

Disparities in Access to Palliative Care

Palliative care is coordinated patient care that treats the patient as well as the disease. It provides cancer patients and their caregivers an extra layer of support, making available a team of experts focused on relieving pain, managing emotional stress and offering other supportive services. This care improves quality of life for cancer patients and cancer survivors, saving lives and reducing health care costs.

Patient access to palliative care has increased significantly in the last 20 years, but this access is still not universal. Disparities – particularly along racial and ethnic lines – continue to impact access to and use of palliative care. Several factors contribute to whether a patient can receive palliative care:

TYPE OF HOSPITAL

- Small hospitals are less likely than large hospitals to offer palliative care services. According to the Center to Advance Palliative Care's 2019 State-by-State Report Card on Access to Palliative Care, 72 percent of small hospitals (defined as 50 or fewer beds) report having a palliative care team or program, compared to 94 percent of large hospitals (defined as 300 or more beds).¹
- Only 60 percent of public hospitals report having a palliative care team.² Public hospitals provide care for around 44 million patients, including many Medicaid beneficiaries, uninsured individuals, and members of racial and ethnic minority groups.³ These safety-net institutions are the preferred point of care for many because of their ability to address barriers such as language, culture, employment, and transportation.
- Across all hospital sizes, for-profit hospitals are less likely to offer palliative care compared to public and private nonprofit hospitals.⁴

GEOGRAPHY

- Ninety percent of hospitals with palliative care are in urban areas. Only 17 percent of rural hospitals with fifty or more beds report having palliative care programs.⁵
- One recent study reported that hospitals in metropolitan areas were more likely to adopt, and significantly less likely to close, a palliative care program between 2009 and 2017.⁶
- Disparities exist beyond simple urban/rural divides – when the use of palliative care among patients with metastatic lung cancer was examined, researchers found wide variation among states.⁷

RACE AND ETHNICITY

- Black patients are less likely to receive outpatient palliative care consultations, but more likely to receive inpatient palliative care consultations.⁸
- Qualitative studies examining access to palliative care among Native American cancer patients have revealed unique structural, cultural, and physical barriers to effective symptom management and other palliative care services.^{9,10}

ACS CAN POSITION

ACS CAN believes palliative care services should be available to all cancer patients and any barriers to care eliminated. We work to increase patient access to palliative care through federal and state policy change, including:

- Growing the palliative care workforce through creating more career opportunities for providers who want to enter the specialty, training more healthcare professionals in basic palliative care principles and skills, and educating primary care-focused providers on when and how to refer to palliative care.

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- Creating more public awareness around what palliative care is, how it can help patients, and how all patients can access it.
- Focusing research on eliminating disparities and improving care, treatment, and quality of life for patients with serious illness.
- Improving public and private insurance coverage of palliative care.

At the federal level, ACS CAN strongly supports the Palliative Care and Hospice Education and Training Act, which will increase education, awareness and research regarding palliative care.¹¹

¹ Morrison RS, Meier DE. *America's Care of Serious Illness: 2019 State-by-State Report Card on Access to Palliative Care in Our Nation's Hospitals*. Center to Advance Palliative Care and the National Palliative Care Research Center; 2019.

<https://reportcard.capc.org/>

² Ibid

³ Nguyen OK, Makam AN, Halm EA. National Use of Safety-Net Clinics for Primary Care among Adults with Non-Medicaid Insurance in the United States. Gorlova OY, ed. *PLoS ONE*. 2016;11(3):e0151610. doi:[10.1371/journal.pone.0151610](https://doi.org/10.1371/journal.pone.0151610)

⁴ Morrison RS, Meier DE. *America's Care of Serious Illness: 2019 State-by-State Report Card on Access to Palliative Care in Our Nation's Hospitals*. Center to Advance Palliative Care and the National Palliative Care Research Center; 2019.

<https://reportcard.capc.org/>

⁵ Ibid

⁶ Rogers MM, Meier DE, Morrison RS, Moreno J, Aldridge M. Factors Associated with the Adoption and Closure of Hospital Palliative Care Programs in the United States. *Journal of Palliative Medicine*. Published online October 15, 2020:jpm.2020.0282.

doi:[10.1089/jpm.2020.0282](https://doi.org/10.1089/jpm.2020.0282)

⁷ Huo J, Hong Y-R, Turner K, et al. Geographic variation in palliative care delivery among patients diagnosed with metastatic lung cancer in the USA: Medicare population-based study. *Support Care Cancer*. Published online June 4, 2020. doi:[10.1007/s00520-020-05549-z](https://doi.org/10.1007/s00520-020-05549-z)

⁸ Griggs JJ. Disparities in Palliative Care in Patients with Cancer. *JCO*. 2020;38(9):974-979. doi:[10.1200/JCO.19.02108](https://doi.org/10.1200/JCO.19.02108)

⁹ Guadagnolo BA, Petereit DG, Coleman CN. Cancer Care Access and Outcomes for American Indian Populations in the United States: Challenges and Models for Progress. *Seminars in Radiation Oncology*. 2017;27(2):143-149. doi:[10.1016/j.semradonc.2016.11.006](https://doi.org/10.1016/j.semradonc.2016.11.006)

¹⁰ Itty TL, Hodge FS, Martinez F. Shared and Unshared Barriers to Cancer Symptom Management Among Urban and Rural American Indians: Barriers Among American Indian Cancer Patients. *The Journal of Rural Health*. 2014;30(2):206-213. doi:[10.1111/jrh.12045](https://doi.org/10.1111/jrh.12045)

¹¹ Engel EL. *H.R. 647 - Palliative Care and Hospice Education and Training Act.*; 2019. Accessed December 11, 2020.

<https://www.congress.gov/bill/116th-congress/house-bill/647>