



CALIFORNIA
HEALTHCARE
FOUNDATION

SNAPSHOT

When Compassion Is the Cure:

Progress and Promise in Hospital-Based Palliative Care

2012

Introduction

Palliative care is specialized medical care focused on providing patients with relief from the symptoms, pain, and stress of a serious illness. The goals are to improve quality of life for both the patient and the family and to ensure that treatments align with patient preferences. Because current data show that more Californians (42%) will die in a hospital than any other setting, hospital-based palliative care programs play an important role in ensuring that patients have access to appropriate care at the end of their lives.

The California HealthCare Foundation sponsored the first review of California hospital-based palliative care programs in 2007 by the National Health Foundation and the University of California, San Francisco, Palliative Care Team. This follow-up survey was conducted in 2011.

SOME HIGHLIGHTS:

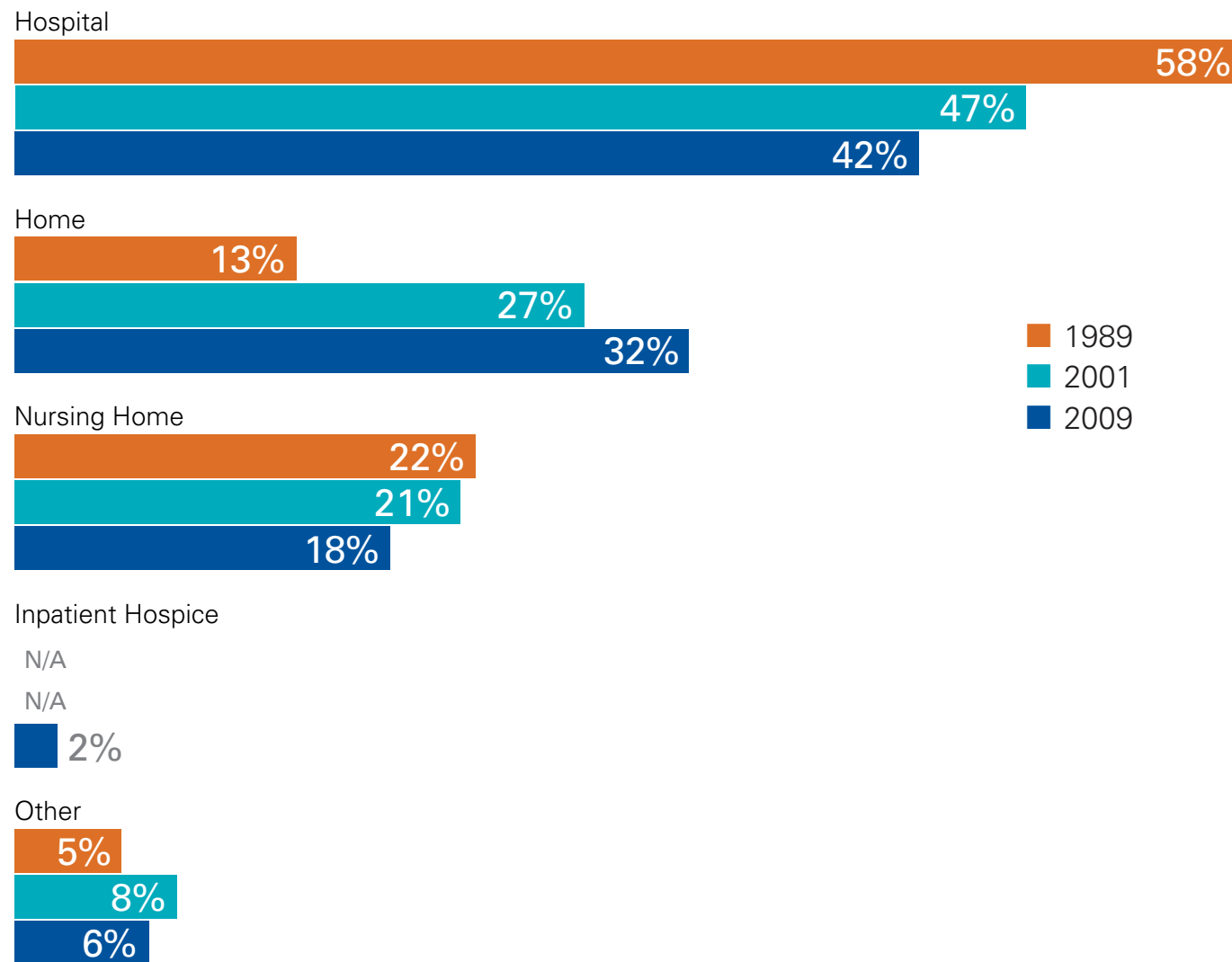
- Of the 361 responding hospitals, 53% have a palliative care program, up from 43% in 2007.
- Palliative care consultation services have experienced dramatic growth in recent years: Between 2007 and 2011, pediatric services increased by 128%, while adult services increased by 24%.
- Every major metropolitan area in California except Los Angeles increased the number of hospital-based palliative care programs between 2007 and 2011. The percentage of Los Angeles hospitals with such programs decreased.
- Nonprofit hospitals (72%) are far more likely to have a palliative care program than district (21%), city/county (61%), or for-profit (12%) institutions. Hospitals that are part of a system are almost twice as likely as non-system hospitals to have a program.
- Ninety-five percent of teaching hospitals have palliative care programs.
- Most palliative care services have modest budgets, with 60% operating on less than \$300,000 annually.

This report builds on past research on palliative care and is intended to support California’s efforts to provide the most comprehensive and highest quality care to patients when they are facing a serious illness.

CONTENTS

| | |
|--|----|
| Overview | 3 |
| Current State of Programs | 4 |
| Program Characteristics | 13 |
| National Quality Forum Standards | 17 |
| Hospitals Without Programs | 26 |
| Cost of Care | 27 |
| Methodology | 28 |
| Authors | 28 |

Location of Deaths, California, 1989, 2001, 2009



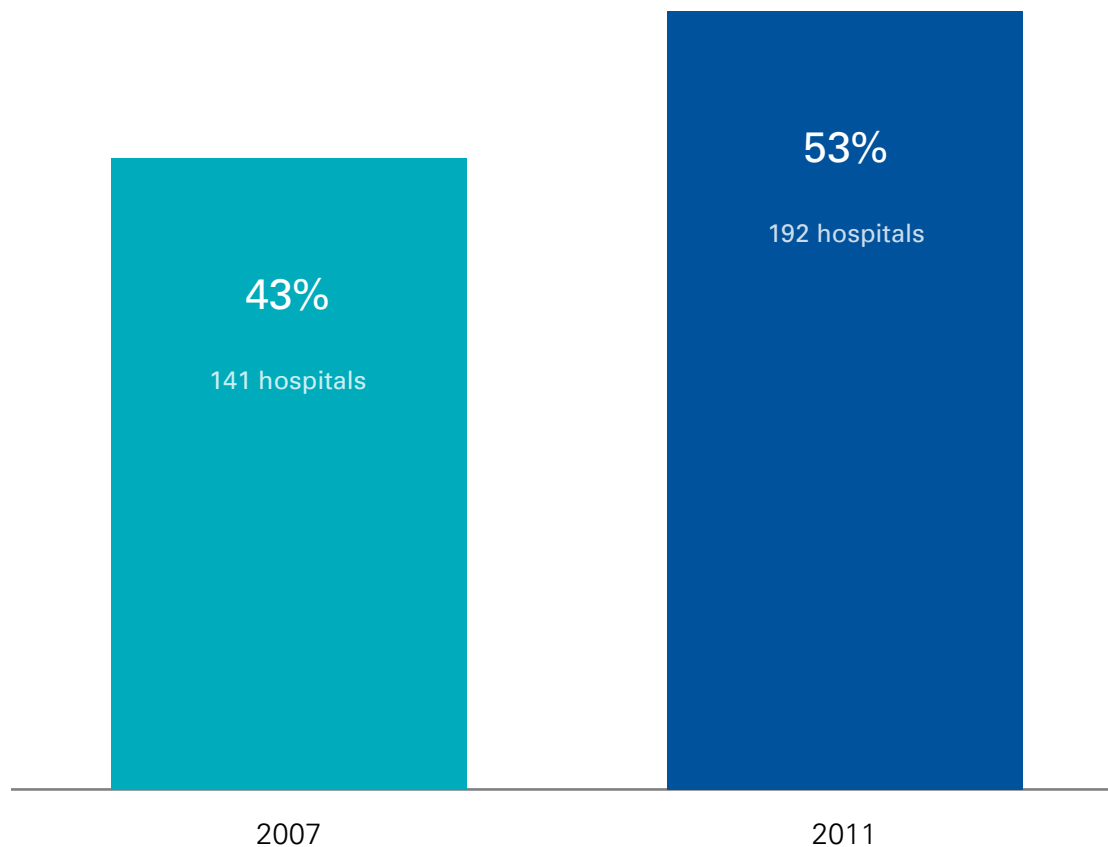
Source: State of California, Department of Public Health, Death Records, 2011.

Palliative Care in California Overview

While the percentage of Californians who die at home increased between 1989 and 2009, 42% still die in a hospital.

Hospitals with Palliative Care Services, California, 2007 and 2011

PERCENTAGE OF HOSPITALS WITH PALLIATIVE CARE PROGRAMS



Note: Hospitals provide palliative care in a variety of settings beyond the acute care hospital, including clinics and the patient's home. Hospital-based palliative care is provided through both consultation and primary services. Consultation services offer recommendations for treatment, and primary services provide treatment for the patient.

Source: Survey of Palliative Care in California Hospitals, National Health Foundation and University of California, San Francisco, 2011.

