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# PATIENT SAFETY & NURSING HEALTHCARE

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## Effects of per-diem payment on the duration of hospitalization and medical expenses according to the palliative care demonstration project in Korea

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The aim of this study was to examine the impacts of a government-directed a palliative care demonstration (PCD) project, Per-Diem Payment System (PDPS), on length of stay (LOS), hospital costs, resource usage and healthcare quality during the searched period from January in 2009 to December in 2010. Individuals who had been eligible for the palliative care payment policy, Per-Diem Payment System (PDPS), during 2 years (from 2009 to 2010) were assigned to the case group including 7 hospitals (n=3,117). Those (7 hospitals) who were not come eligible for the palliative care payment policy were assigned to the control group (n=2,347) with Fee for service. The data used in this study were electronically submitted requests of payment to the Health Insurance Review Agency during the period January 2009 to December 2010. After the PCD project, the length of stay for palliative patients with cancer diseases decreased by 2.56% ( $\beta=-0.026$ ; p-value=0.0001) among patients hospitalized in a PCD project compared with patients hospitalized in 7 hospitals that was not designed as a PCD project. Compared to costs before the PCD project, costs decreased by 0.76% ( $\beta=0.013$ ; p-value=0.0001). We provided evidence regarding the change in the societal burden due to palliative care. Although there was a reduction of direct medical costs reported in limited number of hospitals, in the long term we can anticipate an expanding impact on medical costs in all palliative hospitals.

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