

# References for Evaluating the Financial Impact of Inpatient Palliative Care

Authors: J. Brian Cassel, Health Services Researcher, Virginia Commonwealth University; and Kathleen Kerr, Partner, Transforming Care Partners

Article	Key Findings and Features
<p>R. Sean Morrison et al., "<a href="#">Cost Savings Associated with US Hospital Palliative Care Consultation Programs</a>," <i>Archives of Internal Medicine</i> 168, no. 16 (Sept. 8, 2008): 1783–90.</p>	<ul style="list-style-type: none"> <li>• Mix of academic and community hospitals.</li> <li>• Day-by-day cost comparisons, a method which can be used when palliative care (PC) is involved later in a hospital stay (see <i>Fiscal Analyses for Inpatient Palliative Care Programs in Public Hospitals</i>, "Analysis #2: Later PC" under <a href="#">Downloads</a>).</li> <li>• Adjusted net savings of \$4,908 in direct costs.</li> <li>• Includes return-on-investment estimation.</li> </ul>
<p>R. Sean Morrison et al., "<a href="#">Palliative Care Consultation Teams Cut Hospital Costs for Medicaid Beneficiaries</a>," <i>Health Affairs</i> (Millwood) 30, no. 3 (Mar. 2011): 454–63.</p>	<ul style="list-style-type: none"> <li>• Day-by-day cost comparisons similar to Analysis #2 for later-PC cases.</li> <li>• Costs were reduced by 11% per case.</li> <li>• Patients dying in ICU decreased from 58% to 34%.</li> <li>• Patients discharged to hospice increased from 1% to 30%.</li> </ul>
<p>Peter May et al., "<a href="#">Economics of Palliative Care for Hospitalized Adults with Serious Illness: A Meta-Analysis</a>," <i>JAMA Internal Medicine</i> 178, no. 6 (June 1, 2018): 820–29.</p>	<ul style="list-style-type: none"> <li>• Reanalysis of data from six studies with more than 133,000 patients.</li> <li>• Methods similar to those recommended in <i>Fiscal Analyses for Inpatient Palliative Care Programs in Public Hospitals</i>, "Analysis #1: Early PC" under <a href="#">Downloads</a>).</li> <li>• Costs were 28% lower (\$3,237) among PC recipients.</li> </ul>
<p>Peter May et al., "<a href="#">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?</a>," <i>Palliative Medicine</i> 31, no. 4 (Apr. 1, 2017): 378–86.</p>	<ul style="list-style-type: none"> <li>• Estimated that two-thirds of cost savings comes from reduced length of stay, and one-third from reduced cost per day.</li> <li>• Methods similar to those recommended for Analysis #1 for early-PC cases.</li> </ul>

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<p>Glenn Gade et al., "<a href="#">Impact of an Inpatient Palliative Care Team: A Randomized Controlled Trial</a>," <i>Journal of Palliative Medicine</i> 11, no. 2 (Mar. 11, 2008): 180-90.</p>	<ul style="list-style-type: none"> <li>• Rare example of randomized, controlled, multisite trial of inpatient PC.</li> <li>• Financial outcomes focused on postacute care including occurrence and cost of hospitalizations.</li> <li>• Inpatient PC associated with reduced net costs over six months, and longer hospice stays (24 days vs. 12).</li> </ul>
<p>Peter May et al., "<a href="#">Evaluating Hospital Readmissions for Persons with Serious and Complex Illness: A Competing Risks Approach</a>," <i>Medical Care Research and Review</i> 77, no. 6 (Dec. 1, 2020): 574–83.</p>	<ul style="list-style-type: none"> <li>• Retrospective study of impact of inpatient PC consults on subsequent hospital admissions.</li> <li>• Adjusted for greater mortality in the PC group.</li> <li>• 30-, 60-, and 90-day readmission rates lower for PC patients.</li> </ul>
<p>Jennifer G. Wilson et al., "<a href="#">End-of-Life Care, Palliative Care Consultation, and Palliative Care Referral in the Emergency Department: A Systematic Review</a>," <i>Journal of Pain and Symptom Management</i> 59, no. 2 (Feb. 1, 2020): 372–83.</p>	<ul style="list-style-type: none"> <li>• Interventions in emergency department improved quality of life and expedited PC consultation.</li> <li>• Most studies reported shorter hospital length of stay and increased hospice use.</li> <li>• Interventions did not decrease survival compared with usual care.</li> </ul>
<p>Melissa M. Garrido et al., "<a href="#">Methods for Constructing and Assessing Propensity Scores</a>," <i>Health Services Research</i> 49, no. 5 (Oct. 2014): 1701–20.</p>	<ul style="list-style-type: none"> <li>• Detailed explanation of the rationale and steps for using propensity scores.</li> <li>• Includes examples from a palliative care research study.</li> </ul>