

References for Making the Case for, and Evaluating Financial Impact of, Outpatient/Clinic 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>Jennifer S. Temel et al., "Early Palliative Care for Patients with Metastatic Non-small-cell Lung Cancer," <i>New England Journal of Medicine</i> 363, no. 8 (Aug. 19, 2010): 733–42.</p>	<ul style="list-style-type: none"> • Landmark randomized controlled trial providing outpatient PC to patients with advanced lung cancer. • Patients receiving early PC along with standard oncologic care had better quality of life, fewer depressive symptoms, less aggressive end-of-life care, and longer lives than similar patients receiving standard oncologic care only.
<p>Betty R. Ferrell et al., "Integration of Palliative Care into Standard Oncology Care: American Society of Clinical Oncology Clinical Practice Guideline Update," <i>Journal of Clinical Oncology</i> 35, no. 1 (Jan. 1, 2017): 96–112.</p>	<ul style="list-style-type: none"> • Systematic review of evidence through 2015. • Recommended that patients with advanced cancer should receive dedicated palliative care services in the outpatient setting, early in the disease course, concurrent with active treatment.
<p>Dio Kavalieratos et al., "Association Between Palliative Care and Patient and Caregiver Outcomes: A Systematic Review and Meta-Analysis," <i>JAMA</i> 316, no. 20 (Nov. 22/29, 2016): 2104–14.</p>	<ul style="list-style-type: none"> • Quality of life and symptom burden improved by palliative care. • Palliative care associated consistently with improvements in advance care planning, patients and caregiver satisfaction, and lower health care utilization.
<p>Kieran L. Quinn et al., "Association of Receipt of Palliative Care Interventions with Health Care Use, Quality of Life, and Symptom Burden Among Adults with Chronic Noncancer Illness: A Systematic Review and Meta-Analysis," <i>JAMA</i> 324, no. 14 (Oct. 13, 2020): 1439–50.</p>	<ul style="list-style-type: none"> • Much of the evidence for outpatient PC is focused on cancer. This review looked at noncancer conditions. • Palliative care associated with less emergency department (ED) use, less hospitalization, lower symptom burden.

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<p>Colin Scibetta et al., "The Costs of Waiting: Implications of the Timing of Palliative Care Consultation Among a Cohort of Decedents at a Comprehensive Cancer Center," <i>Journal of Palliative Medicine</i> 19, no. 1 (Jan. 2016): 69–75.</p>	<ul style="list-style-type: none"> • Cancer patients receiving earlier (mostly in outpatient setting) PC had lower rates of ED, hospital, and intensive care unit use. • Hospital costs were lower for PC patients but outpatient costs were similar.
<p>David Hui et al., "Examination of Referral Criteria for Outpatient Palliative Care Among Patients with Advanced Cancer," <i>Supportive Care in Cancer</i> 28, no. 1 (Jan. 2020): 295–301.</p>	<ul style="list-style-type: none"> • Reviews international consensus criteria for palliative care referral among cancer patients, and internal data. • Most common criteria at MD Anderson Cancer Center were severe physical symptoms, emotional symptoms, decisionmaking needs, and brain metastases.
<p>Michael W. Rabow et al., "Staffing in California Public Hospital Palliative Care Clinics: A Report from the California Health Care Foundation Palliative Care in Public Hospitals Learning Community," <i>Journal of Palliative Medicine</i> 24, no. 7 (July 2021): 1045–50.</p>	<ul style="list-style-type: none"> • Describes staffing by discipline, scope of services, and funding sources for 10 palliative care clinics operating in California public hospitals.