Avoidable Hospitalisations of Patients in the Oldest Age Groups (80+) in Austria

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Background

- Health risks due to unnecessary hospitalisations may occur particularly for older patients. Prevalence of ambulatory care sensitive conditions (ACSC) treated in hospitals is a common proxy for avoidable hospitalisations.
- Avoidable hospitalisations in older age groups are influenced by availability and quality of long-term care (LTC) services. Studies in Europe show association between expansion of LTC and reduced hospital discharge rates both for older people living at home (Spiers et al., 2019; Jansen et al., 2019; Costa–Font et al., 2018) and in nursing homes (Fernandez & Forder, 2008; Gaughan et al., 2013; Holmes et al., 2013; Herrin et al., 2015: Forder, 2009).
- Avoidable hospitalisations are tackled in current health reforms in many countries including Austria – a country with very high hospital discharge rates (Fig. 1) and lack of integrated care.

Research question and empirical approach

RQ: What drives variation in avoidable hospitalisations and hospital bed days among older people (80+) across Austrian districts?


Explanatory variables: availability of health care (density of GPs ‘gp_cont’, home visits of GPs ‘visits’, density of hospital beds ‘beddens’); and of LTC (density of nursing home places ‘rescaredens’); and socio–economic status (income, life exp., % females, % single hh, degree of urbanisation)

Descriptive analysis: Nursing home places show no bivariate association with ACSC (Fig. 2), income is inversely associated with ACSC in areas with intermediate degree of urbanization in bivariate analysis.

Limitations: No mobile care data, no individual level data, no causal inference

Results and discussion

Main results from multivariate analysis (excl. Vienna):
1. Low–income districts associate with higher ACSC hospitalization rates
2. Residential care density associated neither with ACSC bed days nor ACSC hospitalization rates
3. Share of single households (proxy for informal care) associated neither with ACSC bed days nor ACSC hosp. rates
4. Within health care, inverse association bw GP density and ACSC bed days – substitution effect
5. ACSC rates significantly higher in urban areas (w/o VIE)

Discussion:
- Avoidable hospital admissions affect the oldest in economically disadvantaged regions more than elsewhere
- Drivers of care at home and hospital use need to be investigated further