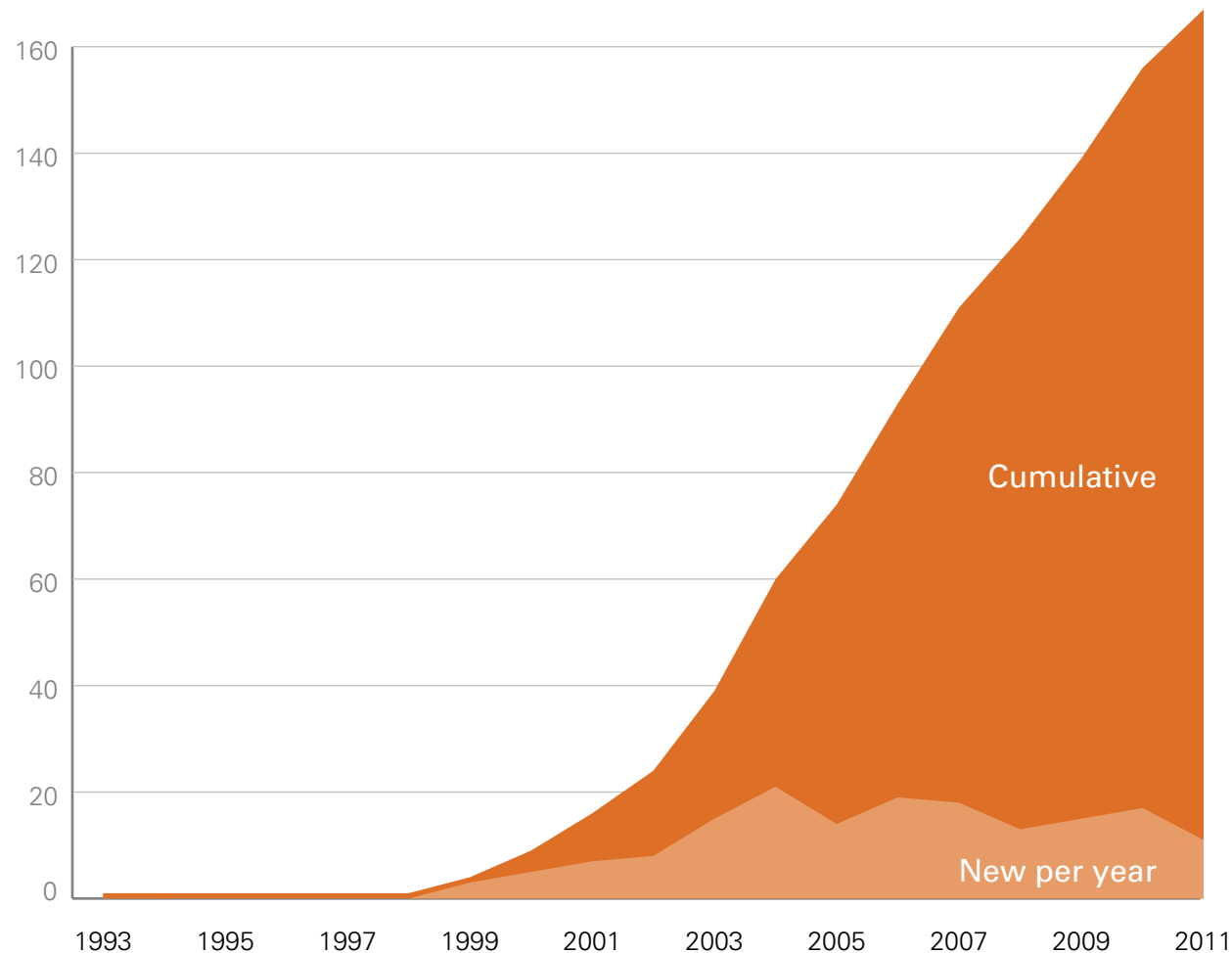
Palliative Care in California Current State of Programs

Fifty-three percent of responding California hospitals report having some type of palliative care program, up from 43% in 2007.

Seventy-nine percent of programs offer adult services only, 3% treat only children, and 18% provide both adult and pediatric services (not shown).

Growth of Adult Palliative Care Programs, California, 1993 to 2011

NUMBER OF PROGRAMS



Note: Not all programs reported a launch date.

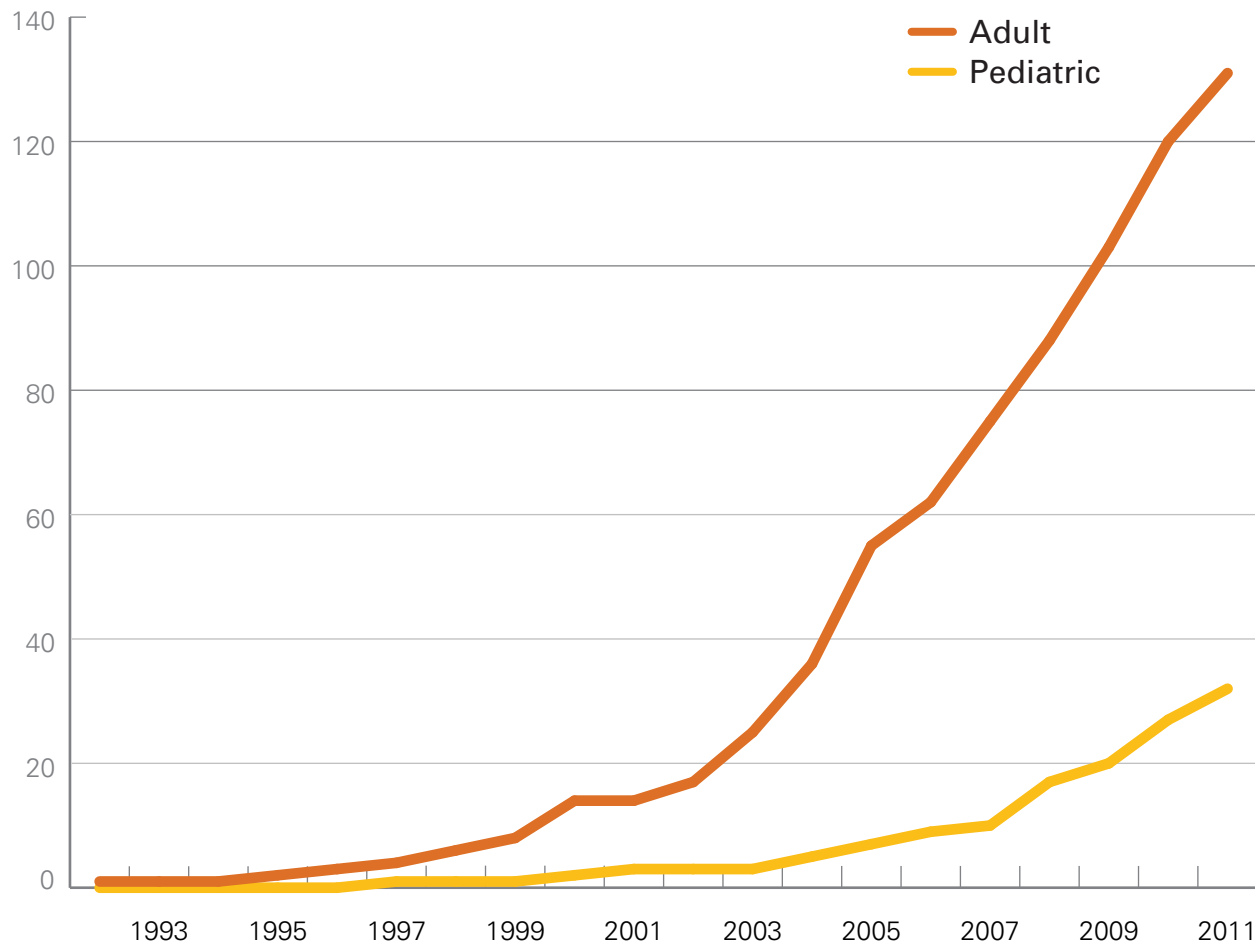
Source: Survey of Palliative Care in California Hospitals, National Health Foundation and University of California, San Francisco, 2011.

Palliative Care in California Current State of Programs

Although palliative care programs are now in place in more than 50% of the state's acute care hospitals, they are a recent phenomenon. Ninety percent of programs were launched in the past 10 years, with 44% of programs starting in the last five years.

Growth of Consultation Services, Adult and Pediatric, California, 1992 to 2011

NUMBER OF PALLIATIVE CARE CONSULTATION SERVICES



Note: A palliative care consultation service sees patients and makes care recommendations but does not assume primary responsibility for the patient.

Source: Survey of Palliative Care in California Hospitals, National Health Foundation and University of California, San Francisco, 2011.

Palliative Care in California Current State of Programs

Palliative care consultation services have grown in recent years, particularly in pediatrics. The number of pediatric consultation services in 2011 represents a 128% increase from 2007.

The number of adult consultation services increased by 24% over the same time period.

