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Cost of oncological palliative care in home care service: integrative review

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Abstract

Objective
Investigate scientific articles related to the cost of the Home Care Service for patients undergoing oncology palliative care.

Methods
Integrative literature review, which included primary articles indexed in the PubMed, Scopus, Virtual Health Library (VHL), Embase, Science Direct and Scielo databases, using the descriptors: neoplasms; oncology; home care; palliative care; cost analysis; costs.

Results
Ten studies were included, three from the United Kingdom, three from Spain, followed by two from Italy, one from the United States of America and one from Canada. Studies have shown lower costs for home hospitalization with monitoring by healthcare teams, including when analyzing terminally ill cancer patients and disease prognosis.

Conclusion
It was evidenced that the costs of care provided to patients undergoing oncological palliative care are lower in a home environment than at a hospital level.

Keywords
Medical Oncology; Home Care Services; Palliative Care; Costs and Cost Analysis.

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Introduction

Cancer is among the main Chronic No Communicable Diseases (NCDs) and represents the second leading cause of death in the world, with one in every six deaths being related to the disease. Among the most common types of lung cancer (2.09 million cases), breast (2.90 million cases), colorectal (1.8 million cases), prostate (1.28 million cases), non-melanoma skin cancer (1.04 million cases) and stomach cancer (1.03 million cases).[1]

Regarding the severity of NCDs, an analysis by the World Economic Bank estimated that countries such as Brazil, China, India, and Russia lose, annually, more than 20 million productive years of life due to NCDs.[2] From this perspective, Oncological diseases represent a major public health problem, due to the significant cost of treatment, hospitalization, and the need for continuity of care for individuals in palliative care.

According to the World Health Organization (WHO), in a concept defined in 1990 and updated in 2002 and 2017,[3] palliative care refers to actions that improve the quality of life of patients and families facing problems associated with life-threatening illnesses. It aims to prevent and alleviate suffering, through early identification, correct assessment, and treatment of pain and other physical, psychosocial, or spiritual problems.

It is noteworthy that contingency plans focused on de-hospitalization, and optimization of financial resources are extremely relevant, as they constitute strategies that aim to analyze resources and health actions that favor adequate planning, as well as targeting to the various levels of health care.[4]

Assistance or home care (HC) corresponds to the set of health actions, integrated into the Health Care Network (HCN), to guarantee the continuation of care for the individual who needs care. This service is available in Brazil through the Unified Health System (SUS), through multidisciplinary teams and is also offered by other private service providers, known as home care services.[5]

Within this scenario and perspective, in Brazil, Resolution No. 41/2018 defined together with the Tripartite Intermanagers Commission of the National Council of Health Secretaries (CONASS) and municipal secretariats, provided for guidelines for the organization of palliative care, in light of continued care integrated, within the scope of the Unified Health System (SUS). According to Article 5, palliative care must be offered anywhere in the health care network, at no cost to the patient and their family, notably in primary care, home care, outpatient care, urgent/emergency care, and hospital care.[6]

Across the world, healthcare costs are expensive. When it comes to hospital care, it is even higher. Depending on the evolution of the disease, patients undergoing oncology palliative care undergo several readmissions. When it is possible to decrease readmission rates and shift care to home care, it can lead to a significant difference in hospital expenses.[7]

The cost is the sum of expenses with personnel, material, physical structure, and equipment used and must be understood as an important management tool for analyzing performance, productivity and quality of services.[8]

The first stage of the process consists of verifying the costs of health services, procedures, and treatments. According to the analysis carried out, pharmacoeconomic evaluations have different denominations, including: cost-minimization, cost-effectiveness, cost-utility and cost-benefit.9 In this sense, economic evaluation in health plays a prominent role, requiring managers to face new challenges in the continuous search for efficiency and effectiveness of activities. Quality associated with the rational use of resources must be the new challenge for health service managers.[10-11]

Therefore, it is essential to measure health costs, for a careful analysis of the service scenario to support decision-making by managers in the selection of tools and management models that qualify the care provided to the population involved, especially people with cancer in palliative care. In view of the above, the objective of this study was to investigate scientific articles related to the cost of the Home Care Service for patients undergoing oncology palliative care.

