



The Case

for Hospital Palliative Care

Improving Quality. Reducing Cost.

Center to
Advance
Palliative Care
capc

"The relief of suffering and the cure of disease must be seen as twin obligations of a medical profession that is truly dedicated to the care of the sick."¹

Eric Cassell, MD

What Is Palliative Care?

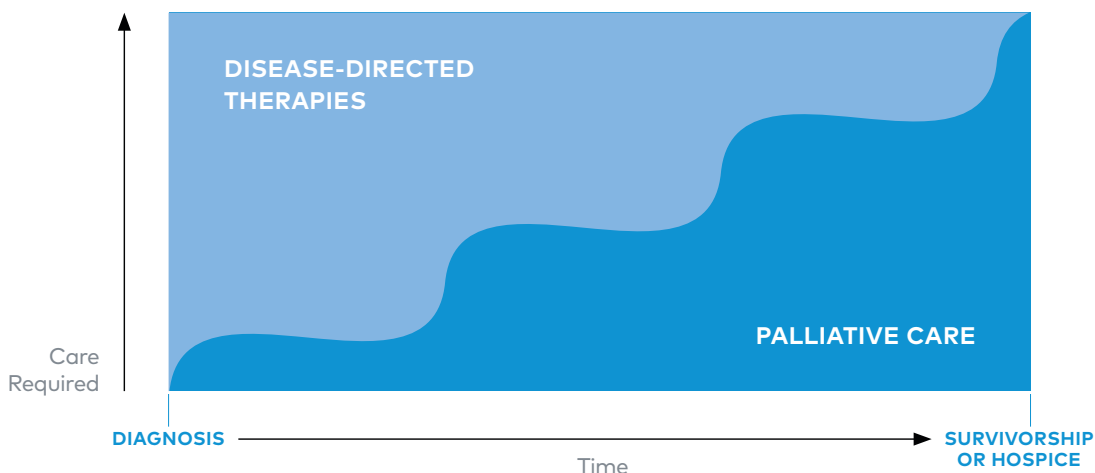
Palliative care is the medical subspecialty focused on providing relief from the symptoms and stress of serious illness. The goal is to improve quality of life for both the patient and the family. Palliative care is appropriate at any age and at any stage of illness, and it can be provided along with all other medical treatments.

Palliative care teams improve quality of care in a manner that leads to reduced hospital costs. They achieve this by combining:

- **Time** to devote to intensive family meetings and patient/family counseling
- **Skilled communication** on what to expect in the future in order to ensure that care is matched to the goals and priorities of the patient and the family
- **Expert symptom management** of both physical and emotional distress
- **Coordination and communication** of goals and preferences among all providers and across settings
- **Improved mobility and mentation** resulting from management of pain and other symptoms

FIGURE 1

Palliative Care Is Appropriate at Any Point in a Serious Illness



A Better Paradigm for Managing Serious Illness

Thanks to medical advances, people are living longer with serious and complex illness. But today's fragmented health care system makes it difficult to effectively treat seriously ill patients—just when their numbers and needs are growing exponentially.

A better paradigm is clearly called for, a design for care that proactively addresses population needs. Palliative care is that paradigm. It provides interdisciplinary, team-driven care focused on patient-centered outcomes such as quality of life, symptom burden, emotional well-being, and caregiver need. Its emphasis on communication and continuity of care fits the episodic and long-term nature of serious, multifaceted illness.

And because palliative care proactively addresses needs and manages the symptoms that lead to crises, it results in substantially lower hospital costs, providing patients, hospitals, the health care system, and clinicians with a cost-effective solution to a growing challenge.²⁻⁴

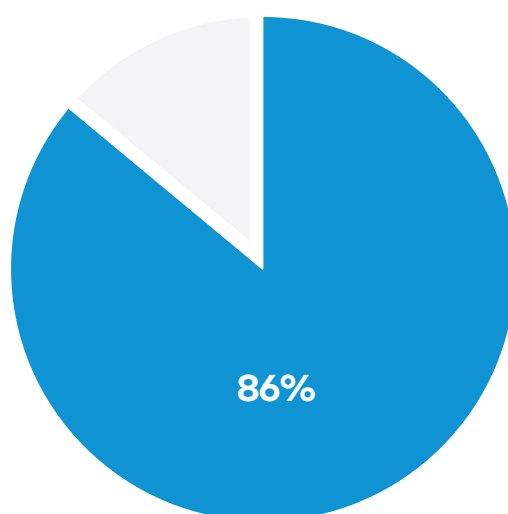
Because it focuses on the highest need and highest cost patient segment, palliative care is particularly relevant as an essential strategy for population health management.⁵

FIGURE 2

Palliative Care Provides the Care that Patients Want⁶

People facing serious illness want the types of services that palliative care provides—and they expect today's hospitals to deliver.

