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. 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

What Is Palliative Care?

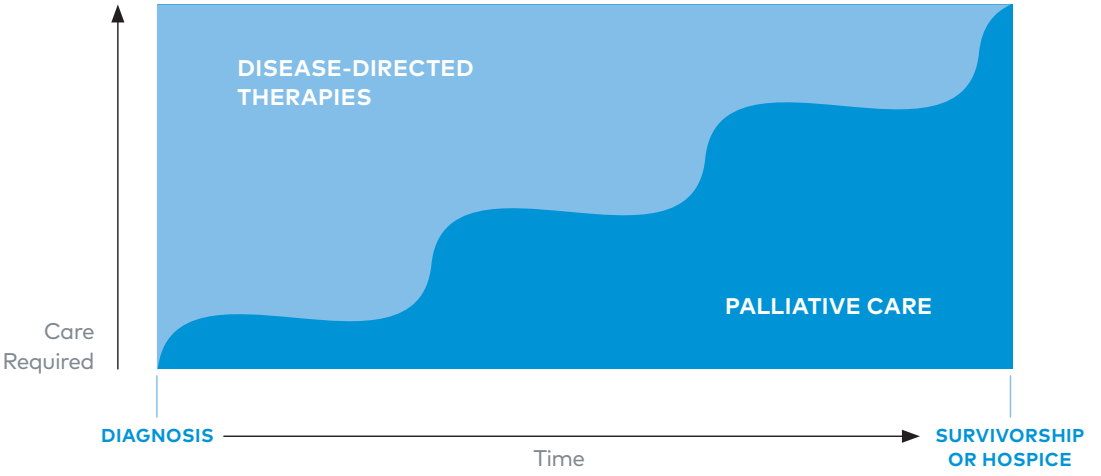
Palliative care is the medical subspecialty focused on providing relief from the symptoms and stress of serious illness. The goal is to improve quality of life for both the patient and the family. Palliative care is appropriate at any age and at any stage of illness, and it can be provided along with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

FIGURE 1

Palliative Care Is Appropriate at Any Point in a Serious Illness



A New Paradigm for Managing Serious Illness

Thanks to modern medicine, 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 new and better paradigm is clearly called for, a design for care that addresses population needs. Palliative care is that new 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 helps ensure that resources are matched to patient and family needs and priorities, it results in substantially lower hospital costs, providing patients, hospitals, the health care system, and clinicians with an 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]

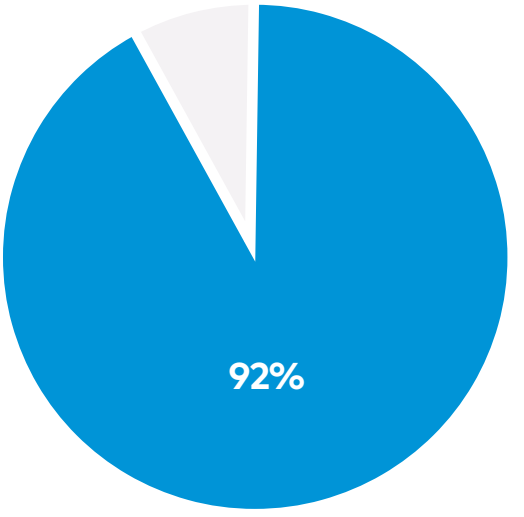
FIGURE 2

Palliative Care Provides the Care that Patients Want

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

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 say they believe patients should have access to this type of care at hospitals nationwide.[6]



Hallmarks of a Vital Trend

Based on need, not prognosis, palliative care responds to the episodic, complex, and long-term nature of serious illness. The pillars of palliative care are:

- **Improved quality** leading to **lower costs**—of hospital 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 heart and lung disease, complications of diabetes, cancer, and kidney and Alzheimer's disease.
- **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.
- Palliative care is recognized as a core component of quality through The Joint Commission's Advanced Certification for Palliative Care.

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?

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]

Palliative care consult services

achieve reductions in symptom burden and result in high family satisfaction with care and emotional support, compared to usual care.[9,10]