Methods

This is an Integrative Literature Review that followed six standardized steps:[12] in step I, the definition of the research problem and the guiding question were established, using the acronym PICo,[13] where the "P" refers to the population study or the patient, or the problem addressed (Population/Patient/Problem), which in this review refers to cancer patients; the "I" is the phenomenon of Interest (Interest), which were the costs of the home care service for palliative care and the "Co" to the context (Context), what was home care. Therefore, the guiding question of the research was: "What is the cost of home care for patients undergoing oncology palliative care?"

In stage II, the inclusion criteria were defined, which were indexed articles, complete texts without definition of temporality or country of publication, in Portuguese, Spanish and English, related to the guiding question and developed in human beings, without restriction on age range in palliative oncology care.

Studies that addressed palliative care in the hospital area, letters to the editor, duplicates, opinion and review articles of any nature, theoretical reflection, comments, essays, preliminary notes, editorials, letters, theses and dissertations, course completion works, manuals, summaries in annals or periodicals, dossiers, official documents, health policies, hospital management reports, books and book chapters were excluded.

Data collection took place in October 2021 in databases and electronic libraries: Scopus; BASIS; Science Direct, PubMed (MedLine), Scielo, Web of Science and the Virtual Health Library (VHL), with the descriptors presented by the search strategy in Table 1.

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Table 1 – Search string to identify studies on the costs of palliative oncology care in Home Care Services

Database and Libraries	Descriptors	Search strategy	Initial number of articles
PubMed (Medline)	MeSH	*"Cost analysis AND home care AND palliative cancer patients"*	**2**
Scopus	MeSH	*"Cost analysis AND home care AND palliative cancer patients"*	**11**
BVS	DeCS	*(Home visit OR Home care) AND (Palliative treatment OR Palliative care OR Palliative care) AND (Oncology OR Cancer OR Neoplasia) AND (Cost analysis OR Costs)*	**9**
Embase (Elsevier)	MeSH	*'Cost analysis' AND ' home care' AND palliative AND care*	**29**
Scielo	MeSH	*(Cost analysis) AND (home care) AND (palliative care)*	**3**
Science Direct	MeSH	*Cost analysis' AND 'home care' AND palliative AND care*	**30**

The studies were analyzed descriptively using tables. The classification regarding the level of evidence was carried out according to Melnyk and Fineout-Overhol,[14] which establishes levels from 01 to 07: level 1, the evidence comes from a systematic review or meta-analysis of all relevant randomized controlled clinical trials or clinical guidelines based on systematic reviews of randomized controlled clinical trials; level 2, evidence derived from at least one well-designed randomized controlled clinical trial; level 3, evidence obtained from well-designed clinical trials without randomization; level 4, evidence from well-designed cohort and case-control studies; level 5, evidence from a systematic review of descriptive and qualitative studies; level 6, evidence derived from a single descriptive or qualitative study; level 7, evidence from the opinion of authorities and/or the report of expert committees.

As it is an integrative review, the research was not submitted to the Research Ethics Committee.

Results

Identified 84 articles according to the initial search strategy. Of these, five were duplicates, resulting in a total of 79. There were 18 articles that addressed the research question; and after reading the full texts, ten studies were selected to be part of this review. The search, selection and analysis process of studies was carried out by two independent reviewers, with the help of the Rayyan reference manager software and any disagreements were resolved by a third reviewer.

Figure 01 represented by Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)[15] presents the study selection flow.