Eighty-six percent of patients and 89% of caregivers report they would be likely to consider palliative care for themselves or their families if they had a serious illness.



Hallmarks of Palliative Care's Impact

Based on need, not prognosis, the pillars of palliative care are:

- **Improved quality** leading to **lower costs**—of hospital care as well as total cost of care
- **Time** to handle intensive patient/family/physician meetings
- **Improved quality of life** for patients and families struggling with serious illnesses they might live with for years, including cancer, heart failure, COPD, advanced kidney disease, and advanced dementia
- **Coordinated and well-communicated care** for patients and families dealing with multiple doctors and a fragmented system
- **Specialty-level assistance** to the attending physician for difficult-to-treat pain and other symptoms
- **Support** to the attending physician and discharge planning staff for efficient transitions to care settings that best fit patients' needs for a safe and sustainable discharge

Did you know?

- Quality of communication is the strongest independent predictor of readmissions.⁷
- Palliative care counts. *U.S. News & World Report* includes the presence of palliative care services in its evaluation criteria.
- Leading health plans, including Elevance, Highmark, and several Blue Cross/Blue Shield plans, include palliative care in their hospital quality incentive programs.

Palliative Care Leads to Better Quality and Clinical Outcomes

Studies have consistently shown that patients with serious illness experience untreated pain and other symptoms; lengthy hospitalizations involving burdensome, often futile, and costly treatments; and poor understanding of their illness and what to expect. Palliative care is a solution.

How does palliative care improve quality?

Increased Survival:

Lung cancer patients receiving palliative care show improved quality of life and lower utilization, and lived 2.7 months longer than those receiving only usual care at Massachusetts General Hospital.⁸

Greatly Reduced Symptom Burden:

Palliative care consult services achieve an average of 66% reduction in symptom burden, with results that last months after initial consultation.⁹

Improved Treatment Adherence:

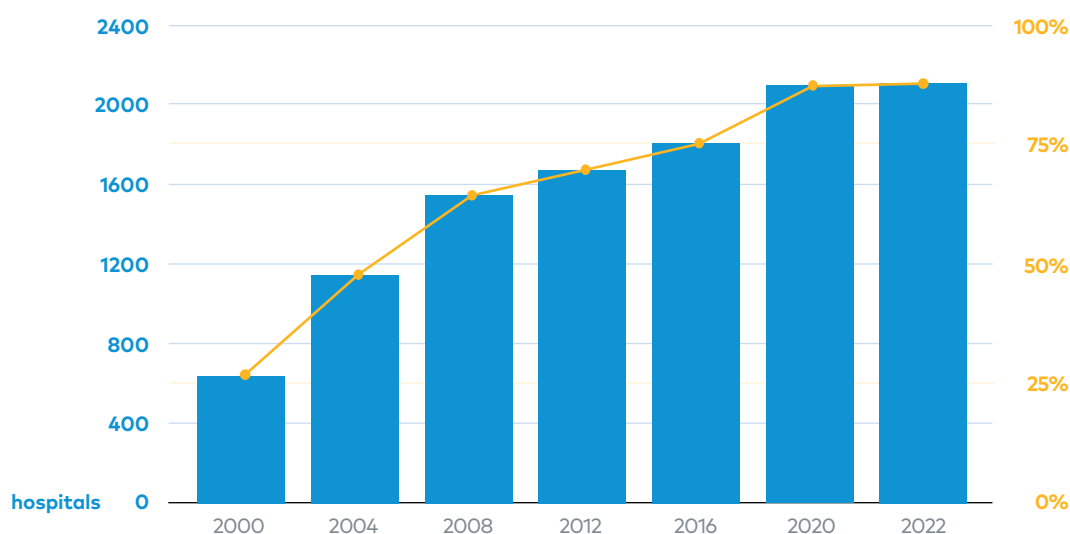
Cancer patients receiving palliative care are more likely to stay in clinical trials, complete their course of chemotherapy and radiation, and experience better quality of life than patients who do not receive palliative care.¹⁰

Forward-Looking Hospitals and Health Systems

Forward-looking hospitals understand that palliative care achieves the “quadruple aim”—equally as beneficial to the patient as it is for the physician and hospital and health system. A survey of health care leaders highlights that the vast majority see palliative care as a mechanism to improve patient experience, quality of care, physician satisfaction, and cost of care.¹¹ Hospitals are taking action. Palliative care teams are now the rule in U.S. hospitals, not the exception.

FIGURE 3

As of 2022, More than 83 Percent of U.S. Hospitals with More than Fifty Beds had a Palliative Care Team¹²



Consider these facts

- American hospitals are filling with seriously ill and frail adults. In a recent analysis, more than 50% of adult hospital stays were for patients with three or more comorbidities, with cancer stays accounting for another 4%.¹³
- Medicare beneficiaries with serious illness have an average length of stay in the hospital 2.2 times that of Medicare beneficiaries without serious illness.¹⁴

The conclusion is simple and inevitable: the hospital and health system of the future must successfully deliver high-quality care for its most complex patients while remaining fiscally viable. Palliative care is essential to achieving the goal of excellent and cost-effective care.

