James M. Jeffords Center's

Vermont Legislative Research Service

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Palliative Care

According to Massachusetts General Hospital, palliative care is a form of medical treatment that helps both patients and families suffering through life threatening illnesses live as fully and as pleasantly as possible. Palliative care differs from hospice care in that palliative services are provided during any phase of an illness, instead of focusing exclusively on end-of-life care.[1] Palliative care is a growing form of medical treatment in the United States. In fact, several states have sought to bring palliative care into mainstream medical practice.[2] Approximately 53% of hospitals in the United States offer palliative care.[3] This report examines state initiatives, effectiveness, the costs and savings, and three states with an A grade are Montana, New Hampshire, and Vermont. On the other end of the spectrum, Alabama, Mississippi, and Oklahoma all received an F letter grade for their programs.

[6] The map below

[1]Massachusetts General Hospital, "Palliative Care," accessed April 7, 2011, http://www.massgeneral.org/palliativecare.

[2]Matthew Geever, "Thinking Outside the Hospice: States Look To Expand Palliative Care Services," *National Conference of State Legislatures* 29 (2008): 524, accessed April 12, 2011, http://www.ncsl.org/default.aspx?tabid=14254.

[3]Alicia Ault, "Hospitals Get a 'C' In Palliative Care," accessed April 12, 2011, http://www.ehospitalistnews.com/specialty-focus/pain/single-article-page/hospitals-get-a-c-in-palliative-care/f1f1a222f5.html.

[4] About CAPC from their web site http://www.capc.org/reportcard/acknowledgments: "Located at Mount Sinai School of Medicine, CAPC is a national organization dedicated to increasing the availability of quality palliative care services for people facing serious, complex illness."

[5] Benjamin Goldsmith, Jessica Dietrich, Qingling Du, and R. Sean Morrison, "Variability in Access to Hospital Palliative Care in the United States," *Journal of Palliative Medicine*, Volume 11, Number 8, 2008, accessed May 6, 2011, http://www.liebertonline.com/doi/pdfplus/10.1089/jpm.2008.0053.

[6] Center to Advance Palliative Care, "How Does Your State Rate?" accessed April 19, 2011, http://www.capc.org/reportcard/.

depicts

Vermont has been proactive in supporting palliative care at the state level. In 2009, Vermont passed Act 25, a palliative care and pain management act. The purpose of this act was to expand palliative care and pain management services to as many Vermonters as possible.[9]

California

In 2006, California Governor Schwarzenegger signed the Nick Snow Children's Hospice and Palliative Care Act / Assembly Bill 1745.[10] This legislation established a new hospice and palliative care benefit for children. This statute contains provisions child will be provided with full palliative care only if:

- A physician decides that the pediatric patient has six months or less to live and;
- he child decides he/she wants to stop curative treatment.[11]

This legislation also created the Children's Medical Services (CMS), a branch to work alongside the Children's Hospice and Palliative Care Coalition, the Medi-Cal Waiver Analysis Section, and other policy makers in developing and evaluating the statewide palliative care waiver. The waiver has been implemented to inhibit the development of comprehensive Pediatric Palliative Care programs bri3f2_0 0 0 3 T j /TT01loping 9

New York

In 2007 the New York State Assembly passed the Palliative Care Education and Training Act, a combination of two legislative proposals. This initiative was supported by $4.9 million of appropriations from the state budget to fund four main components:

1. Grants for undergraduate and graduate medical education in palliative care;
2. Specific locations noted for their excellence in palliative care;
3. Clearly identified resource centers for palliative care practitioners; and,
4. Appointment of a counsel overseeing the education and training for palliative care.

The above program is implemented by the New York State Task Force on Life and the Law, created in the 1990s to help the Commissioner of Health decide on the best practices in palliative care. The Hospice and Palliative Care Association of New York State (HPCANYS) also has an active palliative care advisory group that has been seeking to give coverage to palliative care providers. Palliative care was enacted in the New York State's hospice licensure law in 2002.