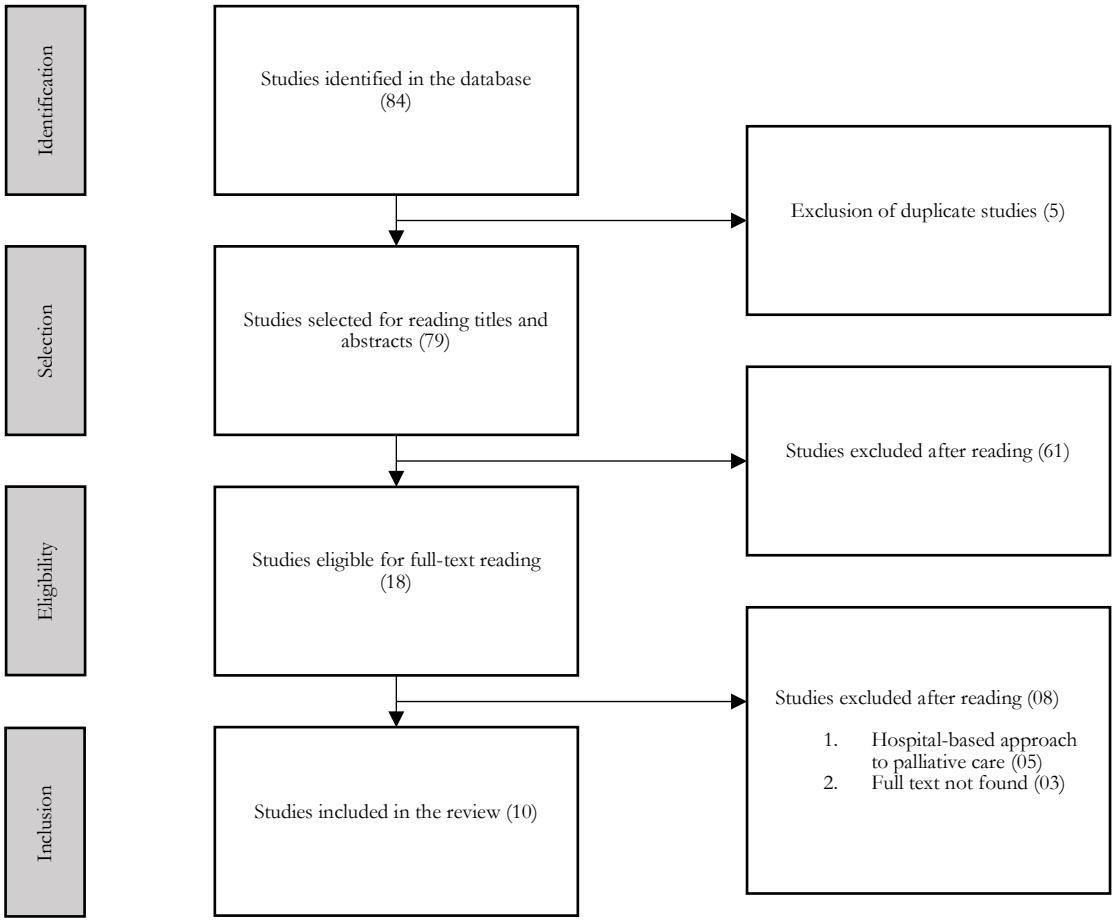

Figure 1 – Flowchart of the process of identification, selection, eligibility, and inclusion of studies. Source: Adapted from PRISMA 2020

For the analysis and synthesis of the ten selected articles, a synoptic table was used containing title, year and country and another with objective(s), method, results and recommendations/conclusions (table 2).[16]
The articles were categorized by theme: comparison of the cost of home care versus hospital service; cost in the last days-months of life; and cost according to the prognosis of the disease. The number of articles published internationally stands out: three from the United Kingdom,[17-19] three from Spain,[20-22] one from the United States of America,[23] two from Italy,[24-25] one from Canada,26 starting publications in 1986.
Table 3 presents data relating to the cost analysis of cancer patients in home care services.

