



THE CASE FOR HOSPITAL PALLIATIVE CARE

Improving Quality. Reducing Cost.



“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. Physicians’ failure to understand the nature of suffering can result in medical intervention that (though technically adequate) not only fails to relieve suffering but becomes a source of suffering itself.”¹ — ERIC CASSELL, MD

Palliative care is the medical subspecialty focused on providing relief from the symptoms, pain and stress of serious illness. The goal is to improve quality of life for both the patient and the family.

It is appropriate at any age and at any stage and can be provided along with curative treatment.

Palliative care teams improve quality and support the primary physician and the patient by providing:

- **Time** to devote to intensive family meetings and patient/family counseling.
- **Expertise** in managing complex physical and emotional symptoms such as pain, shortness of breath, depression and nausea.
- **Communication and support** for resolving family/patient/physician questions concerning goals of care.
- **Coordination** of care transitions across health care settings.

time

expertise

support

coordination

A New Paradigm for Managing Serious and Chronic Illness

Thanks to modern medicine, people are living longer with serious, chronic and complex illness. But today's health care system is fragmented in a way that makes it difficult to navigate—just when the medical needs of chronically ill patients are growing at a rapid rate. Add to this scenario the fact that today's health care consumers, especially baby boomers, are aging—and age brings increased health care demands.

A new and better paradigm is clearly called for, one that can meet these new demands. Palliative care *is* that new paradigm. It provides interdisciplinary coordination and team-driven continuity of care that best responds to the episodic and long-term nature of serious, multifaceted illness. And because palliative care efficiently utilizes hospital resources and delivery systems, it provides patients, medical institutions, the health care system and clinicians with an ongoing, effective and inclusive solution to a growing and difficult challenge.

Palliative care is expected to increase as the public becomes more aware of its benefits. Recent public opinion research reveals that once people are informed about palliative care, 92 percent report they would be highly likely to consider palliative care for themselves or their families if they had a serious illness. Ninety-two percent also said they believe patients should have access to this type of care at hospitals nationwide.²

A RISING
TREND

63%
of hospitals with more than
50 beds
reported a palliative care team in 2009.

Source: *America's Care of Serious Illness: A State-by-State Report Card on Access to Palliative Care in Our Nation's Hospitals*. Center to Advance Palliative Care, October 5, 2011

PALLIATIVE CARE IS APPROPRIATE AT
ANY POINT IN A SERIOUS ILLNESS



PALLIATIVE CARE
COUNTS

Did You Know?

U.S. News & World Report

includes the presence of palliative care services in its evaluation criteria.

Palliative care is recognized as a core component of quality through The Joint Commission Advanced Certification in Palliative Care.

**Hallmarks of a
New, Vital Trend:
Time, Communication,
Expertise, Quality,
Coordination
and Support**

Palliative care responds to the episodic and long-term nature of serious and chronic illnesses. These are the pillars of palliative care:

- Improve the quality—while lowering the cost—of hospital care.
- Handle time-intensive family/patient/physician meetings.
- Improve quality of life for patients and families struggling with serious illnesses they might live with for years, including heart and lung disease, diabetes, cancer and Alzheimer’s disease.
- Coordinate care for patients and families dealing with many doctors and a fragmented medical system.
- Support patients and families struggling with complex decisions.
- Provide specialty-level assistance to the attending physician for difficult-to-treat pain and other symptoms, including nausea, shortness of breath, fatigue, constipation and depression.
- Support the attending physician and discharge planning staff to efficiently transition patients to care settings that best fit patients’ needs.
- Improve patient and family satisfaction with the hospital, overall medical treatment, physicians and the health care team.
- Achieve HCAHPS standards by helping to reduce readmissions and hospital mortality.

Hospitals are starting
palliative care teams
at a rapid pace.

time
communication
expertise
quality
coordination
support

The Hospital of the Future

Consider these facts:

- American hospitals are filling rapidly with seriously ill and frail adults. By 2030, the number of people in the United States over the age of 85 is expected to double to 8.5 million.
- Most people facing serious illness will end up in the hospital at some point in their illness.
- Palliative care reduces long lengths of stay, high costs per day and the often futile high utilization of critical care and other hospital resources.

