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# Cost, Effectiveness and Cost-effectiveness of Home-based Palliative Care: Integrative Literature Review

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**Background:** Early integration of palliative care is essential to ensure the quality of care for patients with advanced, incurable, life threatening diseases, and at the end of life. However, more evidence is needed about the cost, effectiveness and cost-effectiveness of an early introduction in the home care.

**Aims:** To analyse the literature on costs, effectiveness and cost-effectiveness of integrating palliative care in the care for patients with advanced illness and end of life at home.

**Methods (design, data collection, analysis):** Integrative Literature Review following Systematic PRISMA 2009 research in PubMed, Web of Science and EBSCO databases for the years 2000–2016. The keywords were: “palliative care”, “home care”, “cost (s)”, “cost-effectiveness” and “benefits”. The inclusion criteria were publications in English, full text and references available. Articles in intensive care, paediatrics and without relevance to the subject were

excluded. Selected articles were independently reviewed by two investigators.

**Results:** Of the 87 articles meeting the inclusion criteria, 35 were selected for analysis. Findings show that the cost of institutionalized palliative care is 71% higher than home-based palliative care. The latter can reduce in 50% the number of patients requiring hospitalization. Palliative care units and hospital support teams achieved 57% cost savings through adequate and proportionate prescription of medication, treatments and diagnostic tests.

**Conclusion / discussion:** Home-based palliative care was associated with significant cost savings, fewer hospitalizations, proportionate care provision, increased likelihood of meeting patients’ wishes and preferences, including place of care and death at home. Early integration of home-based palliative care was also associated with lower symptom prevalence, reduction of caregiver burden and better quality of life.