

Palliative care

▶ Intervention in brief

High risk:	<p>Palliative care is a type of medical care provided to patients with serious illnesses to relieve pain and symptoms. Palliative care can be provided simultaneously with curative treatment across all care settings. The goal is to improve patient quality of life, reduce acute care utilization, and lower acute care costs.</p>
Strength of evidence	 <p>Intervention has inconsistent rates of success. Palliative care offered at home shows more positive outcomes than palliative care offered in the inpatient setting.</p> <p>Medium</p>
Impact	<ul style="list-style-type: none"> • Decreased cost (wide range): 14.9% reduced ICU costs; 5.8% reduced hospital costs; \$0-\$6,900 saved per patient per year, \$7.4 million saved per system per two years; \$118 saved per day; one-third total reduction in health expenditures • Decreased utilization (wide range): 0-59% decreased admissions; 61% decreased readmissions; 37% decreased length of stay; 3.6 fewer days in intensive care • Improved quality, clinical outcomes: 24% less likely to die in ICUs; 29% more likely to receive hospice referrals; 0-67% of advance care preferences documented; 1.17 points lower depression on PHQ-9 tool; 1.09 points higher coping skills on Brief COPE tool • Increased access: Not demonstrated • Improved stakeholder satisfaction (wide range): 0-97% higher rates of satisfaction of emotional/spiritual support received; 5.36 points higher quality of life on FACT-G tool
How to Succeed	<p>To build an effective palliative care program:</p> <ul style="list-style-type: none"> • Gather palliative care champions and stakeholders to set an explicit definition for how palliative care will be offered • Ensure program spans the care continuum to extend the reach and efficacy of palliative care • Educate relevant providers on their role and purpose in performing palliative care • Determine patient identification criteria and automate screening in the EHR • Implement regular internal reviews and track clinical and financial metrics to measure efficacy of the program <p>To learn more about developing an evidence-based approach, check out the System-Wide Palliative Care: Program Development Guide here and Advancing a Shared Definition for Inpatient Palliative Care here.</p>

▶ Demonstrated impact

Literature review summary

Title: The Impact of Palliative Care Consultation in the ICU on Length of Stay: A Systematic Review and Cost Evaluation
Publication: Journal of Intensive Care Medicine
Date: 2016
Type: Systematic review
Study population: Patients across eight studies
Major findings: Compared to usual care, palliative care consultations in the ICU resulted in:

- Reduced ICU costs (\$6,406 vs. \$7,533, or 14.9%)
- Reduced hospital direct variable costs (\$8,971 vs. \$9,518, or 5.8%)
- Similar mortality rates

Source: Full article [here](#).

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Title: Effectiveness of Specialized Palliative Care: A Systematic Review

Publication: Journal of the American Medical Association

Date: 2008

Type: Systematic review

Study population: Patients across 22 randomized controlled trials were generally referred to a palliative care program (60%) rather than systematically screened for the trial

Major findings:

- Of seven studies measuring cost savings, one measured increased savings (\$118 per day).
- Of nine studies measuring admissions, only one reported a decrease (36-59%).
- Of 10 studies measuring satisfaction, only one was statistically significant (study from 1984 using the Ware scale).

Source: Full article [here](#).

Title: Changing The Conversation: New Model Of Home-Based Palliative Care for Patients With Serious Illnesses

Publication: Health Affairs

Date: 2017

Type: Cohort study

Study population: 211 seniors enrolled in Mount Carmel's home-based palliative care program across nine months. Patients were older than age 80 (86%) and male (53%) while 36% of patients lived alone.

Major findings:

- Decreased costs: Between \$730,000 and \$770,000, representing about a one-third reduction in health care expenditures
- Decreased hospitalizations (32%)
- Decreased readmissions (61%)
- Decreased ICU length of stay (37%)
- Satisfaction with symptom management (97%)

Source: Full article [here](#).

