



CALIFORNIA  
HEALTHCARE  
FOUNDATION

SNAPSHOT

# When Compassion Is the Cure: The Case for Hospital-Based Palliative Care

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2008

# Introduction

Palliative care programs have attracted attention in recent years as a way to offer seriously ill people alternatives to costly, unrealistic, or unwanted treatments without precluding attempts to pursue cure. Because almost half (47 percent) of Californians are likely to be in a hospital when they die, hospital-based palliative care programs play an important role in making certain that patients have access to appropriate care at the end of their lives.

The California HealthCare Foundation sponsored a review of California hospital-based palliative care programs by the National Health Foundation and the University of California, San Francisco, Palliative Care Team.

## SOME HIGHLIGHTS:

- Of the 325 responding hospitals, 43 percent have a palliative care program, a sharp increase since 2000.
- Ninety percent of existing programs were launched since 2000.
- Nonprofit hospitals are far more likely to have a palliative care program than district, city/county, or for-profit institutions. Hospitals that are part of a system are almost twice as likely as non-system hospitals to have a program.
- Teaching hospitals are moving to incorporate palliative care in their training programs for new physicians. Fifty-seven percent currently have a program.
- Eighty-four percent of programs offer adult services only, and 13 percent provide both adult and pediatric services. Adult programs provide consultation services to an average of 364 patients each year.
- Hospital-based palliative care has the potential to sharply reduce the cost of care at the end of life.
- Among hospitals without palliative care, only 4 percent are engaged in efforts to establish a program.

This report builds on past research on palliative care, including financial implications for individuals, hospitals, and society. It is intended to support California's efforts to provide the most comprehensive and high-quality care to patients.

## Palliative Care in California

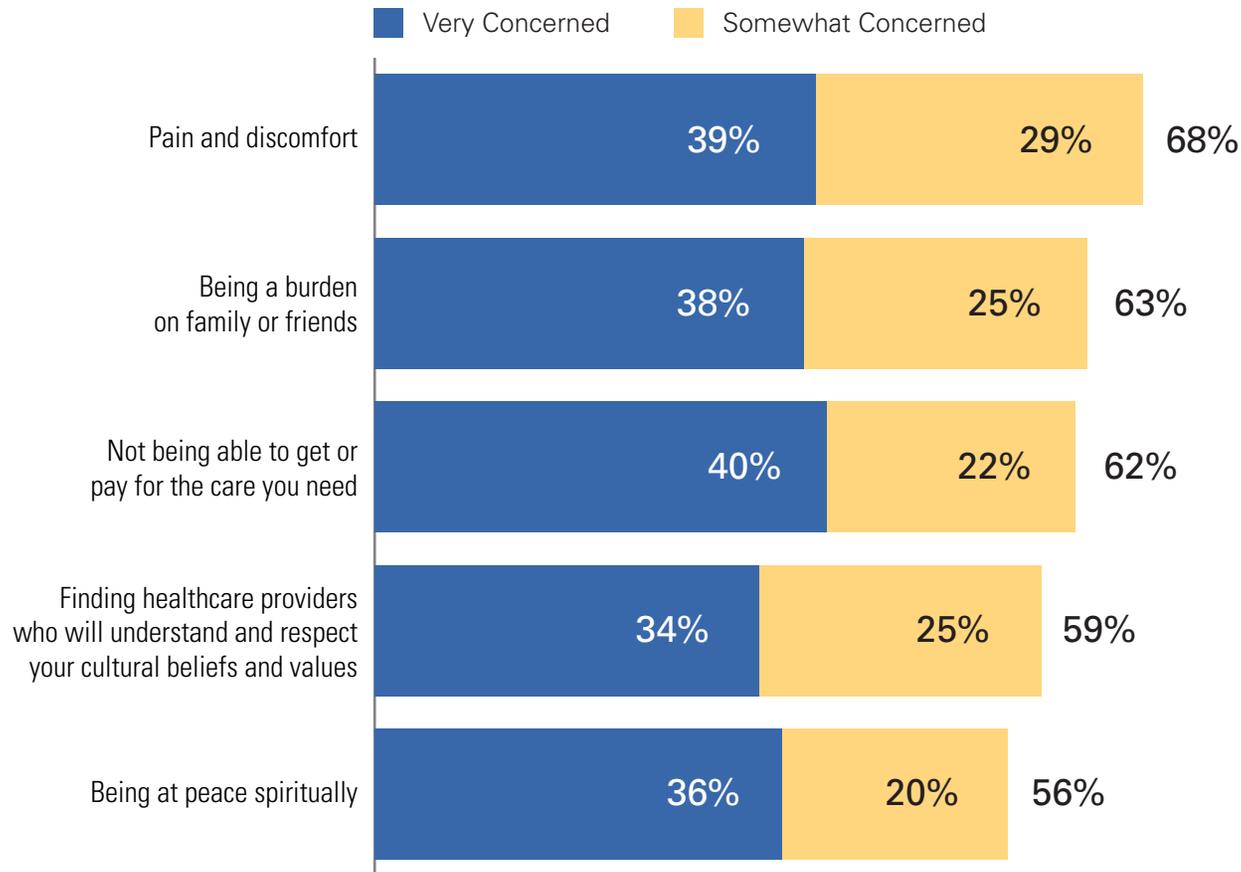
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# Californians' Concerns About End-of-Life Care, 2006

"WHEN YOU THINK ABOUT DEATH AND DYING, HOW CONCERNED ARE YOU ABOUT..."

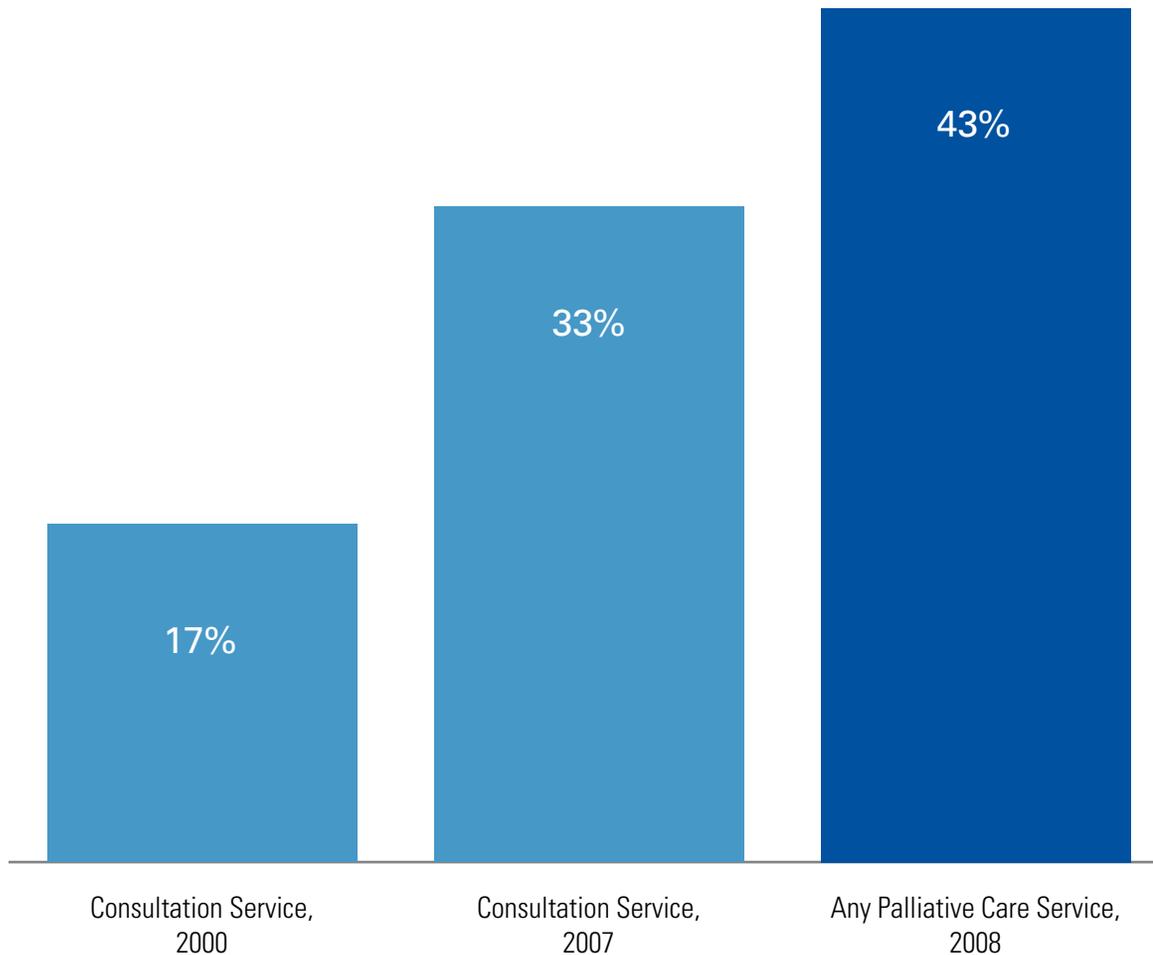


Sources: End-of-Life Issues and Care in California, statewide survey of 1,778 adults, conducted by Lake Research Partners for the California HealthCare Foundation, February to March 2006 and Center for Gerontology and Health Care Research at Brown Medical School, Brown University. Brown Atlas of Dying, Evaluation of Mortality Files compiled by the National Center for Health Statistics, by Joan Teno, M.D.

## Palliative Care in California Current State of Programs

Avoiding pain and discomfort is Californians' greatest concern in thinking about life-threatening illness. Because almost half of Californians (47 percent) are likely to die in a hospital, having appropriate end-of-life care that addresses those concerns is paramount.

# Proportion of Hospitals with Palliative Care Services, 2000 and 2007



Note: In a consultation service, the palliative care team sees patients and makes care recommendations but does not assume primary responsibility for the patient.

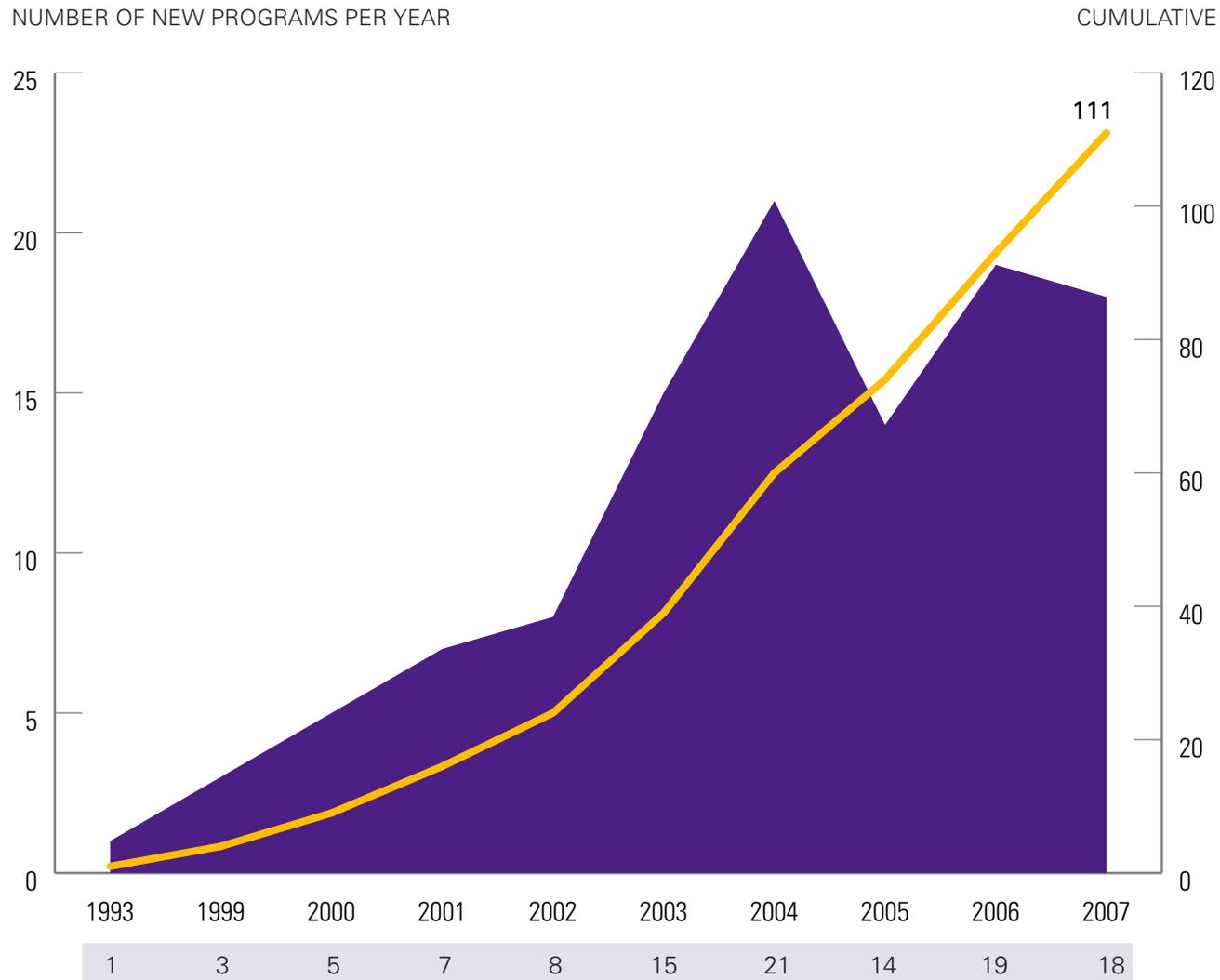
Sources: Pantilat, S.Z., and Billings, J.A. (2003). "Prevalence and Structure of Palliative Care Services in California Hospitals" *Archives of Internal Medicine*, 163(9), 1084–8; *Survey of Palliative Care in California Hospitals*, National Health Foundation and University of California, San Francisco, 2008; and [www.capc.org/news-and-events/releases/news-release-4-14-08](http://www.capc.org/news-and-events/releases/news-release-4-14-08).