Table 2 – Characterization of the ten primary articles included in the integrative review according to title, year, and country.

Title	Ano	País
A comparative assessment of home versus hospital comprehensive treatment for advanced cancer patients.	1986	USA*
A comparative cost analysis of terminal cancer care in home hospice patients and controls	1987	United Kingdom
A cost-minimization study of cancer patients requiring a narcotic infusion in hospital and at home	1991	United Kingdom
Home palliative care as a cost-saving alternative: Evidence from Catalonia	2001	Spain
Cost analysis of a domiciliary program of supportive and palliative care for patients with hematologic malignancies.	2007	Italy
Use of resources and costs of palliative care with parenteral fluids and analgesics in the home setting for patients with end-stage cancer	2010	United Kingdom

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Resource utilization and cost analyses of home-based palliative care service provision: The Niagara West End-of-Life Shared-Care Project	2012	Canada
Actividad asistencial y costes en los últimos 3 meses de vida de pacientes fallecidos con cáncer en Euskadi	2017	Spain
Comparación directa de los costes sanitarios en los 2 últimos meses de vida en pacientes oncológicos a partir de certificados de defunción en un área periurbana según reciban o no atención en su domicilio por un equipo de cuidados paliativos	2018	Spain
Early Palliative Home Care versus Hospital Care for Patients with Hematologic Malignancies: A Cost-Effectiveness Study	2020	Italy

Note: USA* – United States of America

Table 3 – Selected publications referring to the cost analysis of cancer patients in home care services compared to hospital services.

Base	Title / Level of Evidence	Periodical/ Year/Country/DOI	Objective	Main results
Scopus	A comparative assessment of home versus hospital comprehensive treatment for advanced cancer patients. Evidence - IV	J Clin Oncol. 1986. United States DOI: https://doi.org/10.1200/JCO.1986.4.10.1521	Prospectively compare the costs of home and hospital treatment for patients with advanced cancer	Home treatment had a daily cost of US$256 lower than the hospital cost
Science Direct	A comparative cost analysis of terminal cancer care in home hospice patients and controls. Evidence - IV	Journal of Chronic Diseases. 1987. United Kingdom DOI: https://doi.org/10.1016/0021-9681(87)90132-9	To compare the costs of the last 90 days of life in 98 terminal cancer patients treated by a home care service versus hospital care	The costs of 24-hour medical and nursing care at home and support for their families had an average cost of US$6,477 versus US$6,502 for the hospital daily rate
Scopus	A cost-minimization study of cancer patients requiring a narcotic infusion in hospital and at home. Evidence - III	Journal of Clinical Epidemiology. 1991. United Kingdom DOI: https://doi.org/10.1016/0895-4356(91)90043-9	Compare the cost in Canadian dollars of cancer management in patients who required narcotic infusions in the hospital and at home	Medical costs averaged C$369.72/day of hospital stay and C$150.24/day of home care (saving C$219.48/day in 1988). Narcotic costs were the same for any patient in both settings
PubMed	Use of resources and costs of palliative care with parenteral fluids and analgesics in the home setting for patients with end-stage cancer. Evidence - IV	Ann Oncol. 2010. United Kingdom DOI: https://doi.org/10.1023/A:1008364401890	Identify the cost of home care and the cost of hospitalized patients	The daily cost for each patient was between US$250 and US$300, half of which is for hospital expenses. A hypothetical control group (n=25) was constructed based on current practice and chart review cost approximately $750/day. With an average treatment period of 16 days, this means savings of US$8,000 per patient
Scopus	Resource utilization and cost analyses of home-based palliative care service provision: the Niagara West End-of-Life Shared-Care Project. Evidence - IV	Palliative Medicine. 2012. Canada DOI:10.1177/0269216311433475	Analyze the cost of cancer patients receiving home care	Costs for all patient-related services (in 2007) were C$1,625,658.07 or C$17,112.19/patient, being C$117.95/day. It was observed that home care is less expensive than hospital care
Scopus	Early Palliative Home Care versus Hospital Care for Patients with Hematologic Malignancies: A Cost-Effectiveness Study.	Journal of palliative medicine 2020. Italy DOI: https://doi.org/10.1089/jpm.2020.0396	Compare costs and outcomes between early palliative home care and hospital care for early or terminally ill hematological palliative patients	Home care generated weekly savings of €2,314.9 for the healthcare provider, at a cost of €85.9 for the family, and was cost-effective for preventing infections

