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New study shows palliative care programs surging trend in US hospitals

Academic medical centers and not-for-profit hospitals take the lead for-profit hospitals lag behind

A study released today in the Journal of Palliative Medicine confirmed that palliative care programs continue to be a rapidly growing trend in U.S. hospitals – a trend widely regarded to be an improvement in the quality of care of advanced, chronic illness. Researchers at the Mount Sinai Medical Center and the American Hospital Association (AHA) report that the number of palliative care programs increased from 632 (15% of hospitals) in 2000 to 1,027 (25% of hospitals) in 2003 - a 63% increase in only three years.

"This is a win-win for both patients and hospitals. Palliative care programs provide quality, efficient and cost-effective care focused directly on our sickest and most complex patients. Hospitals recognize that the cost of not providing this type of care is just too high," said Dr. Sean Morrison, one of the study's authors and Vice-Chair of Research, Department of Geriatrics at the Mount Sinai Medical Center.

Although growth occurred nationwide, larger hospitals, not-for-profit hospitals, academic medical centers and VA hospitals were more likely to have a program compared to other hospitals. The New England, Pacific, and Mountain regions of the country were also much more likely to have programs.

The goal of palliative care is to relieve suffering and ensure the best possible quality of life for people facing advanced chronic and life-threatening illness. It is provided alongside all other appropriate curative treatment. Hospital palliative care programs have been associated with improvements in both healthcare quality and healthcare costs.

By 2030, 20% of the U.S. population will be over 65 and most will eventually have one or more chronic illnesses. "Patient demands are changing. People want quality of life and relief from suffering. Usually palliative care programs are flooded with referrals once

word gets out that a program has been started," commented Dr. Diane Meier, Director of the Center to Advance Palliative Care and one of the study's authors.

The study was compiled using the most recent data (2003) from the AHA Annual Survey of Hospitals 2005. It represents an update of an earlier report published in 2001 and provides the first follow-up to Means to a Better End: A Report on Dying in America Today (November 2002). Key findings included:

- Palliative care programs are more readily available to people in hospitals in the Northeast, Pacific, and Mountain regions than in other regions of the country.
- Larger hospitals, academic medical centers, not-for-profit hospitals (including those affiliated with the Catholic Church) and VA hospitals are significantly more likely to develop palliative care programs as compared to city, county and state and for-profit hospitals.
- Hospitals are more likely to have a palliative care program if they own their own hospice.
- Hospitals are more likely to have a palliative care program if they have an American College of Surgeons cancer program.

Factors that were cited as possible reasons for the rapid growth in palliative care programs were:

- The increase in the numbers and costs of caring for chronically ill Medicare patients. Palliative care programs have been proven to reduce costs.
- Studies that have shown inadequate treatment of pain and symptoms, poor communication and coordination of care.
- And, the hundreds of millions of dollars that have been invested in the growth of the field by the Robert Wood Johnson Foundation and others.

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The Center to Advance Palliative Care (CAPC), located at the Mount Sinai Medical Center in New York City, is a national initiative of the Robert Wood Johnson Foundation. CAPC provides hospitals and other healthcare settings with the tools and technical assistance to develop hospital-based palliative care programs.

<http://www.capc.org/>.