## Palliative Care in California Current State of Programs

Forty-three percent of responding California hospitals have some type of palliative care program.

Consultation services are offered in one-third of California hospitals—up from 17 percent in 2000.

# Growth of Palliative Care Programs, 1993–2007



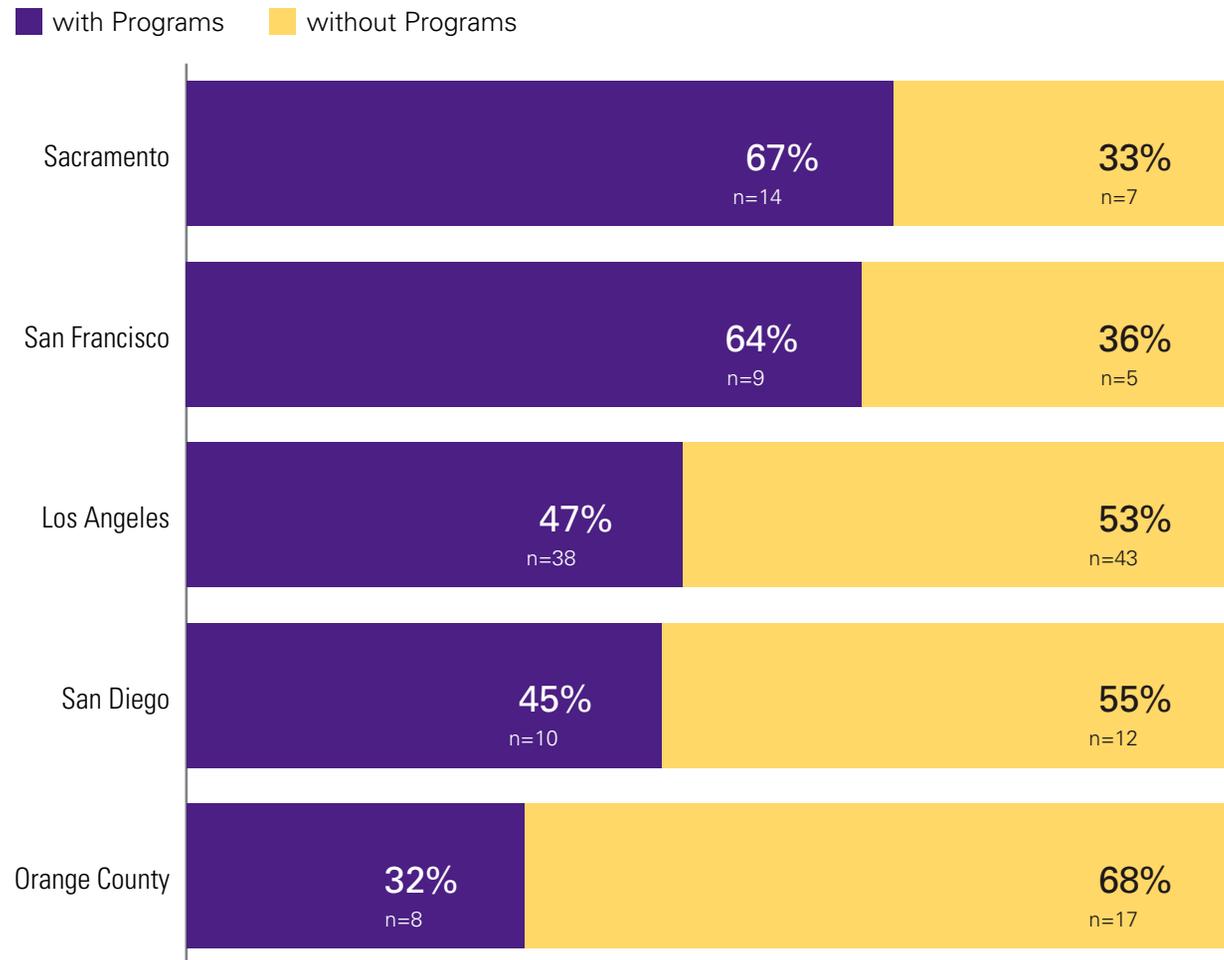
Source: *Survey of Palliative Care in California Hospitals*, National Health Foundation and University of California, San Francisco, 2008.

## Palliative Care in California Current State of Programs

Hospital-based palliative care programs are a recent phenomenon. More than 90 percent of all programs have been launched since 2000, with 64 percent starting up since 2004.

# Prevalence of Palliative Care Programs in Major Metropolitan Areas, 2007

PERCENTAGE OF HOSPITALS...



Note: Hospital referral regions were assigned to hospitals based on Zip Codes from the Dartmouth Atlas Geographic Query Finder (2007).

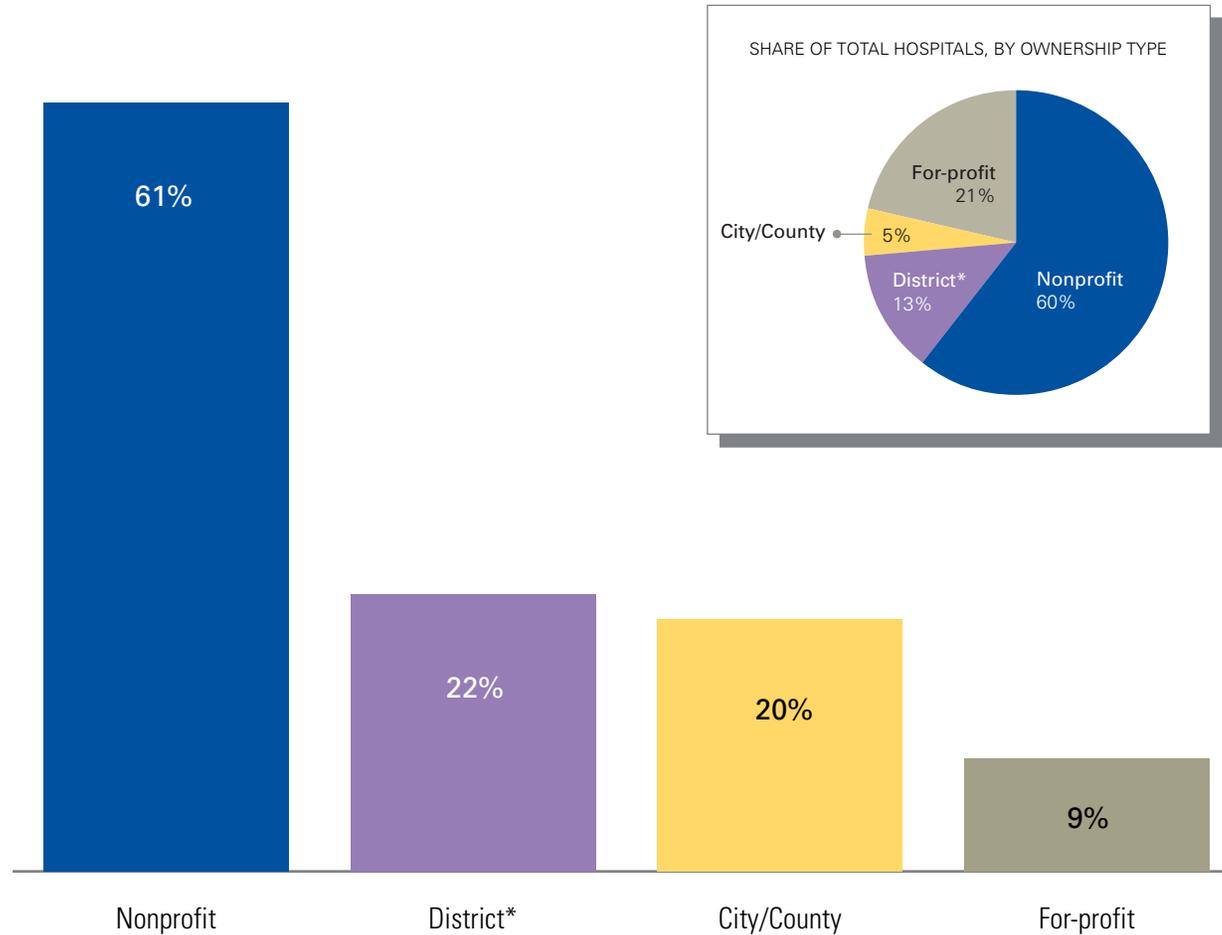
Source: *Survey of Palliative Care in California Hospitals*, National Health Foundation and University of California, San Francisco, 2008.

## Palliative Care in California Current State of Programs

Comparing five of California's larger hospital referral regions, Los Angeles has the most hospital-based palliative care programs (38), but Sacramento reports the highest proportion of programs (67 percent). Orange County hospitals are the least likely to offer a program.

# Palliative Care Programs, by Hospital Ownership, 2007

PERCENTAGE OF HOSPITALS WITH PROGRAMS



\*A district hospital is governed by a board of directors elected by the voters within a specified district.

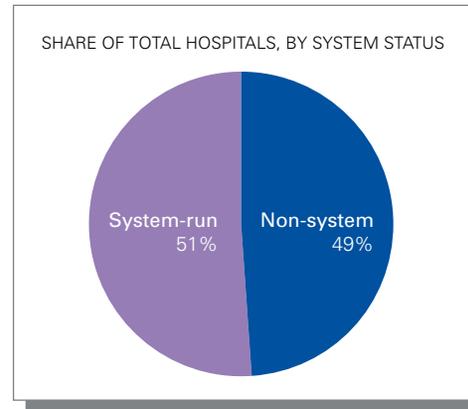
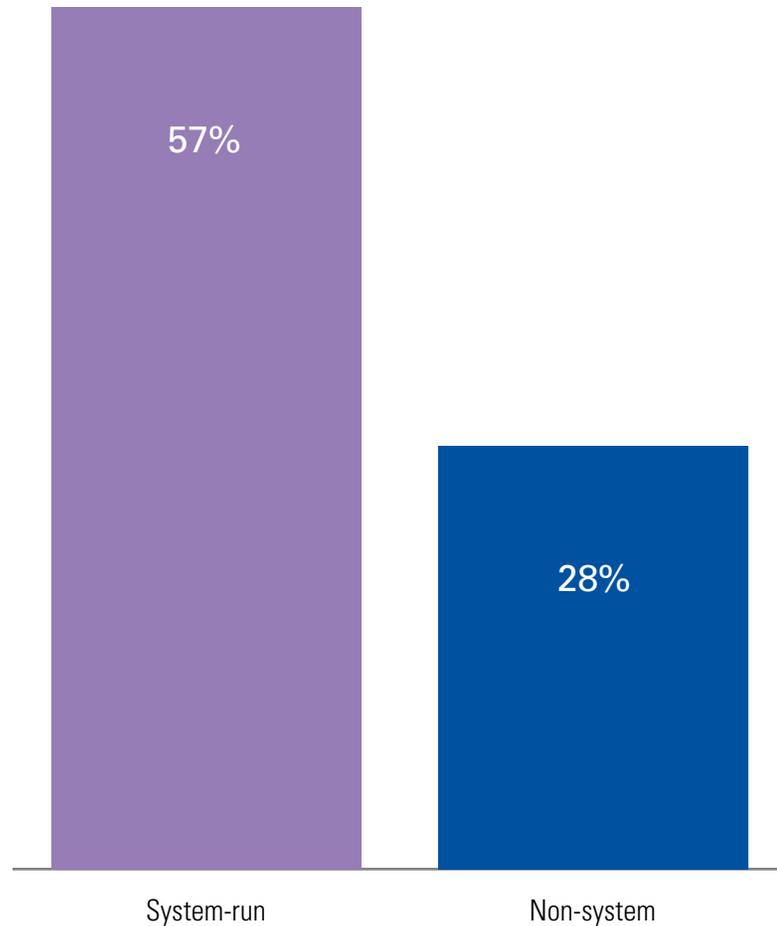
Source: *Survey of Palliative Care in California Hospitals*, National Health Foundation and University of California, San Francisco, 2008.

## Palliative Care in California Current State of Programs

The majority of California hospitals (60 percent) are nonprofit, and 21 percent are for-profit. Nonprofit hospitals are far more likely to have a palliative care program than district, city/county, or for-profit institutions.

