EARLI Pilot Study: Blueprint for Primary Care

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Introduction

The Emergency Admission Likelihood Index, was first piloted in the UK, by Lyons et al. 2007. Devised for Primary Care, the aim of EARLI was to assess the likelihood of a patient being admitted to hospital, and providing proactive annualized risk reduction for very high and high risk patients.

Blueprint for Primary Care

The EARLI study would not have been possible without the support and commitment of the staff and management of MPHC, and the work of the PHNs and community nurses. This collaboration will lead to better care and practice for the patients of MPHC.

Over the past year MPHC have provided a GP, access to their patients and vision to make the EARLI study a reality. The PHN’s have contributed greatly through the work of the PHN’s and other services. This collaboration is a blueprint for the delivery of better Primary Care Practice.

Methods

In September, 2011 over 1,100 surveys were sent to patients over 70 years of age, and registered with Mallow Primary Healthcare Centre. 80% response rate, with 226 surveys completed, leaving 120 valid surveys, of which 70 (30%) were in the Very High Risk (VHR) and High Risk groups. 80% of the sample and these groups were supported by the intervention team, from December, 2011-December, 2012. All patients are still receiving additional support if applicable, derived and warranted.

Oldest Patient- 93 years, Youngest Patient- 73 years, Average- 75 years.

Results

Very High Risk Patients

There was a 50% reduction of hospital admissions. Comparing Sep, 2011-2012 (n=21) with Apr, 2011-2012, a 50% reduction was seen between Dec, 2011-2012.

Risk Reduction and Savings through MPHC AND HSE COLLABORATION

Presently, there is approximately 400,000 persons over the age of 70, of which, 60,000 (15%) are Very High and High Risk of emergency hospitalisation, and this figure will increase over the next 20-40 years. If the EARLI pilot was implemented throughout Ireland, it is possible savings of between €60 million and €108 million could be achieved annually. This is based on a reduction of hospital admission, with an average length of stay of 3 days, with a cost of €1,000, giving 60-108 million (30-50 reduction). The €1,000 cost is for treatment in hospital cost, it does not include capital costs of the hospital, so this estimated figure could be significantly higher.

Team

With no guide from the previous research, it was decided, that a GP would act as a liaison, and attend meetings on behalf of other GPs based at MPHC. This senior GP liaison also dealt with patient records, and was able to review cases, and provide direction. The assistant director of Public Health Nursing, and a PHN, also attended the meetings, as representatives and guides to patients needs from a public nursing perspective. The researcher acted as convener of meetings, and handled all research issues.

Context, Order Adults and the Future

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Conclusions

The potential for savings of between €60-108 million will only be realised if the pilot is implemented throughout Ireland. In this pilot we have proven the value of collaboration, and designed an intervention team structure. For primary care to achieve maximum utilisation, proactive annualised risk reduction is key, and as this collaborative pilot has shown, this is achievable, replicable and deliverable within increasingly vital primary care network.