Title: Palliative Care Consultation Teams Cut Hospital Costs for Medicaid Beneficiaries

Publication: Health Affairs

Date: 2011

Type: Case study

Study population: Medicaid beneficiaries from four diverse urban New York State hospitals had hospital stays between six and 44 days and a diagnosis of at least one of multiple advanced diseases

Major findings: Compared to patients receiving usual care, patients receiving palliative care consultations experienced:

- Fewer total costs per admission (\$6,900)
- Fewer days in intensive care (3.6)
- Reduced likelihood of dying in ICUs (24%)
- Increased likelihood of receiving hospice referrals (29%)

Source: Full article [here](#).

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Title: System-Wide Palliative Care: Program Development Guide

Publication: Advisory Board

Date: 2016

Type: Case study compilation

Study population: Patients receiving inpatient palliative care across five provider organizations

Major findings:

- Improved cost savings (\$7.4 million in system-wide cost savings after 24 months; \$400-600 saved per patient)
- Improved quality (67% completion rate of advance care planning at palliative care consultation)

Source: Full article [here](#).

Title: Randomized Trial of Early Integrated Palliative and Oncology Care

Publication: Journal of Clinical Oncology

Date: 2016

Type: Randomized controlled trial

Study population: 350 patients newly diagnosed with advanced metastatic non-small cell lung or GI cancer

Major findings: Early palliative care in the ambulatory setting was compared to usual care after 24 weeks. The program resulted in:

- Higher QOL (5.36 points higher measured with the Functional Assessment of Cancer Therapy-General tool)
- Reduced depression (1.17 points lower measured with the Patient Health Questionnaire-9 tool)
- Improved coping styles (1.09 points higher measured with the Brief COPE tool)
- Improved communication about end-of-life care

Source: Full article [here](#).

Title: Does Palliative Care Improve Quality? A Survey of Bereaved Family Members

Publication: Journal of Pain and Symptom Management

Date: 2008

Type: Case study

Study population: Family members of patients who had been at Mount Sinai Medical Center for at least 10 days before dying and received palliative care. Family members were required to have been listed as next of kin and very involved in the patients' care (self-reported).

Major findings: Higher rates of religious/spiritual and emotional support and satisfaction (30%)

Source: Full article [here](#).

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Appendix

- Kyeremanteng K, et al., "The Impact of Palliative Care Consultation in the ICU on Length of Stay: A Systematic Review and Cost Evaluation" *Journal of Intensive Care Medicine*, (2016), <https://journals.sagepub.com/doi/abs/10.1177/0885066616664329>.
- Zimmermann C, "Effectiveness of Specialized Palliative Care: A Systematic Review," *JAMA*, 299, no. 14 (2008): 1698-1709, <https://www.ncbi.nlm.nih.gov/pubmed/18398082>.
- Maxwell T, et al., "Changing The Conversation: New Model Of Home-Based Palliative Care For Patients With Serious Illnesses," *Health Affairs Blog*, <https://www.healthaffairs.org/action/showDoPubSecure?doi=10.1377%2Fhblog20171108.84627&format=full>.
- Morrison RS, et al., "Palliative Care Consultation Teams Cut Hospital Costs For Medicaid Beneficiaries," *Health Affairs*, 30, no. 3 (2011): 454-463, <https://www.ncbi.nlm.nih.gov/pubmed/21383364>.
- "System-Wide Palliative Care: Program Development Guide," *Population Health Advisor, Advisory Board*, <https://www.advisory.com/research/population-health-advisor/white-papers/2016/system-wide-palliative-care-program-development-guide>.
- Greer JA, et al., "Randomized Trial of Early Integrated Palliative and Oncology Care," *Journal of Clinical Oncology*, 34, no. 26 (2016): 104, https://ascopubs.org/doi/abs/10.1200/jco.2016.34.26_suppl.104.
- Gelfman LP, et al., "Does Palliative Care Improve Quality? A Survey of Bereaved Family Members," *Journal of Pain and Symptom Management*, 36, no. 1 (2008): 22-28, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2527760/>.