Growth of Palliative Care in U.S. Hospitals: 2021 Snapshot (2000-2019)

Palliative care is specialized medical care for people with serious illnesses. It focuses on providing patients with relief from the symptoms, pain, and stress of a serious illness—whatever the diagnosis. The goal is to improve quality of life for both the patient and the family. Palliative care is delivered in the hospital, patient's home, nursing home, or at a doctor's office.

Palliative care has been one of the fastest growing fields as payers, providers, and policymakers have recognized its potential to improve quality and—as a direct result of improved quality—reduce costs.

Since 2000, the percentage of hospitals (with 50 or more beds) with a palliative care program has more than tripled. As of 2019, more than 81% of these hospitals had a palliative care team.

In 2000, only 658 (25%) of those hospitals reported a palliative care program. In 2019, that number increased to 1,709 (82%).

Despite this growth, barriers in access to palliative care remain. Millions of Americans with serious illness do not yet have access to palliative care. Availability is highly variable by geography, hospital size, and tax status. Even in hospitals that report palliative care services, only a small fraction of the patients that could benefit receive palliative care. Many programs remain too understaffed and underresourced to reach all patients in need.

What's Next?

The next phase of growth requires more palliative care in the community—in nursing homes, office practices, and patients' homes. With reliable and quality palliative care in the community, we can ensure that quality of life is improved no matter where the patient is.



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Percentage of U.S. Hospitals with

Learn more at capc.org.

*Internal CAPC analysis based on data from the American Hospital Association Annual Survey DatabaseTM 2000-2019 and the National Palliative Care RegistryTM 2008-2019. Data based on self-report. For more information on methodology, please contact the CAPC Research Department, at research@capc.org.

2004

2007

2010

2013

2016

2019

2001