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Exploring cost trajectories of patients admitted to geriatric rehabilitation in the Netherlands

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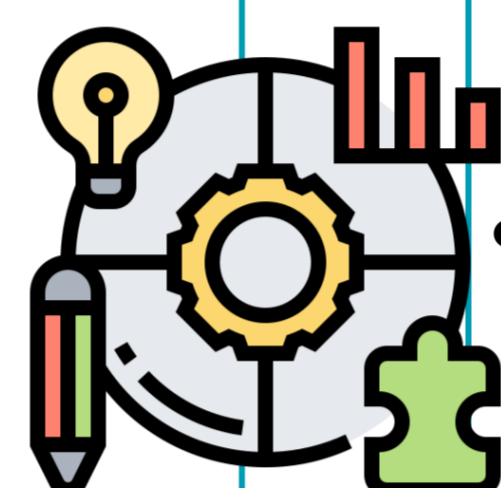
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Background

Geriatric rehabilitation (GR) is an essential component of transitional care. However, there is limited insight into longitudinal care use and associated costs.

Aim

To identify cost trajectories and drivers among geriatric rehabilitation patients over a six-month period starting one month prior to GR, to inform innovative transitional care.



Methods

- **Data:** claims data Statistics Netherlands (Feb–Jul 2022)
- **Outcomes:** total costs (hospital, district nursing, long-term care, short-term residential care)
- **Analyses:** descriptive statistics, group-based trajectory modelling, logistic regression

Results

- 27,462 patients were included; mean total costs €40,469 (SD €23,033)
- Two cost groups;
 - Lower-cost (88%): mean €35,024 (SD €16,408)
 - Higher-cost (12%): mean €82,012 (SD €23,928)
- High-cost group → 23% of total costs
- Amputation, oncology and cardiovascular disease associated with high costs
- Cost drivers: hospital (re)admissions, nursing home admissions, longer GR stays
- 68% returned home; 17% with home-based GR



