

Palliative Care: Effect on Cost of Care



The table below lists key studies and review articles that examine the effect that the addition of palliative care has on overall patient costs. While results vary, the addition of palliative care typically either reduces overall costs or is cost neutral.

Study	Setting	Effect of adding palliative care (per patient)
Morrison 2011 Health Affairs	New York Medicaid hospital patients	\$6,900 savings, (\$7,563 who die in hospital and \$4,098/patient discharged alive)—Could save NY Medicaid an estimated \$84-\$252 million/year.
McCarthy 2015 Health Services Research	Hospitals (Texas)	Palliative care in the first 10 days of admission resulted in \$9,689 savings for patients who died in the hospital, \$2,696 savings for patients discharged alive.
May 2015 JCO	Inpatient hospital cancer patients in 5 hospitals (OH, NH, NY, VA, PA)	Intervention within 6 days reduced costs by \$1,312 (14%) compared to no intervention and intervention within 2 days saved \$2,280 (24%).
May 2016 Health Affairs	Inpatient hospital patients with advanced cancer in 6 sites in NY, OH, VA, WI	Receipt of a palliative care consultation within 2 days of admission was associated with 22 percent lower costs for patients with a comorbidity score of 2–3 and with 32 percent lower costs for those with a score of 4 or higher.
Lustbader 2017 Journal of Palliative Medicine	Home-based palliative care within an Accountable Care Organization (ACO)	Cost per patient during the final 3 months of life was \$12,000 lower compared to usual care. Also reduced Medicare Part B spending in final 3 months of life by 37%, and hospital admissions in the last month of life by 34%.
Isenberg 2017 Journal of Oncology Practice	Inpatient palliative care unit	The total positive financial impact of the program was \$3,488,863. The program saved the institution \$452 per transfer.
Kyeremanteng 2018 Journal of Intensive Care Medicine	Patients with palliative care consultations in the ICU	Demonstrated trend that palliative care consultations reduce length of hospital stays and costs without impacting mortality.

Conclusions of Meta-Analyses

Hughes 2014 (review) Annu Rev Public Health	<i>“The benefits of palliative care have now been shown in multiple clinical trials, with increased patient and provider satisfaction, equal or better symptom control, more discernment of and honoring choices about place of death, fewer and less intensive hospital admissions in the last month of life, less anxiety and depression, less caregiver distress, and cost savings.”</i>
May 2018 JAMA	<i>Hospital costs were lower for patients seen by a palliative care consultation team than for patients who did not receive this care. The estimated association was greater for those with a primary diagnosis of cancer and those with more comorbidities compared with those with a noncancer diagnosis and those with fewer comorbidities.</i>

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