

## Knowledge User AHRQ Request Form

Please complete this form and submit to a research institution to initiate the AHRQ process. A list of contact information and area of expertise for ministry-funded research institutions is appended to the AHRQ guidelines. Before filling out the AHRQ Request Form, Knowledge Users should ensure that they do not have the internal capacity, knowledge and/or resources to carry out the research themselves.

\*Please note that research under AHRQ is intended to support policy development and planning to improve the Ontario health system. Requests to support specific advocacy positions are neither in scope, nor appropriate for the AHRQ process.

**The information supplied in this request form is not confidential and may be shared at the discretion of the ministry.**

Knowledge User Organization	Ministry of Health and Long-Term Care
Primary Contact Name	Joshua Lovell
Title and Department	Team Lead, Home and Community Care Branch
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Email	Joshua.Lovell@ontario.ca
Date research is needed	June 1, 2018

The ARHQ is submitted to	Peter Tanuseputro, AHRQ contact for HSRF Award for: Ontario QUILT (QUality for Individuals who require Long-Term support) Network: Informing Health System Reform for Long-Term and Community Care.
Research Provider Organization	Ontario QUILT (QUality for Individuals who require Long-Term support) Network: Informing Health System Reform for Long-Term and Community Care
ICES Scientist (if known)	Peter Tanuseputro
Date of submission to QUILT	February 21, 2018

1. A) What type of research evidence response are you seeking?

- Rapid response
- Research report or technical brief
- Research project

B) Insert AHRQ question below:

What is the cost and cost-effectiveness of providing community-based palliative care through different service providers/programs (for example, home care versus physician home visits)?

C) If you know which data you will require, please list them here:

- Registered Persons Database files (RPDB)
- Home Care Database (HCD)
- Resident Assessment Instrument – Home Care (RAI-HC)
- Ontario Health Insurance Plan (OHIP) claims database
- Discharge Abstract Database (DAD)
- National Ambulatory Care Reporting System (NACRS)
- Vital Statistics - Office of the Registrar General - Deaths (ORGD)

2. Please indicate the primary focus of the proposed AHRQ (**choose 1**)

- Community-based Care
- Health System Performance and Sustainability
- Healthy Living, with a focus on tobacco control
- Innovation with a focus on drugs
- Mental Health and Addictions
- Nursing Research
- Primary Care Reform
- Problem Gambling
- Quality Improvement and Safety
- Seniors' Care
- Vulnerable and Special Health Needs Populations
- Women's Health

3. Additional Priorities addressed (**select all the apply**)

- Community-based Care
- Health System Performance and Sustainability
- Healthy Living, with a focus on tobacco control
- Innovation with a focus on drugs
- Mental Health and Addictions
- Nursing Research
- Primary Care Reform
- Problem Gambling
- Quality Improvement and Safety
- Seniors' Care
- Vulnerable and Special Health Needs Populations
- Women's Health

4. Provide a brief summary of the background and the purpose of the actual question being proposed. Why is this AHRQ being proposed? (e.g., development of guidelines on improving prevention and care delivery of a specific chronic disease.)

While there has been an increased interest and investment in palliative care in Ontario, the evidence remains largely inconclusive regarding the cost-effectiveness of home-based palliative care. Gomes et al.'s<sup>1</sup> recent Cochrane Systematic Review on home-based palliative care demonstrated that, compared to usual care, home-based palliative care was associated with improved patient outcomes, such as increased odds of dying at home (from their meta-analysis: odds ratio (OR) 2.21, 95%CI 1.31 to 3.71; Z = 2.98, P value = 0.003), although the review deemed the evidence inconclusive regarding the cost-effectiveness of this intervention as compared to hospital-based palliative care (6 studies). Rabow et al.'s<sup>2</sup> systematic review of outpatient palliative care interventions found that while the delivery of outpatient palliative care is communication-rich and staffing intensive, the program's ability to reduce overall health care utilization balances out the costs of delivery, especially in integrated health systems (e.g., accountable care organizations). Davis et al.'s<sup>3</sup> systematic review of early integration of outpatient and home-based palliative care found that there is mixed evidence on whether these services reduce hospital length of stay and number of hospitalizations, as well as reduce costs. The authors suggest that the inconclusive nature of these results may stem from large variability in studies; for example, the standard deviations are often larger than the means which suggests a lack of precision, skewed economic data, and heavy influence of outliers. According to the 2014 Annual Report of the Office of the Auditor General of Ontario, "Currently, the Ministry lacks information on the palliative-care services available, their costs, the patient-need for these services, or what mix of services would best meet patients' need in a cost-effective manner. [Furthermore], the Ministry does not yet have effective processes in place to ensure that there is sufficient public information on palliative-care services, or that patients nearing their end of life have timely and equitable access to cost-effective palliative services that meet their needs."<sup>4</sup> This AHRQ Report aims to inform future system planning with a formal evaluation of the cost-effectiveness of community-based palliative care programs.

5. What is the current status of knowledge by the Knowledge User group? (e.g., there is some anecdotal evidence that the existing delivery of services do not adequately capture high-risk groups.)

As outlined in 2014 Annual Report of the Office of the Auditor General of Ontario, the MOHLTC needs information on the cost-effectiveness of different types and mixes of home and community-based palliative services. Dr. Tanuseputro and his team have recently conducted a systematic review on economic evaluations of palliative care delivery model and found that there were only six studies evaluating the cost-effectiveness of palliative care, namely the cost per unit of outcome (i.e., benefit) achieved by the care, compared to either usual care or absence of care.<sup>5</sup> This signals a need to conduct more research in this area.

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<sup>1</sup> Gomes B, Calanzani N, Curiale V, et al. Effectiveness and cost-effectiveness of home palliative care services for adults with advanced illness and their caregivers (Review). Cochrane Review. 2014.

<sup>2</sup> Rabow M, Kvale E, Barbour L, et al. Moving upstream: A review of the evidence of the impact of outpatient palliative care. Journal Palliative Medicine. 2013 Dec;16(12):1540-9.

<sup>3</sup> Davis MP, Temel JS, Balboni T, Glare P. A review of the trials which examine early integration of outpatient and home palliative care for patients with serious illnesses. Annals of Palliative Medicine. 2015;4:99-121.

<sup>4</sup> Office of the Auditor General of Ontario. 2014 Annual Report. 2014.

6. How will the eventual research evidence be used and what purpose will the proposed research serve? (e.g., the research evidence will be reviewed by senior management and service delivery partners and considered in the development of a defined preferred model of care and best practice relating to a health care issue.)

The evidence from this report will inform the Ministry's response to the Auditor General of Ontario with respect to the status of community-based palliative care. With a pending transfer of nearly \$2 billion from the federal government for home care through new funding agreements, the MOHLTC will use this evidence to inform future resource planning.

7. Please name at least two other organizations or program areas that can benefit from this research.

- 1) Ontario Local Health Integration Networks (LHINs)
- 2) Ontario Palliative Care Network (OPCN)

8. Please have a senior decision maker (e.g., Assistant Deputy Minister, Executive Director) from your organization sign below to confirm that they approve this research question.

Senior Decision Maker Name & Title	Signature	Date
Amy Olmstead		Feb 14, 2018

9. To be completed by Research Provider:

This request is:  Accepted  
 Declined

*Reason:*

Referred to another organization:

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