

Palliative Care at a Glance

For a state directory of palliative care programs, go to getpalliativecare.org

For the state-by-state reportcard, go to capc.org/reportcard

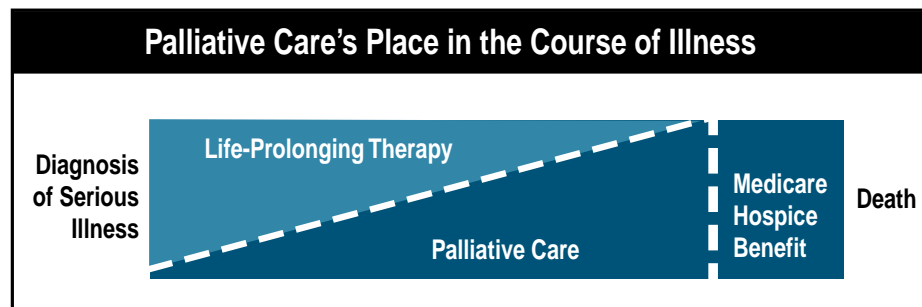


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What is Palliative Care

Palliative care, the medical sub-specialty focused on relief of the pain and symptoms of serious illness, epitomizes well-coordinated, patient-centered care. The goal is to improve quality of life for patients and their families. No longer for those at the very end of life (as in hospice), palliative care today is appropriate at any point in a serious illness and can be delivered along with curative and all other appropriate medical treatment.

Palliative care programs provide an organized, highly structured system for delivering care in hospitals—the main site of care for seriously ill Americans. Comprehensive palliative care programs save the health system money while greatly improving quality of care for millions of Americans.



Palliative Care Improves Quality

Palliative care improves health care quality in three domains:

- Relief of pain, symptoms and emotional suffering for patients and families.
- Enhanced patient-physician communication and decision-making.
- Improved coordination of care across multiple healthcare settings.

Palliative Care Reduces Costs

Palliative care has a direct impact on the reduction of health spending through:

- Fewer admissions to the intensive care unit in the last six months of life.
- Significant reductions in pharmacy, laboratory and intensive care costs.
- Efficiently coordinated care.

Implications for Medicare and Medicaid

The patient population driving runaway medical spending is the target population for palliative care.

- The seriously ill constitute only 5-10% of patients, but account for over half of the nation's total healthcare costs.
- The 10% of Medicare beneficiaries with 5 or more comorbid illnesses account for two-thirds of total Medicare spending.
- The 4% of the sickest Medicaid beneficiaries account for fully 48% of total program spending; 76% of the national Medicaid budget goes to acute hospital services, the most expensive setting of care.

The Role for Policymakers

Until a decade ago, palliative care in the U.S. was available only to patients enrolled in hospice and living in the community. Today, non-hospice palliative care, delivered by a hospital palliative care program, is emerging as a critical component of health reform. Policymakers can play a key role in ensuring that palliative care is available for all patients with serious, complex illness. To see recommendations for action, please go to:

www.capc.org/reportcard/recommendations