

Integrated palliative care in ambulatory settings does not relieve symptom burden but improves health care use

January 26 2022



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Researchers from Johns Hopkins University have conducted a systematic review to evaluate the availability, effectiveness and implementation of

models integrating palliative care in ambulatory care settings. They synthesized results from qualitative, mixed methods and quantitative studies analyzing palliative care models for U.S. adults with non-cancer-related chronic illness or conditions such as advanced heart failure, advanced COPD and end-stage renal disease.

The authors found that models for integrating [palliative care](#) in ambulatory care settings may have little to no effect on reducing overall symptom burden, and were not more effective than usual care for improving health-related quality of life or depressive symptom scores. However, the models were more effective for increasing advanced directive documentation. They identified that patient preferences for appropriate timing of palliative care varied. They also identified costs, additional visits and travel as barriers to implementing palliative care models.

The authors write that future research is warranted to advance the science of palliative care by identifying components, characteristics and implementation factors that are critical to models for integrating palliative care in ambulatory care settings that will improve patient-centered outcomes and incorporate patients' perspectives on care delivery.

More information: Linda C. Chyr et al, Implementation and Effectiveness of Integrating Palliative Care Into Ambulatory Care of Noncancer Serious Chronic Illness: Mixed Methods Review and Meta-Analysis, *The Annals of Family Medicine* (2022). [DOI: 10.1370/afm.2754](#)

Provided by American Academy of Family Physicians

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