	Evidence - III			

Table 4 presents publications according to categorization, referring to palliative patients at the end of life, compared to the costs of palliative patients in the hospital.

Table 4 – Selected publications referring to cost analysis in the last days-months of life of patients with oncological diseases in home care services.

Base	Title / Level of Evidence	Periodical/Year/Country/ DOI	Objective	Main results
Scopus	Home palliative care as a cost-saving alternative: Evidence from Catalonia. Evidence - IV	Palliative Medicine. 2001. Spain DOI: https://doi.org/10.1191/026921601678320250	Compare the care resources consumed during the last month of life of patients undergoing palliative treatment who died of cancer	The costs of hospital care were 71% higher than home care
Scielo	Actividad asistencial y costes en los últimos 3 meses de vida de pacientes fallecidos con cáncer en Euskadi. Evidence - IV	Gaceta Sanitaria. 201. Spain DOI: https://dx.doi.org/10.1016/j.gaceta.2016.06.005	Analyze the use of health resources and budget in the last months of life of the population who died of malignant neoplasia in the Basque Autonomous Country (Spain)	People who died in hospital had an average cost of €14,794 approximately double that of people who died at home, and €7,491
Science Direct	Comparación directa de los costes sanitarios en los 2 últimos meses de vida en pacientes oncológicos a partir de certificados de defunción en un área periurbana según reciban o no atención en su domicilio por un equipo de cuidados paliativos Evidence - IV	Medicina Paliativa. 2018. Spain DOI: 10.1016/j.medipa.2017.05.003	To compare the healthcare costs of care in the last two months of life for patients with advanced cancer, based on death certificates, in a metropolitan area of Madrid, depending on whether or not they were monitored at home by a home palliative care team	The average cost per patient was €3,158, regardless of whether or not they were monitored by a palliative care team.

Table 5 describes the study that addressed the cost according to the prognosis of the disease.

Table 5 – Selected publication referring to cost analysis according to the prognosis of oncological disease in home care services.

Base	Title / Level of Evidence	Periodical/Year/Country/DOI	Objective	Main results
Scopus	Cost analysis of a domiciliary program of supportive and palliative care for patients with hematologic malignancies. Evidence - IV	Haematologica. 2007. Italy DOI: https://doi.org/10.3324/haematol.10324	To analyze the use of resources and costs of a home palliative care program for four different groups, subdivided according to the status of hematological malignancy	The cost of the home care program was less than charges but exceeded district rates for cancer patients. In hematology patients, costs differ according to disease status and transfusion requirements.

Discussion

The results of the studies demonstrate that the de-hospitalization of patients in palliative care must be predicted through descriptive and qualitative economic aspects. It needs to be based on the exchange and discussion of cases in multidisciplinary teams, with the participation of the patient and family, in the period prior to hospital discharge, seeking to address possible needs, thus characterizing a continuous, organized, and structured process. Thus, the use of these procedures would make it possible to meet all the necessary elements to implement the procedure and resolve the expectations of the patient and their family regarding home care.[27]

Some studies also reinforce that cost-effectiveness and utility costs are greater when comparing home and hospital

care, both for the patient and the family, emphasizing that the quality of life of patients and family support are greater.[25]

There is evidence that the costs of home palliative care are lower than the costs of hospital care, as it has been observed that care provided by teams at home contributes to reducing hospital readmission rates and the average length of stay of patients in hospital, in addition to reducing the number of interventions and complications resulting from hospitalization, such as nosocomial infections.[28]

A study carried out in Italy demonstrated that the costs of home palliative care for patients with hematological malignancies are also lower than the costs of standard hospital care.[26]

It is important to highlight that, for this type of care, the consent of the patient and/or family member is extremely important and, despite the possibility of death occurring at home, it is necessary that, during the period of care, the patient and family are capable of developing the ability to deal with such a situation.

