

COST-EFFECTIVENESS ANALYSES OF PERSONALISATION/HOME CARE FOR OLDER PEOPLE COMPARED TO NURSING HOME CARE: A SYSTEMATIC REVIEW

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Background: Personalisation is a social care programme that ensures that services are tailored towards meeting the needs of the individual in receipt of the support in their homes. Studies have examined the cost-effectiveness of this care programme, however, their findings have been inconsistent. This systematic review examined the cost-effectiveness of personalisation-home care interventions compared with nursing home care.

Methods: A systematic review following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines was undertaken. Databases searched included Medline, CINAHL, HTA, DARE and NHS EED, and studies published in English language from 2009 to 2019 that evaluated the cost-effectiveness of personalisation-homecare compared with nursing home care were identified. The Consolidated Health Economics Evaluation reporting Standards (CHEERS) statement was used for quality of assessment. Data summarised using descriptive synthesis.

Results: Search strategy identified 392 articles of these, 7 studies fulfilled the inclusion criteria. The studies were conducted in Taiwan (n = 4), Canada (n = 1), Netherlands (n = 1) and United States of America (n = 1). Out of these, societal perspective was used in 6 studies of which, 4 showed that nursing home care was cheaper/cost-effective than home care. Three studies (2 from societal perspective, and 1 from healthcare perspective) showed that home care was cost-effective compared to nursing home, however, the costs of informal caregivers were not included in one of the studies. The main cost drivers were costs related to treatments/interventions.

Conclusions: This review showed that nursing home care was cost-effective compared to home care/personalisation for older people from societal perspective. These findings could provide evidence to aid decision making and facilitate efficient resource allocation to improve the health outcomes of older people. Future studies are required to examine the cost-effectiveness of home care/personalisation compared to nursing home care, especially in Europe, from health and social care, and caregivers perspectives.