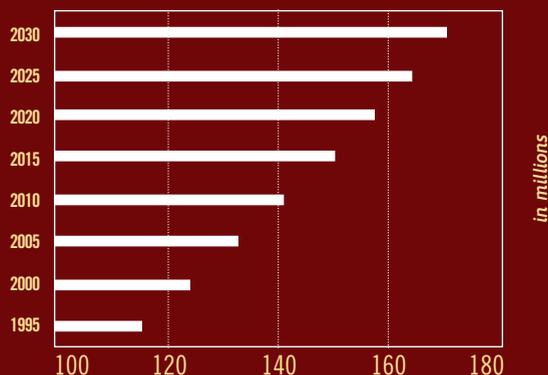
The conclusion is simple and inevitable: the hospital of the future must successfully deliver high-quality care for its most complex patients while remaining fiscally viable. Palliative care is essential to achieving the goal of excellent yet cost-effective care.

Forward-looking hospitals understand that palliative care is a “triple win”—as beneficial to the patient as it is for the physician as it is for the hospital. A poll released by the Regence Foundation and the National Journal³ found that an overwhelming majority of doctors, 96 percent, support palliative care.

The most visionary and practical hospitals are taking action. Over the past five years, the number of academic, community and faith-based hospitals offering palliative care services has soared. As of 2009, some 1,568, or 63 percent, of U.S. hospitals with more than 50 beds had a palliative care team—an increase of 138.3 percent since 2000.⁴ Palliative care teams are now the rule, not the exception.

THE NUMBER OF PEOPLE WITH CHRONIC CONDITIONS IS INCREASING RAPIDLY.

Wu SY, Green A. Projection of chronic illness prevalence and cost inflation. RAND Corporation, October 2000.



The sickest

10% of the U.S. population

accounts for

64% of health care

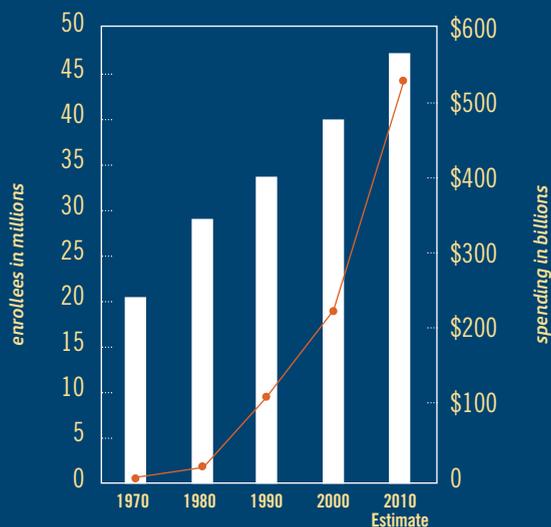
expenditures.

Source: Zuvekas SH, Cohen JW. Prescription drugs and the changing concentration of health care expenditures. *Health Affairs*. 2007 Jan-Feb;26(1):249-57.

BURDEN OF CARE: GROWTH IN MEDICARE ENROLLMENT & SPENDING

Source: Center for Medicare and Medicaid Services

■ Enrollment (left scale)
● Spending (right scale)



Palliative Care Programs Maximize Hospital Efficiency and Lower Costs

The majority of hospitals today are losing money treating Medicare and Medicaid patients, while growing government shortfalls are jeopardizing hospitals' financial health.

Investment in chronic-care management will be key in controlling future costs. The good news is that just as palliative care programs provide higher-quality care for patients, they also provide a better bottom line for hospitals.

Palliative care has been shown to:

- **Lower costs for hospitals and payers.** The data are in. Palliative care teams in hospitals require a relatively low start-up investment. Palliative care provides a clear, effective and immediate system of care for “outlier patients” (those with the highest-intensity needs within an inpatient population) by matching them with appropriate health care resources and transitioning them to optimal care settings. Palliative care teams also reduce overall resource and ED/ICU utilization. Direct costs for palliative care teams are more than offset by the financial benefit to the hospital system.
- **Merge quality with efficiency.** Replacing futile, burdensome interventions with patient-centered palliative care improves the patient and family experience and strengthens satisfaction with the hospital. Hospitals can better plan daily resource use by following a clear and effective care plan, in the process reducing costs for redundant, unnecessary or unwanted tests and pharmaceuticals.
- **Transition patients to appropriate levels of care.** Ensuring that patients are more quickly transitioned to appropriate levels of care reduces the length of a patient's hospital stay, especially in the ICU.

Patients enrolled in Medicaid who received palliative care incurred

\$6,900 less

in hospital costs than a matched group receiving usual care.

