Letter to the Editor | Public Health in Palliative Medicine and Palliative Care

Evaluating the cost-effectiveness of KOPAL trial: a critical review

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We are writing to provide comments to the article titled "*Cost-effectiveness of a specialist palliative care nurse-patient consultation followed by an interprofessional case conference for patients with non-oncological palliative care needs*: *results of the KOPAL trial*" written by Gottschalk *et al.* (1). We would like to praise the author for writing such an insightful article. This article emphasizes how crucial it is for general physicians (GPs) and expert teams for palliative home care to work together closely.

The number of people afflicted with chronic non-cancerous diseases such as respiratory diseases and lung failure, is increasing rapidly leading to life-threatening manifestations of these diseases and a need for hospitalizations to improve their wellbeing (2). However, the cost of this hospitalization has exerted a burden on the economy. Specialist palliative home care (SPHC) has provided an alternative but has certain challenges. Cooperation between the GPs and SPHC is not very effective, which greatly hinders this strategy (3). As a result, the KOPAL trial with the fundamental purpose of raising cooperation between the GPs and SPHC was introduced. There are a few places highlighted in the text that need clarification. Firstly, the article mentions ineffective cooperation between the GPs and SPHC, but it does not state the reasons for it. Moreover, it mentions that the purpose of the KOPAL project was to reduce the number of hospitals, but it did not target whether this plan satisfied the patient and other intended outcomes should be mentioned too.

The outcome of the study suggests that the economic virtues of the KOPAL project remain debatable due to the small sampling size, and diversity, with probabilities of cost-effectiveness between 18% to 65%. It could have been improved by mentioning other reasons owing to the uncertainty of the results like challenges faced during data collection and survey.

Globally life expectancy has been noted to increase at age 70 but there is no improvement found in the disability burden of a disease, hence, there is a significant need to improve our interventions which would also decrease the societal cost of disease (4). This shows there's a big need to improve how GPs and expert teams for palliative home care collaborate (5). Through their collective effort, there could be proper implementation and evaluation of interventions resulting in reduced hospitalizations hence, decreased disability. By exploring this important topic, the article has made a significant contribution to the field of palliative medicine. But there was a need for clarification of certain points. First, the onset of the coronavirus disease 2019 (COVID-19) pandemic, which coincides with the time duration of this study, led to a reduction in hospitalizations. This could impact the primary outcomes and introduce potential bias into the results. Therefore, it is crucial to address these issues to enhance the understanding and

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applicability of the findings.

The application of outcome measurement in economic evaluation allows decision-makers to compare the costs and advantages of different courses of action. Actions like comparative choices like whether to spend using pharmaceuticals or mental techniques to reduce discomfort for people receiving palliative care or difficult choices like spending more on palliative care to reduce the pain or discomfort (5). The results showed that the Interventional group (IG) which are the groups that were given the intervention had lower costs from the payer's point of view and higher costs from the society's point of view as compared to the Control group (CG) which were not given the interventions (due to higher expenses for informal care). Could there be another perspective that should have been taken in the study for better results, or could they have described the rationale for adopting such perspectives in the study? The study fails to explain why the perspectives taken in the paper are appropriate for the analysis. When compared to direct medical care, nonmedical resources and productivity effects may be especially significant when an intervention necessitates considerable time and effort from patients and caregivers (e.g., lengthy travel distances and intense home therapy). The study perspective(s) intended for the economic evaluation of the research issue will determine their applicability (6). During the COVID-19 pandemic, high rates of psychological distress, stress, anxiety, and depression, were documented in the general population (7). The study coincided with the start of COVID-19, The intervention may be impacted by additional patient health factors and can affect the health outcome when compared to such stressful situations as COVID-19, the study does not clear that COVID-19 could not affect the health outcome after treatment.

In conclusion, by addressing all these factors, the result of your article would become more promising, and it would be much easier to comprehend them. Once again, we would like to highly appreciate your article which lays a solid foundation, and our recommendations aim to expand its reach and impact within the field.

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Footnote

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Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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