



Outpatient palliative care in Lower Saxony – regional differences in end-of-life care based on quality indicators

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Abstract

Background

The majority of people who are in need of palliative care (PC) can be treated within generalist outpatient PC (AAPV), while approximately 10–15 % is in need of specialist outpatient PC (SAPV). In Germany, PC provision is regionally very heterogeneous.

Methods

This cross-sectional analysis explores regional differences in outpatient PC in the federal state Lower Saxony. Data from the statutory health insurance AOK Lower Saxony pertaining to members who died between 2016 and 2018 (age ≥ 18 years) with at least one chronic progressive disease were analysed on the basis of quality indicators. These refer to the percentage of deceased members with AAPV/SAPV in the last year of life and their onset before death. Data is presented descriptively for the 38 counties and seven independent cities in Lower Saxony. Bi- and multivariate analyses were carried out to investigate potential influencing factors.

Results

Data for 96,287 deceased members (54.2% female) were analysed. The mean age of death was 80.1 years. The percentage of deceased members with AAPV in the last year of life ranged from 16.5 % (Lüchow-Dannenberg) to 46.0 % (Friesland); a west-east-gradient was shown within Lower Saxony. The highest percentage of deceased members with SAPV was seen in Lüneburg (18.2%), whereas the Grafschaft Bentheim (2.6%) showed the lowest percentage. The median onset of AAPV before death varied between 20.0 (Hameln-Pyrmont) and 130.0 days (Friesland), while the initiation of SAPV happened between 15.5 (Osterholz) and 44.0 days (Wilhelmshaven) before death. More AAPV was seen in regions with higher population density and higher age of death, while more SAPV was provided in regions with a higher amount of men.

Conclusion

Above all, provision of outpatient PC varies considerably in the counties and independent cities of Lower Saxony. The results indicate that the needs are not met and area coverage is insufficient and inconsistent. The population density, the gender distribution, the age of the deceased and the number of SAPV teams could explain some of the regional differences in outpatient PC and should be subject of further studies.

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Keywords

Outpatient palliative care, end-of-life care, quality indicators, regional disparities, health services research, claims data

Citation

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