## References for Making the Case for, and Evaluating Financial Impact of, Outpatient/Clinic Palliative Care

<table>
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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. |
• 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. |
• 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. |
• Palliative care associated consistently with improvements in advance care planning, patients and caregiver satisfaction, and lower health care utilization. |
| 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,” *JAMA* 324, no. 14 (Oct. 13, 2020): 1439–50. | • 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. |

This document is part of a set of CHCF resources on [Making the Case for Outpatient Palliative Care](https://www.chcf.org/topic/palliative-care).
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• Hospital costs were lower for PC patients but outpatient costs were similar. |
| David Hui et al., "Examination of Referral Criteria for Outpatient Palliative Care Among Patients with Advanced Cancer,” *Supportive Care in Cancer* 28, no. 1 (Jan. 2020): 295–301. | • 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. |