

Preference and willingness-to-pay for community-based end-of-life care among Chinese old-home residents in Hong Kong: a discrete choice experiment approach

LW Chu^{1,4}, C So², JKH Luk³, LC Wong¹, SY Chan², KC Chiu^{2,4}, SM McGhee¹

¹Department of Community Medicine, School of Public Health, The University of Hong Kong, Hong Kong

²Department of Medicine, Queen Mary Hospital, The University of Hong Kong, Hong Kong

³Department of Medicine, Fung Yiu King Hospital, Hong Kong

⁴Acute Geriatric Unit, Grantham Hospital, Hong Kong

Introduction: There is no information on the preference and willingness-to-pay for community-based end-of-life care among Chinese old-age home residents in Hong Kong. The objective of this study was to estimate the proportion of old-age home residents who would accept end-of-life care in the community old-age home rather than hospital and the trade-off that they are willing to make between attributes of care.

Methods: A total of 1600 residents of 141 old-age homes were recruited and interviewed face-to-face. Four hypothetical questions were asked to explore preferences for end-of-life care. Using a discrete choice approach, specific questions explored acceptable trade-offs between three attributes: availability of doctors on site, attitude of the old-age home care staff, and additional cost of care per month.

Results: Approximately 30% of respondents prefer end-of-life care in hospital, while 35% of respondents prefer the old-age home and 23% of them would consider it in a better old-age home. A good attitude of staff was the most important attribute of the care site. Respondents were willing to pay an extra cost of HK\$38 per month for more coverage of doctor's time and HK\$376 for a better attitude of staff in the old-age home. Respondents on government's subsidy (Comprehensive Social Security Allowance Scheme) valued the cost attribute more highly, as expected, validating the hypothesis that those respondents would be less willing to pay an additional cost for end-of-life care.

Conclusions: The findings indicate that approximately one-third of the respondents would accept end-of-life care provided in their old-age homes and further use of community-based end-stage care would be possible if better facilities and services were available. The most important attribute of the old-age home to the residents was the attitude of care staff.

Acknowledgement: Research grants from Health and Food Bureau, SHS-E-08

A comparison of the performance of the Assessment of SpondyloArthritis international Society (ASAS) classification criteria, European Spondyloarthropathy Study Group (ESSG) classification criteria, and Modified New York (MNY) criteria in a cohort of Chinese spondyloarthritis patients

HY Chung, WS Wong, MY Mok

Division of Rheumatology and Immunology, Department of Medicine, Queen Mary Hospital, The University of Hong Kong, Hong Kong

Background: The existing Modified New York (MNY) criteria and European Spondyloarthropathy Study Group (ESSG) criteria are defective in early diagnosis of patients with spondyloarthritis. The objective of this study was to reclassify a Chinese cohort of patients with previous expert-diagnosed spondyloarthritis according to the recently issued Assessment of SpondyloArthritis international Society (ASAS) classification criteria for axial spondyloarthritis and the two existing criteria, the ESSG criteria and MNY criteria and to compare the clinical characteristics including disease duration, disease activity, and spinal mobility between patients fulfilling these criteria.

Methods: Consecutive patients diagnosed by expert opinion from a tertiary centre were classified into three groups: the Ankylosing Spondyloarthritis (AS) by MNY criteria; undifferentiated spondyloarthritis (USpA) by ESSG criteria (USpA/ESSG), and those by ASAS classification criteria only (USpA/ASAS). Functional status was studied by Bath Ankylosing Spondylitis Functional Index (BASFI). Disease activity was evaluated by Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) and C-reactive protein. Spinal mobility including modified Schober test and chest expansion was determined.

Results: A total of 128 spondyloarthritis patients (92 male and 36 female) were recruited. USpA/ASAS group identified patients with shortest disease duration (9.2±2.3 years, 11.6±3.8, 18.7±2.2 years in USpA/ASAS group, USpA group, and AS group respectively; P<0.01). USpA/ASAS and USpA/ESSG groups were better than AS group in terms of BASFI, modified Schober test and chest expansion. C-reactive protein and BASDAI were similar in the three groups.

Conclusion: The ASAS classification criteria are shown to identify spondyloarthritis patients at an earlier stage when spinal mobility and functional status are preserved. This group of USpA patients demonstrated comparable disease activity to other groups, suggesting a need and predictably better outcome for early treatment.