

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 2008 JAMA	Hospitals (Multiple States)	\$4,908 (\$374/day) savings for patients who die in hospital \$1,696 (\$279/day) savings for live discharge
Temel 2010 NEJM	Metastatic Non-Small Cell Lung Cancer (MA)	Improved quality of life and over 2.5 months longer survival.
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.
Bakitas 2015 JCO	Outpatient advanced cancer	Early versus three month delay did not make a difference in costs or patient reported outcomes but it did lead to improved 1-yr survival (63% vs 48%).
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.
Smith 2014 (review) Palliat Med	“Conclusion: <i>Despite wide variation in study type, characteristic and study quality, there are consistent patterns in the results. Palliative care is most frequently found to be less costly relative to comparator groups, and in most cases, the difference in cost is statistically significant.”</i>	
Hughes 2014 (review) Annu Rev Public Health	“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.”	

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