The care plan, prepared by the team, must guide the family and caregivers on how to care for the patient, as one of the great advantages observed in home care is the fact that it allows the individual to have their needs met according to their preferences, without having to follow the strict rules and schedules of a hospital, in addition to being able to enjoy family life.[2]

In cities in Spain, the average cost per patient in a Home Care Program and Support Equipment (*Programa d'Atenció Domiciliària i Equips de Suport* - PADES) is substantially lower than in the non-PADES group, with an increase of 71%.19 Just like monitoring, the cost of patients who died in hospital was €14,794, almost double that of those who died at home, according to the cost assessment carried out (€7,491).[21]

In a study carried out in Brazil, relating the profile of patients assisted with the costs of home care and in the case of hospital stays, the results suggest that the average patient/day cost of home care was R$ 28.26-DP4.10 (US$ 12.03 – DP1.74), while the cost of the patient/day of hospitalization was R$294.46 - DP308.69 (US$ 125.30 – DP131.36), or we reaffirm that the patient is in home care. Generally speaking, it tends to be less.[29]

The modality of home care related to palliative care is part of the health policy discussion agenda for Latin American countries that, being justified by the high costs of hospital inpatient care, seeks a way to optimize two financial resources. On the one hand, home care can reduce hospital expenses, on the other hand, it can increase family health care costs. Research shows that Latino families that exclusively use public systems for medical care are those with the greatest economic vulnerability.[30]

The verified data in our studies favor non-home oncological palliative care, because also two costs will be minors, or the patient finds himself in a family environment, with his loved ones, where he will be able to feel more comfortable and safer when receiving care. Likewise, it is important that future health professionals be trained based on their training to perform home care of patients in oncological palliative care, with a vision for the health process as well, and understand it in its biopsychosocial context.

It is suggested that new research may be developed, through more open studies, that compare the costs of home and hospital care for patients in oncological palliative care, to subsidize the formulation of effective public policies that reinforce home care and de-hospitalization.

Conclusion

The results of the two studies presented in this review suggest that the costs of care for cancer patients in the home environment are less than when we are hospitalized, regardless of the treatment phase.

Home assistance can also be efficient in the quality of accompaniment to the patient in his last days of life, since it is possible for the family (caregiver) to offer emotional support and adequate infrastructure, as well as having adequate accompaniment from a multidisciplinary team, favored by Public Policies that reinforce home care and de-hospitalization of patients in oncological palliative care.

Limitations of the study

As a limitation for the development of this review we can highlight the lack of publications addressed to the costs related to oncological palliative care in home care, impacting the generalization of two results for other regions that perform this type of care.

Authors' contributions

PCV: Conception and design of the study; Data collection; Data analysis and interpretation; Writing the manuscript; Critical revision of the manuscript.

PA: Conception and design of the study; Analysis and interpretation of the data; Writing of the manuscript; Critical revision of the manuscript.

MFCB: Conception and design of the study; Analysis and interpretation of the data; Writing of the manuscript; Critical revision of the manuscript.

TSMM: Conception and design of the study; Analysis and interpretation of the data; Writing of the manuscript; Critical revision of the manuscript.

MCFLH: Conception and design of the study; Data collection; Data analysis and interpretation; Writing the manuscript; Critical revision of the manuscript.

Conflicts of interest

The authors declare that there is no conflict of interest.

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