



Title	Hospice Without Walls – A Health Technology Assessment of a Palliative Network
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Aim

To illustrate the consequences of a network-based organization such as “Hospice Without Walls” compared to a more sectorized approach.

Conclusions and results

What consequences does a palliative network such as Hospice Without Walls have on pain treatment, palliative care, patients, organizations, staff, and economic factors, eg, in areas like Skanderborg and Odder municipalities in Denmark? Concerning the technology relevant to Hospice Without Walls, the project indicates that pain management of terminal patients has become more potent and, consequently, is expected to provide faster pain palliation. Furthermore, the focus on palliative symptoms and problems has increased. The greatest changes resulting from establishment of Hospice Without Walls seem to be found within the organization. Hospice Without Walls has been well received by the different partners and staff groups within the hospital and the primary care sectors. A main reason for this generally positive acceptance is that Hospice Without Walls is based on existing structures and frameworks. However, disparities between cultures and practices have appeared in cross-sectorial cooperation – especially between hospitals and GPs. According to the relatives (used as proxy in a retrospective survey after the death of a patient) the patients and their families have been nearly exclusively positive toward Hospice Without Walls. Ninety-two percent of the relatives report that it has provided “very good” or “good” help. The expectation in establishing Hospice Without Walls was that it would have economic benefits by lowering hospital costs through fewer and shorter inpatient stays. However, based on a marginal cost analysis, this HTA has demonstrated that this does not seem to be the case. On the contrary, it involves an increase in costs, although this increase is limited.

Recommendations

The positive experiences and elements from Hospice Without Walls may be used in other Danish counties

with the primary focus being on palliation at a highly specialized level. Focus should be on coherent patient sequences for terminal patients and their families and a fulfillment of the wishes that patients may have in their final phase of life.

Methods

Data collection methods such as systematic journal reviews, case sequence descriptions, literature reviews, postal surveys, individual and focus group interviews, and cost analyses have been applied in this health technology assessment.