
POSTER ABSTRACT

Neglected Components in Cost Analyses in Home Care Models

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Background: Home Care (HC) has been expanding globally as an alternative to hospitalization, promoting dehospitalization, rationalization of beds, and person-centered care. In Brazil, HC plays a strategic role within the Unified Health System (SUS). However, there is a lack of economic evidence on these services, particularly regarding crucial components, such as the costs transferred to users, caregivers, and families (neglected costs), which limits the understanding of its impact on home care¹.

Approach: This is a secondary analysis of a scoping review² conducted based on the Joanna Briggs Institute³ and PRISMA-ScR guidelines⁴, carried out in 2022 and updated in May 2024. Forty articles were analyzed, of which only seven addressed the costs assumed by families and caregivers. An expanded definition of neglected costs was adopted, considering items not measured in traditional analyses, such as direct costs paid by families (food, transportation, medication, household expenses), indirect costs (loss of income for informal caregivers and lost job opportunities), and existential costs (the subjective dimension of care, emotional burden, and changes in family dynamics)².

Results: The analysis revealed that home hospitalization predominates as the HC model (67.5%), mostly linked to hospitals. The macro-costing method was the most commonly used (80%), while only a fraction of studies (20%) used micro-costing. The components related to personnel expenses (42.5% of the articles), service utilization (35%), and transportation (35%) were prevalent in the articles. Only 12.5% of the studies detailed the costs borne by families. On average, the family incurs 34% of the costs, with some studies showing up to 77%, depending on the context. Although the costs borne by families represent the third-highest impact component, there is a lack of specific methods and approaches to capture, measure, and value these costs in an economic dimension. Existential costs were not addressed in any study, despite their high relevance to care.

Conclusion: The results highlight the need to broaden economic analysis beyond the perspective of services, incorporating costs borne by users and families. Robust methods should be developed to capture and value both monetary and existential costs in order to inform more equitable and effective public policies. Neglecting these components poses risks of financial and emotional overload for families, compromising the sustainability of HC as a care strategy. It is recommended that managers and researchers integrate these dimensions into evaluations, strengthening equity and aligning practices with the principles of SUS.

References:

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