The patients receiving palliative care spent less time and were less likely to die in intensive care units, and were more likely to receive hospice referrals.⁵



**REDUCING
HOSPITAL COSTS**

On average, palliative care consultation
is associated with

**reductions of \$1,700
per admission**

for live discharges and

**reductions of \$4,900
per admission**

for patients who died in the hospital.

This means savings of more than

**\$1.3 million for a
300-bed community hospital**

and more than

**\$2.5 million for the
average academic medical center.**

Source: Morrison RS, Penrod JD, Cassel JB, et al. Cost savings associated with U.S. hospital palliative care consultation programs. *Arch Intern Med.* 2008 Sep 8;168(16):1783-90.

Improving Clinical Outcomes

Studies have consistently shown that patients with life-threatening illness experience untreated pain and other symptoms; lengthy hospitalizations involving unwanted, often futile and costly medical treatments; and low overall family satisfaction—particularly with the quality of their hospital care.⁶⁻¹³

Patients with metastatic lung cancer who received palliative care showed improved quality of life and less depression, and lived approximately three months longer than patients who received usual care alone, according to a 2010 study conducted at Massachusetts General Hospital and released in *The New England Journal of Medicine*.¹⁴

- Palliative care consult services are associated with reductions in symptoms, high family satisfaction with overall care and greater emotional support, as compared with usual care.
- According to a recent study of four New York State hospitals, palliative care consultation saved hospitals an average of \$6,900 per admission. Savings of approximately \$2,600 per admission were seen for palliative care patients discharged from the ICU, and patients receiving palliative care spent on average 3.6 fewer days in intensive care.¹⁵
- Palliative care helps patients complete treatments, including rehabilitation. Studies show that cancer patients receiving palliative care during chemotherapy are more likely to complete their cycle of treatment, stay in clinical trials and report a higher quality of life than similar patients who did not receive palliative care.
- Studies show that palliative care teams increase the rate of hospice referral for patients whose disease is nonresponsive to curative intervention or who determine that the burdens of treatment outweigh their benefits.

Joan Clark is a 72-year-old woman who was admitted to the ICU with dementia, stage 4 pressure ulcers and fever. Surgical treatment and repeated courses of antibiotics did nothing to alter her ulcers' progression, and fever and pain persisted. Two weeks into her hospitalization, Mrs. Clark was agitated, moaning and refusing dressing changes because of pain.

On day 15 of her hospitalization, her nurse case manager called for a palliative care consultation. The palliative care team met with the patient's two daughters, who were her health care proxies. It quickly became clear that the daughters did not understand the severity of their mother's illness, nor were they fully aware of the reasons for her rapid decline. After two family meetings, however, the team worked with the patient's daughters and granddaughter to develop a plan of care that focused on maximizing Mrs. Clark's comfort and sense of security. The plan included transferring her back to a nursing home, initiating a low dose of morphine for her ulcer pain, spoon feeding for comfort and implementing a "do not resuscitate" order.

Two days later, Joan was discharged to a nursing home. Two months later she was interactive and comfortable. Her family expressed tremendous satisfaction, and they visit Mrs. Clark daily in the nursing home.

Providing Quality Care That Patients Want

People facing serious illness want the types of services that palliative care provides—and they expect today’s hospitals to deliver.^{16–19}

- **Complex patients, and families, want and need a great deal of time with their doctors.** They want a voice in their care. They want more control and their families want clear, ongoing communication about what to expect and how to plan for their treatment and their future. Communication is central to the treatment approach provided by palliative care.
- **Patients want vigorous control of their pain and other symptoms.** Pain is the most common and widely feared symptom of hospital patients. Untreated pain results in medical complications, increased length of hospital stay, unnecessary suffering, increased use of health care resources and decreased patient satisfaction. More than 90 percent of pain episodes and other symptoms can be effectively treated with standard analgesic therapies provided and closely monitored by a palliative care team.
- **Patients want relief from worry, anxiety and depression.** These are the leading symptoms of patients with serious illness. Palliative care clinicians treat complex symptoms, allowing patients and their families to enjoy the best possible quality of life.
- **Patients want well-coordinated care and transitions.** Palliative care teams help patients and families navigate the health care system, including locating and accessing home health services, nursing homes, hospice and more.