Cancer patients receiving palliative care

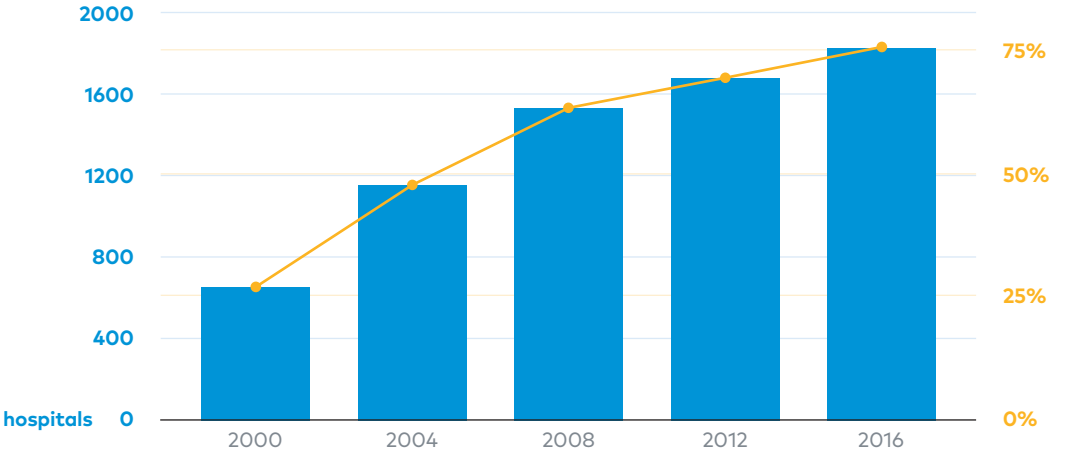
are more likely to stay in clinical trials, complete their course of chemotherapy and radiation, and experience better quality of life than patients who do not receive palliative care.[11]

Forward-Looking Hospitals and Health Systems

Forward-looking hospitals understand that palliative care is a "triple win"—equally as beneficial to the patient as it is for the physician and hospital and health system. A poll released by the Regence Foundation and National Journal found that 96 percent of doctors—an overwhelming majority—support palliative care.[12] Hospitals are taking action. Palliative care teams are now the rule in U.S. hospitals, not the exception.

FIGURE 3

As of 2016, over 1,734, or 75 percent of U.S. hospitals with more than fifty beds had a palliative care team.[13]



Consider these facts

- → American hospitals are filling rapidly with seriously ill and frail adults.
- → By 2040, the number of people in the United States over the age of 85 is expected to more than double to 14.1 million.[14]
- → Most people facing serious illness will require hospitalization at least once during the multi-year course of a serious illness.

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.

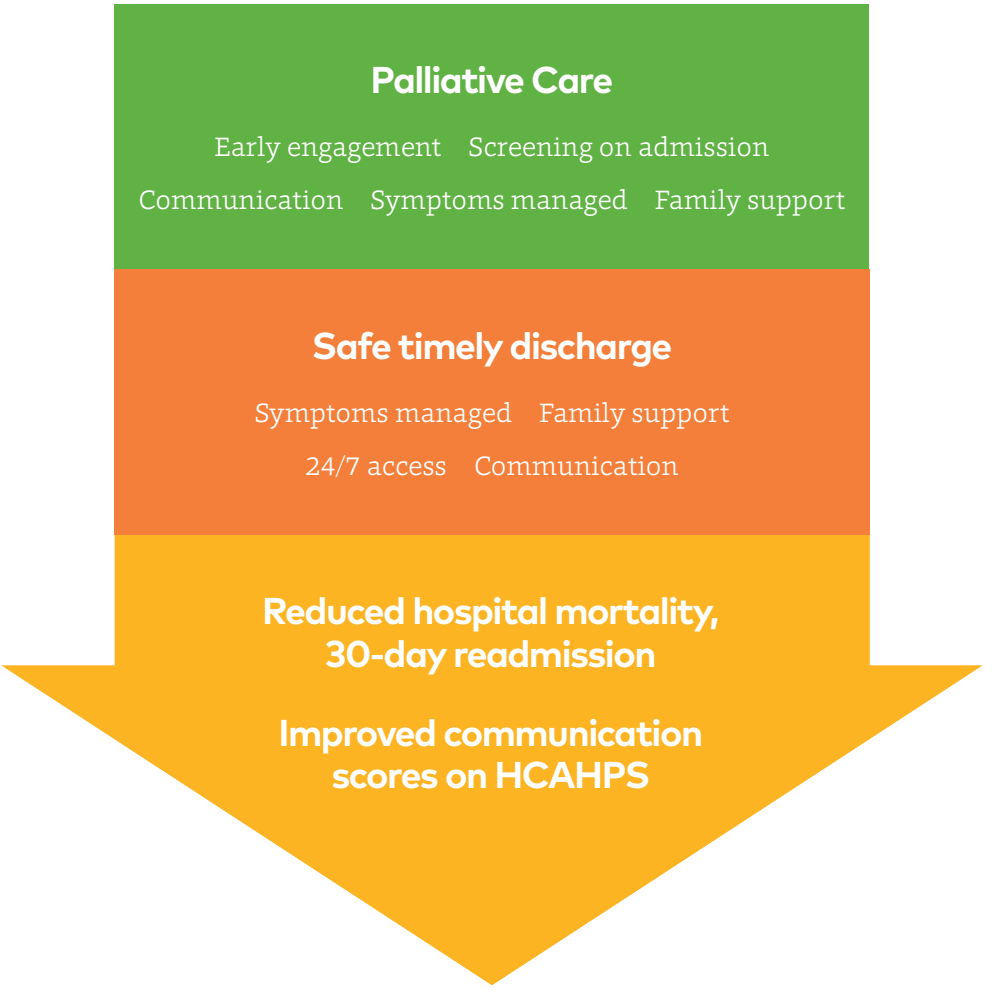
Palliative Care Improves Quality While Maximizing Efficiency and Lowering Costs