Palliative Care Programs in Major Metropolitan Areas, California, 2007 and 2011

PERCENTAGE OF HOSPITALS WITH PALLIATIVE CARE PROGRAMS

Orange County



12 of 31

39%

Los Angeles



40 of 88

45%

San Diego



12 of 22

55%

Sacramento



17 of 23

74%

San Francisco



17 of 19

89%

■ 2007
■ 2011

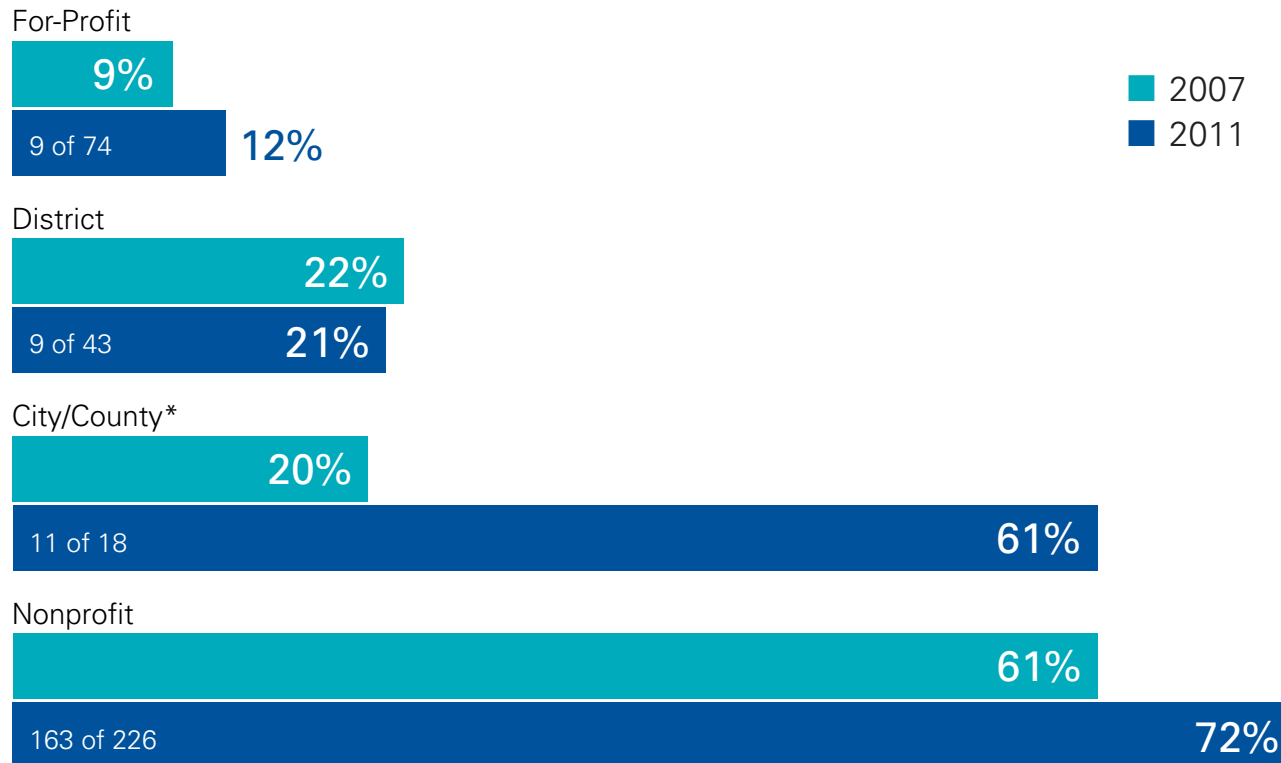
Palliative Care in California Current State of Programs

Every major metropolitan area in California, except Los Angeles, experienced an increase in the number of hospital-based palliative care programs between 2007 and 2011.

Source: Survey of Palliative Care in California Hospitals, National Health Foundation and University of California, San Francisco, 2011.

Palliative Care Programs, by Hospital Ownership, California, 2007 and 2011

PERCENTAGE OF HOSPITALS WITH PALLIATIVE CARE PROGRAMS



*Excludes University of California medical centers mandated to serve low-income, vulnerable populations.

Source: Survey of Palliative Care in California Hospitals, National Health Foundation and University of California, San Francisco, 2011.

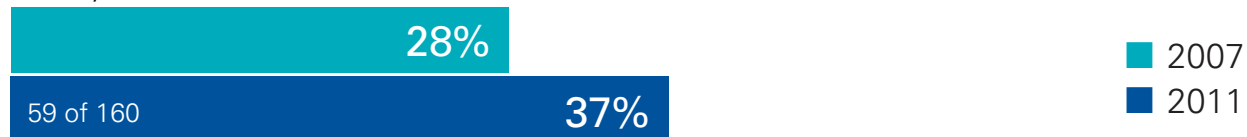
Palliative Care in California Current State of Programs

The number of city/county-owned hospitals with palliative care programs almost tripled since 2007. Palliative care programs exist in 11 county-owned acute care hospitals and are in development at the remaining three county sites.

Palliative Care Programs, by System Status, California, 2007 and 2011

PERCENTAGE OF HOSPITALS WITH PALLIATIVE CARE PROGRAMS

Non-System



System-Run



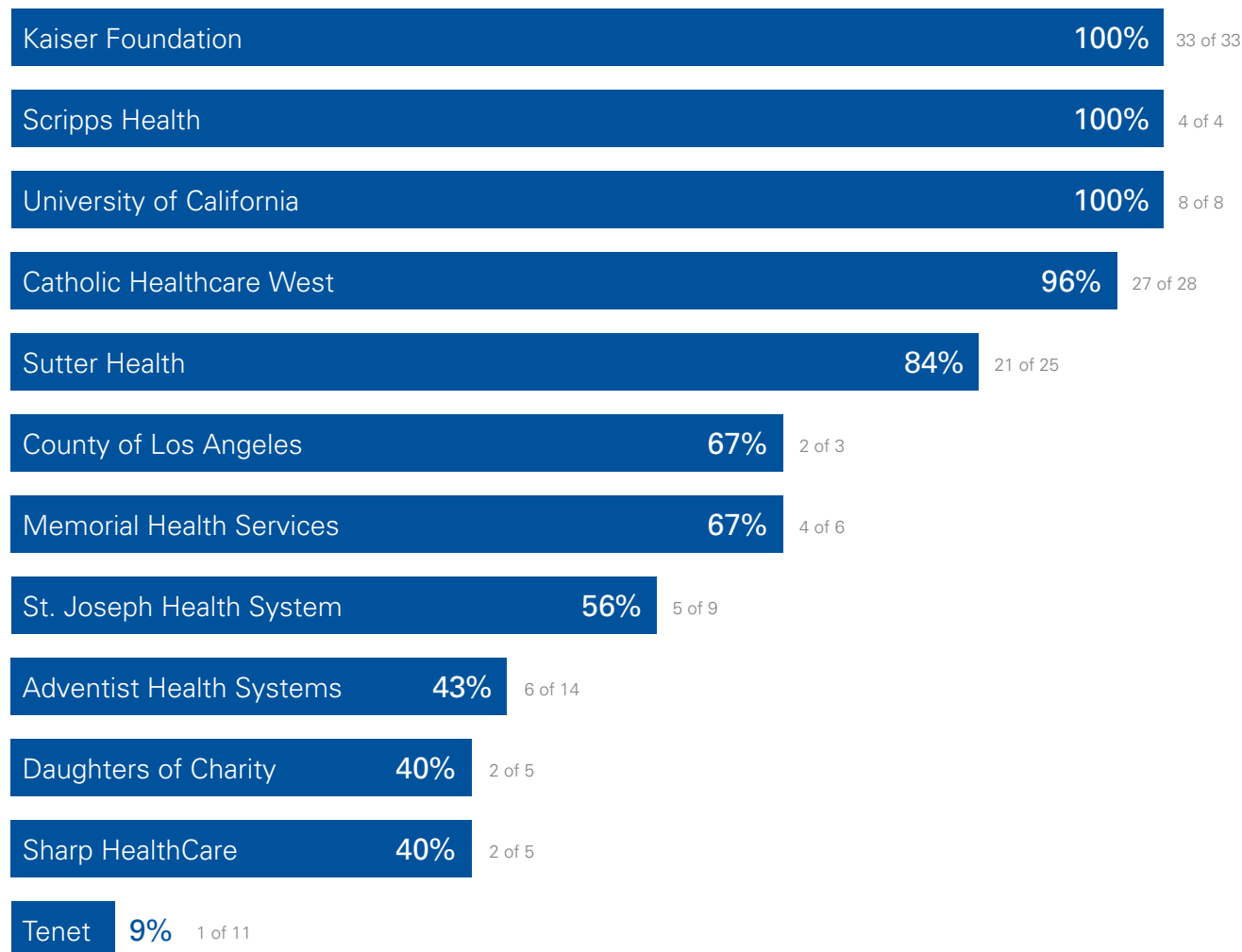
Palliative Care in California Current State of Programs

Health systems play an important role in promoting the spread of hospital-based palliative care throughout the state. Two-thirds (66%) of hospitals that are part of a system have a palliative care program, compared to 37% of non-system hospitals.

Source: Survey of Palliative Care in California Hospitals, National Health Foundation and University of California, San Francisco, 2011.

Palliative Care Programs in Selected Hospital Systems, California, 2011

PERCENTAGE OF SYSTEM HOSPITALS WITH PALLIATIVE CARE PROGRAMS



Note: This is not a comprehensive list of California hospital systems.

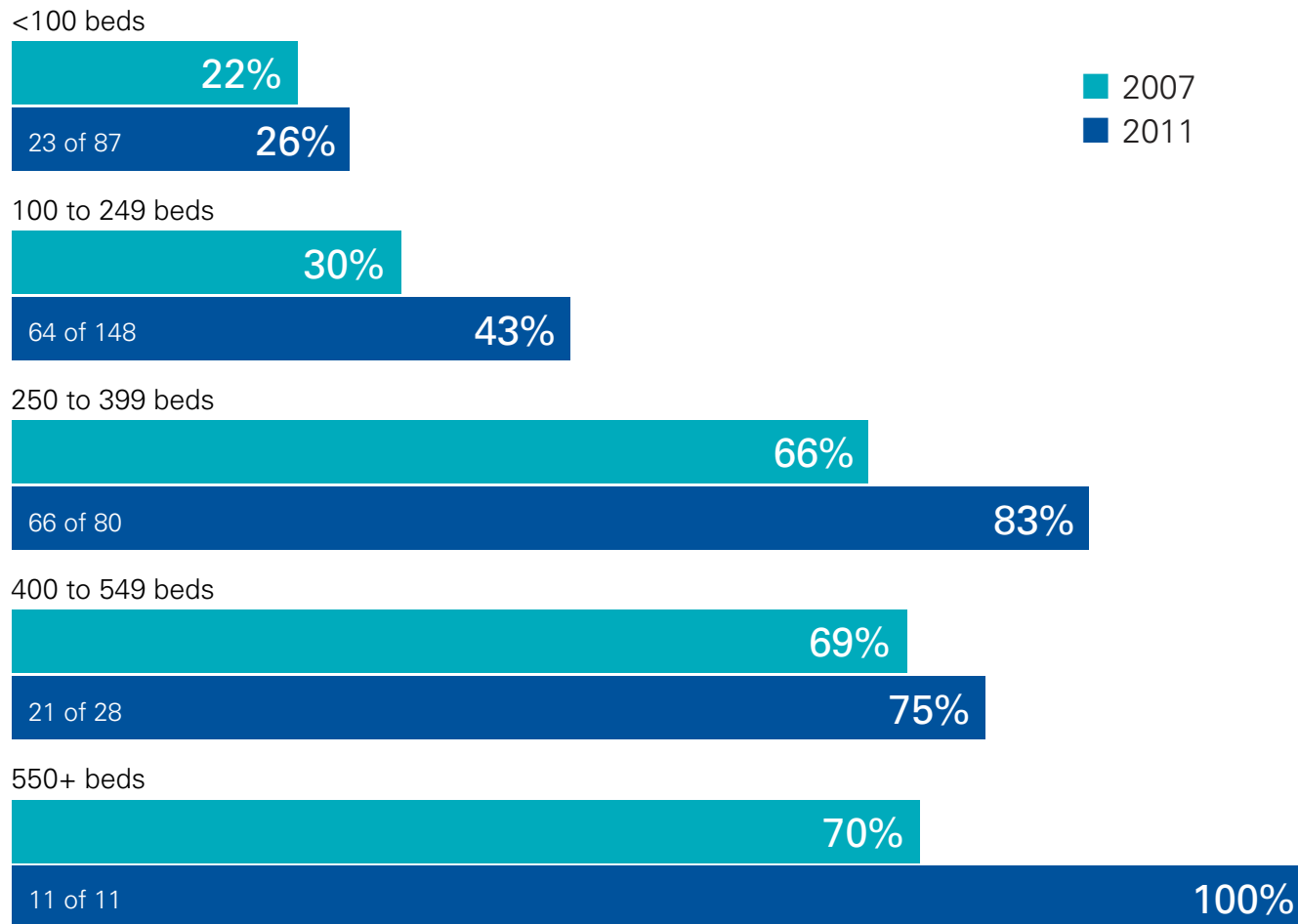
Source: Survey of Palliative Care in California Hospitals, National Health Foundation and University of California, San Francisco, 2011.