# Palliative Care Programs, by System Status, 2007

PERCENTAGE OF HOSPITALS WITH PROGRAMS



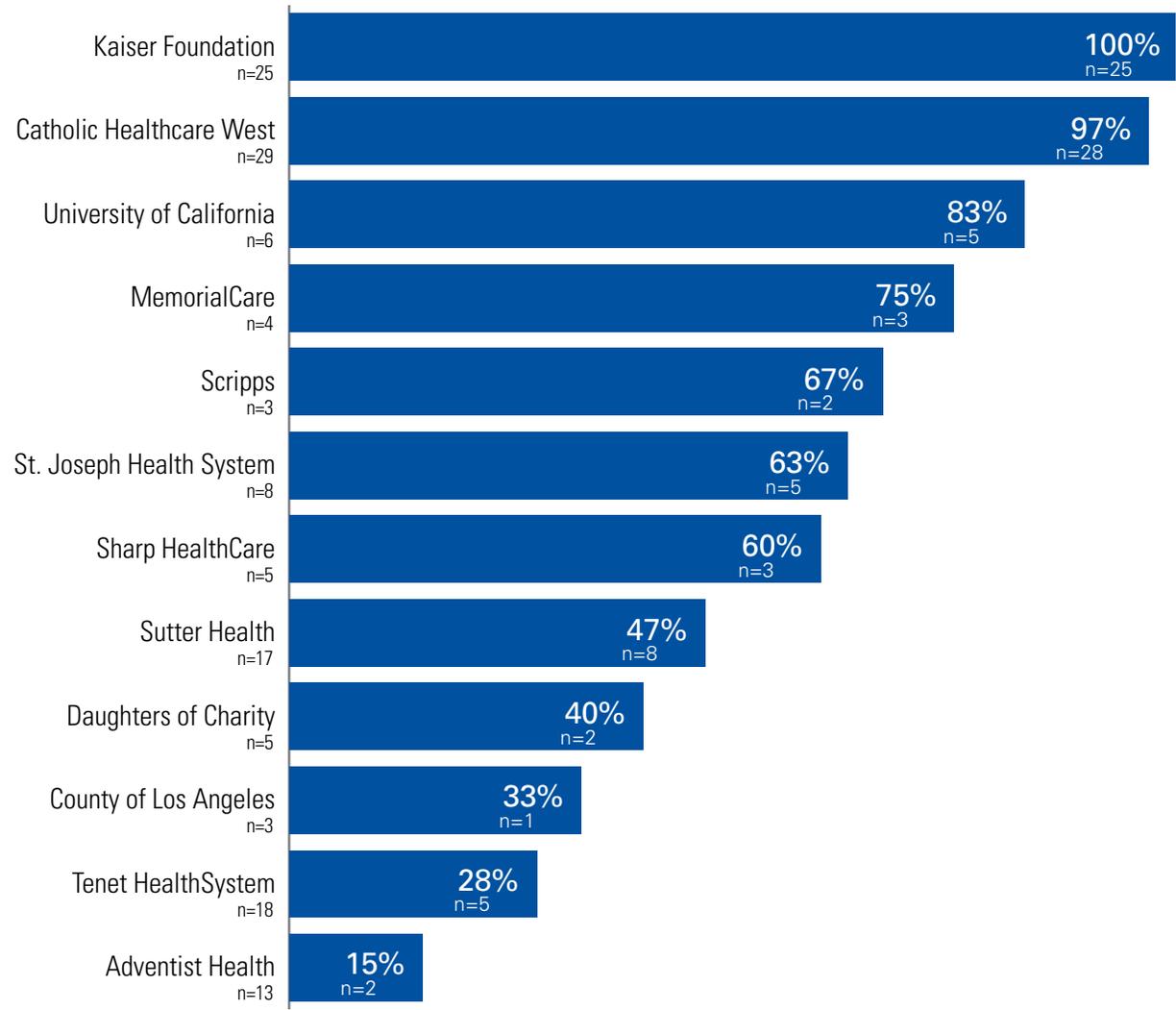
## Palliative Care in California Current State of Programs

More than half (57 percent) of hospitals that are part of a system have a palliative care program, compared to 28 percent of non-system hospitals.

Note: A "system" is three or more hospitals. VA hospitals are included.

Sources: Office of Statewide Health Planning and Development, 2006 database (system-run data); and *Survey of Palliative Care in California Hospitals*, National Health Foundation and University of California, San Francisco, 2008.

# Penetration of Palliative Care Programs in Systems, 2007



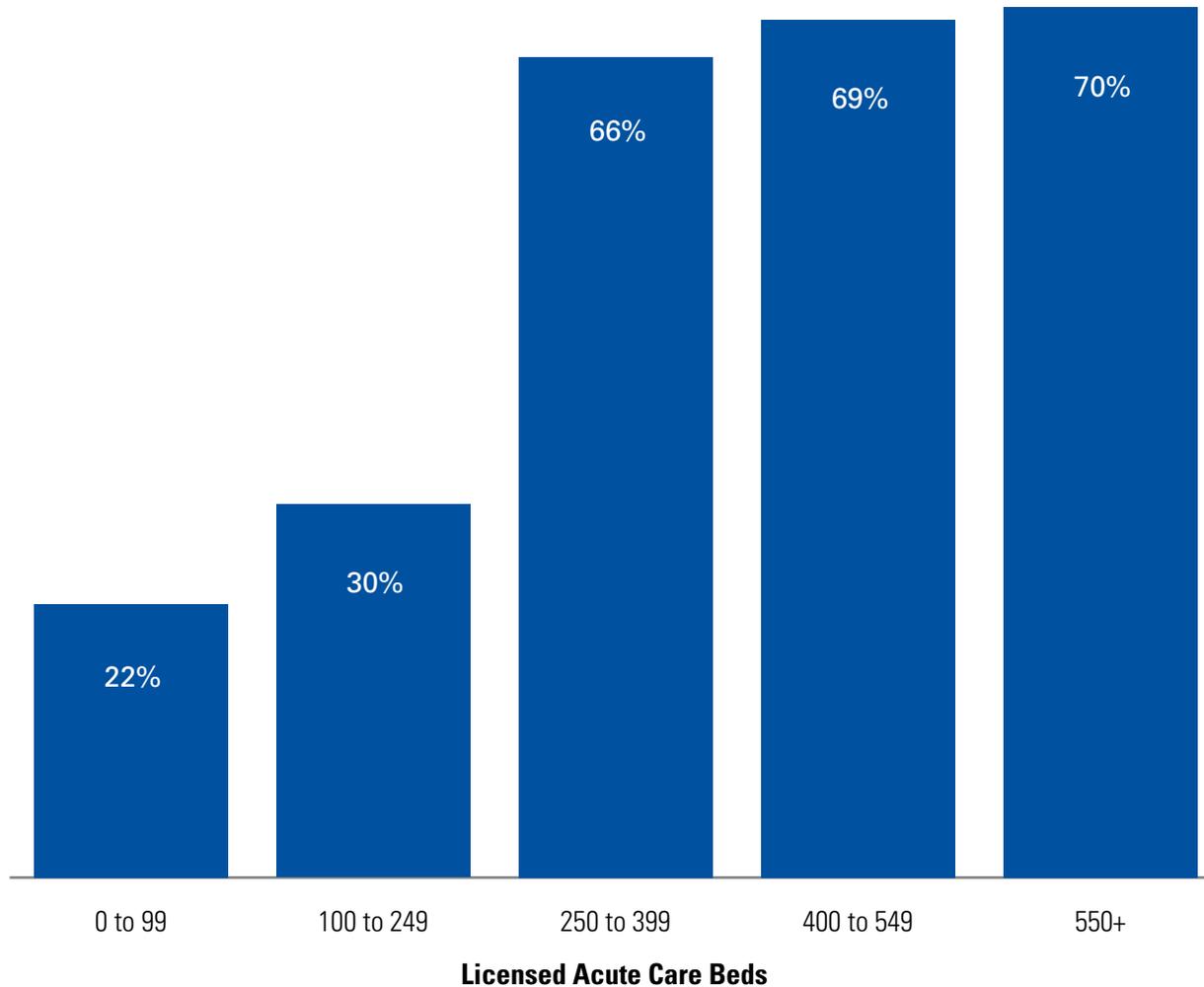
## Palliative Care in California Current State of Programs

Systems with hospitals in California vary greatly in their use of palliative care programs. Kaiser has programs in 100 percent of its California hospitals. Five systems, with a total of 19 California hospitals, have no programs.

Source: *Survey of Palliative Care in California Hospitals*, National Health Foundation and University of California, San Francisco, 2008.

# Palliative Care Programs, by Licensed Bed Size, 2007

PERCENTAGE OF HOSPITALS WITH PROGRAMS



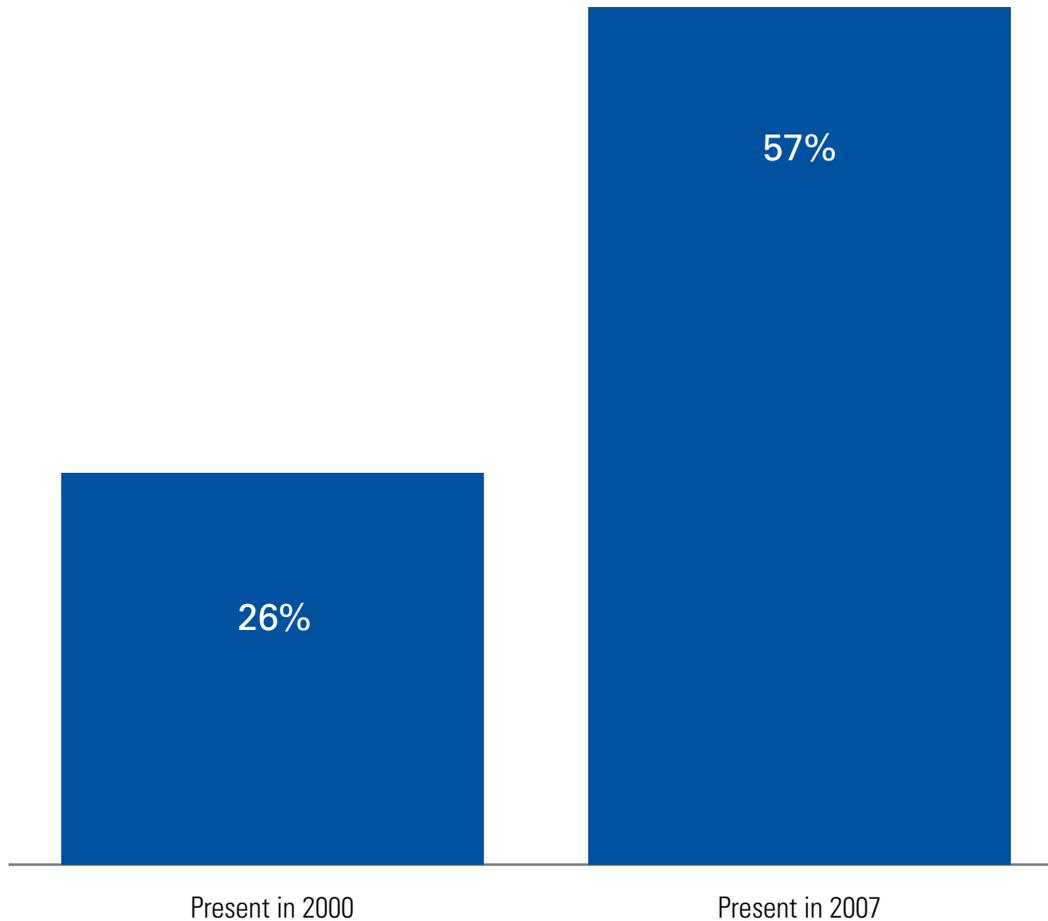
Source: *Survey of Palliative Care in California Hospitals*, National Health Foundation and University of California, San Francisco, 2008.

## Palliative Care in California Current State of Programs

Smaller hospitals—fewer than 250 licensed beds—are far less likely to have a program than larger institutions. Only 35 percent of California’s hospitals have more than 250 beds, and, of these, 66 to 70 percent have palliative care programs.

Nationally, 77 percent of hospitals with over 250 beds have programs; California is lagging slightly behind.

# Palliative Care Programs in Teaching Hospitals, 2000 and 2007



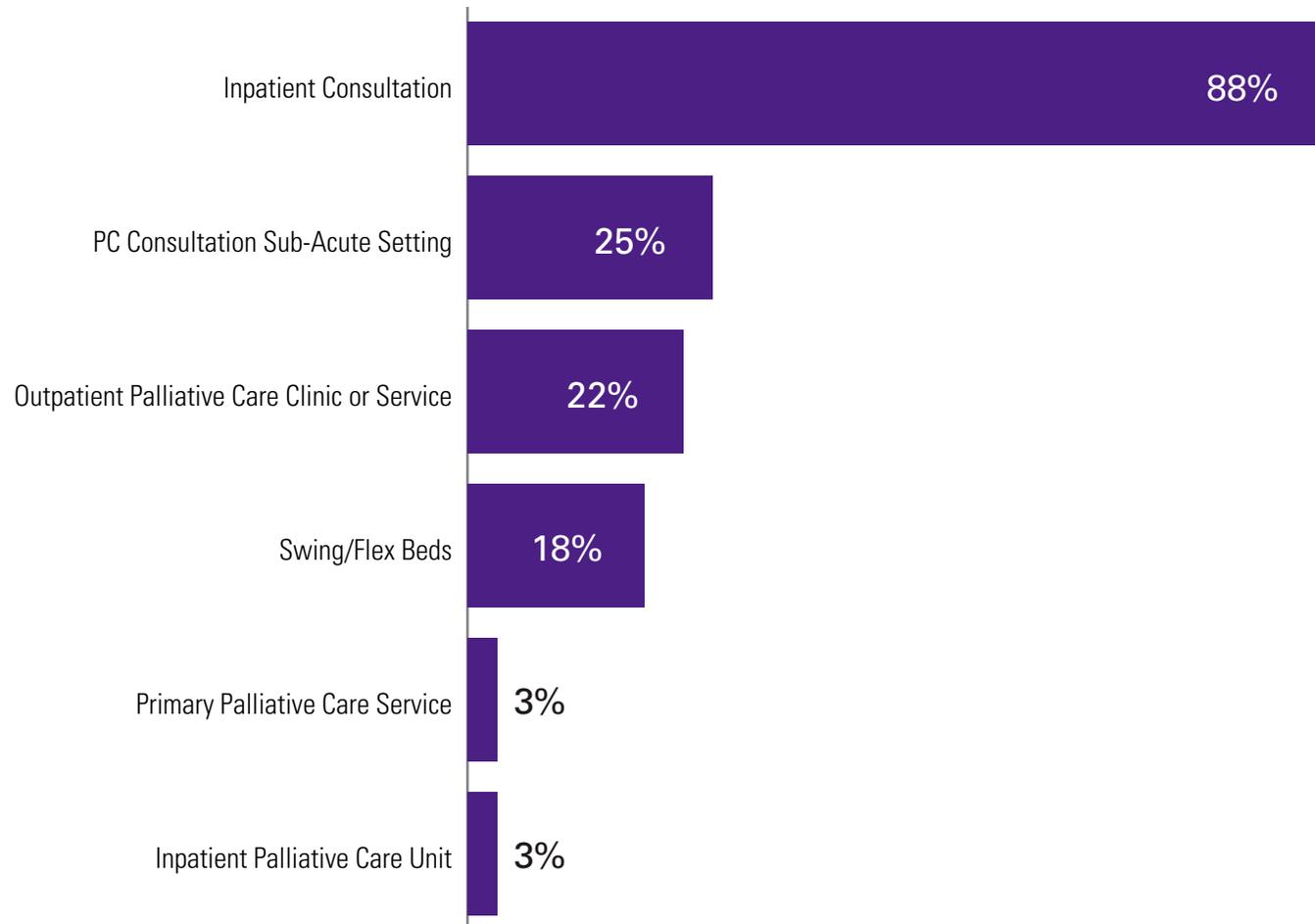
Source: *Survey of Palliative Care in California Hospitals*, National Health Foundation and University of California, San Francisco, 2008.