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 the plan of care 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, including a 2018 meta-analysis[2], have demonstrated that such high-quality patient-centered care of serious illness improves quality while substantially reducing hospital costs.[2–4,7–11,15–20,24–28]

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 ED/ICU utilization.** Palliative care teams also reduce overall hospital resource and ED/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 improves patient experience with doctor and nursing communication; reduces hospital mortality (because of timely discharge to more appropriate care settings); and reduces 30-day readmissions, all central to CMS hospital star ratings.



✓ **CMS Hospital Stars**
✓ **U.S. News Best Hospitals**
✓ **Leapfrog Hospital Safety Grades**
✓ **Watson Health 100 Top Hospitals**

Reducing Hospital Costs

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 palliative care consultations per year, this means savings of more than

$1.6 million

per year

Based on a meta-analysis of six studies with a total of 133,118 patients[2]

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 2 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
- Javier's wife described inaccessible bathroom, bedroom is up a flight of stairs, and Javier is unable to stand up from his living room armchair
- Referred to home-based palliative care team

After Palliative Care

- Dyspnea and associated anxiety improved because of immediate relief with occasional use of morphine
- Home safety modifications including a chair to help him stand, grab bars and elevated toilet seat in bathroom, and an inclinator to help him up the stairs to the bedroom
- Able to transfer independently and manage his own self-care activities
- Access to palliative care team by phone 24/7 when he or his wife have concerns
- No ED visits or hospitalizations over the next 6 months

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 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 the provision of quality, coordinated care.

How do you work with a patient's primary treating 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 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 specialists have?

Diane E. Meier, MD

Quite frankly, palliative care requires skills that are not always taught in medical school but are crucial to working with patients with a serious illness. Most important, palliative care professionals receive rigorous training in symptom identification and management. They also get intensive training in how to communicate difficult information under painful circumstances. This is hard for all of us, and is therefore often avoided, but patients need a 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 patient and family complex needs are addressed and that the stresses and responsibilities of this work are shared.

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

Yes. The National Consensus Project Clinical Practice Guidelines for Quality Palliative Care is in its 4th Edition. Based on NCP standards, the National Quality Forum has developed a list of 38 preferred practices. In addition, The Joint Commission and DNV provide Advanced Certification for Palliative Care.

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 and team-based nature of the clinical work.

Finally and most importantly, hospitals contribute to the support of 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 the ability of palliative care to clarify goals and reduce unnecessary ICU and hospital days, pharmaceuticals, X-ray and laboratory costs, leading directly to improved capacity for throughput. The typical return on investment is between two to three dollars saved for every one dollar invested in program costs.

If a hospital does not already have a program in place, how would it implement one?

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: **capc.org.**
2. Form an interdisciplinary planning committee of key stakeholders: hospital administration, leaders from case management, physician specialties such as oncology and neurology, nursing and social work leadership, discharge planners, chaplaincy, and finance managers.
3. Gather facts to document the current gaps in the care of seriously ill patients: data on pain and symptom management, hospital mortality and readmissions by diagnostic category, length of stay, cost per day, and patient/family satisfaction and experience with care (HCAHPS scores).
4. Develop a business plan and action plan.

Are there resources available to help clinicians explain the benefits of palliative care to patients and families?

Yes. **GetPalliativeCare.org** provides clear palliative care information aimed at the public. Key components of the site include the Palliative Care Provider Directory, a downloadable fact sheet, podcasts and blog articles in patients' own voices, links to other resources, and a clear definition of palliative care.

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For a comprehensive list of relevant citations, visit **registry.capc.org**.

About the Center to Advance Palliative Care

capc.org

The **Center to Advance Palliative Care (CAPC)** is a national organization dedicated to increasing the availability of quality care for people facing serious illness. As the nation's leading resource, CAPC provides health care professionals with the training, tools, and technical assistance necessary to redesign care systems that effectively meet this need.

CAPC is funded through membership and the generous support of foundations and private philanthropy. Technical assistance is provided by the Icahn School of Medicine at Mount Sinai, in New York City.

To learn more about CAPC tools, training, and technical assistance, visit capc.org or call 212-201-2670.

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"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
Senior Vice President and Chief Medical Officer, American Hospital Association

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