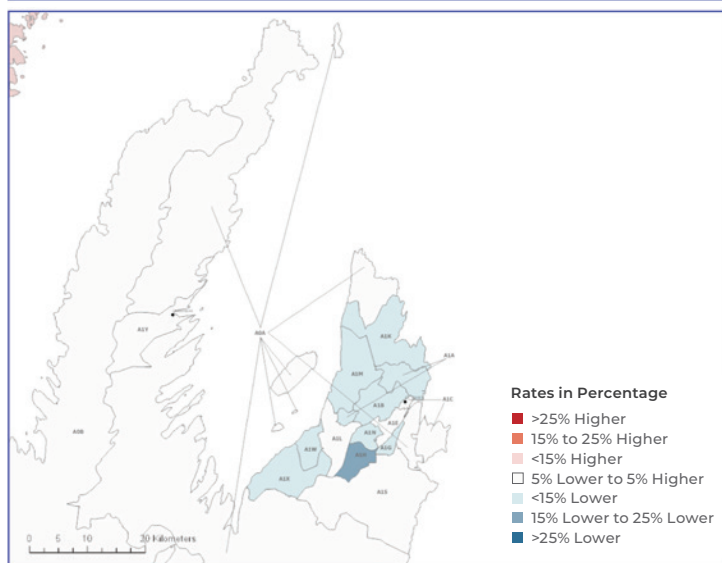
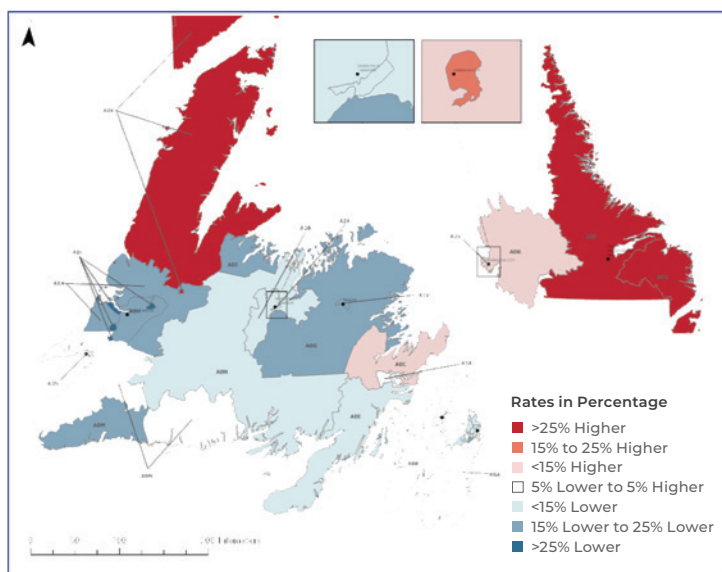


Figure 2. Adjusted Rates of High-cost Hospital Use Compared to the Provincial Average (2011/12 – 2014/15) by Region

Areas that are orange or red had rates higher than the provincial average, while blue had rates below the provincial average.

- Rates in LGH are substantially higher than the provincial average and rates in St. John's are lower.

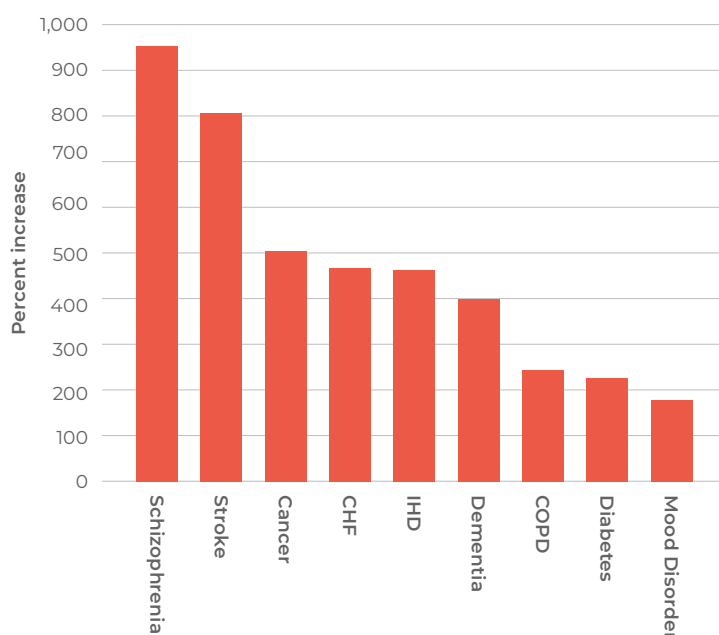


Figure 3. Association Between Chronic Disease and Increased Likelihood of Being a High-Cost Hospital User

- Chronic diseases are associated with a substantially increased likelihood of being a high-cost user, particularly schizophrenia and stroke.
- The effects of virtually all socio-economic indicators on the rate of high-cost use are statistically significant, even after adjustment for age, other demographics and chronic disease. However, the size of the risks are smaller than those for chronic diseases.
- Rates of high-cost utilization are higher in regions with greater family physician turnover.

Conclusions

1. High users of hospitals have a major impact on hospital costs.
2. There is large variability in rates of high-cost utilization across the province that is not explained by differences in age, other demographics, physician distribution or chronic disease rates.
3. The advent of primary care teams has the potential to reduce hospital use by high users, but this potential needs evaluation as these teams roll out.