Palliative Care in California Current State of Programs

Health systems in California vary greatly in their adoption of palliative care programs. Kaiser, Scripps, and the University of California have programs in 100% of their California hospitals.

Palliative Care Programs, by Licensed Bed Size, California, 2007 and 2011

PERCENTAGE OF HOSPITALS WITH PALLIATIVE CARE PROGRAMS



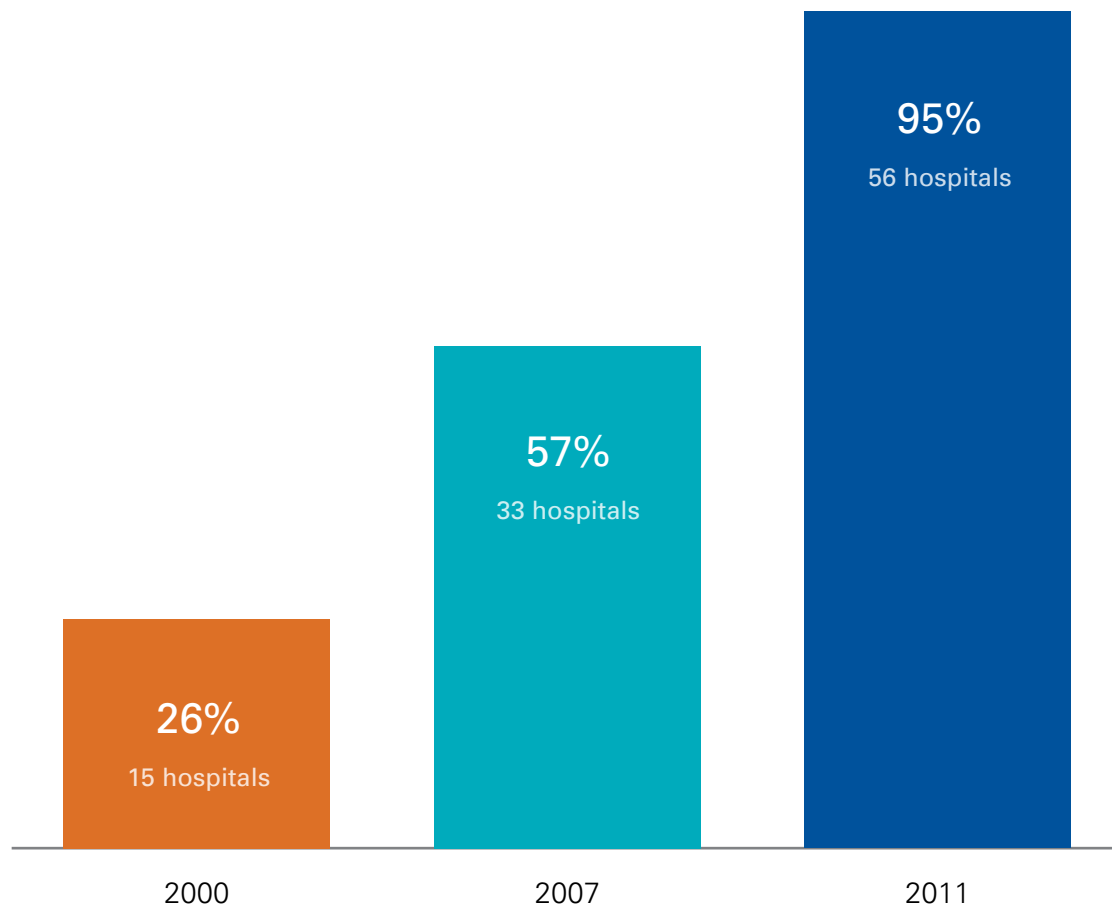
Source: Survey of Palliative Care in California Hospitals, National Health Foundation and University of California, San Francisco, 2011.

Palliative Care in California Current State of Programs

Larger hospitals are far more likely than smaller ones to have palliative care programs; 100% of hospitals with 500 beds or more have a palliative care program. While the number of programs has increased in mid-sized hospitals (100 to 399 beds), small hospitals struggle to create programs. The 53% of hospitals with palliative care programs account for 68% of the licensed beds in the state.

Palliative Care Programs in Teaching Hospitals,* California, 2000, 2007, and 2011

PERCENTAGE OF HOSPITALS WITH PALLIATIVE CARE PROGRAMS



*Teaching hospitals are defined as those that offer any type of residency program for physician trainees.

Source: Survey of Palliative Care in California Hospitals, National Health Foundation and University of California, San Francisco, 2011.

Palliative Care in California Current State of Programs

Ninety-five percent of California's teaching hospitals have palliative care programs, ensuring that the overwhelming majority of California's physician trainees are exposed to palliative care.

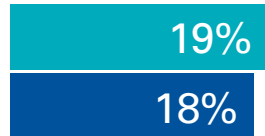
Types of Adult Palliative Care Services, California, 2007 and 2011

PERCENTAGE OF PALLIATIVE CARE PROGRAMS WITH THE FOLLOWING SERVICE...

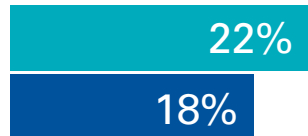
Primary care service that has responsibility for admitted patient



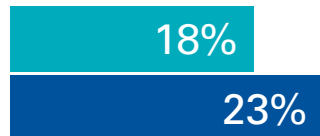
Home service



Outpatient clinic or service



Beds designed for palliative care patients*



Inpatient consultation service (makes care recommendations to the primary medical team)



*These beds are preferentially made available to palliative care patients but can be occupied by any acute care patient.

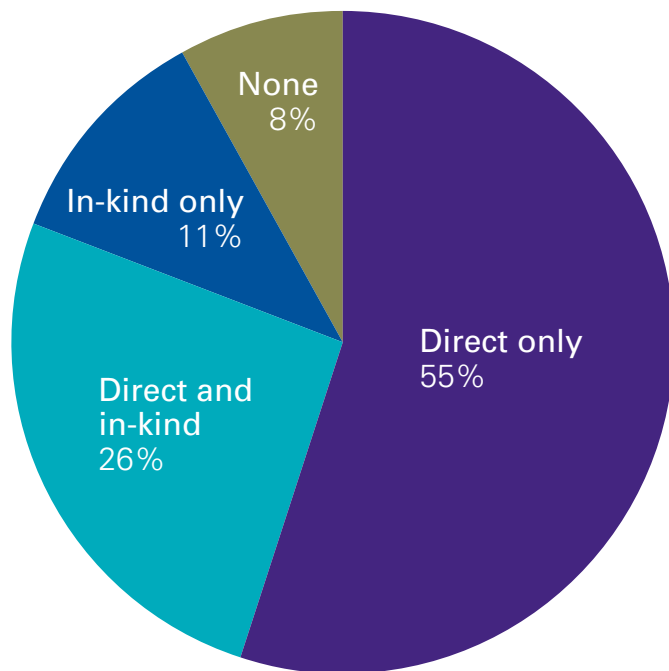
Source: Survey of Palliative Care in California Hospitals, National Health Foundation and University of California, San Francisco, 2011.

The average adult palliative care program offers more than one type of service to patients. Ninety-seven percent of sites have consultation services, and 23% have beds that are specially designed for palliative care patients and their families.

