

The Funding of Specialised Paediatric Palliative Care in Switzerland: A conceptualisation and modified Delphi study on obstacles and priorities

Stefan Mitterer MPhil HE¹, Karin Zimmermann PhD RN^{1,2}, Prof. Günther Fink PhD³, Prof. Michael Simon PhD RN¹, Anne-Kathrin Gerber MA RN¹, PD Eva Bergsträsser MD MSc PC²

¹ University of Basel, Nursing Science, ² University Children's Hospital Zurich, ³ Swiss Tropical and Public Health Institute

Background and Objectives

Effective funding models are key for implementing and sustaining care delivery programmes such as specialised paediatric palliative care (SPPC). In Switzerland, funding concerns have frequently been raised as primary barriers to providing SPPC.

Study aims:

- (1) to investigate and conceptualise the funding of hospital-based consultative SPPC programmes
- (2) to identify obstacles to and priorities for funding these programmes sustainably

Methods

- (1) a four-step conceptualization process, including a document analysis, was used to generate a conceptual model of the funding of hospital-based consultative SPPC programmes
- (2) in consultation with a purposefully selected panel of experts in the subject, a three-round modified Delphi study was conducted to identify funding-relevant obstacles and priorities

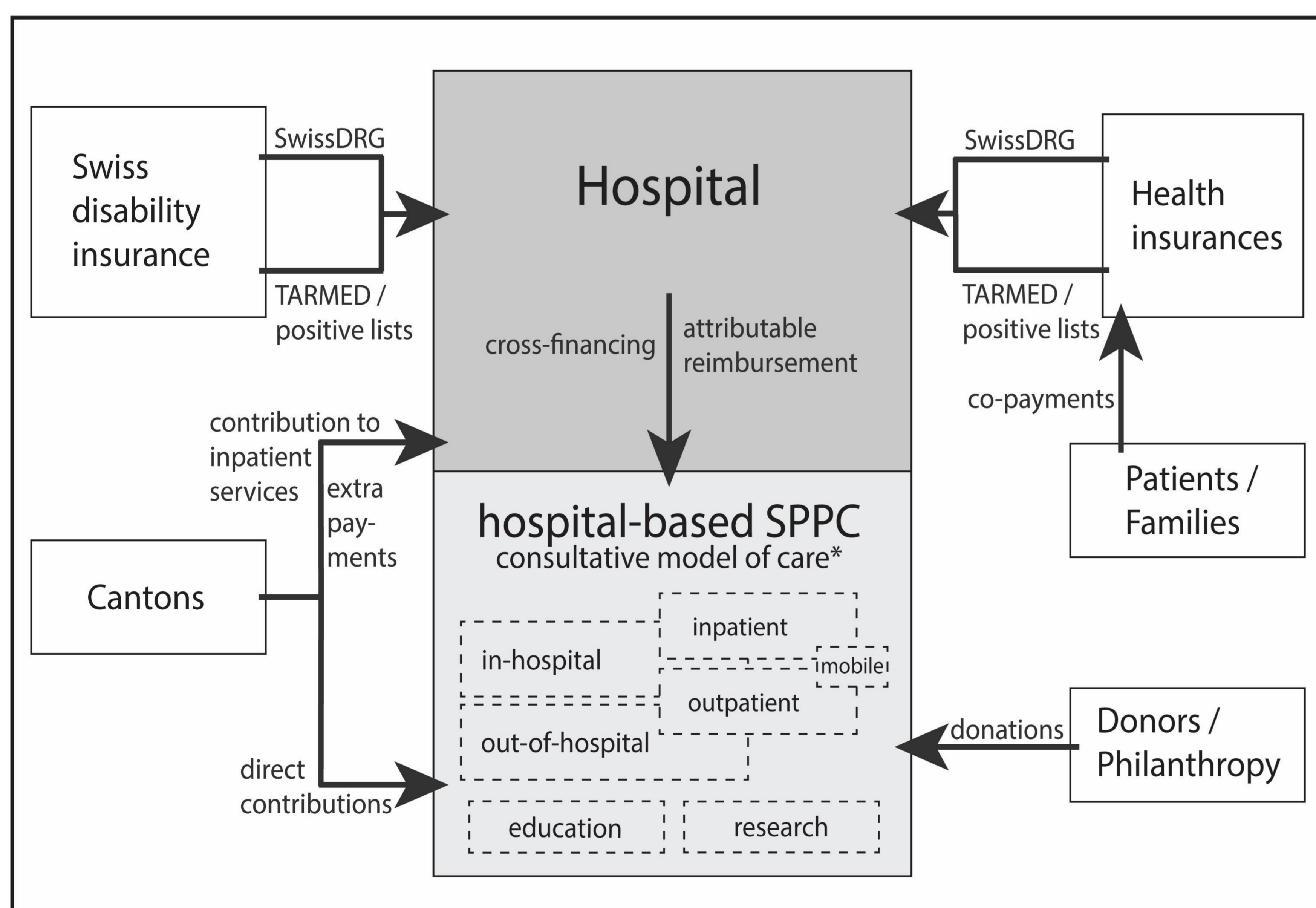


Figure: Conceptualisation of direct financial flows and funding arrangements regarding hospital-based consultative SPPC programmes. *Services are provided through consultancies alongside primary care provision both in- and outside of hospitals to patients, families, primary care teams and other professionals.

Results

21 experts participated in the modified Delphi study. They identified 23 obstacles and 29 priorities.

A level of agreement of >85% was obtained for four obstacles; the absence of a holistic health policy approach; cantonal differences in service mandates and cost-coverage; a lack of palliative care-specific reimbursement codes in outpatient tariff structures; and existing consultation time limitations in the reimbursement of certain palliative care outpatient services.

The highest level of consensus (>90%) was achieved for three priorities: securing long-term funding; funding support for integrative service provision; and full reimbursement of inpatient service costs in the context of high-deficit cases.

Conclusions

A comprehensive quantification of actual funding gaps in SPPC is urgently needed. We hope that the obstacles and priorities identified in this study will help researchers and policy makers develop funding and reimbursement schemes that will appropriately support SPPC provision in the future.