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A study performed at the King's College Hospital in London sought to assess the effectiveness of a hospital palliative care team. The study examined 125 hospital patients with malignant disease. The study assessed changes in symptom control, changes in patient insight regarding their diagnosis, and a variety of other factors. The results were promising for palliative care. The patients showed significant improvements in pain and understanding of their prognosis and diagnosis.[17] Another study in Palliative Medicine had the same objective and found similar results. The study found that compared to conventional care, there is evidence that palliative care improves patient satisfaction because they deal with patient and family needs.[18]

Saving Money

Hospitals

The journal *Palliative Medicine* released a study that sought to determine the cost of palliative care in hospitals. This observational study consisted of 3,321 hospitalized veterans with advanced disease. Eighteen percent of the population received palliative care and 82% received typical hospital care during the study. The study found that palliative care resulted in lower hospital costs. The average daily total hospital costs were $464 lower for the patients receiving palliative care. Furthermore, these patients were 43% less likely to be admitted to the Intensive Care Unit (ICU) during hospitalization than usual care patients.[19]

A recent multi-center study has shown that palliative care can save hospitals up to $300 a day because physicians, nurses, and other health-care providers use resources in a way that is more in line with the care a patient needs.[20] Another reason palliative care can save money is because providers receive feedback not only from the patient, but also from his or her family. Providers consult with the patient and their family in order to determine expectations and meet goals. Essentially, a family can determine whether or not a specific procedure is really in line with their goals for treatment, and decline such a treatment. This saves hospitals money because they are no longer prescribing unnecessary treatments and they can effectively shorten hospital stays.[21]

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[17]John E. Ellershaw, "Assessing the effectiveness of a hospital palliative care team," *Palliative Medicine,* 9 (1995):145-152.

[18]Julie Hearn and Irene J. Higginson, "Do Specialist Palliative Care Teams Improve Outcomes for Cancer Patients? A Systematic Literature Review," *Palliative Medicine*, 12 (1998): 317-332, http://medicine.emory.edu/ger/bibliographies/pallative/bibliography77_files/Do_speacialist_palliative_care_teams_improve_outcomes_for_cancer_patients.....pdf.

[19]Joan D. Penrod, "Hospital-Based Palliative Care Consultation: Effects on Hospital Cost," *Journal of Palliative Medicine*, 13(2010): 973-979, accessed April 12, 2011, http://www.ncbi.nlm.nih.gov/pubmed/2064236.

[20]Debra Wood, "Palliative Care Teams Save Money," accessed April 12, 2011, http://www.amnhealthcare.com/News/news-details.aspx?Id=6886.

[21]Alicia Caramenico, "Palliative Care Could Save States Millions," accessed April 12, 2011, http://www.fiercehealthcare.com/story/palliative-care-could-save-states-millions/2011-03-08.

The Center to Advance Palliative Care suggests that hospitals benefit from palliative care programs in a variety of ways. They argue that palliative care lowers the cost for hospitals and payers. Palliative care programs have low implementation costs. Simultaneously, overall resource use and ICU utilization decreases. Palliative care programs also provide an effective approach for patients with the most needs within an inpatient population. They also suggest that an effective palliative care program eases the burdens on staff and increases retention for employees.[22]

States

State Medicare and Medicaid programs also stand to save money when

There are a few barriers that have kept palliative care out of mainstream medical news. The essential components in implementing a successful program include accessibility, availability, acceptability, and quality. Aside from these factors, the true barriers are the lack of awareness and political support, social and cultural issues regarding medical practice, and opiophobia — an inadequate education of doctors, nurses, and physician assistants in the field of pain management. To further complicate the issue, attitudes within the medical field and the low priority that palliative care receives from policy makers, health administrators, and educators in the field are all barriers that continue to halt the progress that palliative care has already started.[26]

Conclusion

Based on the evidence, palliative care is a rising sector of healthcare. Practicality appears to be a driving force in the enactment of palliative care programs — when a provider treats a patient for what that individual needs, they are offering a service not only to that patient but also the family of the patient. Increased communication between providers and patients broadens the scope of options and the patient has a voice in what happens next and also provides further insight to legal decisions at the end of life. Not only is palliative care beneficial for patients, but it also stands to save hospitals and states substantial amounts of money.

Prepared by Allyson Perleoni, Alexander Rosenblatt, and Max McNamara in response to a request from Representative Topper McFaun under the supervision of graduate student Kate Fournier and Professor Anthony Gierzynski on May 6, 2011.

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