



Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
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An introduction to some economic issues in palliative care

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Outline of Session

- Growing needs
- Limited resources, competing priorities
- What do people need, what do people want
- Better outcomes at lower costs
- Better outcomes at higher costs
- Assessing costs and outcomes in complex settings
- Building the evidence base for prioritising palliative care
- Concluding Remarks.



Growing needs, limited resources 1

Growing needs *but changing needs*

- Ageing *per se* brings limited increases in needs
- Costs of care rise a lot near the end of life and when needs become complex
- Many treatments with curative intent cost more and achieve less where needs are complex
- Growing need for skilled decision making and supportive decision making
- Many clinical skills needed in the future look a bit like palliative care skills.

Growing needs, limited resources 2

Demographic changes bring increased needs and increased support

The Proximity to Death effect is not well understood, but:

- Dying people use more resources
- Older people die at a lower cost – better clinical care or indefensible ageism?

Older people are no longer as willing to accept covert rationing - this will produce pressures for better access to care.

What do people need

- When needs are complex process may be as important as decisions
- Embracing the context of multimobidity
- Changing balance of intent
- Timely and easy access to skills
- Personalised, individual care.

What do people want 1?

- No hassle
- No hassle
- No hassle
- No hassle
- No hassle
- It is bad enough to be dying.

What do people want 2?

- Some choice, some support with decision making, appropriate support for decision making
- Support for role of informal carers but not decision making by informal carers
- Younger decedents want more control and more choice
- No barriers and minimum stress on carers

What do people want 3?

- Differences over time
- Differences by age and disease
- Easy and guaranteed access to skilled services
- No obvious financial and administrative barriers
- Removing tasks from informal carers to allow them to do what formal carers cannot do
- Death in preferred setting
- Hairdressing and yoga when all else is sorted.

Better outcomes at lower costs 1

It is difficult to assemble the evidence, but we do know that:

- Early palliative care team consultations in life limiting cancer can reduce costs (May et al JCO 2015, other study data are now showing the same)
- Savings are greater when interventions are earlier
- Savings are greater when interventions are in context of complex needs and multimorbidity
- Emerging evidence that interventions in other settings can improve outcomes and lower costs.

Better outcomes at lower costs 2

- Good evidence that some palliative interventions lower the costs of episodes of care
- Success in extending life may offset cost savings (and we should be happy)
- Some success from palliative care skills in emergency departments helping with 'frequent flyers'

Better outcomes at higher costs 1

- The Economic Evaluation of Palliative Care study (Smith et al 2015) in Ireland showed that *of those who did get palliative care*, those who got more access had higher costs overall than those that got less
- They used less of other health care but overall costs were slightly higher
- Far fewer died in hospital, more died in the preferred location
- People who knew both preferred hospice care to hospital care – people can only express preferences for what they know.

Better outcomes at higher costs 2

- Single index measures do not show better outcomes, but outcomes are better on particular dimensions for those getting more palliative care support
- The additional cost of these better outcomes is small and likely to be considered to be good value.

Assessing costs and outcomes in complex settings 1

- Palliative care tends to be individualised and different people get different services
- Some of what is provided (and valued) is *access* to and not necessarily *use* of services
- There is a complex interweaving of formal and informal care costs
- Palliative care is often provided by a range of statutory and voluntary providers so costs have to be identified from a range of sources.

Assessing costs and outcomes in complex settings 2

- Simple outcome measures are simple and do not adequately capture outcomes of complex interventions – may need to use a range of more complex measures
- Most measures assume additive time – probably not a sensible assumption in this context
- May need to think in terms of valuing whole trajectory of experience
- May need to accept lexicographic preferences.

ICECAP – a capabilities approach to assessing outcomes (Coast and Flynn)

Five Dimensions

1. Love and Friendship
2. Thinking about the future
3. Doing things that make you feel valued
4. Enjoyment and pleasure
5. Independence

Aims to take a more holistic view of improved outcomes.

Building the evidence base for prioritising palliative care 1

- Since palliative care is many things, we need to evaluate each of these things
- For a start we need to be able to introduce services that cost nothing and achieve something

Metrics will always be difficult given:

- Short time scales
- Complex interventions
- Complex objectives.

Building the evidence base for prioritising palliative care 2

- Some palliative care extends life
- Some reduces costs, especially where needs are complex
- Most improves experiences of patients and families
- Outcome tools need to incorporate these dimensions
- Studies show people can articulate preferences and want to
- People articulate a hierarchy of wants
- Improving access when needed and reducing stress on informal carers are common themes in stated preferences.

What questions does economic evaluation try to answer?

- What services should be provided
- How should services best be provided
- Who should get what
- It is about providing evidence to allow priorities to be set.

Concluding Remarks

- Evaluation of palliative care is difficult and important
- We need to evolve better tools for assessing value and cost
- We will never have simple measures for complex activities with complex objectives
- The fight for resources requires better evidence on costs and effectiveness.



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If you have been listening:

Thank You

