

Special Article

Developing a Costing Framework for Palliative Care Services

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Abstract

Context. Palliative care services have been reported to be a less expensive alternative to traditional treatment; however, little is known about how to measure the cost of delivering quality palliative care.

Objectives. The purpose of this project was to develop a standardized method for measuring the cost of palliative care delivery that could potentially be replicated in multiple settings.

Methods. The project was implemented in three stages. First, an interdisciplinary group of palliative care experts identified standards of quality palliative care delivery in the inpatient and home care services. Surveys were conducted of government agencies and palliative care providers to identify payment practices and budgets for palliative care services. In the second phase, unit costs were defined and a costing framework was designed to measure inpatient and home-based palliative care unit costs. The final phase was advocacy for inclusion of calculated costs into the national funding system.

Results. In this project, a reliable framework for determining the cost of inpatient and home-based palliative care services was developed. Inpatient palliative care cost in Romania was calculated at \$96.58 per day. Home-based palliative care was calculated at \$30.37 per visit, \$723.60 per month, and \$1367.71 per episode of care, which averaged 45 visits.

Conclusion. A standardized methodology and framework for costing palliative care are presented. The framework allows a country or provider of care to substitute their own local costs to generate cost information relevant to the health-care system. In Romania, this allowed the palliative care provider community to advocate for a consistent payment system. *J Pain Symptom Manage* 2014;■:■–■.
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Key Words

Palliative care, cost, hospice, cost analysis

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Accepted for publication: December 12, 2013.

Introduction

Romania is a beacon country for palliative care development.¹ The first palliative care services in the country were set up in the early 1990s, mainly as initiatives of nongovernmental

organizations in response to an immediate need to improve the care of patients of all ages with advanced progressive illness. These charitable organizations emerged with financial and technical support from international sources. The major challenge was to adapt functional models of care from countries with experience in palliative care to the needs of patients and families in Romania, within the limited human and financial resources of the health-care system. At that time, there was little concern about understanding the actual costing of a service based on standards of quality and cost efficiency.

The need for palliative care in Romania was estimated in 2010 at 169,636 patients per year for a population of 21,600,000 in 42 counties.² This represents 66% of the total mortality for the country, which was estimated at 254,454 total deaths. This estimation was based on an average death rate of 11.78 per 1000 population reported for 2010.³

Over the past decade, there have been slow changes toward the inclusion of palliative care in the national health policies. The legal framework partially regulating the place of palliative care in the general context of health services currently includes provisions regarding the education and training of palliative care professionals (palliative care was officially recognized in 2000 as a medical subspecialty⁴ and subsequently postgraduate training curricula developed); palliative care was included in the basic nursing training curricula in 2006⁵ and became an accreditation requirement for inpatient and home-based care service providers under the annual frame contract⁶ for the provision of health-care services. Access to appropriate pain control medication was legalized in 2005⁷ as were funding sources for the various types of palliative care services (frame-contract provision for the funding of inpatient admission in palliative care hospital departments or independent hospices since 2005 and home-based palliative care services since 2010).

To provide a rationale for funding palliative care in Romania, a project was undertaken to develop a standardized system for measurement of costs and cost impacts. Although there are a number of studies that have examined the cost impact of palliative care, we were unable to find literature describing a standardized methodology for calculating the cost of palliative

care. The aim of this project was to develop a minimum set of cost analysis elements for palliative care providers in different settings (inpatient units and home-based palliative care) to provide a general, national model of the funding necessary to ensure access to these specialized services that could be used in all counties. This aim is in accordance with the partnership signed in 2008 between the Ministry of Health, Hospice Casa Sperantei, and the Federation of Oncological Patients' Associations, to develop the first National Program for Palliative Care as a component of the National Cancer Plan, using an integrated model of palliative care as depicted on Fig. 1.

Methods

Stages of the Project

The project was implemented in three stages, as depicted in Fig. 2.

Stage I: Preparing the Way. Romanian palliative care providers who were members of the National Coalition of Palliative Care formed groups of specialists (physicians, nurses, social workers, psychologists, and service managers) and met in four workshops to elaborate the *minimum standards of quality* for palliative care services in inpatient units and home-based palliative care. This stage was necessary to reduce subjectivity regarding the use of the limited financial resources of each provider and to agree on the quality of services, in line with international recommendations. Table 1 shows the composition of the expert group.

The standards included definitions and models of service organization, general principles of accreditation and organization, human resources, eligibility, access to the services, the process of patient's care with medical, nursing, psycho-emotional, social and spiritual components, family support during the time of care and bereavement support, staff training and support, ethical principles, and quality improvement.

Definitions of the Types of Services for Cost Calculation

Inpatient Units. Inpatient units offer services for patients admitted in palliative care hospital departments or independent hospice facilities. Admissions can be for limited, planned periods

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