



Service delivery models to maximise quality of life for older people at the end-of-life: a rapid review

Lead Research Institution: King's College London

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Background

In this unprecedented era of increased human ageing, there is a global priority to realign health and social services toward older populations by supporting the dual priorities of living as well as possible whilst adapting to gradual functional decline. We aimed to provide a comprehensive synthesis of available evidence on service delivery models that optimise quality of life (QoL) for older people at end-of-life. Our remit included health, social and welfare services across all countries, with attention to low- and middle-income countries.

Methods

This study was a rapid systematic scoping review of systematic reviews. We searched MEDLINE, CINAHL, EMBASE and the Cochrane Database of Systematic Reviews from 2000-2017, supplemented by reference searching. We selected reviews that reported the effectiveness of service models that aim to optimise QoL for older people, where >50% of the population was aged >60 years and in the last 1 or 2 years of life. Search results were independently screened, and the selected reviews' were quality assessed using AMSTAR. Data were described and synthesised narratively.

Results

Of the 2238 reviews identified, 72 (including nine Cochrane) were retained, encompassing 784,983 individuals. Most reviews reported studies from America (52/72) and/or Europe (46/72). We identified two overarching classifications of service models intending to improve QoL, but with differing outcomes: 1) Integrated Geriatric Care, which targeted physical function, and 2) Integrated Palliative Care, which focused on symptoms and concerns (Figure 1). Areas of synergy included care centred on the person; education for service users and providers; and the multi-professional workforce. The reviews assessed 117 separate outcomes, with the 21% used in meta-analysis demonstrating effectiveness for QoL (4/4 reviews) and individual symptoms (5/5 reviews). Economic analysis was poorly considered overall.

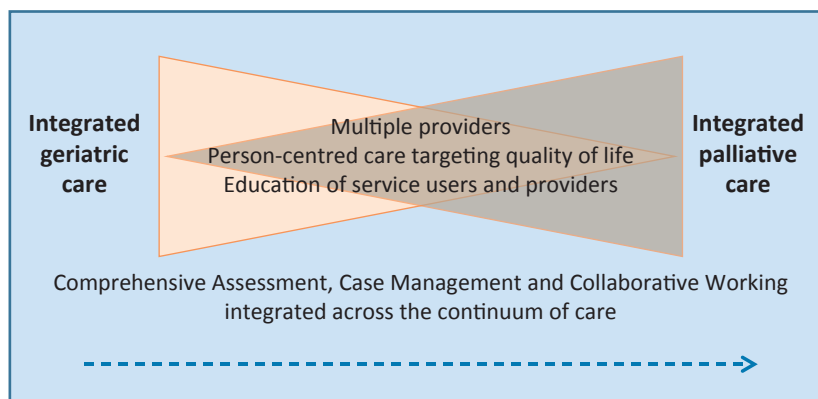


Figure 1. Overarching service delivery models and processes to maximise quality of life for older people in their last years of life

Conclusions

Although they targeted different outcomes, service models classified as Integrated Geriatric Care or Integrated Palliative Care demonstrated effectiveness at improving QoL and symptoms for older people nearing end-of-life. The areas of synergy between these approaches highlights the imperative of their integration across the care continuum with service use triggered by patient need and intended outcomes. To inform scalability, we encourage economic analyses that span health and social care and an examination of all sources of finance to understand contextual inequalities.