

European Respiratory Society Annual Congress 2012

Abstract Number: 3331

Publication Number: P1299

Abstract Group: 12.2. Ethic and Economics

Keyword 1: COPD - exacerbations **Keyword 2:** Treatments **Keyword 3:** Health policy

Title: Inpatient hospital care or hospital-at-home for COPD exacerbations: A discrete choice experiment

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Body: Objective Quantifying patient preferences for different aspects of hospital-at-home in the Netherlands for patients with a COPD exacerbation. Methods In a discrete-choice experiment, respondents were asked to make multiple choices between hospital treatment as usual (7 days) and two combinations of hospital admission (3 days) followed by treatment at home. The latter was described by attributes: training of homecare nurses (general/pulmonary), number of different nurses involved, number of daily visits, co-payments, readmission risk, contact in case of worsening disease (GP/hospital), and informal caregiver burden. Hospital treatment was constant. Respondents were COPD patients in an RCT investigating the cost-effectiveness of early assisted discharge, and their informal caregivers. The data for each group were analyzed in latent-class conditional logit regression. Results 202 questionnaires were returned. 25% of patients and caregivers opted for hospital treatment regardless of the description of the hospital-at-home program, 46% never chose the hospital. The best models contained four latent classes, defined by different preferences for the hospital and for the caregiver burden. Preferences for other attributes were shared by all classes. Except for the number of visits, all attributes had a significant effect on choices in the expected direction. Conclusion Considerable proportions of patients and caregivers have a preference for either admission or hospital-at-home, irrespective of the characteristics of the hospital-at-home program. Financial burden and informal caregiver burden weighed most on the choice between hospital-at-home options. The number of daily visits did not play a role.