- **Patients want support for family caregivers.** Seriously ill patients are concerned with reducing burdens on their loved ones and want help involving their family in care decisions. Trained palliative care professionals have expertise in patient/family/medical team dynamics.
- **Patients want a sense of safety in the health care system.** Recent surveys show concern among patients about the possibility of medical errors and lack of coordination and communication about their care during their hospital stays. Palliative care patients report that their care is closely monitored and well communicated.

vigorous treatment of
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treatment

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relief

close communication
about their care

information

well-coordinated care
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coordination

support for
family caregivers

support

a sense of safety in
the health care system

safety

PALLIATIVE CARE:
PROVIDING QUALITY CARE
THAT PATIENTS WANT

**Interview with
DIANE E. MEIER, MD**

*Director,
CENTER TO ADVANCE
PALLIATIVE CARE*

How did you become interested in palliative care?

Through years of working as a geriatrician in a teaching hospital in New York City, I witnessed patients with serious and advanced illness try in vain to navigate the complexities of our health care system. I saw the physical and emotional toll it took on them and their families, and I saw stress in doctors and other health care staff who just did not have time to provide all the help these patients needed. At the same time, the field of palliative care began achieving national attention, providing me with a constructive means of response to the problems I was seeing.

What types of services do you provide?

Palliative care teams provide consultation services to physicians who manage highly complicated patients in a very time-pressured setting. We also make sure that patients get meticulous attention to pain and symptom issues throughout the day in the hospital. We spend a great deal of time ensuring good communication with everyone: the patient, the family, the primary doctor and nurse, all the consulting physicians and the rest of the interdisciplinary health care team. This level of communication is absolutely necessary to providing quality, coordinated care.

How do you work with a patient's primary care physician in the hospital?

The primary care team is our client. We're not here to take over care of the patient, but rather we aim to support the primary attending physician. We serve as the eyes, ears and hands of physicians who work all day in their own practices, but who nevertheless have patients who are very sick and in the hospital. This means helping them coordinate care and often conducting repeated, lengthy family meetings to help patients and families discuss their situations and arrive at important care decisions.

What special skills do palliative care professionals need?

Quite frankly, palliative care requires skills that are not always taught in medical school but are crucial to working with patients with advanced, chronic illness. Most important, palliative care professionals need rigorous training in symptom identification and management. They also need training in how to communicate difficult information under very painful circumstances. This is hard for all of us, and is therefore often avoided, but patients need a very clear understanding of what is going on with their bodies and the implications for their care. Lastly, palliative care professionals must have a genuine ability to work on a team that typically includes a doctor, nurse, social worker and a member of the clergy. The team approach ensures that the stresses and responsibilities of this work are shared.

How is palliative care paid for?

Hospitals bill for inpatient days under traditional Medicare/Medicaid or commercial insurance. Physicians (and in some states, advanced practice nurses) bill for palliative care consultation services under Medicare Part B and commercial insurance.

However, billing revenue cannot match the program costs due to the time-intensive nature of the clinical work. Philanthropy should be sought as a significant contributor to the palliative care program financial plan.

Finally and most importantly, hospitals contribute direct funds to support palliative care program staff, typically providing 50 percent or more of the overall program funding. This investment will be amply repaid through cost avoidance, the reduction in direct costs resulting from palliative care's ability to clarify goals and reduce unnecessary ICU days, pharmaceuticals, X-ray and laboratory costs. The typical return on investment is between two to three dollars saved for every one dollar invested in program costs.



DIANE E. MEIER, MD

**Interview with
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Director,
CENTER TO ADVANCE
PALLIATIVE CARE

How does a hospital implement a palliative care team?

After many years of helping hospitals start palliative care teams, CAPC has identified the following key steps:

1. Seek out early guidance from CAPC and avoid reinventing the wheel: www.capc.org.
2. Form an interdisciplinary planning committee of key stakeholders: hospital administration, chronic-disease management staff, physicians, nurses, social workers, discharge planners, chaplaincy and finance managers.
3. Gather facts to document the current problems in the care of seriously ill patients: data on pain and symptom management, length of stay, cost per day and patient/family satisfaction.
4. Review the literature on palliative care program impact and clinical service models.
5. Develop a business plan and implementation action plan.

Are there standards to define the optimal palliative care program components?

In 2004, a national consensus panel was formed to define the components of a quality palliative care program, including such issues as staffing, clinical services and quality monitoring. Based on these standards, the National Quality Forum has developed a list of 38 Preferred Practices in Hospice and Palliative Care for health care settings.

Are there palliative care resources available for patients and families?

Yes. GetPalliativeCare.org provides clear palliative care information. Key components of the site include a Palliative Care Directory of Hospitals, links to other resources and a detailed definition of palliative care and how it differs from hospice care.

Endnotes

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Creating
Successful Palliative
Care Programs

www.capc.org

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