Hospital Financial Support for Palliative Care, California, 2011

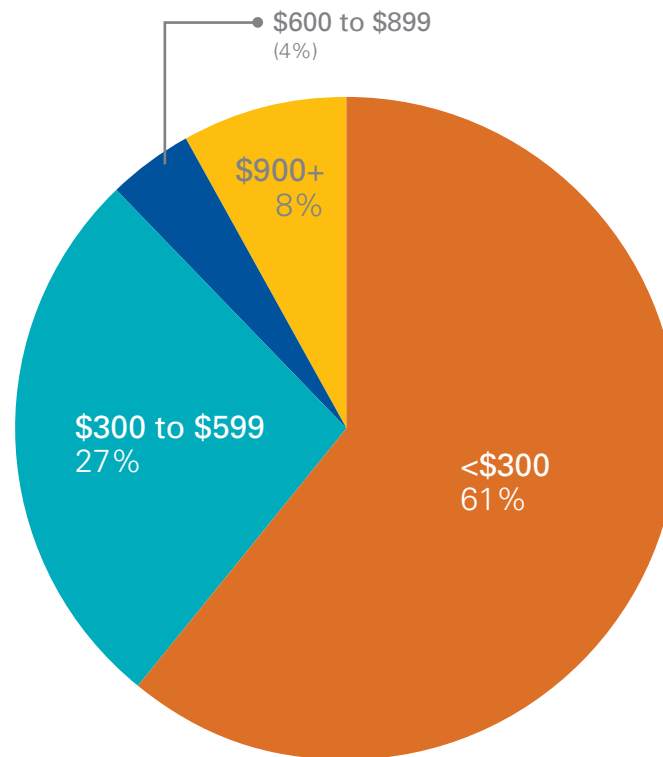
Type of Support

PERCENTAGE OF PROGRAMS RECEIVING
HOSPITAL SUPPORT



Budget Range (in thousands)

PERCENTAGE OF PROGRAMS WITH
ANNUAL BUDGETS FOR CONSULTATION SERVICES



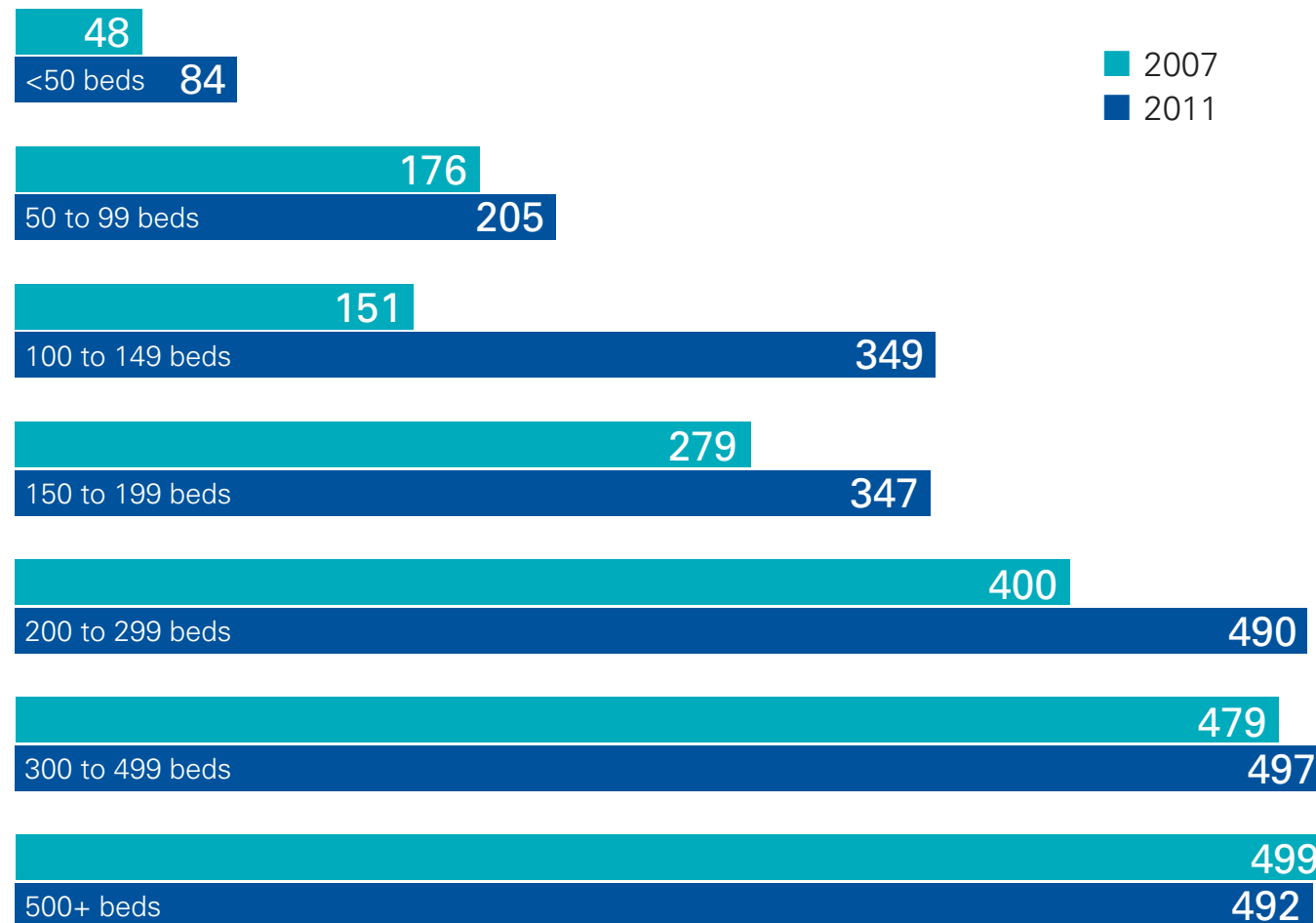
Nearly all palliative care programs (92%) receive financial support from their hospital, either through direct allocation of funds and/or staff positions, or as in-kind support where existing positions are allocated to palliative care.

Most palliative care consultation services operate on modest budgets. More than 60% of these services cost less than \$300,000 annually.

Source: Survey of Palliative Care in California Hospitals, National Health Foundation and University of California, San Francisco, 2011.

Palliative Care Patient Census, by Licensed Bed Size, California, 2007 and 2011

NUMBER OF PATIENTS SEEN BY CONSULTATION SERVICES PER YEAR



Source: Survey of Palliative Care in California Hospitals, National Health Foundation and University of California, San Francisco, 2011.

Palliative Care in California Program Characteristics

The average adult consultation service sees 442 patients a year, a 27% increase from 2007.

California's 133 adult consultation services report caring for more than 58,000 patients in 2011.

Establishment of Goals and Expectations, California

PERCENTAGE OF HOSPITALS WITH ESTABLISHED GOALS IN THE FOLLOWING AREAS...

Patient volume

62%

Advance care planning documentation

50%

Hospice referral rates

47%

Readmission rates

40%

Patient/family satisfaction

39%

Clinical outcomes (symptom management)

32%

Financial outcomes (contribution to efficient resource use)

28%

Many hospitals and health systems have established goals and expectations for their palliative care programs. This practice demonstrates that these services are well-integrated into the hospital culture and are being held to similar standards as other clinical services.

Source: Survey of Palliative Care in California Hospitals, National Health Foundation and University of California, San Francisco, 2011.

Quality Measures in Palliative Care

The survey assessed respondent hospitals' adherence to a range of quality measures selected from the National Quality Forum (NQF)'s consensus report, *A National Framework and Preferred Practices for Palliative and Hospice Care Quality, 2006*. The NQF is a nationally recognized membership organization bringing together diverse health care stakeholders to endorse performance measures to advance the quality of care.

The following pages display results in eight areas considered important in palliative care:

- Multidisciplinary team composition
- Specialized training of multidisciplinary team members
- Staff availability during business hours and after hours
- Educational materials in multiple languages
- Assessment of physical and psychological symptoms
- Patient-family care conferences
- Data collection
- Post-discharge follow-up practices

Source: Survey of Palliative Care in California Hospitals, National Health Foundation and University of California, San Francisco, 2011.

The National Quality Forum's voluntary standards for palliative care provide a framework for data that consumers, purchasers, and health care professionals can use to make informed decisions about palliative care and to enhance its quality.

Multidisciplinary Team Composition, California, 2011

PERCENTAGE OF PALLIATIVE CARE TEAMS INCLUDING THIS DISCIPLINE

Physician

88%

Nurse practitioner/clinical nurse specialist

48%

Registered nurse

64%

Social worker

60%

Spiritual care professional

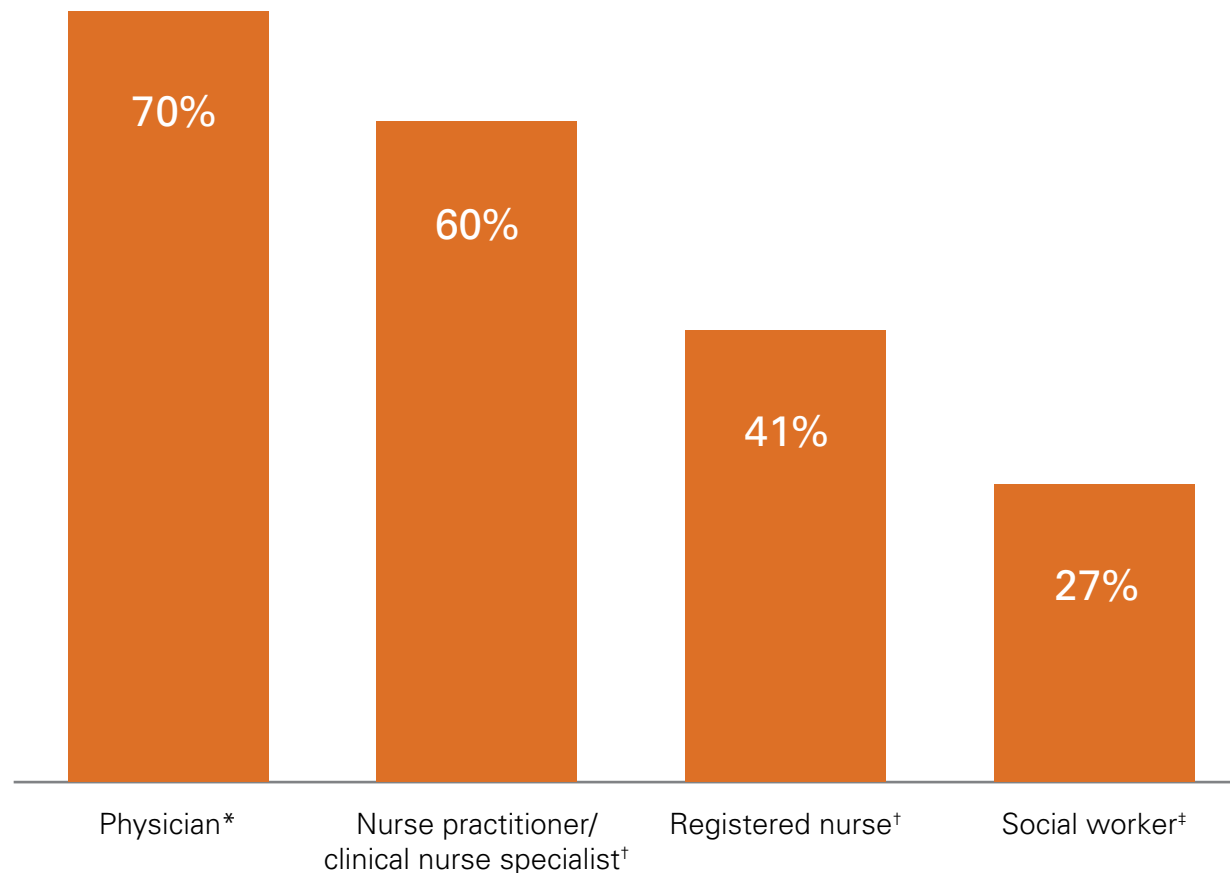
60%

Palliative care uses a multidisciplinary approach. The typical adult consultation service includes four disciplines, with most programs including physicians and/or nurse practitioners/clinical nurse specialists, registered nurses, social workers, and spiritual care professionals. Less than 10% of programs have a psychologist, psychiatrist, or physician assistant on the team.

