# References for Making the Case for, and Evaluating Financial Impact of, Inpatient Palliative Care

<table>
<thead>
<tr>
<th>Article</th>
<th>Key Findings and Features</th>
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| Anne L. Kinderman et al., “Starting and Sustaining Palliative Care in Public Hospitals: Lessons Learned from a Statewide Initiative,” Journal of Palliative Medicine 19, no. 9 (Sept. 1, 2016): 908–16. | • In public hospitals, the palliative care (PC) patients were younger, more ethnically diverse, and more likely to have cancer than other hospitals’ PC populations.  
• Provides advice on navigating unique governance and regulation of public hospitals.                                                                                                                                                        |
| Carin van Zyl et al., "Doing More with the Same: Comparing Public and Private Hospital Palliative Care Within California," Journal of Palliative Medicine, published ahead of print, January 26, 2022. | • Public hospital PC patients were younger and had higher symptom scores than private hospital PC patients.  
• Public hospital PC teams had similar staffing ratios (per hospital beds) but made more visits and were more likely to document code status and surrogate decisionmaker than private hospitals’ teams.  
• Comparable outcomes in reducing pain and nausea.                                                                                                                                                                                    |
| On Ying Liu et al., "The Evolution of an Inpatient Palliative Care Consultation Service in an Urban Teaching Hospital," Amer. Journal of Hospice and Palliative Medicine 34, no. 1 (Feb. 1, 2017): 47–52. | • Medicine services, largely resident run, were early adopters of PC.  
• Consultations increased when house staff and students began rotating on the PC service.                                                                                                                                                   |
• No race/ethnicity differences in subsequent hospice referral or enrollment.                                                                                                                                                          |
| Sean O'Mahony et al., “The Benefits of a Hospital-Based Inpatient Palliative Care Consultation Service: Preliminary Outcome Data," Journal of Palliative Medicine 8, no. 5 (Oct. 20, 2005): 1033–39. | • 90% of PC team’s recommendations were followed.  
• 87% of PC recipients had improvement in pain or other symptoms.  
• 95% of family caregivers surveyed by phone said they would recommend the PC service.                                                                                           |
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<thead>
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| R. Sean Morrison et al., "Palliative Care Consultation Teams Cut Hospital Costs for Medicaid Beneficiaries," *Health Affairs* (Millwood) 30, no. 3 (Mar. 2011): 454–63. | • Costs were reduced by 11% per case.  
• Patients dying in ICU decreased from 58% to 34%.  
• Patients discharged to hospice increased from 1% to 30%. |
| Peter May et al., "Economics of Palliative Care for Hospitalized Adults with Serious Illness: A Meta-Analysis," *JAMA Internal Medicine* 178, no. 6 (June 1, 2018): 820–29. | • Reanalysis of data from six prominent studies with more than 133,000 patients, using rigorous matching methods.  
• Costs were 28% lower ($3,237) among PC recipients. |
| Peter May et al., "Cost Analysis of a Prospective Multi-Site Cohort Study of Palliative Care Consultation Teams for Adults with Advanced Cancer: Where Do Cost-Savings Come From?," *Palliative Medicine* 31, no. 4 (Apr. 1, 2017): 378–86. | • Estimated that two-thirds of cost savings comes from reduced length of stay, and one-third from reduced cost per day. |
| R. Sean Morrison et al., "Cost Savings Associated with US Hospital Palliative Care Consultation Programs," *Archives of Internal Medicine* 168, no. 16 (Sept. 8, 2008): 1783–90. | • Mix of academic and community hospitals.  
• Adjusted net savings of $4,908 in direct costs.  
• Included return-on-investment estimation. |
| Peter May et al., "Evaluating Hospital Readmissions for Persons with Serious and Complex Illness: A Competing Risks Approach," *Medical Care Research and Review* 77, no. 6 (Dec. 1, 2020): 574–83. | • Large retrospective study of inpatient PC consults.  
• Adjusted for greater mortality in the PC group.  
• 30-, 60-, and 90-day readmission rates lower for PC patients. |

This document is part of a set of CHCF resources on [Making the Case for Inpatient Palliative Care](#).