

Palliative Care: Key Studies on Cost Savings

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, while improving patient quality of life.

Study	Setting	How Palliative Care Effected Costs
May 2016 ¹ 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% lower costs for patients with a comorbidity score of 2–3 and with 32% lower costs for those with a score of 4 or higher.
Macmillan 2020 ² Journal of Palliative Medicine	Patients with a palliative care referral at a university-affiliated community-based urban hospital	Significant association between reduced length of stay and hospital charges when consults for palliative care were initiated within 24 hours of hospital admission regardless of underlying disease. Patients who received an early referral had median total hospital charges of \$38,600 – compared to \$95,300 for the control group.
Hua 2020 ³ JAMA	Patients who died during hospitalization in New York	Implementation of palliative care at a hospital was associated with a 10% reduction in intensive care unit use for patients who died during their hospitalization.
Sheridan 2021⁴ American Journal of Hospice and Palliative Care	Medicare patients with metastatic lung, colorectal, breast and prostate cancers	Palliative care consultation within 7 days of death decreased healthcare costs by \$451, while palliative care consultation more than 4 weeks from death decreased costs by \$4,643.
Ernecoff 2021⁵ Journal of Palliative Medicine	Patients receiving palliative care services in an integrated delivery finance system	Palliative care was associated with significant cost saving and decreased length of stay when occurring early in a hospitalization and used for goals-of-care and hospice evaluation.
Gordon 2022 ⁶ Journal of Palliative Medicine	Adult home palliative care program	Adult home-based palliative care is effective in decreasing total medical costs by 16.7% during a calendar year compared with a control group. Savings were greater for patients enrolled for 6- 12 months as compared to 1-5 months, and were most prominent for patients enrolled in commercial insurance products.

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Conclusions of Meta-Analyses

Hughes 2014 ⁷	"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
Annual Review Public	discernment of and honoring choices about place of death, fewer and less intensive
Health	hospital admissions in the last month of life, less anxiety and depression, less caregiver
	distress, and cost savings."
May 2018 ⁸	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
JAMA	with a primary diagnosis of cancer and those with more comorbidities compared with
	those with a noncancer diagnosis and those with fewer comorbidities.

References

¹ May P, Garrido MM, Cassel JB, et al., Palliative Care Teams' Cost-Saving Effect Is Larger For Cancer Patients With Higher Numbers Of Comorbidities, Health Affairs, 2016, 35, pp. 44-53.

² Macmillan PJ, Chalfin B, Fard AS, and Hughes S. Earlier Palliative Care Referrals Associated with Reduced Length of Stay and Hospital Charges. Journal of Palliative Medicine. Jan 2020. 107 111. http://doi.org/10.1089/jpm.2019.0029

³ Hua M, Lu Y, Ma X, Morrison RS, Li G, Wunsch H. Association Between the Implementation of Hospital-Based Palliative Care and Use of Intensive Care During Terminal Hospitalizations. JAMA Netw Open. 2020;3(1):e1918675. doi:10.1001/jamanetworkopen.2019.18675

⁴ Sheridan PE, LeBrett WG, Triplett DP, Roeland EJ, Bruggeman AR, Yeung HN, Murphy JD. Cost Savings Associated With Palliative Care Among Older Adults With Advanced Cancer. Am J Hosp Palliat Care. 2021 Oct;38(10):1250-1257. doi: 10.1177/1049909120986800. Epub 2021 Jan 11. PMID: 33423523; PMCID: PMC9019862.

⁵ Natalie C. Ernecoff, Andrew Bilderback, Johanna Bellon, Robert M. Arnold, Michael Boninger, and Dio Kavalieratos. Associations between Reason for Inpatient Palliative Care Consultation, Timing, and Cost Savings. Journal of Palliative Medicine.Sep 2021.1525-1538.http://doi.org/10.1089/jpm.2020.0636

⁶ Marvin J. Gordon, Tao Le, Emmet W. Lee, and Aijing Gao. Home Palliative Care Savings. Journal of Palliative Medicine.Apr 2022.591-595.http://doi.org/10.1089/jpm.2021.0142

⁷ Hughes MT, Smith TJ, The growth of palliative care in the United States, Annu Rev Public Health 2014;35:459-75.

⁸ May P, Normand C, Cassel JB, et al. Economics of Palliative Care for Hospitalized Adults With Serious Illness: A Metaanalysis. JAMA Intern Med. 2018;178(6):820–829.

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