Source: Survey of Palliative Care in California Hospitals, National Health Foundation and University of California, San Francisco, 2011.

Multidisciplinary Teams, Specialized Training, California, 2011

PERCENTAGE OF PROVIDERS WITH SPECIALIZED TRAINING IN PALLIATIVE CARE



*Board certification conferred by the American Board of Medical Specialties.

†Board certification conferred by the National Board for Certification of Hospice and Palliative Nursing.

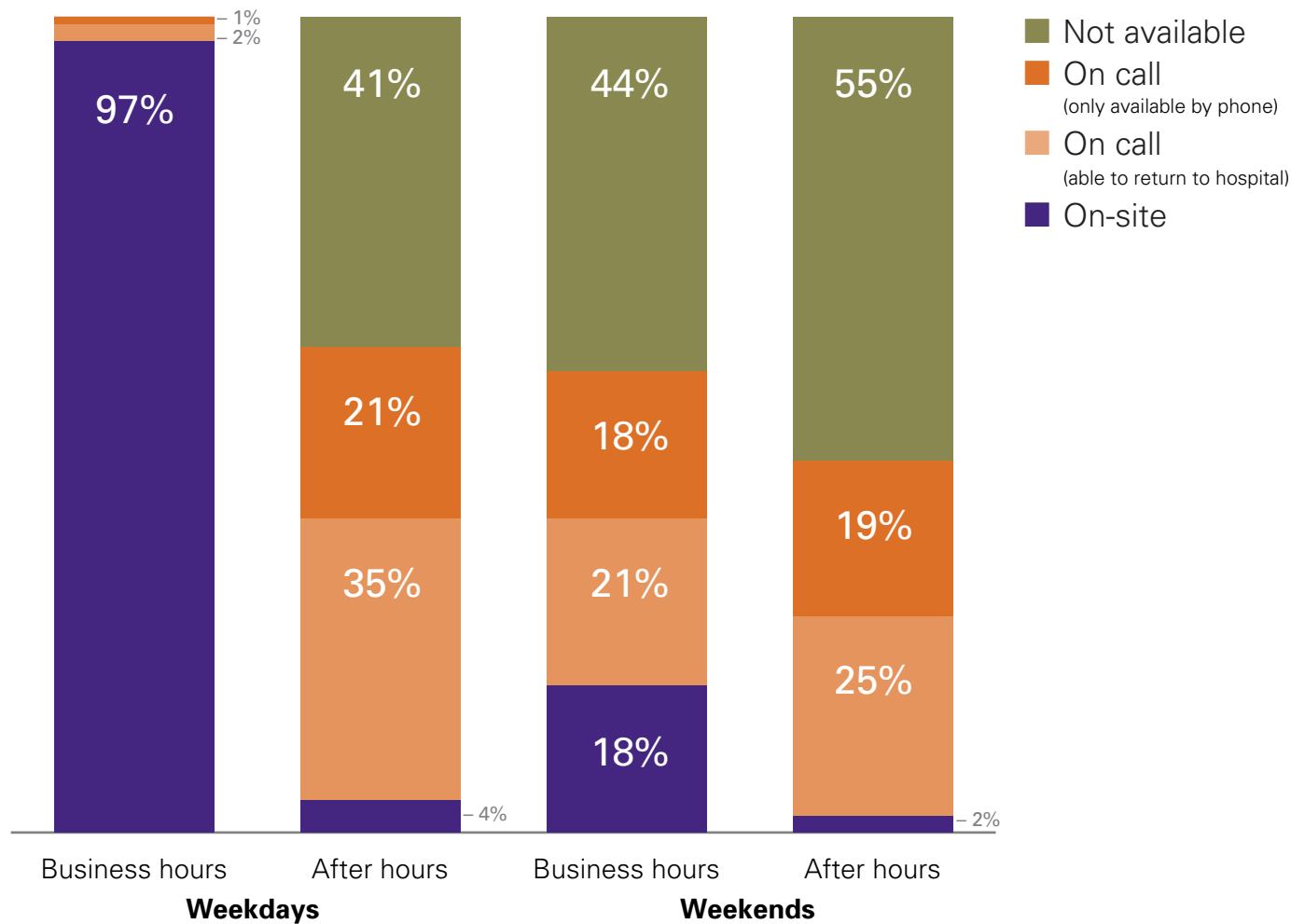
‡Advanced Certified Hospice and Palliative Social Worker credential provided by the National Association of Social Workers.

Source: Survey of Palliative Care in California Hospitals, National Health Foundation and University of California, San Francisco, 2011.

Many of the physicians and advanced practice nurses on multidisciplinary teams have received specialized training in palliative care.

Staff Availability in Palliative Care Programs, California, 2011

PERCENTAGE OF HOSPITALS REPORTING STAFF AVAILABILITY



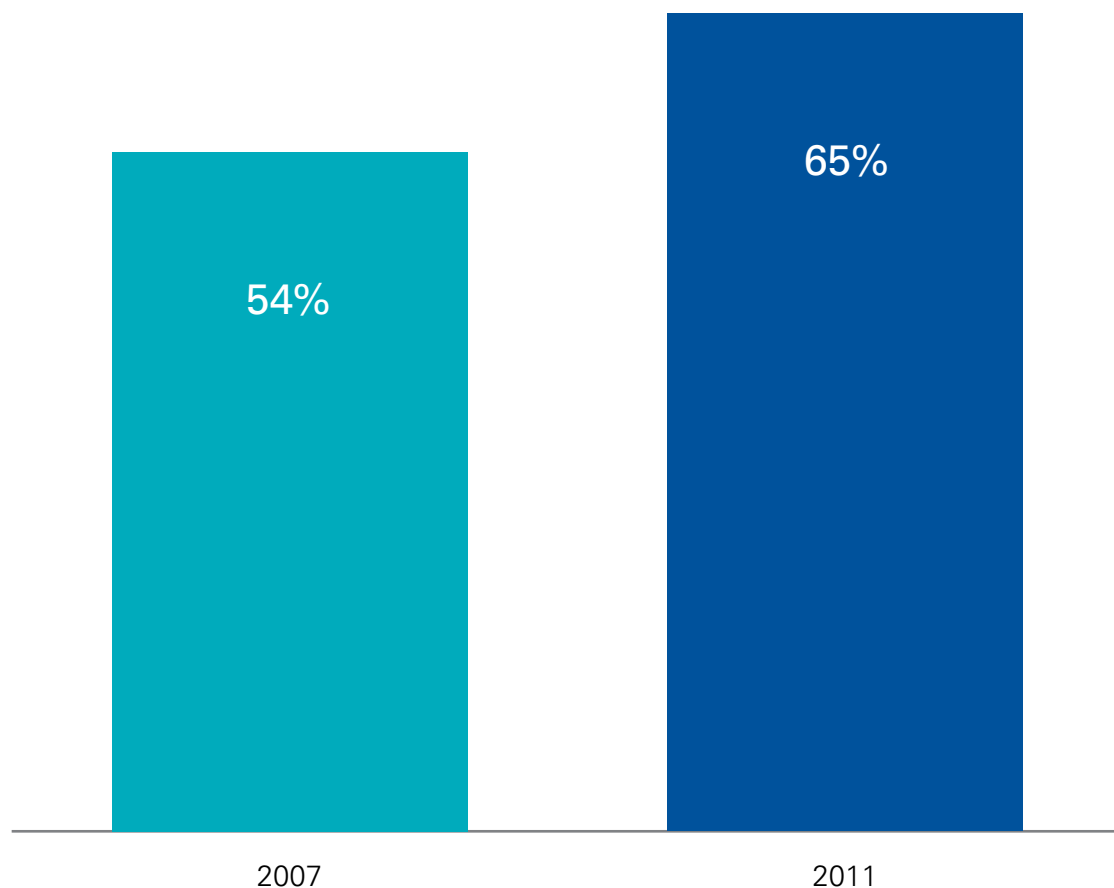
Almost all programs (97%) have staff on-site during regular working hours on weekdays. About 60% of programs have staff available in person (4%) or by phone (55%) after hours during the week. Weekend staffing is much less robust.

Note: Segments may not add to 100% due to rounding.

Source: Survey of Palliative Care in California Hospitals, National Health Foundation and University of California, San Francisco, 2011.

Educational Materials in Multiple Languages, California, 2007 and 2011

PERCENTAGE OF PALLIATIVE CARE PROGRAMS WITH MATERIALS IN MULTIPLE LANGUAGES



Note: Based on data from 133 palliative care consultation services.

