**BACKGROUND**

Care at end-of-life consumes approximately 9% of the Ontario healthcare budget but there is a lack of data regarding the cost-effectiveness of palliative care interventions.

**OBJECTIVES**

- To evaluate the cost-effectiveness of palliative team care

**METHODS**

- Strategies: Usual Care (UC) with current palliative services in Ontario, In-home Palliative Team Care (PTC), In-patient PTC, and Comprehensive PTC by a single team for all care coordinations
- Perspective: Ontario Ministry of Health and Long-Term Care
- Time horizon: Last year of life

**ONTARIO PALLIATIVE CARE DECISION MODEL**

- **Model structure**: state-transition microsimulation model (Figure)
- **Target population**: decedents with a predictable palliative prognosis (according to ICES data) and their primary care givers
- **Data sources**: ICES linked health-administration databases (n=256,284 decedents from 2007-2009), systematic reviews of PTC effectiveness

**RESULTS**

- In-home palliative team care dominated usual care, with a 72% likelihood of being cost-effective at $50k per QALY (Table).
- In-patient palliative team care appeared to dominate usual care, with a 38% likelihood of being cost-effective.
- Compared to usual care, comprehensive palliative team care was associated with an estimated cost of approximately $72k per QALY and a 32% likelihood of being cost-effective.

**CONCLUSIONS**

- In-home palliative team care is cost-effective.
- Firm conclusions are not possible regarding the cost-effectiveness of in-patient and comprehensive palliative team care.

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**ACKNOWLEDGMENTS - THE HEALTH QUALITY ONTARIO EXPERT PANEL ON END-OF-LIFE CARE**

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