Journal club Palliative care
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Title: In-home palliative care increased patient satisfaction and reduced use and costs of medical services

Reference: Brumley R, Enguidanos S, Jamison P, *et al.* Increased satisfaction with care and lower costs: results of a randomized trial of in-home palliative care. *J Am Geriatrics Soc* 2007; **55:993**–1000.

Objective: To determine whether an in home palliative care intervention for terminally ill patients can improve patient satisfaction, reduced medical care costs, and increase the proportion of patients dying at home.

Setting: 2 HMOs (Health maintenance organizations) in Hawaii and Colorado, USA.

Patients: 310 patients (mean age 74 y, 51% men, 49% women) who had a primary diagnosis of congestive heart failure, chronic obstructive pulmonary disease, or cancer; had a life expectancy ≤ 12 months; had visited the emergency department or hospital within the previous year and scored ≤ 70% on the Palliative Performance Scale.

Intervention: In-home palliative care (IHPC) plus usual care (n=155) or usual care alone (n=155). IHPC was provided by an interdisciplinary team including the patient and family, a physician, nurse, and social worker and other team members as needed (eg, spiritual counsellor, pharmacist, dietician). The team coordinated care across all settings and provided assessment, planning, care delivery, follow-up, education, and support. Physicians conducted home visits and were available, along with nursing services, on a 24-hour on-call basis.

Outcomes: patient satisfaction, use and costs (US$) of medical services, site of death, and survival.

MAIN RESULTS: Patients randomized to in home palliative care reported greater improvement in satisfaction with care at 30 and 90 days after enrollment ($P < 0.05$) and were more likely to die at home than those receiving usual care ($P < 0.001$).

In addition, in home palliative care subjects were less likely to visit the emergency department or be admitted to the hospital than those receiving usual care ($P < 0.001$), resulting in lower costs of care for intervention patients.

Strengths:

Randomized controlled trial

Concealed allocation and blinded

Good patient follow-up: 96%

Weakness:

Study conducted within closed system managed care setting

Study funded by private organization

Costs of care cannot be generalized across different settings

Relevance to palliative care:

Implementation of IHPC as a care delivery model should be preceded by further evaluation of survival difference between groups and standardization of IHPC interdisciplinary team composition.