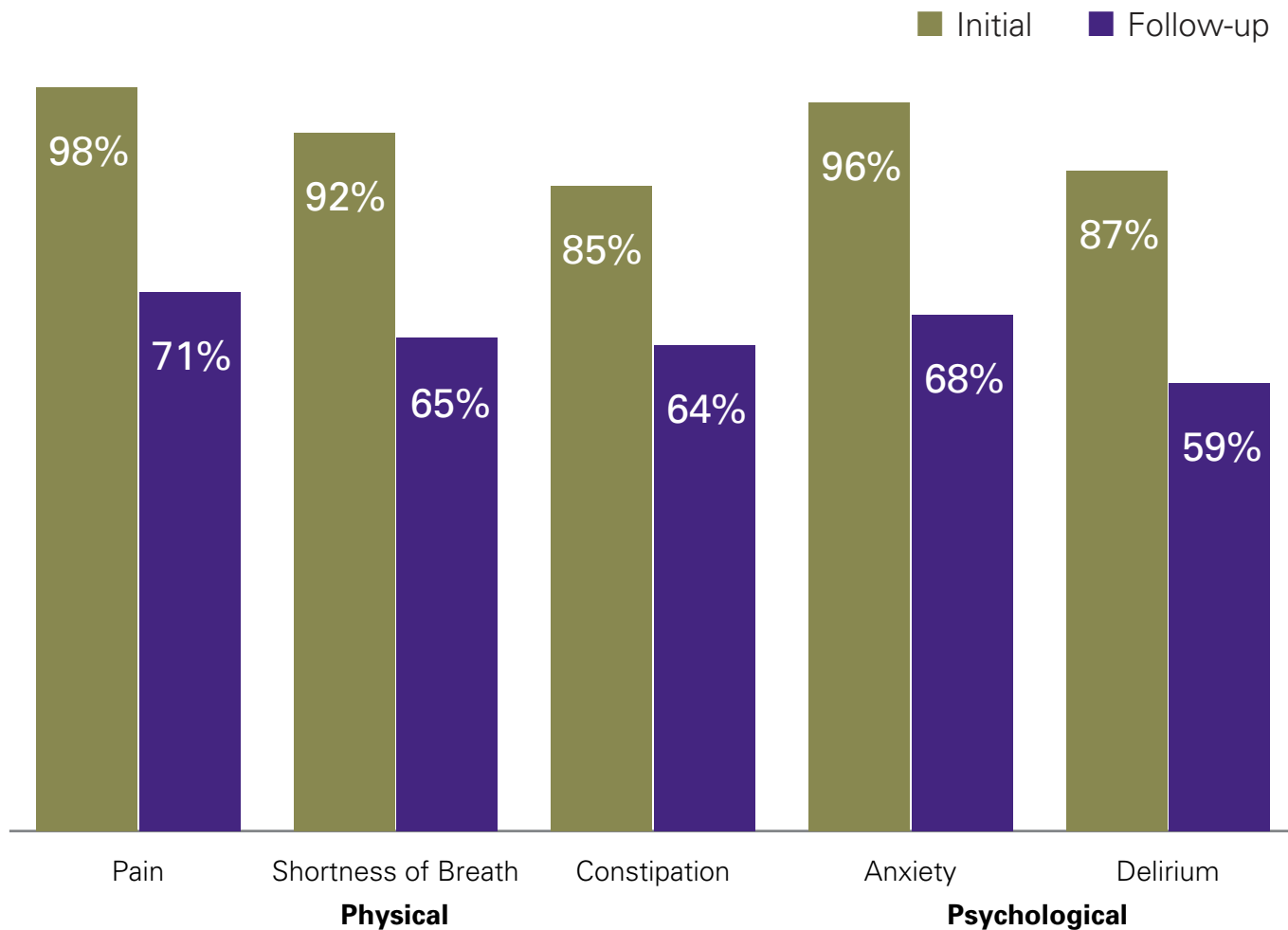
Source: Survey of Palliative Care in California Hospitals, National Health Foundation and University of California, San Francisco, 2011.

Almost all programs (92%) offer patients and families educational materials about palliative care services. Sixty-five percent of sites offer these materials in multiple languages, up from 54% in 2007.

Given California's ethnic diversity, providing information about palliative care in multiple languages is critical to assuring access to services.

Assessment of Physical and Psychological Symptoms, California, 2011

PERCENTAGE OF PROGRAMS CONDUCTING INITIAL AND FOLLOW-UP SYMPTOM ASSESSMENT



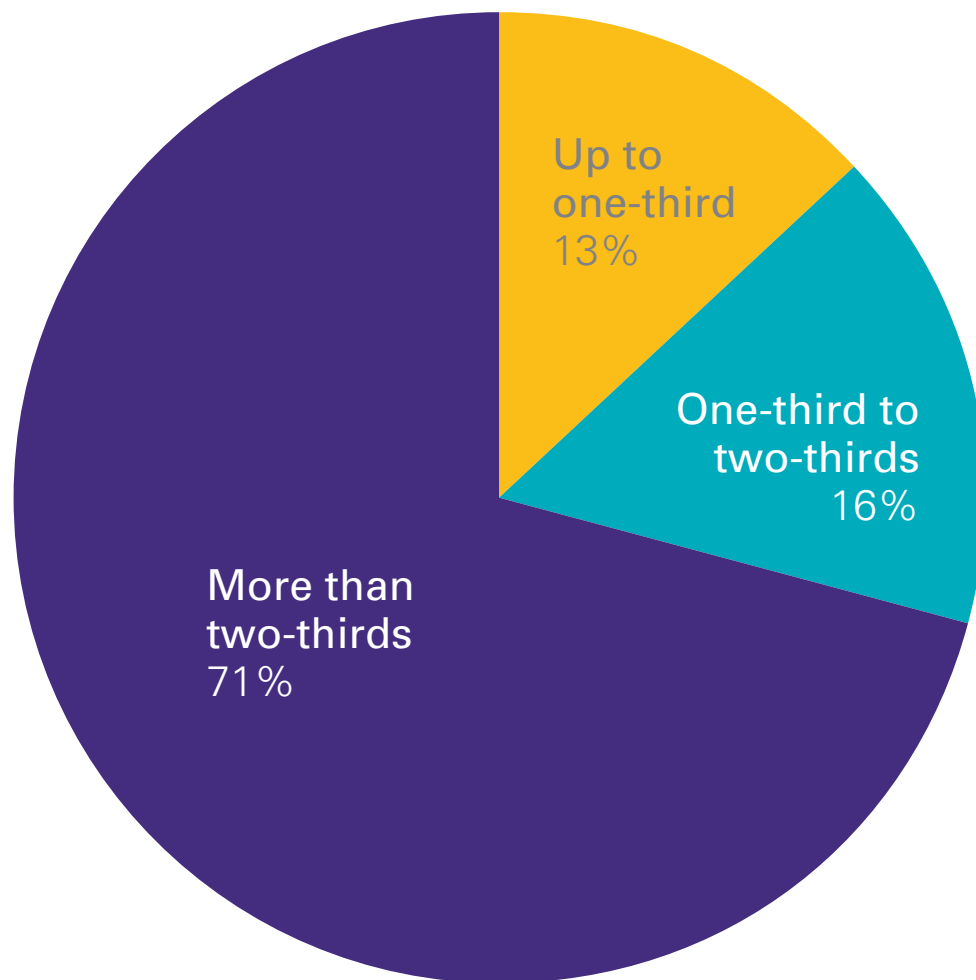
Addressing physical and psychological symptoms is a core function of palliative care programs. The majority of palliative care services routinely assess a range of physical and psychological symptoms in the initial visit. Many, but not all, also conduct assessments during follow-up visits, which is key to determining effectiveness of treatments.

Note: Based on data from 133 palliative care consultation services.

Source: Survey of Palliative Care in California Hospitals, National Health Foundation and University of California, San Francisco, 2011.

Patient-Family Care Conferences, California, 2011

PERCENTAGE OF PROGRAMS HOLDING REGULAR PATIENT-FAMILY CARE CONFERENCES WITH THE FOLLOWING SHARE OF PATIENTS...



Note: Based on data from 133 palliative care consultation services.

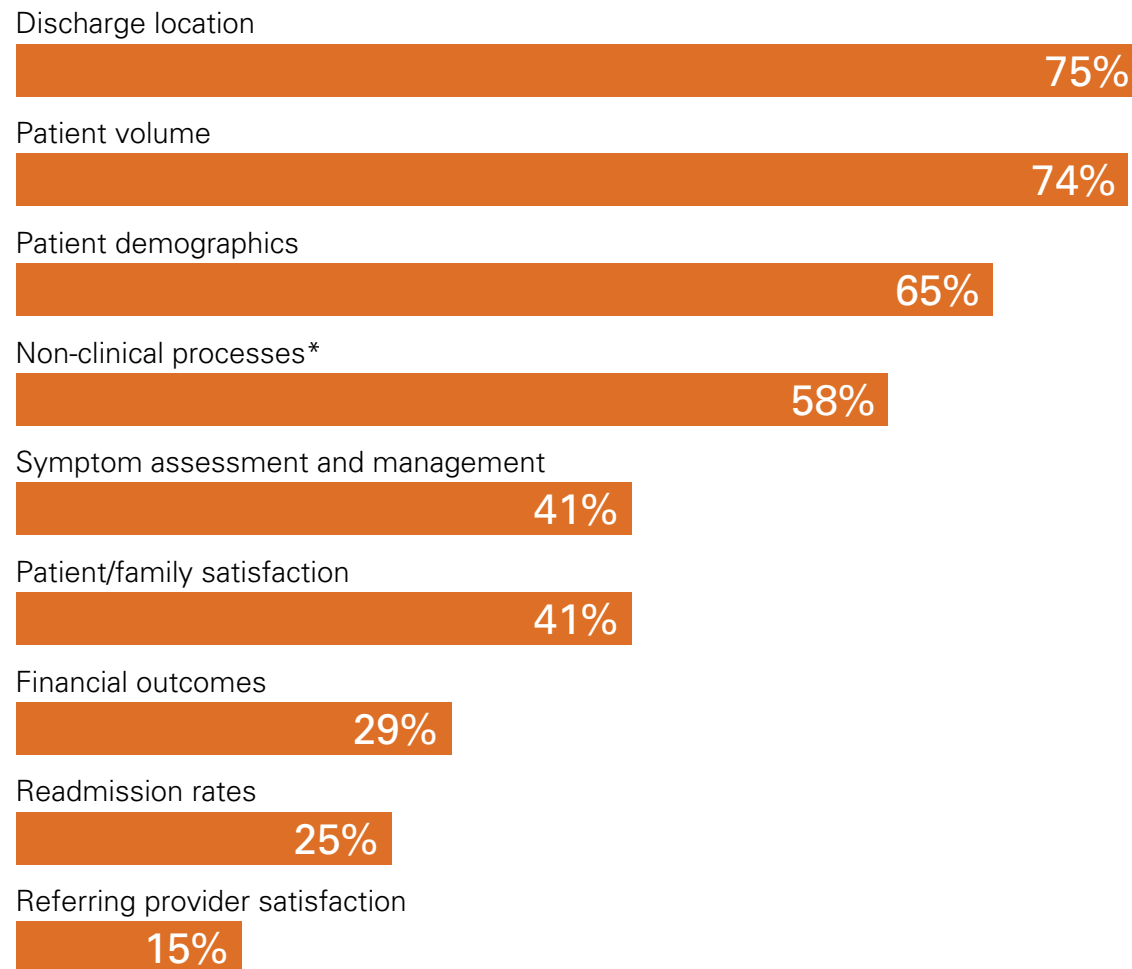
Source: Survey of Palliative Care in California Hospitals, National Health Foundation and University of California, San Francisco, 2011.