## Palliative Care in California Current State of Programs

Teaching hospitals are moving to include palliative care in the training of new physicians. Fifty-seven percent of California's teaching hospitals had a program in 2007, compared with only 26 percent in 2000.

# Types of Adult Palliative Care Programs, 2007

PERCENTAGE OF PROGRAMS WITH...



Notes: Hospitals may have more than one palliative care type. "Unit" includes both a dedicated palliative care unit or flex/swing beds, which are preferentially made available for palliative care patients. In a primary palliative care service, patients are admitted to the palliative care team, which has primary responsibility.

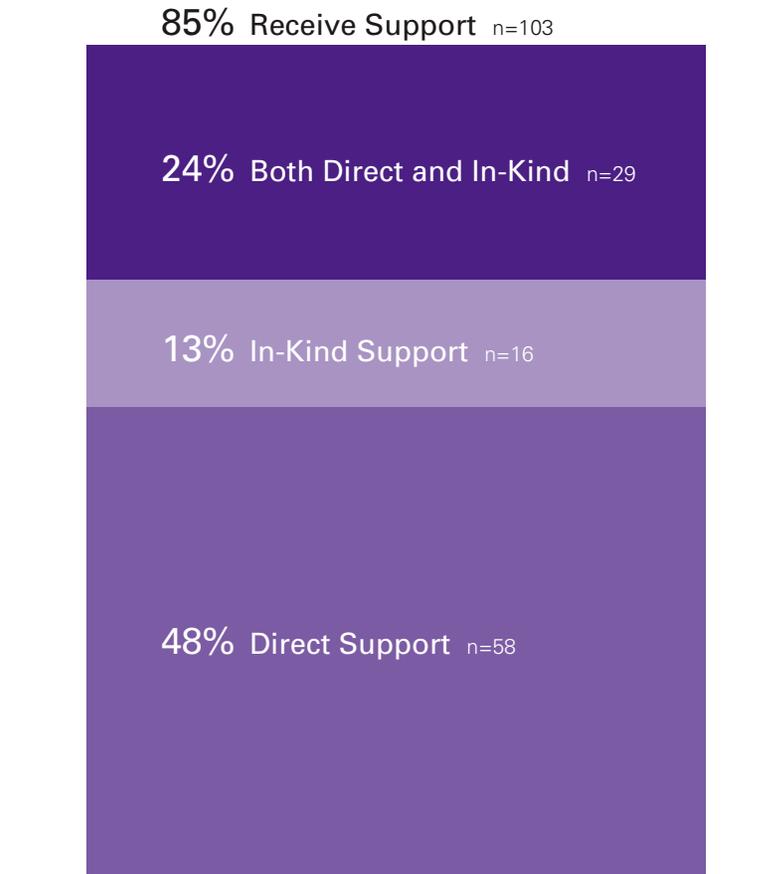
Source: *Survey of Palliative Care in California Hospitals*, National Health Foundation and University of California, San Francisco, 2008.

## Palliative Care in California Adult Program Characteristics

Almost all programs (88 percent) provide inpatient consultation, although only 3 percent have a dedicated palliative care unit. Eighteen percent have swing or flex beds, and 22 percent offer outpatient palliative care.

# Hospital Financial Support for Palliative Care, 2007

PERCENTAGE OF PROGRAMS RECEIVING HOSPITAL SUPPORT



Notes: Direct support means the hospital allocates money to a dedicated palliative care budget or directly pays individuals for their participation. In-kind support means the hospital assigns existing staff to participate.

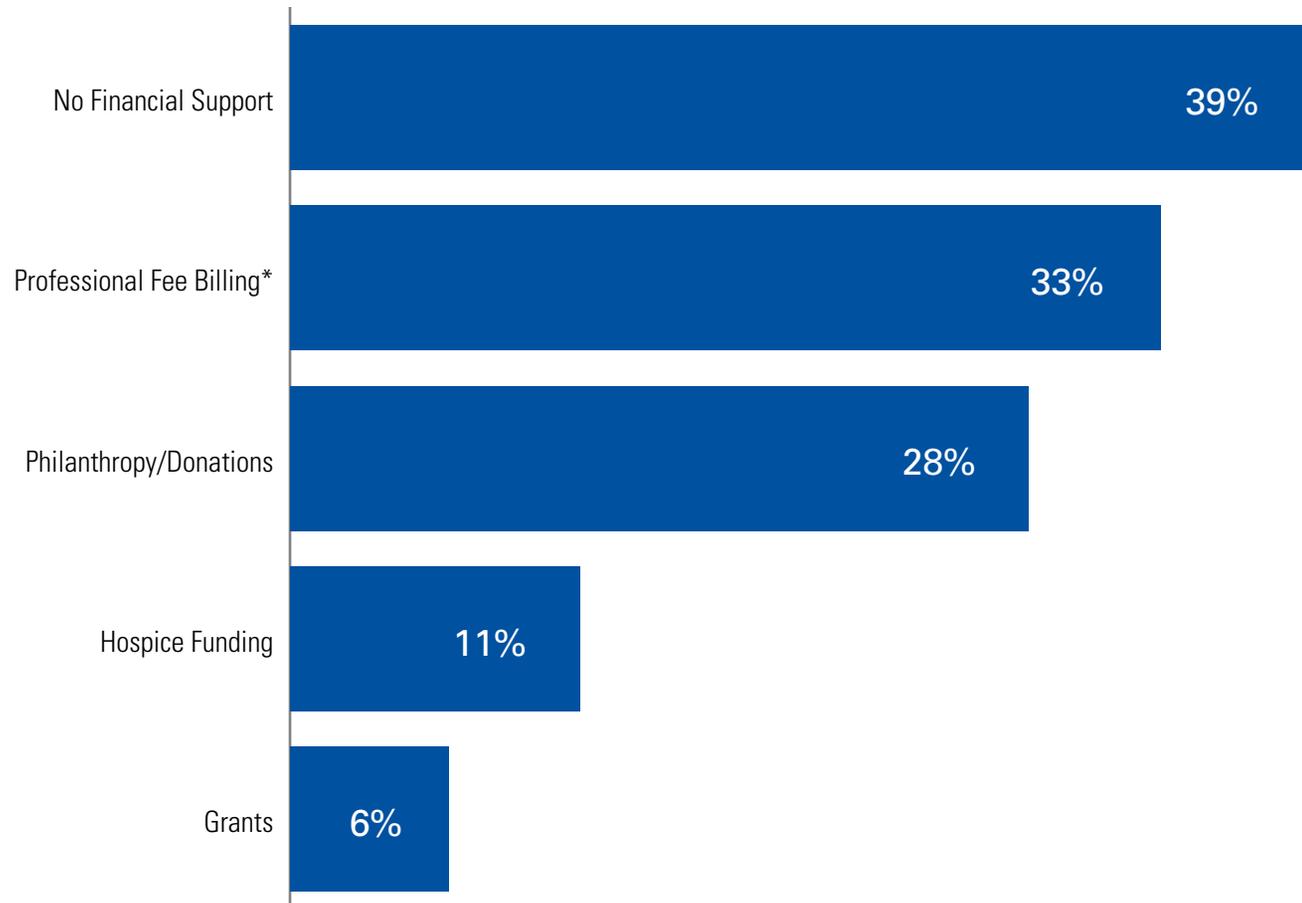
Source: *Survey of Palliative Care in California Hospitals*, National Health Foundation and University of California, San Francisco, 2008.

## Palliative Care in California Adult Program Characteristics

The large majority of palliative care programs (85 percent) receive support from their hospital. Almost half receive direct support, 13 percent receive in-kind support, and 24 percent receive both.

# Other Revenue Sources for Palliative Care Programs, 2007

PROGRAMS WITHOUT DIRECT OR IN-KIND SUPPORT FROM HOSPITALS (N=18) RECEIVE...



\*Refers to services provided by physicians or nurse practitioners that are billed apart from those provided by the hospital.

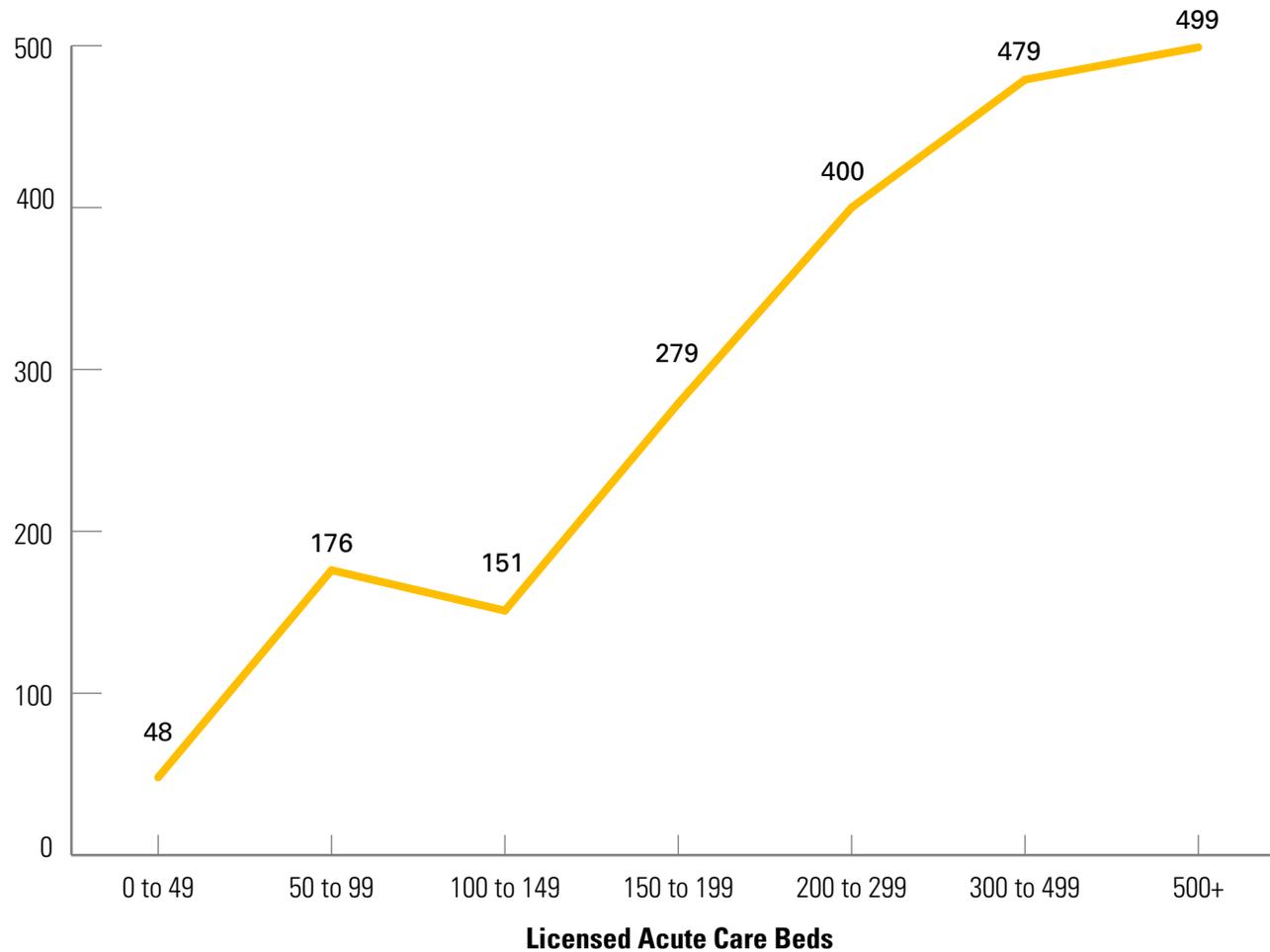
Source: *Survey of Palliative Care in California Hospitals*, National Health Foundation and University of California, San Francisco, 2008.

