

Early Provision of Palliative Care Reduces Hospital Costs



According to a new study published in the *Journal of Clinical Oncology*, early palliative care for hospitalised patients with advanced cancer can result in lower hospital costs. The findings of the study are in line with existing evidence that indicates the benefits of enhanced quality of medical care as well lower costs that can be derived from early provision of palliative care.

The study, funded by the National Cancer Institute and National Institute for Nursing Research, compared the clinical and cost data from 969 adult patients with an advanced cancer diagnosis in five US hospitals from 2007 to 2011. 256 of the study patients received palliative care and traditional oncologic care while 713 of the patients received only traditional oncologic care.

The findings showed that in patients receiving palliative care consultation within six days of hospitalisation, hospital costs declined by \$1,312 as compared to patients receiving traditional care; palliative care consultation within two days of hospitalisation reduced hospital costs by an additional \$968 more as compared to patients receiving traditional care for a total of \$2,208. These reductions translate into 14 and 24 percent reduction in the cost of hospital stay.

"As our population ages and patterns of disease continue to shift, there is an urgent need for affordable models of care for patients living with serious illness that improve quality and access," explained R. Sean Morrison, MD, senior author of the study and director of the National Palliative Care Research Center. The results of this study suggest that palliative care has its greatest effect when provided early in the course of hospitalisation.

The goal of palliative care is to provide specialised medical attention for people with serious illnesses and to improve the quality of life of both the patients and their families. Such care is delivered by a team of doctors, nurses and other specialists who work with the patient's primary physician to provide extra support.

Source: Center to Advance Palliative Care (CAPC)

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