

Factors influencing utilization of public healthcare and social services in the last year of life: a mixed methods systematic review – Preliminary results

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Context

This review is part of a larger project regarding end-of-life health care services and the study of care processes of patients at the end of life, (CAHSPR poster; Bosson-Rieutort D *et al.*, *Understanding variation and complexity in health care trajectories at the end of life to improve patient care: machine learning methods and provincial administrative data*).

Introduction

The combination of an increase in the number of older people and in life expectancy contributes to the global aging of the population (1). Moreover, those extra years are not necessarily free of disability. Between 1990 and 2017, life expectancy at age 65 years increased by 2.5 years, but more than a quarter of those years were spent in poor health, actually resulting in a decreased proportion of life free of disability (2).

Besides, the medical conditions responsible for those disabilities are evolving. By 2025, the number of cardiovascular diseases related disabilities is expected to decrease by 10% whereas the number of dementia and other diseases related disabilities are expected to increase by 49 and 37%, respectively (3).

These trends place increasing pressure on the health care system and stress the need for a more efficient organisation of health care services.

Considering the accumulation of evidence showing the influence of factors others than pathologies, **the aim of this review was to reference and organize factors likely to influence the utilization of public healthcare and social services.**

Approach

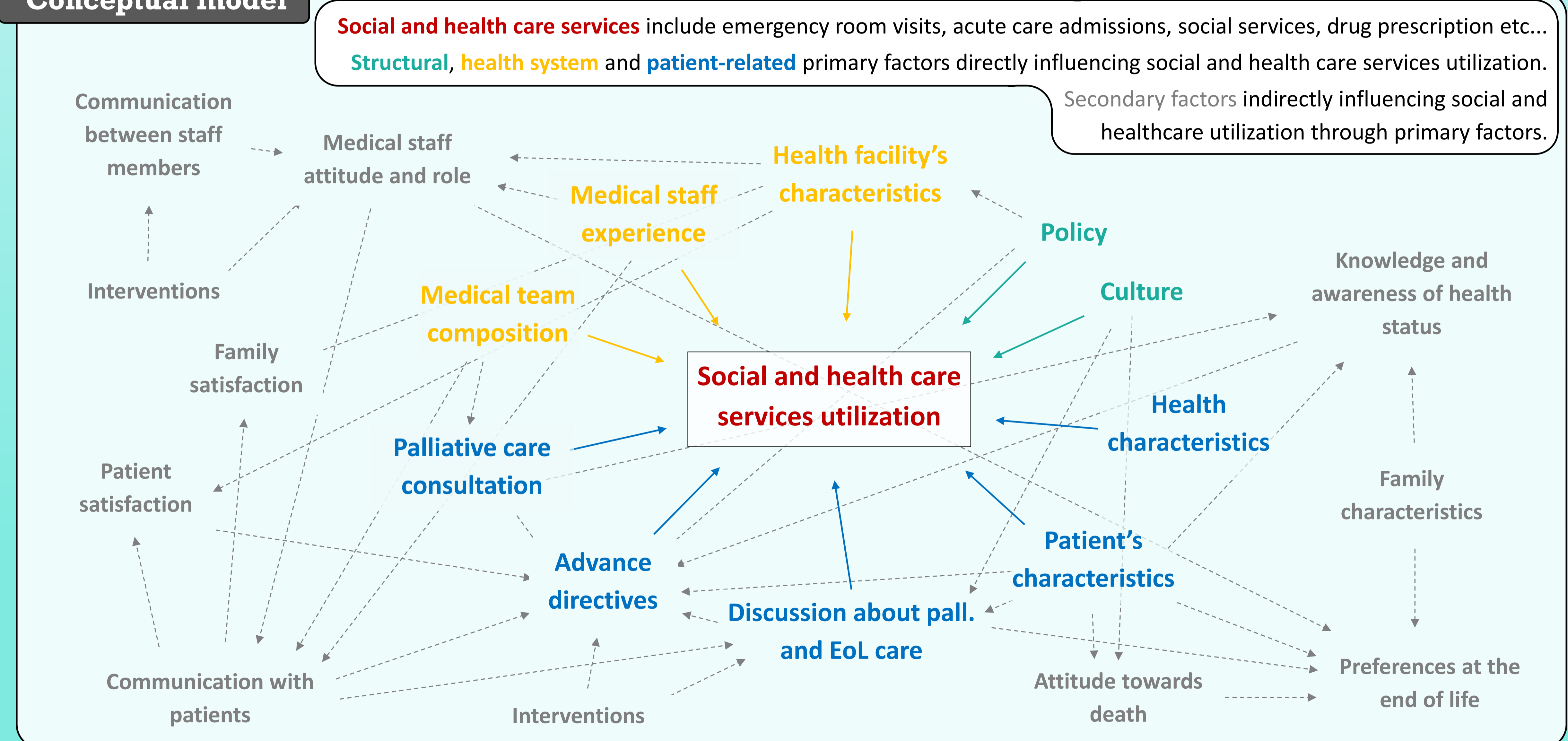
Search strategy: MEDLINE, PsychINFO, CINAHL, SocINDEX and ASSIA were searched, from inception to July 24th, 2019. Relevant journals, reviews and websites of health-related institutions were searched for additional papers. Qualitative, mixed and quantitative empirical and observational studies reporting original data, as well as institutional reports reporting an association between any factors and health care received by older adults were included. The protocol was registered with PROSPERO (CRD42019147245).

Inclusion criteria: For studies to be included; the population of the study had to be aged **60 years or over and at the end of life**; the **public health care or social service(s)** whose utilization was studied, as well as the potentially **influencing factor(s)** had to be clearly identified and characterized; the relationship between identified factor(s) and service(s) had to be clearly established.

Preliminary results

- After duplicate removal, 6 622 papers were identified. Titles and abstract have been screened for assessment against the inclusion criteria by two independent reviewers (NV and SBA). Full texts of selected papers have yet to be screened for final inclusion and data have yet to be properly extracted.
- However, screening the abstracts allowed us to establish a preliminary list of factors influencing healthcare utilization at the end of life.
- These factors could be separated in two main categories; 1) **Primary factors** directly influencing public social and healthcare services and 2) **Secondary factors with** no reported direct influence on healthcare utilisation but influencing primary factors or moderating their influence.
- Primary factors could then be grouped in the following families; 1) **patient-related** (e.g. sex, the marital or the socio economic status as well as the presence of advance directives), 2) **health system-related** (e.g. hospital characteristics, the composition or experience of the medical team, the communication between team members) and **structural factors** (e.g. culture and policy), as depicted in the preliminary conceptual model below.

Conceptual model



Discussion

A broad spectrum of contextual factors influence the utilization of healthcare services at the end of life. The benefits of this work are twofold; In the context of this larger project regarding social and health care services utilization at the end of life, results will allow us to **better choose the elements to consider to construct and analyze care processes**; From a public health perspective, those results highlight factors to take into account to **tailor services to older adults needs** at the end of life and improve their quality of life.

References

- 1- United Nations, Department of Economic and Social Affairs, Population Division (2020). *World population ageing 2019* (ST/ESA/SER.A/444).
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- 3- Guzman-Castillo et al. Lancet Public Health. 2017 May 23;2(7):e307-e313.