## Palliative Care in California Adult Program Characteristics

Most programs without hospital financial support rely on professional fee billing and/or philanthropy. Some receive no support.

# Palliative Care Patient Census, by Licensed Bed Size, 2007

NUMBER OF PATIENTS SEEN PER YEAR



Source: *Survey of Palliative Care in California Hospitals*, National Health Foundation and University of California, San Francisco, 2008.

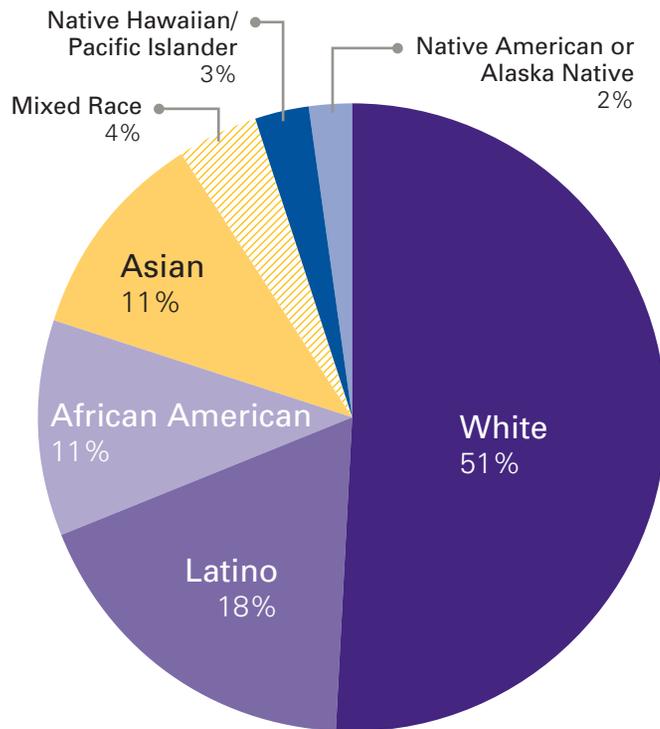
## Palliative Care in California Adult Program Characteristics

Palliative care programs provide consultation services to an average of 364 patients each year. The number of patients rises with the number of licensed beds. Hospitals with more than 500 beds see about 500 palliative care patients.

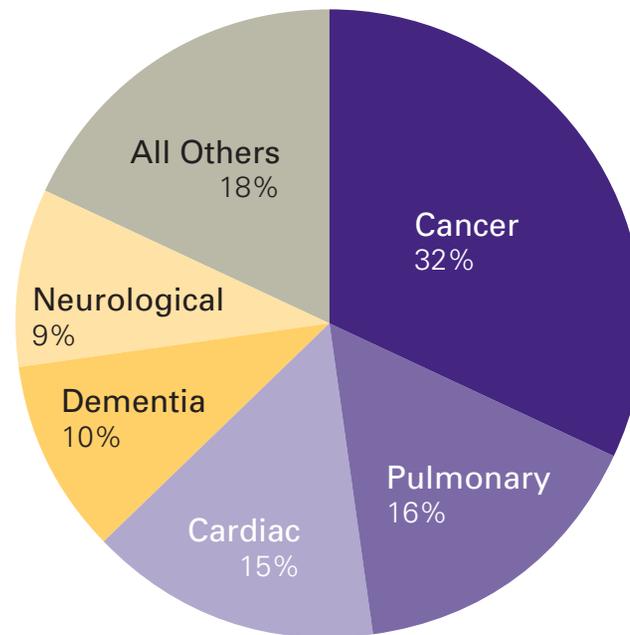
# Patient Demographics in Palliative Care, 2007

## Palliative Care in California Adult Program Characteristics

**Race/Ethnicity of Patients**



**Principal Diagnoses**



The typical palliative care patient is 70 years old and has a principal diagnosis of cancer. Males and females are equally represented. More than half are white (52 percent), with all other racial/ethnic groups at much lower percentages.

Source: *Survey of Palliative Care in California Hospitals*, National Health Foundation and University of California, San Francisco, 2008.

# Quality Measures in Palliative Care

Adherence of California palliative care programs to a range of “best practices” was weighed in the survey. The quality measures were selected from the National Quality Forum’s consensus report, *A National Framework and Preferred Practices for Palliative and Hospice Care Quality, 2006*. The NQF brings together diverse health care stakeholders to endorse performance measures to advance the quality of care.

The following pages display results in eleven areas considered important in palliative care:

- Multidisciplinary team composition
- Training of providers
- Availability of services
- Spiritual care
- Accessible educational materials
- Ethics committee
- Bereavement services
- Assessment of physical symptoms
- Assessment of psychological symptoms
- Patient-family care conferences
- Data collection

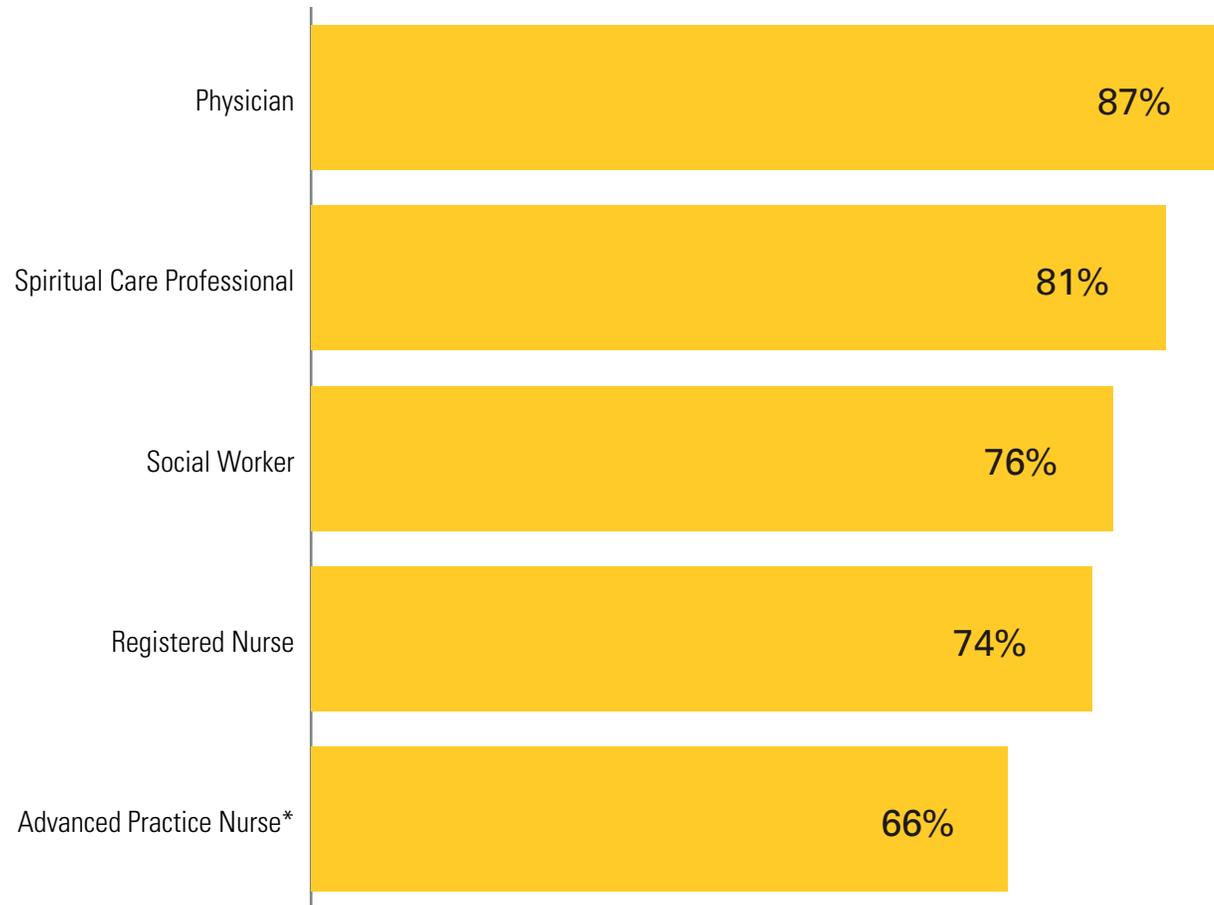
## Palliative Care in California Quality Measures

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The National Quality Forum’s voluntary standards for palliative care offers a structure for data that consumers, purchasers, and health care professionals can use to make informed decisions about care and to enhance its quality.

# Palliative Care Program Multidisciplinary Teams, 2007

PERCENTAGE OF PALLIATIVE CARE TEAMS THAT INCLUDE THIS DISCIPLINE



\*Could be a nurse practitioner or clinical nurse specialist.

Source: *Survey of Palliative Care in California Hospitals*, National Health Foundation and University of California, San Francisco, 2008.

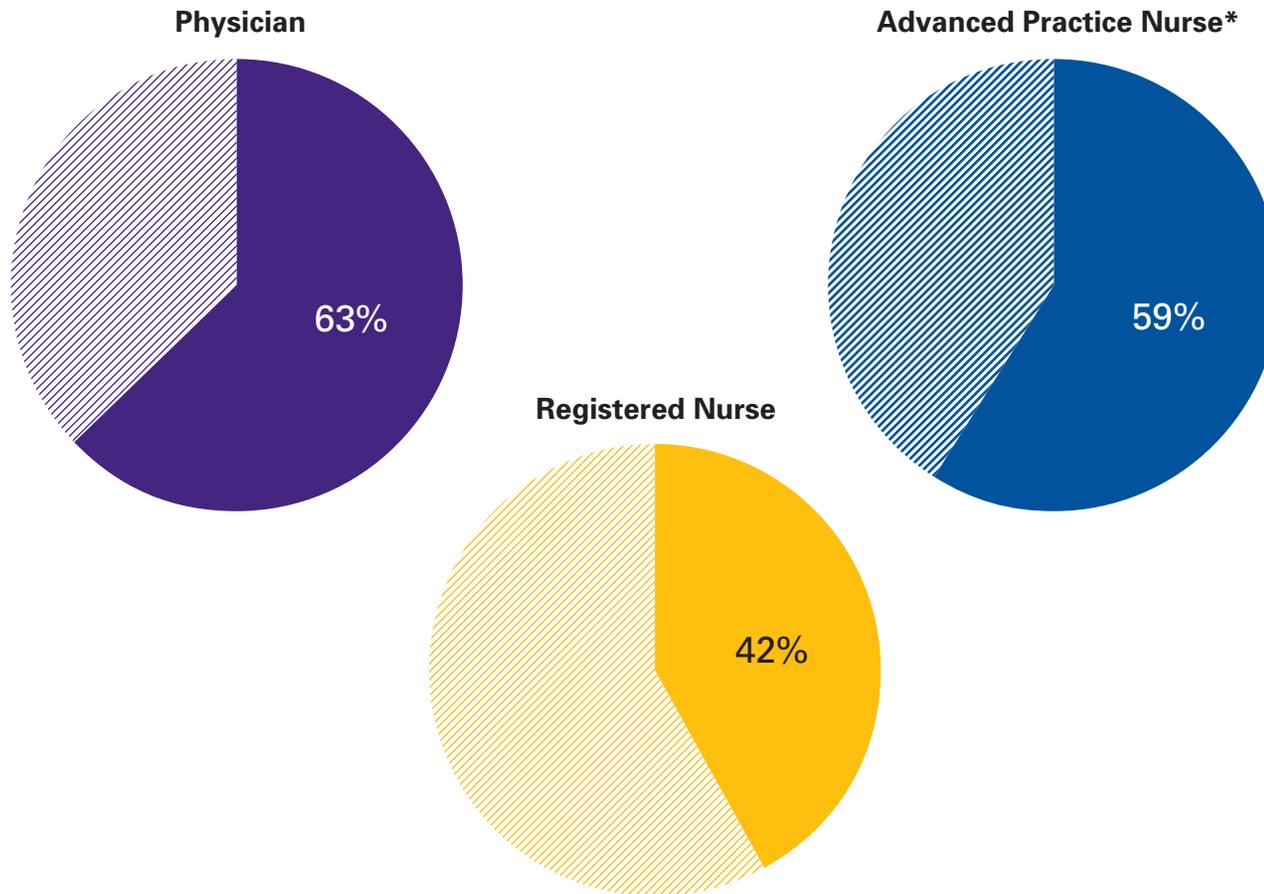
## Palliative Care in California Quality Measures

Palliative care is centered around a multidisciplinary care team. Most programs have a physician, spiritual care professional, social worker, registered nurse, and/or advanced practice nurse. Less than 10 percent have a psychologist, psychiatrist, or physician assistant on the team.

Ninety percent of multidisciplinary teams hold formal meetings, a third of which meet daily.

# Multidisciplinary Teams, by Specialized Training, 2007

PROPORTION OF TEAM MEMBERS WITH PALLIATIVE CARE TRAINING OR CREDENTIALS



\*Could be a nurse practitioner or clinical nurse specialist.

