FCO3 | Evaluating Palliative Care

How to Evaluate Mobile Specialized Palliative Care: Lesson Learned from Czech Republic

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Background: In the Czech Republic, mobile specialized palliative care (MSPC), which would provide support to families caring for their loved ones at home, is currently not financed through national health insurance scheme unlike the other services in Czech public health care system.

Aim: The aim of the study was to evaluate the effectiveness, safety, and cost of MSPC provided at patients' home.

Methods: This was a prospective study of 327 (mean age 77 years, 49% of men) patients being supported by MSPC for at home. Primary outcomes were place of death and symptom management (measured by regular ESAS assessment). Health care cost measurement was based on national health insurance company data. Control group was constructed from patients' database of national insurance company, including 70 000 cases of patients who died without MSPC, linking the characteristics (gender, primary diagnosis) to the intervention group by propensity scoring method.

Results: Almost all patient in the intervention group (95 %) died at home with good symptom control (mean ESAS score pain – 1.3, depression – 2.3, nausea – 2.4, anxiety – 2.9). MSPC group was also less expensive, with cost reduced by 10€ per patient and day.

Conclusion: MSPC was proved to be an effective way of providing support to patients at the end of life who prefer to die at home. Specific value of this study was the involvement of both government and national health insurance provider, which were both involved in every stage of the study. Design and outcome measures used in the study proved to be useful for collaboration with policy makers and non-academic stakeholders.

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