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| **Phone** | Click here to enter text. |
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| **Research start date** | January 3, 2018 |
| **Research end date** | August 31, 2018 |

### Applied Health Research Questions (AHRQ) Summary of Findings Form

**Form to be completed by Research Provider upon completion of research activity for all type 2 and 3 research responses.**

**The information on this page will be kept internal to the MOHLTC; the information on the next page will be disseminated broadly.**



**Applied Health Research Question: What is the cost and cost-effectiveness of providing community based palliative care through different service providers/programs?**

**Name of Research Provider Organization:** Bruyère Research Institute

**Title of AHRQ:** Cost and cost-effectiveness of community based palliative care

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**Applied Health Research Questions (AHRQ) Summary of Findings Form**

**Primary Focus of AHRQ: Home and Community Care**

**Type of Response: Research Project**

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| **Types of relevant evidence identified (check all that apply):**[ ]  Systematic review(s) (e.g., Cochrane reviews)[ ]  Randomized controlled trial(s) (RCTs)[x]  Quantitative research other than RCTs in peer-reviewed journals (e.g., administrative database studies, experimenter controlled studies)[ ]  Qualitative research in peer-reviewed journals (e.g., descriptive research)[ ]  Grey literature (e.g., technical reports, working papers from research groups or committees, government reports, abstracts from conferences, proceedings)[ ]  Commentary and editorial articles published in peer-reviewed journals[ ] Other (please specify):\_\_\_\_\_\_\_\_\_\_\_ | **Methodology**: (1) Systematic review of the literature and (2) Quantitative analysis using administrative databases to create propensity-score matched cohorts of decedents. The incremental cost-effectiveness ratio (ICER) was calculated to determine program’s cost-effectiveness. |

 **Key Findings:**

The average health care cost for individuals with palliative home care and those who did not receive any home care in the 90 days prior to death were $25,532 (95% CI $25,285–$25,779) and $25,118 (95% CI $24,595–$25,640), respectively. Despite being more costly (by $5,310 on average), decedents who received palliative home care were less likely to have died in a hospital (33.1% vs. 74.4% for decedents who did not receive home care in the last 90 days of life) and accrued a lower costs from acute care settings (e.g., on average, the cost for inpatient acute care among those who received palliative home care was $11,960 vs. an average of $18,242 in decedents who did not receive formal home care services). Combining the estimated costs with observed outcomes (i.e., location of death), the incremental cost-effectiveness ratio (ICER) was $995 per death in the community. In other words, an incremental investment of $995 towards palliative home care program enabled one additional community death in the population. This is the first study to estimate the cost effectiveness of end-of-life home care on death in the community. Further, this is the first cost effectiveness study of home-based palliative care to consider population level data.

**Impact:**

In one paragraph (~300 words), briefly describe the impact of your AHRQ on your knowledge user’s work. Specifically, your statement should explain the reason why the AHRQ was impactful (e.g., changes in guidelines, informed policy-/decision-making, type of product, new technology, etc.), who was impacted (i.e., who the knowledge user(s) is/are), and how it impacted your knowledge user’s work (e.g. the outcome/benefit to their work). If applicable, please specify the level at which the impact took place, e.g. provincial or larger, regional or LHIN, community, and/or institutional level.

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. Currently, 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. Our research team at the Bruyère Research Institute 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. From this systematic review, a need to conduct more research in this area was identified. The finding presented in this AHRQ Report could inform future system planning with a formal evaluation of the cost-effectiveness of community-based palliative care programs. The evidence from this report will also 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 could use this evidence to inform future resource planning.