



Available online at
ScienceDirect
www.sciencedirect.com

Revue d'Épidémiologie et de Santé Publique xxx (2017) xxx–xxx

Elsevier Masson France
EM|consulte
www.em-consulte.com

Revue d'Épidémiologie
et de Santé Publique
Epidemiology and Public Health

Original article

Deaths in France: Characteristics, place of death, hospitalisations and use of palliative care during the year before death

Personnes décédées en France : caractéristiques, lieu de décès, hospitalisations et recours aux soins palliatifs l'année avant le décès

C. Poulalhon^a, L. Rotelli-Bihet^b, C. Raso^c, R. Aubry^d, A. Fagot-Campagna^a, P. Tuppin^{a,*}

^a Caisse nationale d'assurance maladie des travailleurs salariés, département des études sur les pathologies et les patients (DEPP), 26–50, avenue du Professeur-André-Lemierre, 75986 Paris, France

^b Centre national des soins palliatifs et de la fin de vie, 75980 Paris cedex 19, France

^c Pôle soins palliatifs réseau-osmose, 92350 Le Plessis-Robinson, France

^d Département douleur/soins palliatifs, service de gériatrie, CHU de Besançon, 25030 Besançon, France

Received 21 February 2017; accepted 2 June 2017

Abstract

Aim. – Only limited data are available concerning the diseases managed and the hospital pathway before death. The aim of this study was to describe diseases, hospitalisations, and use of palliative care one year before death as well as place of death in France.

Methods. – French health insurance general scheme beneficiaries who died in 2013 were identified in the National Health Insurance Information System (SNIIRAM) with a selection of information concerning their various hospital stays, including hospital palliative care (HPC) and nursing home care. Diseases were identified by algorithms from reimbursement data recorded in the SNIIRAM database.

Results. – A total of 347 253 people were included (61% of all deaths in France). The mean age of death was 77 years (SD 15.1). Diseases managed before death were cardiovascular/neurovascular diseases (56%), cancers (42%), neurological and degenerative diseases (25%), diabetes (21%) and chronic respiratory diseases (20%). Deaths occurred in hospital in 60% of cases: 51% in acute wards, 6% in rehabilitation units, 3% in hospital at home (HaH), and 13% in nursing homes. During the year preceding death, 84% of people were hospitalised at least once and 29% received HPC. People receiving HPC more often died in hospital than people not receiving HPC (69% vs. 44%).

Conclusion. – Health administrative data from the SNIIRAM database can refine our knowledge of the care pathway prior to death and of the use of hospital palliative care and can be useful to evaluate the new governmental palliative care plan recently deployed in France.

© 2017 Elsevier Masson SAS. All rights reserved.

Keywords: Health status; Place of death; Hospitalisation; End-of-life; Palliative care

Résumé

Objectif. – Il existe peu d'informations à un niveau national sur les pathologies prises en charge et le parcours hospitalier avant le décès. Le but de cette étude était de décrire les pathologies, hospitalisations, recours aux soins palliatifs un an avant le décès et le lieu de décès en France.

Méthodes. – Les personnes décédées en 2013 et couvertes par le régime général d'Assurance maladie ont été repérées dans le système national d'information inter-régimes de l'Assurance maladie (Sniiram) avec une sélection des informations sur leurs différents séjours hospitaliers, en soins palliatifs hospitaliers (SPH) et en établissement d'hébergement pour personnes âgées dépendantes (Ehpad). Les pathologies ont été identifiées par des algorithmes à partir de la consommation de soins rapportée dans le Sniiram.

* Corresponding author.

E-mail address: philippe.tuppin@cnamts.fr (P. Tuppin).

<https://doi.org/10.1016/j.respe.2017.06.008>

0398-7620/© 2017 Elsevier Masson SAS. All rights reserved.

Résultats. – Au total, 347,253 personnes ont été incluses (61 % des personnes décédées en France). L'âge moyen au décès était de 77 ans (DS 15,1). Les pathologies prises en charge avant le décès étaient les maladies cardio-neurovasculaires (56 %), les cancers (42 %), les maladies neurologiques et dégénératives (25 %), les maladies respiratoires chroniques (20 %). Les décès se sont produits lors d'une hospitalisation dans 60 % des cas : 51 % en court séjour, 6 % en soins de suite et réadaptation et 3 % en hospitalisation à domicile et dans 13 % des cas en Ehpad. L'année précédant le décès, 84 % des personnes ont été hospitalisées au moins une fois, et 29 % des personnes ont bénéficié de SPH. Les personnes ayant bénéficié de SPH décédaient davantage lors d'une hospitalisation en court séjour que ceux sans SPH (69 % vs. 44 %).