A core feature of palliative care is ensuring that care plans are aligned with patient preferences. Patient-family conferences allow the patient and family to clarify treatment wishes and allow care providers to convey information about care options.

Seventy-one percent of programs hold patient-family conferences with at least two-thirds of their patients, up from 65% in 2007 (not shown).

Data Collection by Palliative Care Programs, California, 2011

PERCENTAGE OF PROGRAMS THAT COLLECT THE FOLLOWING DATA TYPES



*Non-clinical processes include generating advance directives and leading and attending patient-family conferences.

Source: Survey of Palliative Care in California Hospitals, National Health Foundation and University of California, San Francisco, 2011.

More than 90% of programs collect data on their services. However, less than half collect data on clinical processes and outcomes. Less than one-third evaluate financial outcomes.

Follow-Up After Hospital Discharge, California, 2011

PERCENTAGE OF PROGRAMS WITH POST-DISCHARGE FOLLOW-UP PRACTICES*

Inpatient palliative care service does not follow patients after discharge

68%

Inpatient palliative care service follows up with the patient or family by phone

17%

Patient is followed by an affiliated outpatient palliative care service

16%

Patient is followed by an affiliated palliative care home care service

12%

Inpatient palliative care service communicates with the primary outpatient provider by phone

9%

Inpatient palliative care service follows up with staff at the new care facility

7%

Member of the inpatient palliative care service makes a home visit

4%

*Some palliative care programs employ more than one of the above described practices for patient follow-up after hospital discharge.

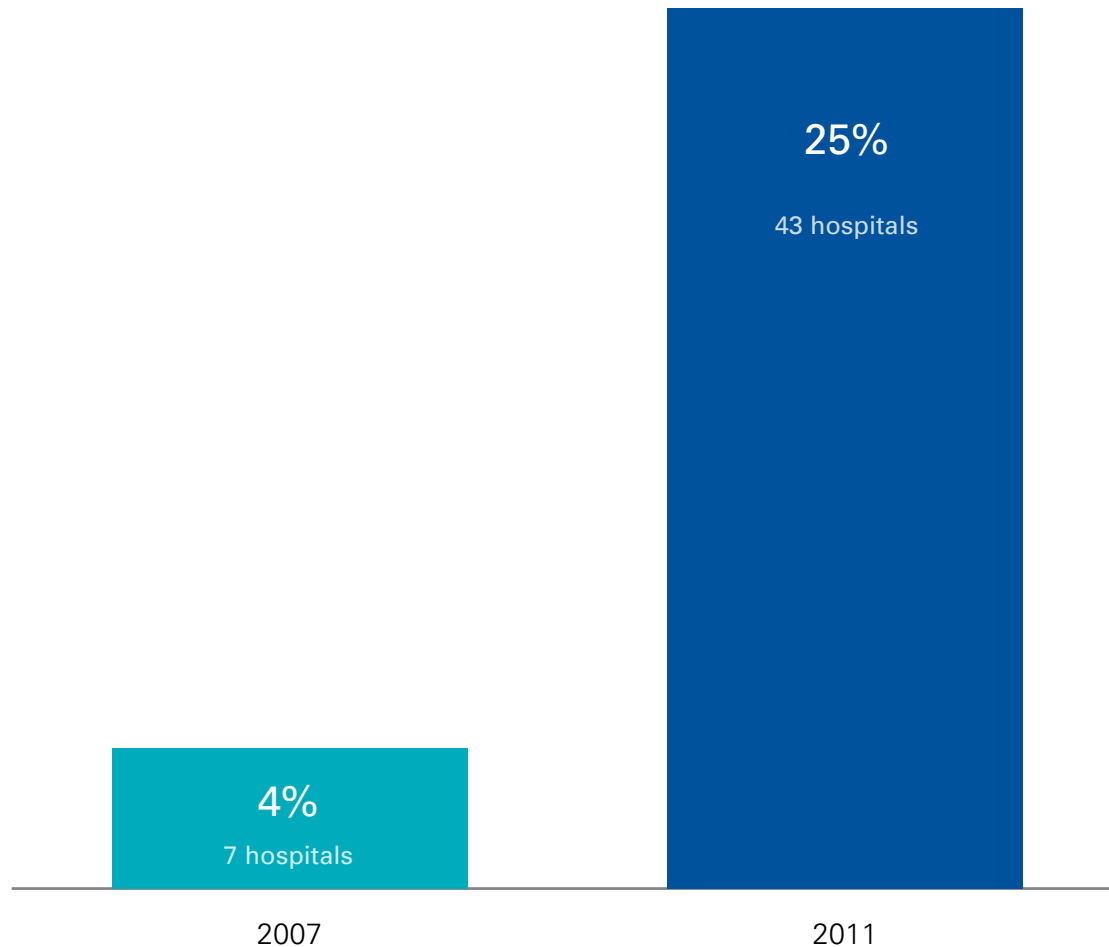
Source: Survey of Palliative Care in California Hospitals, National Health Foundation and University of California, San Francisco, 2011.

National Quality Forum-preferred practices state that palliative care services should ensure timely and thorough communication of the patient's goals, preferences, and clinical information upon transfer between health care settings. Hospital-based programs are still exploring mechanisms to promote this continuity of care.

More than two-thirds (68%) of hospital-based palliative care programs do not follow patients after discharge.

Hospitals With No Palliative Care, Efforts to Start, California, 2007 and 2011

PERCENTAGE OF HOSPITALS WITHOUT A PROGRAM BUT WITH EFFORTS UNDERWAY TO START ONE



Source: Survey of Palliative Care in California Hospitals, National Health Foundation and University of California, San Francisco, 2011.

Of the 169 California hospitals without a palliative care program, 43 (25%) have an effort underway to begin one. In 2007, only 4% of hospitals without palliative care programs had plans to start one.

Palliative Care Programs, Cost Savings to Hospitals

Studies show that palliative care programs save hospitals money.

- An eight-hospital study showed that costs were significantly lower for patients seen by palliative care consultation services, compared to costs for matched patients who received usual care.¹
- A randomized controlled trial conducted at three sites showed that patients who were seen by an interdisciplinary palliative care team had lower total health care costs following hospital discharge, compared to patients who received usual care.²
- Medicaid patients in four New York State hospitals were shown to incur \$6,900 less in hospital costs compared with matched patients who received usual care.³

Recent research indicates that having a palliative care program can help lower costs for care in hospitals.

Sources: 1. Glenn Gade et al., "Impact of an Inpatient Palliative Care Team: A Randomized Controlled Trial," *Journal of Palliative Medicine* Volume 11, Number 2, 2008.
2. R. Sean Morrison et al., "Cost Savings Associated With US Hospital Palliative Care Consultation Programs," *Archives of Internal Medicine* 2008; 168(16): 1783–1790.
3. R. Sean Morrison et al., "Palliative Care Consultation Teams Cut Hospital Costs For Medicaid Beneficiaries," *Health Affairs* 30, Number 3 (2011):454–463 (www.healthaffairs.org).

Methodology

The *2011 California Hospital-Based Palliative Care Survey* was developed by palliative care experts at the University of California, San Francisco, in partnership with a national advisory committee. The 2011 survey builds on findings from UCSF's *2007 Survey of Palliative Care in California Hospitals*. The 2011 survey was administered by the National Health Foundation, and the results were compiled by UCSF. The project was funded by the California HealthCare Foundation.

The survey was released in October 2011 to all 377 acute care hospitals in California. Ninety-six percent of sites validated the absence or presence of a palliative care program at their hospital. Seventy-one percent of respondents also completed a core set of questions about their palliative care programming. Information about hospital characteristics — ZIP code, number of licensed beds, type of ownership, system affiliation, and rural designation — were obtained from public use files available for download from the Office of Statewide Health Planning and Development. Hospital referral regions were assigned to hospitals using the Dartmouth Atlas of Health Care ZIP code crosswalk file (2010). Teaching hospital status was obtained from the National Residency Matching Program report for 2011.

For more information about hospital-based palliative care, see www.chcf.org/palliativecare.

Authors

National Health Foundation (NHF) is a nonprofit organization dedicated to improving the health care of the underserved by developing and supporting innovative programs that can become independently viable, provide systematic solutions to gaps in health care access and delivery, and have the potential to be replicated nationally. NHF has been addressing the most challenging health care issues for the past 35 years through a multi-pronged approach including research, evaluation, development of collaborative, and program development and implementation.

Kelly Bruno, MPH, Vice President, Programs

The Palliative Care Program at the University of California, San Francisco is led by a team of clinicians, educators, and researchers who are dedicated to improving the quality of care provided to patients with serious illness and those approaching the end of life. Over the past decade, the program has trained staff from more than 200 hospitals nationwide to establish or improve palliative care services. A leader in clinical innovation, education, and training since 2000, the program was recognized with a Circle of Life Award from the American Hospital Association in 2007.

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