

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

Article	Key Findings and Features
<p>Anne L. Kinderman et al., "Starting and Sustaining Palliative Care in Public Hospitals: Lessons Learned from a Statewide Initiative," <i>Journal of Palliative Medicine</i> 19, no. 9 (Sept. 1, 2016): 908–16.</p>	<ul style="list-style-type: none"> • 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.
<p>Carin van Zyl et al., "Doing More with the Same: Comparing Public and Private Hospital Palliative Care Within California," <i>Journal of Palliative Medicine</i>, published ahead of print, January 26, 2022.</p>	<ul style="list-style-type: none"> • 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.
<p>Minh-Thuy Nguyen et al., "Patient-Level Factors Influencing Palliative Care Consultation at a Safety-Net Urban Hospital," <i>Amer. Journal of Hospice and Palliative Medicine</i> 38, no. 11 (Nov. 1, 2021): 1299–1307.</p>	<ul style="list-style-type: none"> • No inequity in use of PC by race/ethnicity, insurance status, or income status.
<p>On Ying Liu et al., "The Evolution of an Inpatient Palliative Care Consultation Service in an Urban Teaching Hospital," <i>Amer. Journal of Hospice and Palliative Medicine</i> 34, no. 1 (Feb. 1, 2017): 47–52.</p>	<ul style="list-style-type: none"> • Medicine services, largely resident run, were early adopters of PC. • Consultations increased when house staff and students began rotating on the PC service.
<p>Ramona L. Rhodes et al., "An Examination of End-of-Life Care in a Safety Net Hospital System: A Decade in Review," <i>Journal of Health Care for the Poor and Underserved</i> 24, no. 4 (Nov. 2013): 1666–75.</p>	<ul style="list-style-type: none"> • Over 80% of PC recipients had cancer. • No race/ethnicity differences in subsequent hospice referral or enrollment.
<p>Sean O'Mahony et al., "The Benefits of a Hospital-Based Inpatient Palliative Care Consultation Service: Preliminary Outcome Data," <i>Journal of Palliative Medicine</i> 8, no. 5 (Oct. 20, 2005): 1033–39.</p>	<ul style="list-style-type: none"> • 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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<p>R. Sean Morrison et al., "Palliative Care Consultation Teams Cut Hospital Costs for Medicaid Beneficiaries," <i>Health Affairs</i> (Millwood) 30, no. 3 (Mar. 2011): 454–63.</p>	<ul style="list-style-type: none"> • 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%.
<p>Peter May et al., "Economics of Palliative Care for Hospitalized Adults with Serious Illness: A Meta-Analysis," <i>JAMA Internal Medicine</i> 178, no. 6 (June 1, 2018): 820–29.</p>	<ul style="list-style-type: none"> • 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.
<p>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?," <i>Palliative Medicine</i> 31, no. 4 (Apr. 1, 2017): 378–86.</p>	<ul style="list-style-type: none"> • Estimated that two-thirds of cost savings comes from reduced length of stay, and one-third from reduced cost per day.
<p>R. Sean Morrison et al., "Cost Savings Associated with US Hospital Palliative Care Consultation Programs," <i>Archives of Internal Medicine</i> 168, no. 16 (Sept. 8, 2008): 1783–90.</p>	<ul style="list-style-type: none"> • Mix of academic and community hospitals. • Adjusted net savings of \$4,908 in direct costs. • Included return-on-investment estimation.
<p>Peter May et al., "Evaluating Hospital Readmissions for Persons with Serious and Complex Illness: A Competing Risks Approach," <i>Medical Care Research and Review</i> 77, no. 6 (Dec. 1, 2020): 574–83.</p>	<ul style="list-style-type: none"> • 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.