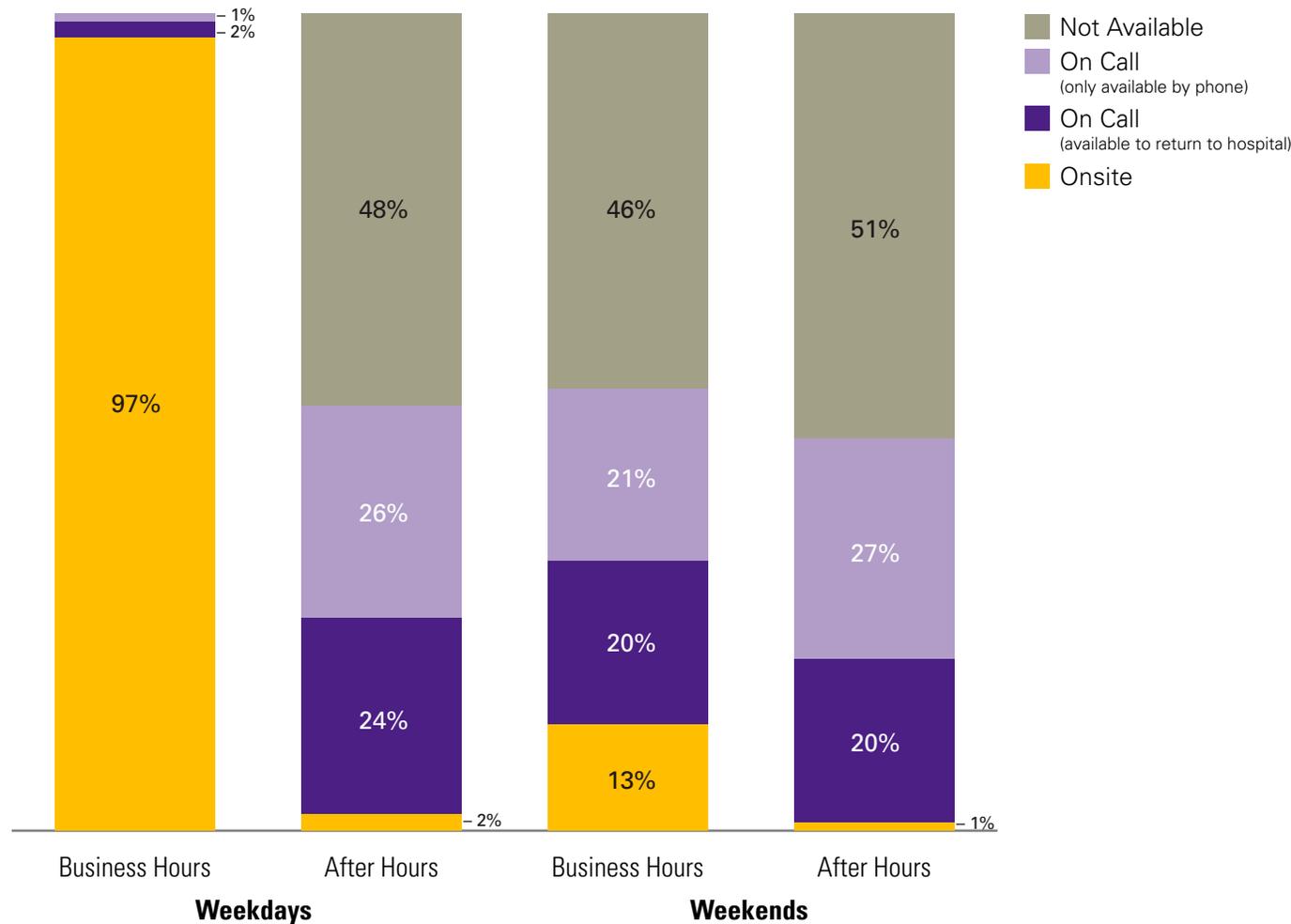
Source: *Survey of Palliative Care in California Hospitals*, National Health Foundation and University of California, San Francisco, 2008.

## Palliative Care in California Quality Measures

Most of the physicians and advanced practice nurses on multidisciplinary teams have special training in palliative care. Fewer than half of the registered nurses on teams have such training.

# Staff Availability in Palliative Care Programs, 2007

PERCENTAGE OF HOSPITALS REPORTING STAFF AVAILABILITY



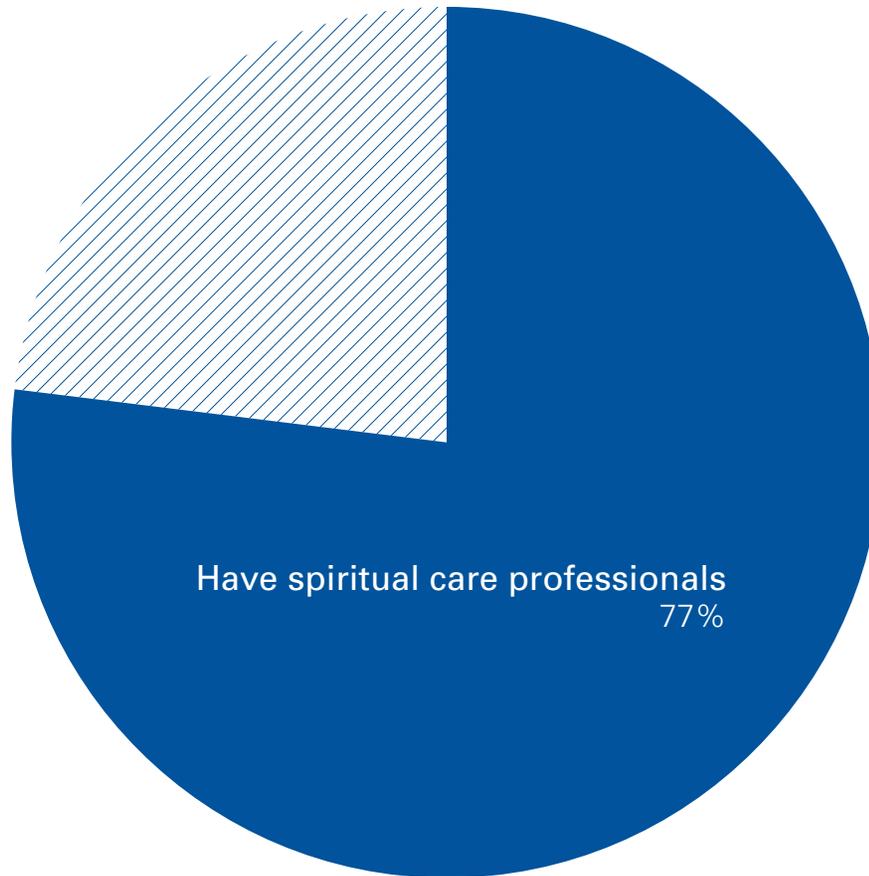
Almost all programs (97 percent) provide access to staff onsite during regular working hours on weekdays. About half have staff available (in person or by phone) after hours and on weekends.

Note: Some percentages don't add up to 100 percent due to rounding.

Source: *Survey of Palliative Care in California Hospitals*, National Health Foundation and University of California, San Francisco, 2008.

# Spiritual Care in Palliative Care Programs, 2007

PROPORTION OF PROGRAMS WITH SPIRITUAL CARE PROFESSIONALS ON TEAM



Note: Based on data from 107 palliative care consultation services.

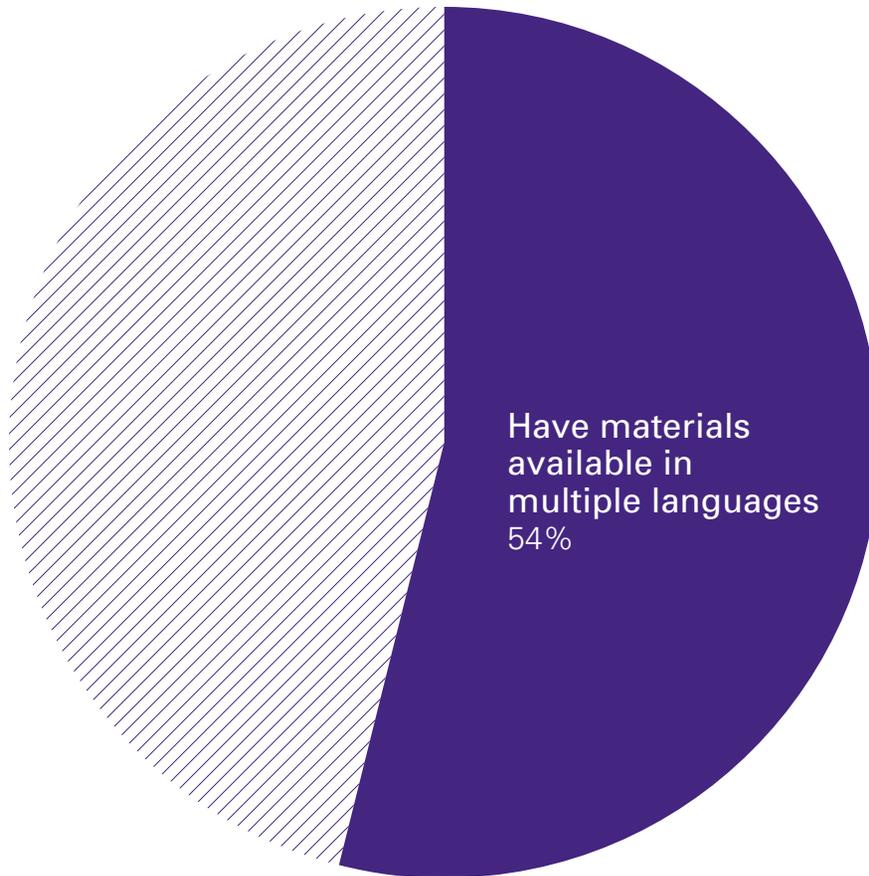
Source: *Survey of Palliative Care in California Hospitals*, National Health Foundation and University of California, San Francisco, 2008.

## Palliative Care in California Quality Measures

Spiritual care is a key component of palliative care. More than three-quarters of programs have a spiritual care professional on their multidisciplinary team.

# Accessible Palliative Care Educational Materials, 2007

PROPORTION OF PROGRAMS THAT OFFER EDUCATIONAL MATERIALS IN MULTIPLE LANGUAGES



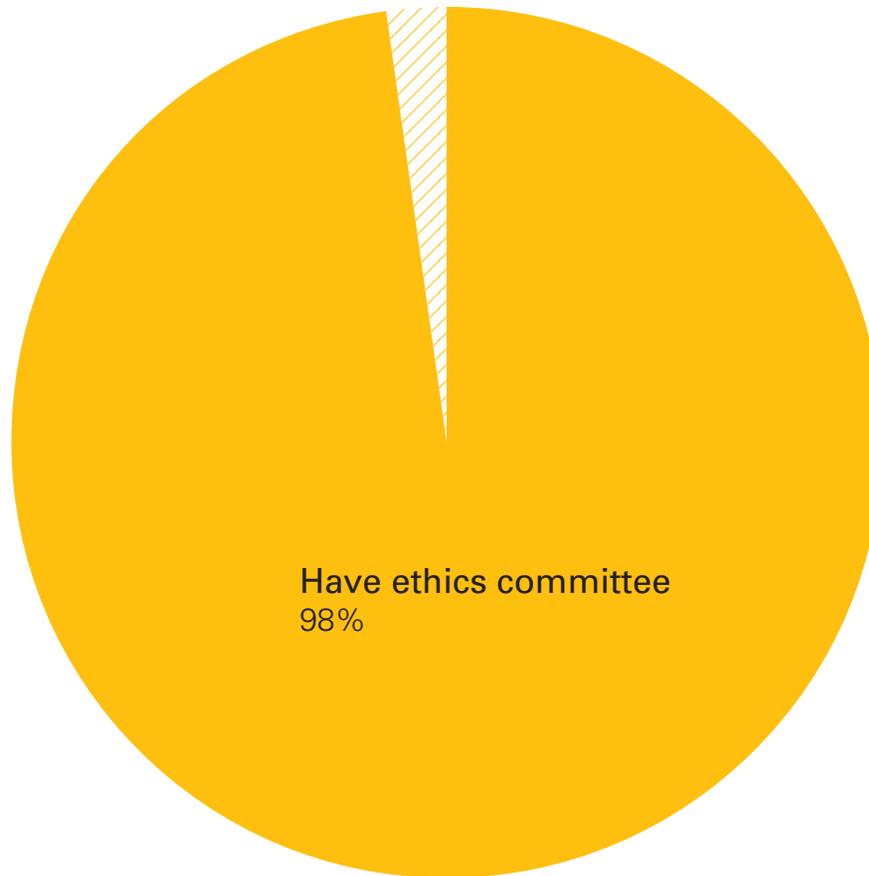
Note: Based on data from 107 palliative care consultation services.

Source: *Survey of Palliative Care in California Hospitals*, National Health Foundation and University of California, San Francisco, 2008.

More than half of programs provide educational materials about palliative care in multiple languages to their patients.