Figure 1: Cumulative costs 6-month period

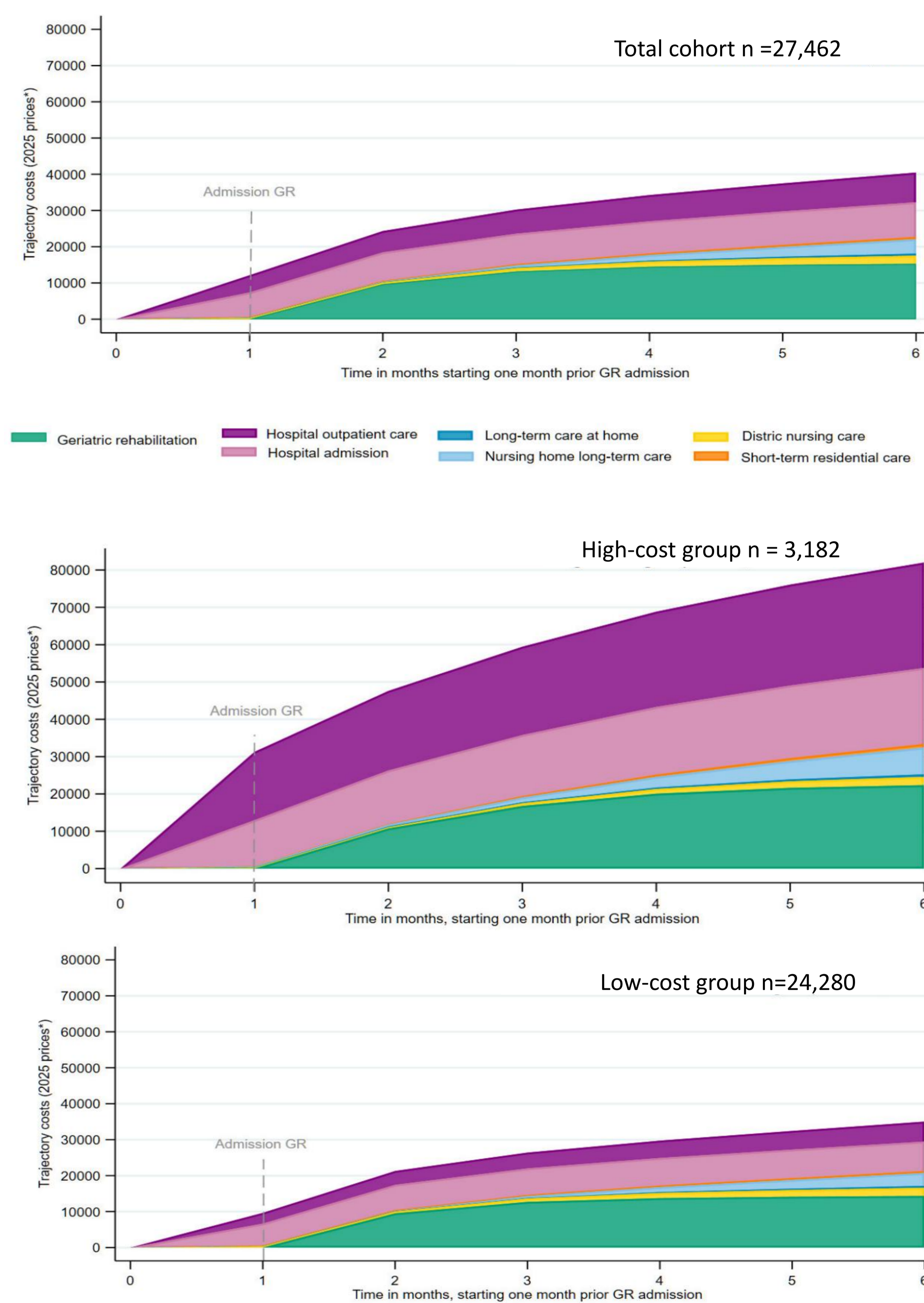
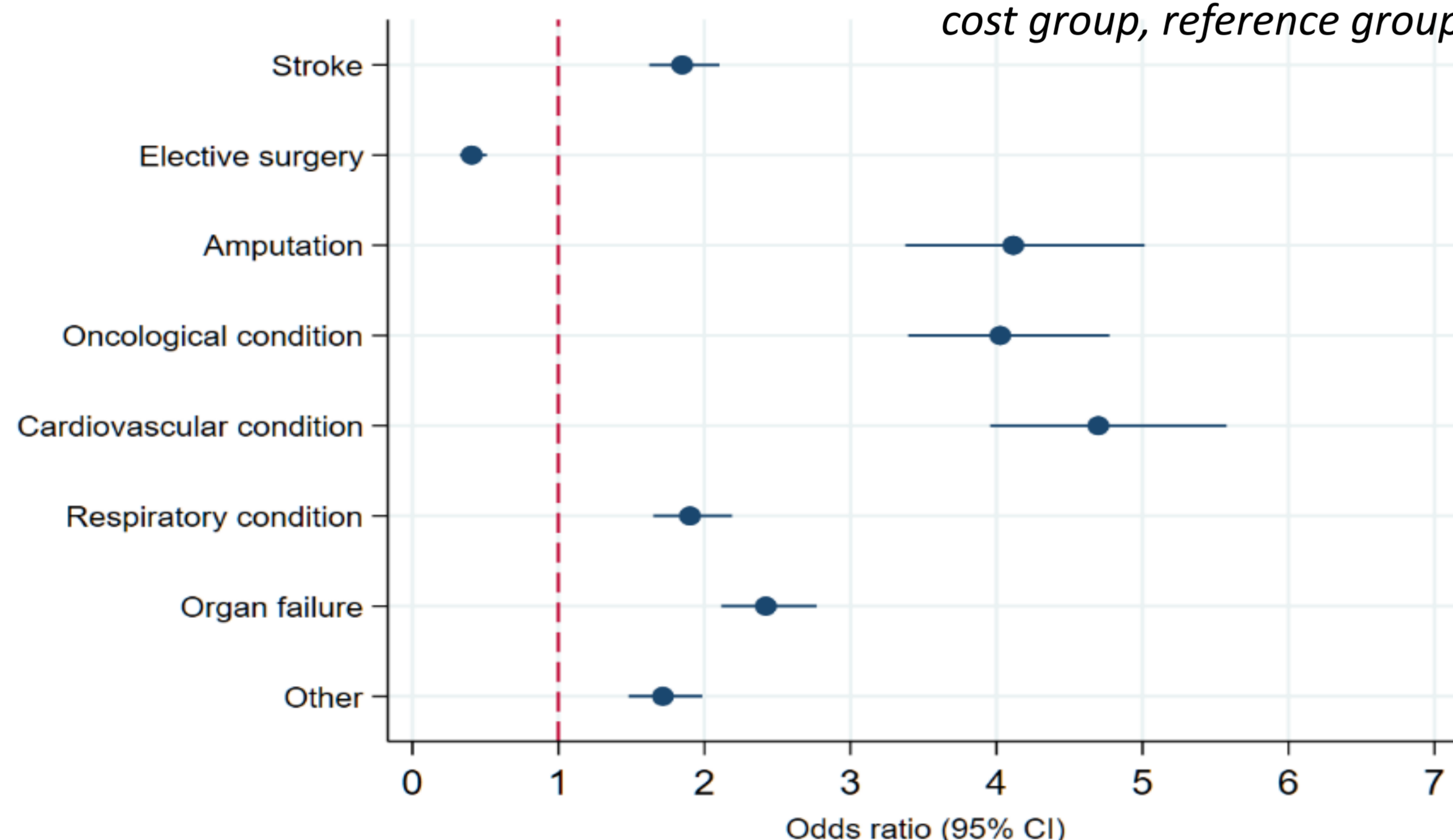


Figure 2: log-scale forest plot being in the higher- versus the lower-cost group, reference group=trauma, n=27,462



Conclusion & Future Research

- Costs show three phases: pre-admission hospital care, GR admission, and post-discharge hospital and long-term care.
- High-cost patients had higher pre-admission hospital costs, longer GR stays, frequent readmissions, and more nursing home use.
- Costs were skewed; 12% of patients accounted for 23% of total costs.
- Opportunities for future research:
 - Shift hospital and GR care homewards
 - Expand collaboration district nursing
 - Preventive disease management & cost-effective home-based interventions

