

Better care of sickest patients can save hospitals money, says largest study of its kind

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Palliative care—which better aligns medical treatments with patients' goals and wishes, aggressively treats distressing symptoms, and improves care coordination, —is associated with shorter hospital stays and lower

costs, and shows its greatest effect among the sickest patients, according to a study published Monday, April 30, in *JAMA Internal Medicine*. The meta-analysis was conducted in collaboration between scientists at the Icahn School of Medicine at Mount Sinai and Trinity College Dublin.

Palliative care is team-based care focused on improving quality of life and reducing suffering for people with serious illness and their families. It can be provided for people of any age and in concert with other treatment modalities.

The Mount Sinai/Trinity College study pooled data from six prior studies involving more than 130,000 adults between admitted to hospitals in the United States between 2001 and 2015; of these patients, 3.6 percent received a palliative care consultation in addition to their other hospital care.

The investigation represents the largest and most rigorous study to date to demonstrate that palliative care—which has been previously shown to improve care quality, extend survival, and improve family well-being—is associated with reduced hospital stays and associated cost savings, particularly for patients with the most complex conditions. The study found:

- Hospitals saved on average \$3,237 per patient, over the course of a hospital stay, when palliative care was added to their routine care as compared to those who didn't receive palliative care.
- Palliative care was associated with a cost savings - per hospital stay - of \$4,251 per patient with cancer and \$2,105 for those with non-cancer diagnoses.
- Savings were greatest for patients with the highest number of co-existing illnesses.

"People with serious and complex medical illness account heavily for

healthcare spending, yet often experience poor outcomes," says the lead study author, Peter May, MD, Research Fellow in Health Economics, Centre for Health Policy and Management, Trinity College Dublin. "The news that palliative care can significantly improve patient experience by reducing unnecessary, unwanted, and burdensome procedures, while ensuring that patients are cared for in the setting of their choice, is highly encouraging. It suggests that we can improve outcomes and curb costs even for those with serious illness."

Palliative care teams provide an extra layer of support to patients, and families of patients, with complex health needs. Palliative care provides expert pain and symptom management guidance in the treatment of serious illness as well as communicating care options before and after discharge. While palliative care has seen a steady rise during the past 30 years, with several advanced centers for palliative care emerging in the United States, including the Brookdale Department of Geriatrics and Palliative Medicine at the Icahn School of Medicine at Mount Sinai, research suggests that acute care hospitals have not leveraged palliative care to its full potential.

The researchers found that the association of [palliative care](#) with less intense [hospital](#) treatment was most pronounced among those [patients](#) with a primary diagnosis of cancer than for those with a noncancer diagnosis, and for individuals with four or more comorbidities compared with those with two or fewer.

"The potential to reduce the suffering of millions of Americans is enormous," says study co-author R. Sean Morrison, MD, Ellen and Howard C. Katz Chair, Brookdale Department of Geriatrics and Palliative Medicine at the Icahn School of Medicine at Mount Sinai. "This study proves that better care can go hand in hand with a better bottom line."

Provided by The Mount Sinai Hospital

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