Conclusion. – Les informations médico-administratives du Sniiram doivent permettre d'approfondir la connaissance du parcours de soins en amont du décès et le recours aux SPH et d'aider à évaluer le nouveau plan gouvernemental sur les soins palliatifs récemment mis en place en France.

© 2017 Elsevier Masson SAS. Tous droits réservés.

Mots clés : État de santé ; Lieu de décès ; Hospitalisation ; Fin de vie ; Soins palliatifs

1. Introduction

Ageing of the population is a growing concern in many countries. In France, almost one-third of the population will be over the age of 60 in 2060 versus 24% in 2013 for a total of 65.6 million of inhabitants [1]. This growth should generate an increased number of people with fatal chronic diseases requiring palliative care [2,3]. By improving survival, technical and scientific progress has led to emergence of the concept of chronic disease and has modified the temporality of end-of-life with earlier introduction of palliative care before death [4]. Three types of end-of-life pathways have been distinguished: rapid decline, gradual decline with episodes of decompensation, and slow and progressive decline [5].

In France, a new national plan for the development of palliative care and end-of-life support was launched in 2015 [6], as a number of deficiencies were identified in the previous plan (2008–2012), concerning the places of end-of-life and equality of access to palliative care [7–9]. Over recent years, the development of palliative care has mainly concerned hospital palliative care (HPC) [6–9]. In 2013, although 80% of the French population would prefer to die at home, 57% died in hospital versus 25% at home and 12% in a nursing home [9]. Only limited data are available, for France and other countries, concerning the place of death, palliative care needs, palliative care use and end-of-life care pathways according to the patient's characteristics and diseases. These data are derived from studies based on samples or subgroups determined according to the place of management or, more often, causes of death or hospital diagnoses [10–20]. The palliative care needs in France have been estimated to represent 41% or 69% of deaths on the basis of causes of death associated with a theoretical indication for palliative care [10–12,20]. A better large-scale understanding of end-of-life pathways and long-term places of residence prior to death is essential for health policy makers.

The objective of this preliminary study, based on data of the French health insurance system database (SNIIRAM), was to report the characteristics of people who died in 2013, their state of health and their place of death, but also their use of various types of hospital care, with or without HPC, and nursing homes the year before death.

2. Methods

2.1. Data sources

Data concerning the beneficiaries of the various schemes are collected in the SNIIRAM database, which comprises comprehensive, anonymous, individual data concerning all prescriptions, consultations and procedures reimbursed over a 3-year period plus the current year [21]. The SNIIRAM database does not contain information on clinical results related to visits, prescriptions or examinations. Nevertheless, it includes information on the presence of certain long-term diseases (LTD) eligible for 100% reimbursement of healthcare. All these data are linked to data concerning hospital stays in acute wards, rehabilitation units (Rehab), and hospital at home (HaH), provided by the French hospital discharge database (PMSI). LTD and hospital diagnoses are coded according to the International classification of diseases, 10th edition (ICD-10) [22].

2.2. Population

This study concerned all French national health insurance general scheme beneficiaries (77% of the French population) who died in 2013. The study was confined to this scheme because it systematically records the vital status of its beneficiaries. Individuals without at least one healthcare refund in 2012 and 2013, i.e. individuals without possible identification of diseases, and children born in 2013, were excluded.

2.3. Statistical analysis

Algorithms identified 13 main categories and 56 non-exclusive groups of diseases requiring healthcare identified in the SNIIRAM database, i.e. at least one healthcare consumption reimbursed during the year, based on short-stay and psychiatric hospital diagnoses; LTD; dispensing of specific medications; and specific procedures [23]. HPC was identified by means of palliative care diagnostic codes, specific palliative care beds or classification of the palliative care stay according to the various types of hospitalisation. Use of HPC was calculated over the year preceding death (period including the

Download English Version:

<https://daneshyari.com/en/article/8767658>

Download Persian Version:

<https://daneshyari.com/article/8767658>

[Daneshyari.com](https://daneshyari.com)