

THE ECONOMICS OF ADVANCE CARE PLANNING

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Background: Advance care planning (ACP) encompasses discussion and documentation of patients' future health care wishes. Previous reviews on economic impacts of ACP have been limited in scope or have not provided quantitative synthesis of results. The aim of this study is to assess the impacts of ACP on healthcare resource use from a societal perspective.

Methods: Systematic review and synthesis based on an electronic search strategy of the following databases: MEDLINE, CINAHL, EMBASE, PsycINFO, EBM Reviews and Social Work Abstracts. Scopus and Google Scholar were searched to capture grey literature.

Results: Review of 40,960 records resulted in a total of 236 articles eligible for full review. Inclusion criteria included study design (experimental or observational), setting, whether or not only decedents were sampled, and the use of ACP indicators. Of the resulting 36 studies, 18 represented documentation-based interventions, 2 were discussion-based, 14 were for both documentation and discussion or institutional ACP programs, and 2 involved proxy measures. Studies varied in length of data collection period for cost or charge assessment from 48 hours to periods of up to 18 months. Only 4 studies included costs of the ACP intervention itself. Twenty-eight studies showed decreased charges or costs in the ACP intervention groups, 6 showed cost increases, and 2 showed no effect or inconclusive results.

Discussion and conclusion: Given significant heterogeneity between the types of resources costs among studies and the measures used to compute the published cost data, comparative cost analysis and synthesis was challenging. Nonetheless, our analysis suggests that ACP interventions lead to reduced use of resources. The bulk of these savings were observed in inpatient, outpatient, and other (home, long term, and hospice) care settings. The impact on out-of-pocket and private costs is inconclusive.