Palliative Care Improves Quality While Maximizing Efficiency and Lowering Costs

The good news is that just as palliative care programs provide higher-quality care for patients and their families, they also provide a better bottom line for hospitals. Palliative care reduces hospital costs by preventing symptom crises, by ensuring that care delivered is consistent with the patient's goals, and through attention to timely and inclusive communication with every clinician involved in the patient's care. Multiple studies have demonstrated that such high-quality, patient-centered care for people with serious illness improves quality while substantially reducing hospital costs.^{2-4,9,15-17}

Palliative care has been shown to

- **Yield efficiency by improving quality.** Replacing unnecessary and burdensome interventions with a coherent care plan driven by the patient's top priorities improves the patient and family experience, leads to better clinical outcomes, and reduces hospital mortality and readmissions. Assuring that hospital resources are matched to patient need and goals results in better throughput and capacity.
- **Lower costs for hospitals and payers.** Palliative care teams in hospitals require a relatively low start-up investment and provide an immediate impact for seriously ill patients, those with the highest-intensity needs. Palliative care matches these high-need patients with appropriate health care resources and transitions them to optimal care settings best matched to their priorities and needs (usually home).
- **Reduce resource and ICU utilization.** Palliative care teams also reduce overall hospital resource and ICU utilization. Direct costs for palliative care teams are more than offset by the financial benefits to the hospital system.

→ **Improve performance on hospital quality measures.** Hospitals have significant financial and reputational incentives for strong performance on required metrics. Palliative care reduces hospital mortality (because of timely discharge to more appropriate care settings) and reduces 30-day readmissions, all central to CMS hospital star ratings.



Reducing Hospital Costs²

On average, palliative care consultation is associated with reductions of

\$3,237
per admission


Cost-savings are even higher for cancer patients, at

\$4,251
per admission

For patients with 4+ diagnoses, cost-savings are

\$4,865
per admission

**For a mid-sized hospital
conducting 500 initial
palliative care consultations
per year, this means direct
cost savings of more than
\$1.6 million
per year**

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Palliative Care in Action

A Case Study: Javier's Story

Javier is a 75-year-old male with advanced COPD, pulmonary hypertension, and disabling shortness of breath, in the hospital for the second time in two months.

The hospital's palliative care team was called in to help determine a treatment plan with Javier. His goals were to improve his ability to walk, transfer, and care for himself. His wife is tearful and anxious about his recurrent breathlessness and hospitalizations.

Before Palliative Care

- Increased shortness of breath, limiting mobility
- Hadn't walked outside in almost 2 months
- Very fearful—"I don't want to suffocate!"
- Taking 10 different medicines (including inhalers)
- Hospitalized 4 times in the last 2 years, including 2 intubations
- Poor quality of life due to breathlessness
- Javier's wife is exhausted and overwhelmed

During Palliative Care

- Held intensive family meetings to explore goals and values and match them to treatment options
- Started on very low dose morphine liquid 2.5 mg by mouth as needed for shortness of breath and 30 minutes before going outside
- Began taking 1 heaping tablespoon of polyethylene glycol powder in juice daily to prevent constipation

After Palliative Care

- Dyspnea and associated anxiety improved because of immediate relief with occasional use of morphine¹⁸
- Discharged from the hospital a full day earlier than previous admissions¹⁹
- Javier's wife experiences a decline in caregiver distress on validated screening²⁰
- Able to transfer independently and manage his own self-care activities
- Consultation with his pulmonary team modifies his care plan and leads to no ED visits or hospitalizations over the next 6 months

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For a comprehensive list of relevant citations, visit capc.org/toolkits/research-on-palliative-care-and-serious-illness

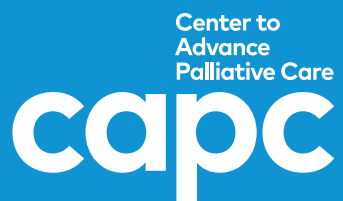
About the Center to Advance Palliative Care

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The **Center to Advance Palliative Care (CAPC)** is a national organization dedicated to increasing the availability of quality, equitable health care for people living with a serious illness. As the nation's leading resource in its field, CAPC provides health care professionals and organizations with the training, tools, and technical assistance necessary to effectively meet this need. CAPC is part of the Icahn School of Medicine at Mount Sinai, in New York City.

"A large body of evidence demonstrates that palliative care improves outcomes for seriously ill patients while decreasing costs for hospitals and health systems. This is why palliative care programs are essential, now and in the future."

Jay Bhatt, DO
President, HRET
Managing Director, Deloitte LP
Former Chief Medical Officer, American Hospital Association



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