

BACKGROUND INFORMATION:

Palliative Care in the United States

Definition of Palliative Care

Palliative care is an integrative approach that improves quality of life for patients and their families as they deal with life threatening illness. Palliative care treats the whole person, relieving pain and suffering and addressing the social, psychological and spiritual needs of people dealing with serious illness.¹

Difference Between Palliative and Hospice Care

Palliative care is provided along the continuum from diagnosis to death, starting upstream of hospice care. It is based on need, not prognosis.² People can receive palliative care at any time and at any stage of illness, whether it is considered terminal or not. Hospice care is only provided to patients who are terminal, and generally considered to be within six months of death. Palliative care is provided as an **extra layer of support** to the care people with serious illness receive in a broad variety of care settings. Palliative care teams are multidisciplinary, and ideally include specialized doctors, nurses, psychosocial healthcare providers, and spiritual support. Hospice often relies on the family caregiver along with a visiting hospice nurse. It is usually provided in the patient's home. Palliative care can be provided within a hospital, healthcare facility or at a patient's home.³

The Need for Palliative Care

Research shows that people with serious illness and their families receive substandard medical care, including untreated symptoms, unmet psychosocial needs, severe caregiver burden and low patient and family satisfaction.⁴ Palliative care addresses these shortcomings through a coordinated, team approach that results in better communication with the patient and the patient's family, and better community support. Palliative care teams lower overall healthcare costs by preventing clinical complications, facilitating discharge planning and reducing preventable hospitalizations, readmissions and emergency room visits.^{5,6}

Palliative Care Shortage in the United States

Hospice care programs far outnumber palliative care. In the United States a severe shortage of palliative care resources exists. While an estimated 62% of hospitals with more than 50 beds, and 84% of hospitals with more than 300 beds report having palliative care programs in place, there is a shortage of physicians and nurses trained to staff those programs.⁷ New care delivery models are needed to help address the acute shortage in human resources available for palliative care.

Access to Palliative Care in a Post-ACA World

With the changes in the U.S. healthcare system as a result of the Affordable Care Act of 2010 (ACA), new opportunities are emerging that could benefit the field of palliative care medicine, and patients receiving it. As payment models shift from fee for service to value based reimbursement, the proven ability of palliative care to improve patient outcomes, reduce overall costs and increase patient and caregiver satisfaction means that palliative medicine promises to become more of a priority for those who purchase healthcare services.⁴ The biggest challenge facing the field of palliative care medicine is addressing the shortage of medical and non-medical staff trained to provide care to the patients who need it.

¹ World Health Organization website. WHO definition of palliative care.
<http://www.who.int/cancer/palliative/definition/en/> Accessed August 5, 2015.

² Ayers K. Innovative use of technology for palliative care. *Oncology Nursing News* website.
<http://nursing.onclive.com/web-exclusives/innovative-use-of-technology-for-palliative-care> Accessed August 5, 2015.

³ National Caregivers Library website. The differences between hospice and palliative care.
<http://www.caregiverslibrary.org/caregivers-resources/grp-end-of-life-issues/hsgrp-hospice/hospice-vs-palliative-care-article.aspx> Accessed August 5, 2015.

⁴ Meier, DE. *Milbank Q.* 2011 Sep; 89(3): 343–380.

⁵ Morrison RS, Penrod JD, Cassel JB, Caust-Ellenbogen M, Litke A, Spragens L, Meier DE; Palliative Care Leadership Centers' Outcomes Group. Cost savings associated with US hospital palliative care consultation programs. *Arch Intern Med.* 2008 Sep 8;168(16):1783-90. doi: 10.1001/archinte.168.16.1783.

⁶ Elsayem A, Swint K, Fisch MJ, Palmer JL, Reddy S, Walker P, Zhukovsky D, Knight P, Bruera E. Palliative care inpatient service in a comprehensive cancer center: clinical and financial outcomes. *J Clin Oncol.* 2004 May 15;22(10):2008-14.

⁷ American Hospital Association. AHA Hospital Statistics. Chicago: 2009.