Hospital utilisation in Australia, 1993–2020, with a focus on use by people over 75 years of age: a review of AIHW data

In reply: We thank Srikanth¹ for his comments on our study of hospital utilisation trends in Australia.² The contributors raise points related to the need to stop relying on discharge practices for older adults to reduce hospital costs and look at new opportunities in younger age groups.

We agree that it appears that reducing length of stay and bed utilisation in older adults is an exhausted strategy to contain hospital costs, and different approaches targeting other population groups and methodologies are needed. Indeed, our article discusses that reducing bed utilisation in patients aged under 65 years is an attractive and needed solution for relieving the burden on hospitals.

Our article and the editorial from Visvanathan and colleagues³ point to the need to better integrate care across health services for older adults. We also suggest that future steps forward should include investing in technological advances to reduce bed utilisation in younger patients (such as remote monitoring and mobile health applications), larger investment in prevention strategies, and training of health professionals on new care pathways (such as integrated transition care or hospital at home and community discharge). Focusing on the underlying health status, rather than the chronological age, will also be an important step as we move to more personalised strategies. If reductions in bed utilisation create whole of health systems savings, then there should be greater opportunities across the age spectrum to reduce hospital use.

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