# Access to Ethics Committee, 2007

PROPORTION OF PALLIATIVE CARE PROGRAMS THAT HAVE ACCESS TO AN ETHICS COMMITTEE



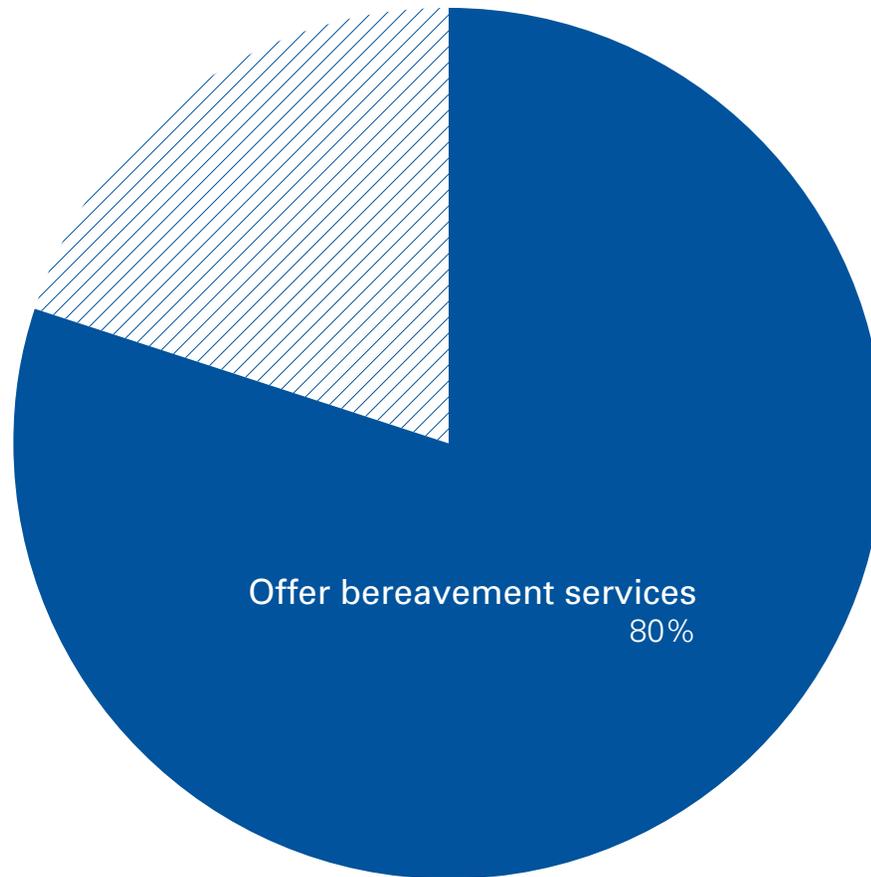
Note: Based on data from 107 palliative care consultation services.

Source: *Survey of Palliative Care in California Hospitals*, National Health Foundation and University of California, San Francisco, 2008.

Almost all consultation programs have an ethics committee they can consult with.

# Bereavement Services, 2007

PROPORTION OF HOSPITALS THAT OFFER BEREAVEMENT SERVICES



Note: Based on data from 107 palliative care consultation services.

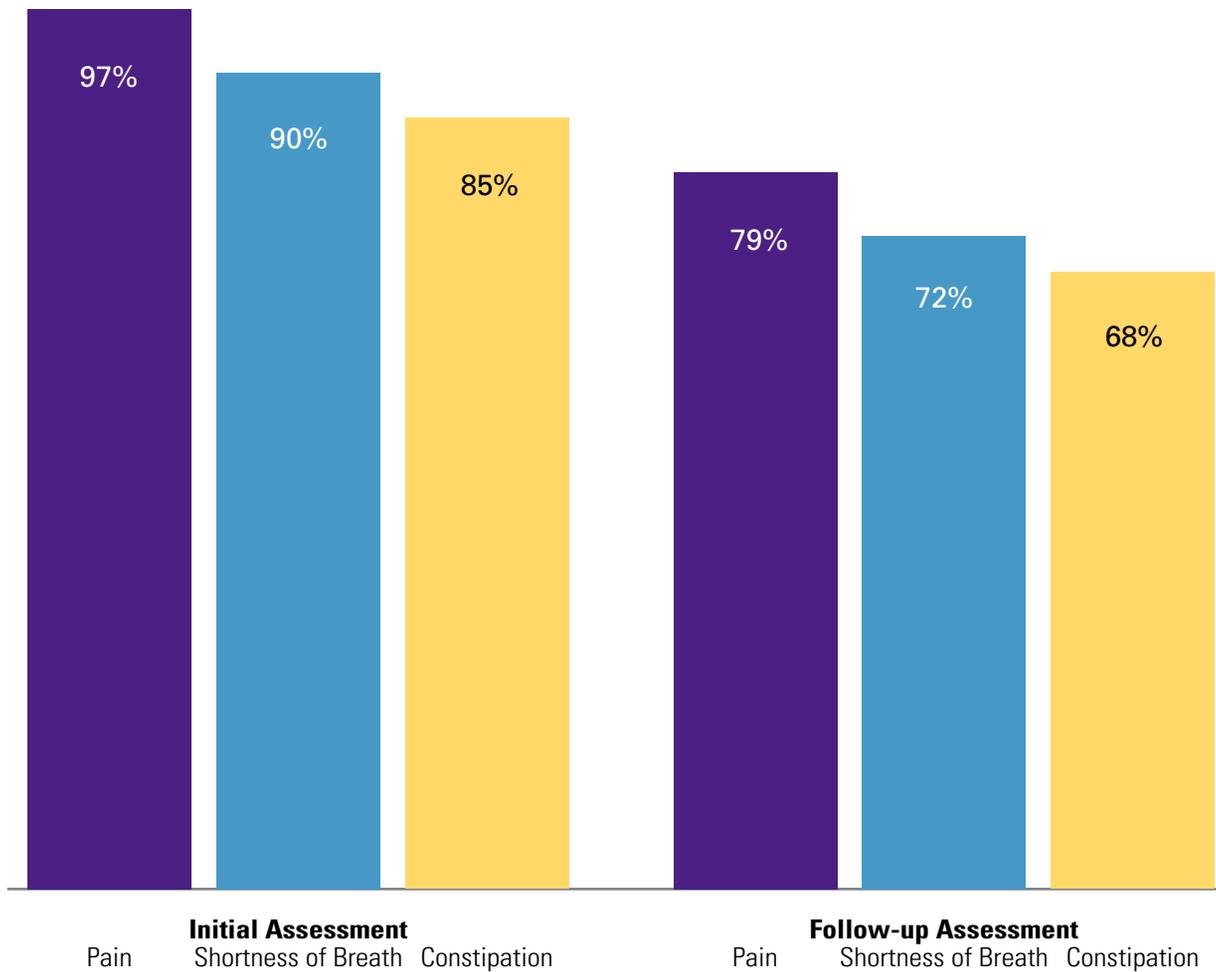
Source: *Survey of Palliative Care in California Hospitals*, National Health Foundation and University of California, San Francisco, 2008.

## Palliative Care in California Quality Measures

Caring does not stop with the patient's death in 80 percent of palliative care programs. Bereavement services are offered to loved ones.

# Assessment of Physical Symptoms, 2007

PROPORTION OF PROGRAMS THAT ASSESS KEY PHYSICAL SYMPTOMS IN INITIAL AND FOLLOW-UP VISITS



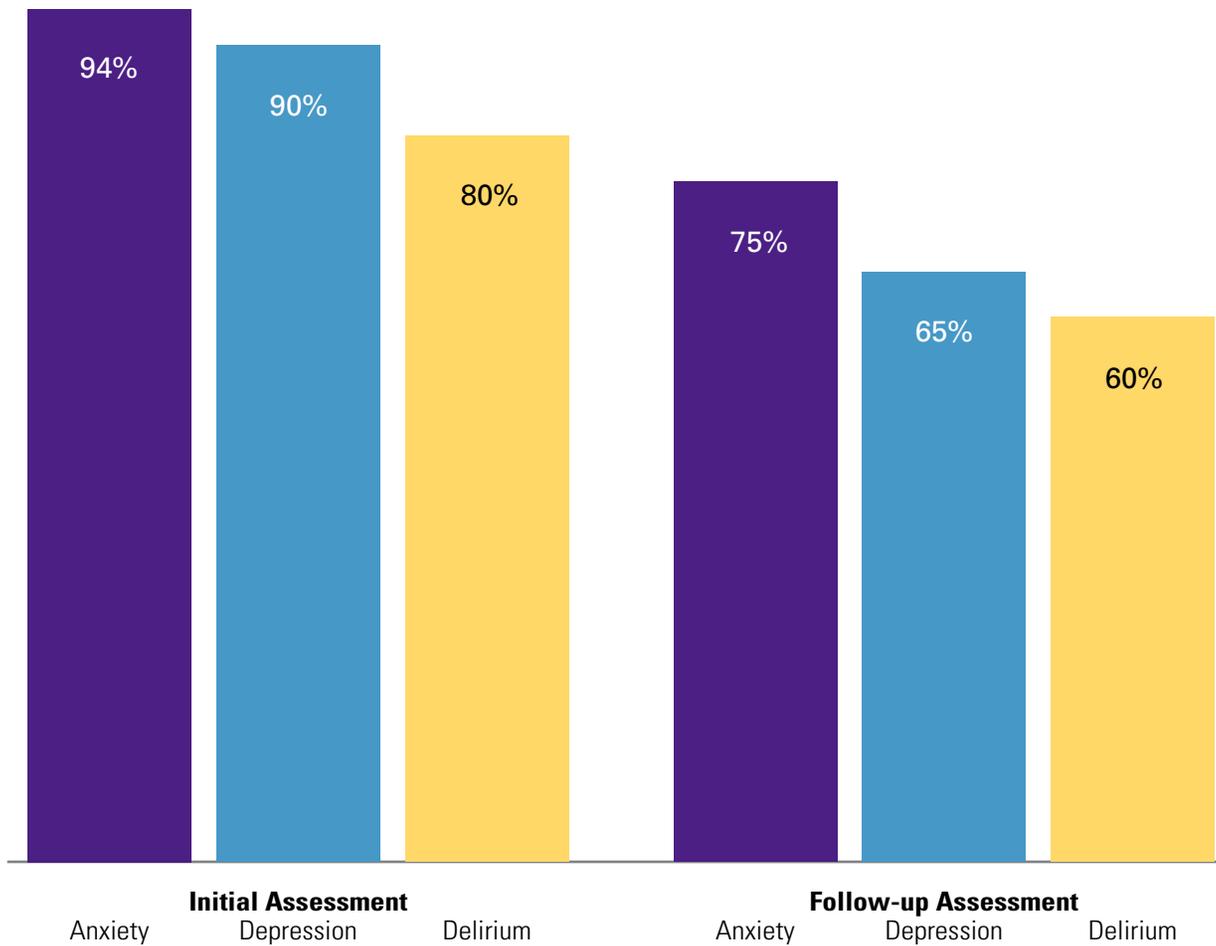
Note: Based on data from 107 palliative care consultation services.

Source: *Survey of Palliative Care in California Hospitals*, National Health Foundation and University of California, San Francisco, 2008.

Pain, shortness of breath, and constipation are assessed initially and subsequently in most programs.

# Assessment of Psychological Symptoms, 2007

PROPORTION OF PROGRAMS THAT ASSESS KEY PSYCHOLOGICAL SYMPTOMS IN INITIAL AND FOLLOW-UP VISITS



Note: Based on data from 107 palliative care consultation services.

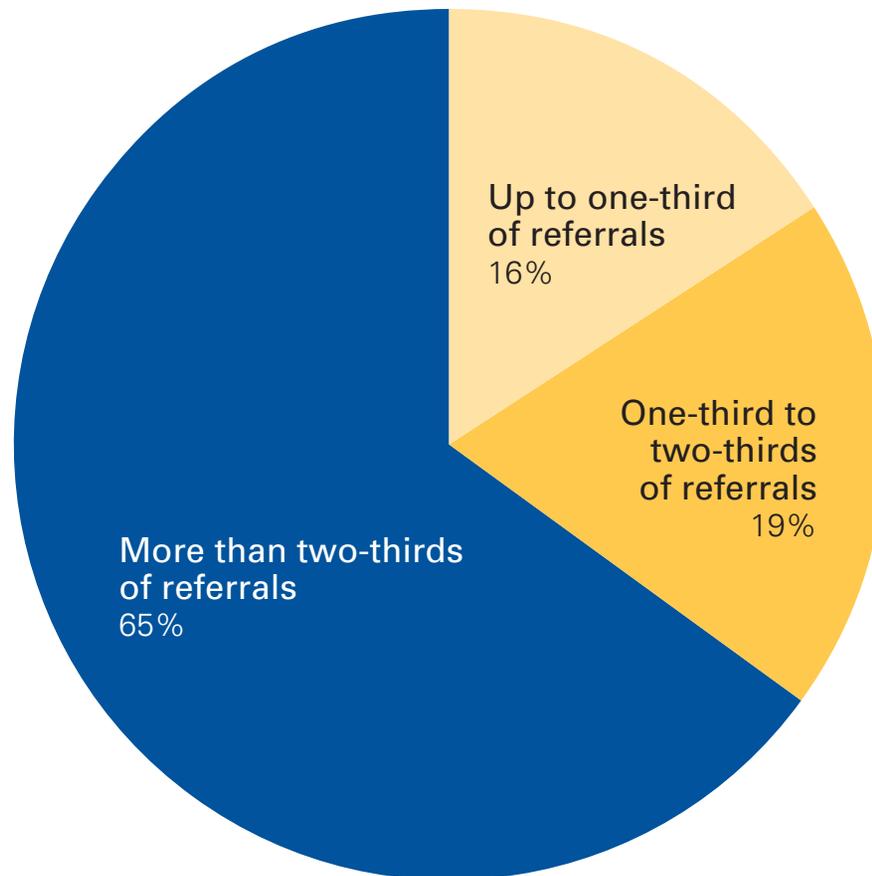
Source: *Survey of Palliative Care in California Hospitals*, National Health Foundation and University of California, San Francisco, 2008.

## Palliative Care in California Quality Measures

Psychological symptoms are assessed almost as routinely as physical symptoms. At least 90 percent of programs assess patients' anxiety and depression in the initial assessment.

