ICU
MANAGEMENT & PRACTICE

Significant Cost Savings with Early Palliative Care

A new study in Health Services Research reports that palliative care, if delivered early during hospitalisation, can play an important role in cutting down costs for critically ill patients. The ultimate objective of palliative care is to relieve the patient's suffering. Lead author Ian McCarthy, PhD, an assistant professor of economics at Emory University explained that many hospitals in the U.S. have palliative care programmes. However, hospitals are not financially motivated to deploy these programmes on a larger scale, because they do not yet understand the financial benefits that can be derived from them.

The core objectives of this study were:
a. to quantify potential savings that could be derived from in-hospital palliative care programmes;
b. to identify key elements of palliative care programmes and to guide hospitals as to how to structure appropriate palliative care teams to maximise savings.

Data was gathered from five different hospitals within one Dallas-Fort Worth area hospital system from January 2009 to June 2012. The sample data included 38,475 inpatient stays for patients 18 years or older. Patients included in the study were those who had been hospitalised for 7 to 30 days. The study noted whether patients received palliative care consult or not during their stay in the hospital.

Findings from the study revealed that there were cost savings of $3,426 from palliative care per inpatient stay among patients who died in the hospital. However, no significant cost savings were observed among those patients who were discharged alive. It is important to keep in mind though, that the findings do not take into account the differences in timing of palliative care, specific patient diagnosis and the make-up of the palliative care team.

The results of the study show that the highest savings were derived in patients who had a consult with palliative care team within the first ten days of their stay in the hospital and in patients who had been diagnosed with cancer. Savings were also maximised when there was a more active involvement of physicians and registered nurses during palliative care.

Potential savings were shown for palliative care teams even in facilities with high hospice utilisation. It was thus evident that hospitals can achieve both quality care and greater savings by implementing both hospice and palliative care.

Commenting on the study, Sean Morrison, MD, Professor at Mount Sinai's School of Medicine and Director of the National Palliative Care Research Centre, said that the study was well-designed and with robust findings. It demonstrated the contribution palliative care can make to improve both healthcare quality and cost savings. He recommended that hospitals should put in place palliative care programmes and should also make the regular use of palliative care an essential condition for participation in Medicare.

Source: Science Daily
Image source: freeimages.com

Published on : Tue, 22 Jul 2014