# Patient-Family Conferences, 2007

PROGRAMS HOLDING REGULAR PATIENT AND FAMILY CARE CONFERENCES WITH...



## Palliative Care in California Quality Measures

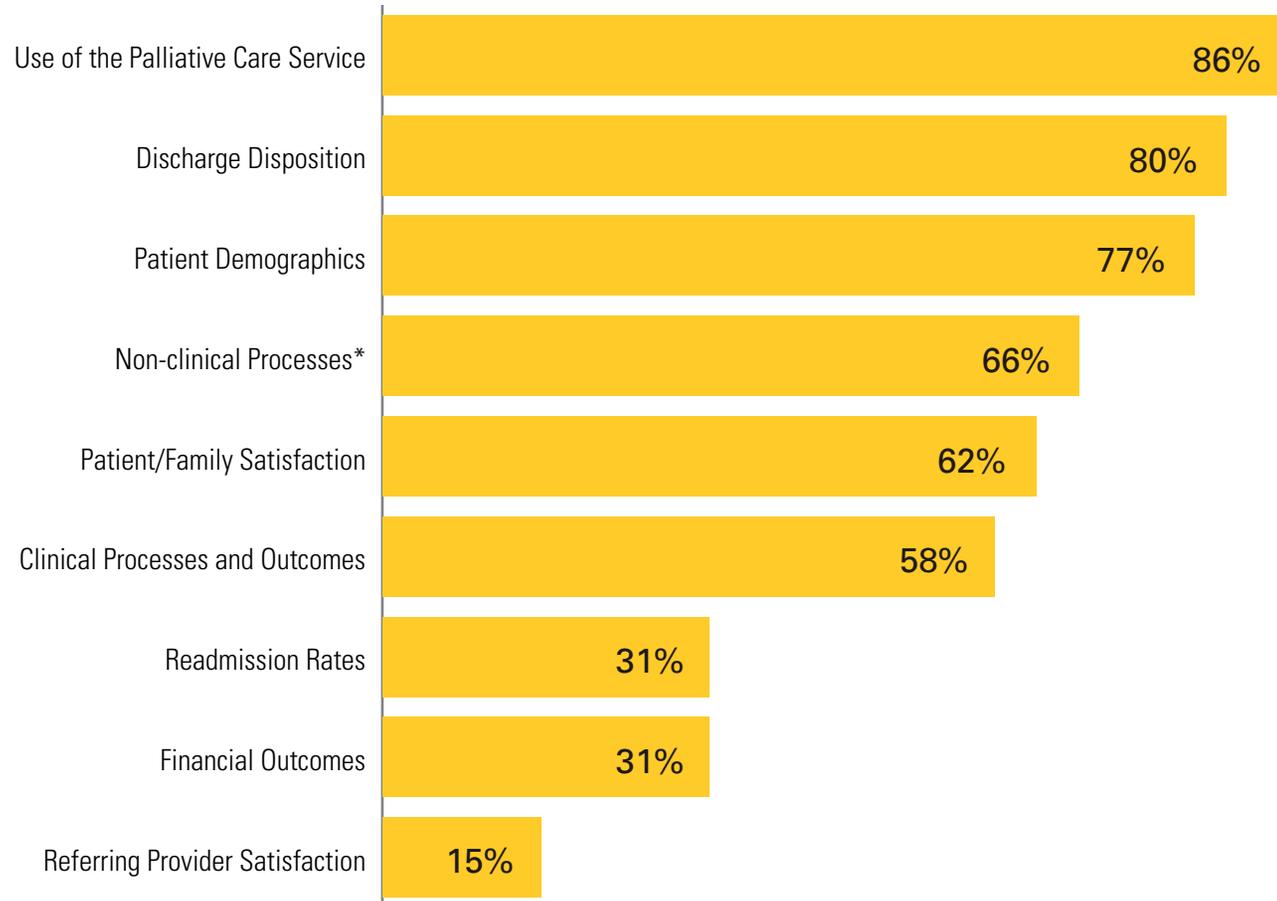
Sixty-five percent of palliative care programs hold patient-family care conferences with at least two-thirds of patients who are referred to the program.

Note: Based on data from 107 palliative care consultation services.

Source: *Survey of Palliative Care in California Hospitals*, National Health Foundation and University of California, San Francisco, 2008.

# Data Collection by Palliative Care Programs, 2007

PERCENT OF PROGRAMS THAT COLLECT THE FOLLOWING DATA TYPES:



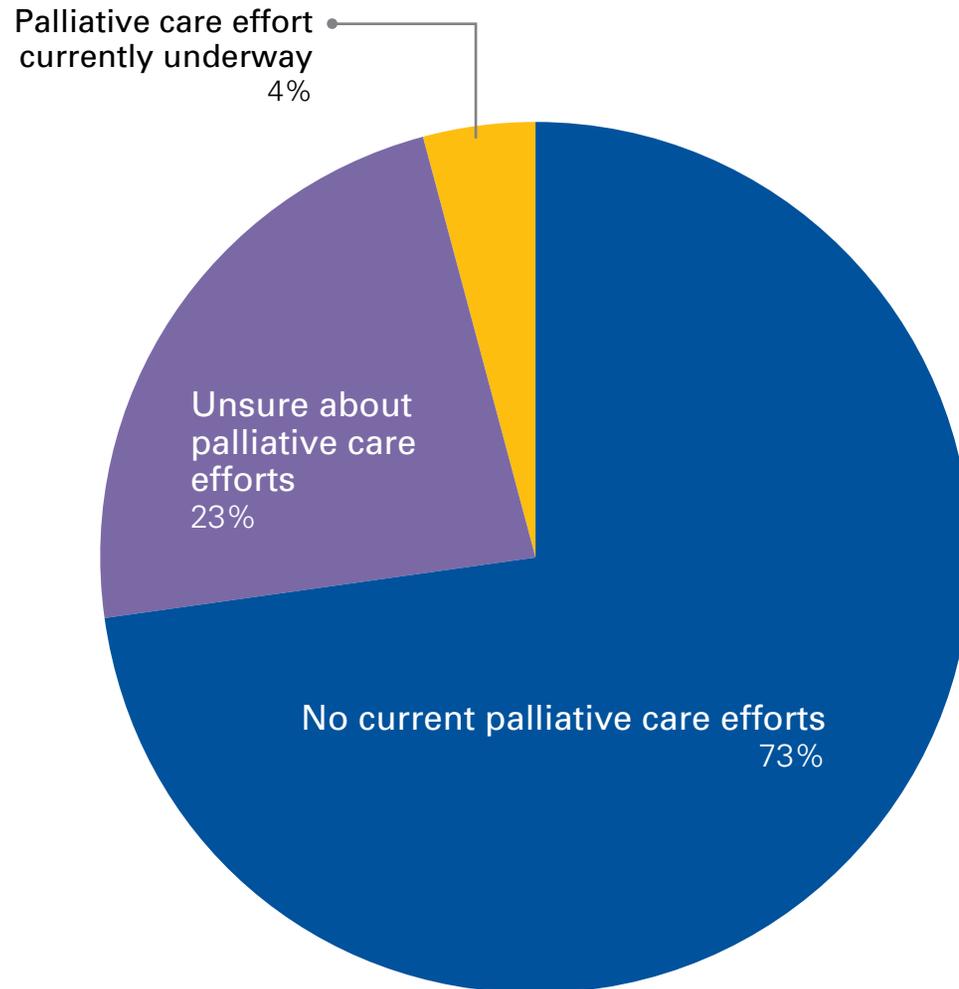
\*Non-clinical processes include generating advance directives and leading and attending patient/family conferences.

Source: *Survey of Palliative Care in California Hospitals*, National Health Foundation and University of California, San Francisco, 2008.

## Palliative Care in California Quality Measures

Almost 90 percent of programs collect some type of data. More than three-quarters collect utilization data, patient demographics, and discharge disposition. Less than a third track financial outcomes.

## Hospitals Without a Palliative Care Program: Efforts to Start a Program, 2007



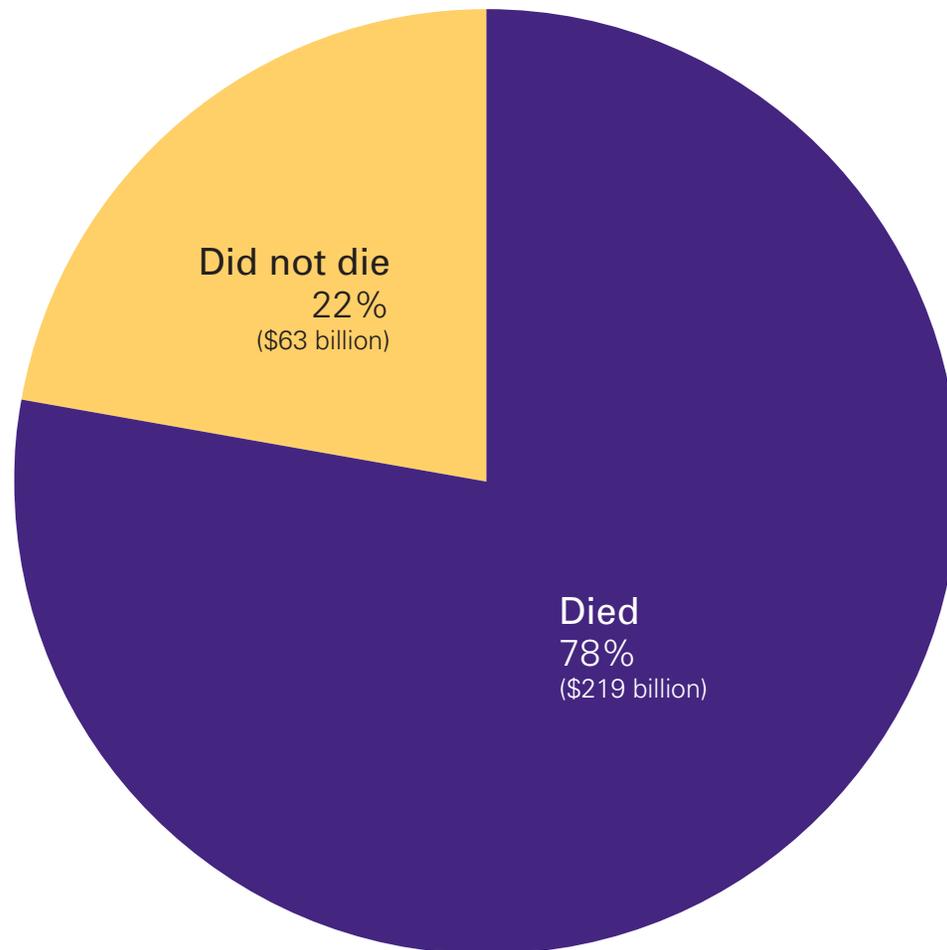
### Palliative Care in California Hospitals Without Programs

Of 169 hospitals without a palliative care program, only 4 percent have an effort underway to begin one. One quarter of hospitals without a program have had one in the past.

Source: *Survey of Palliative Care in California Hospitals*, National Health Foundation and University of California, San Francisco, 2008.

# Annualized Health Care Spending for Seniors During Last Year of Life, United States, 1992–1996

SPENDING FOR SENIORS WHO...



Source: Hoover, D.R. et al. 2002. "Medical expenditures during the last year of life." *Health Services Research* 37; 1625–42.

## Palliative Care in California Cost of Care

In the United States, almost a quarter of the \$282 billion spent on health care annually for all Americans age 65 and older was for medical expenses during the last year of life.

# Palliative Care Average Cost Savings During Last Three Days of Life: One Hospital's Experience, 2002–2004

COST CATEGORY	PATIENTS WHO DID NOT RECEIVE PALLIATIVE CARE SERVICES (n=718)	PATIENTS WHO RECEIVED PALLIATIVE CARE SERVICES (n=153)	SAVINGS
Pharmacy	\$793	\$31	\$762
Laboratory	138	7	131
Radiology	57	2	55
Room and Care	837	412	425
Services	616	16	600
Supplies	230	24	206
<b>All Costs</b>	<b>\$2,671</b>	<b>\$492</b>	<b>\$2,179</b>

## Palliative Care in California Cost of Care

Having a palliative care program can help lower costs for care in hospitals. At the University of California, San Francisco, Moffitt-Long Hospital, patients in the palliative care program for the last three days of life incurred an average of \$2,179 less in expenses than patients who were not in the program during the three days before death.

Source: University of California, San Francisco (UCSF). Conversation with Kathleen Kerr, Analyst, UCSF Department of Medicine, on March 7, 2006. Based on 2002–2004 data for 718 patients who died and did not receive palliative services, and 153 patients who died and spent their final three hospital days receiving palliative services.

## Acknowledgments/Methodology

The *Survey of Palliative Care in California Hospitals* was developed by palliative care experts at the University of California, San Francisco, in partnership with an advisory committee. The survey was administered and the results compiled by the National Health Foundation. The project was funded by the California HealthCare Foundation.

The survey was released in February 2008 to all 353 acute care hospitals in California. Extensive follow-up and productive relationships with the regional hospital associations led to a very high (92 percent) response rate and an 85.5 percent completion rate. Hospital referral regions were assigned to hospitals based on zip codes from the Dartmouth Atlas Geographic Query Finder (2007).

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For more information about hospital-based palliative care, see [www.chcf.org/palliative](http://www.chcf.org/palliative).

## Palliative Care in California

### GIVE US YOUR FEEDBACK

Was the information provided in this report of value? Are there additional kinds of information or data you would like to see included in future reports of this type? Is there other research in this subject area you would like to see? We would like to know.



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