Palliative Care Can Substantially Decrease Healthcare Utilization in Patients with Advanced Cancer, New Study Shows

Results Emphasize the Important Role of Palliative Care in Public Health
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ASCO Perspective
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“This study provides even more evidence of the benefits of palliative care for patients with advanced cancer and the importance of integrating palliative care alongside standard oncologic care. It also complements the findings of other studies that providing palliative care to patients earlier translates into less intensive care, improved quality outcomes, and cost savings at the end of life for patients with cancer.”

A new population-based study shows that palliative care substantially decreased healthcare utilization among Medicare beneficiaries with advanced cancer, resulting in less intensive care being delivered at the end of life. This included lower rates of hospitalization, fewer invasive procedures, and reduced chemotherapy administration at the end of life, along with higher rates of hospice enrollment and stays. This study was published today in the *Journal of Oncology Practice (JOP)*.

Palliative care focuses on preventing, managing, and relieving the symptoms of cancer and the side effects of cancer treatment for the patient, while also providing them comprehensive support along with their family, friends, and caregivers. The use of palliative care has increased across the U.S. healthcare system, particularly in the field of oncology. The proportion of hospitals with a palliative care program increased from less than a quarter in 2000 to more than two-thirds in 2011.

Previous research has indicated that there are many benefits for recipients of palliative care, including satisfaction with their care, improved quality of life, and even extended survival. While
less intensive end-of-life healthcare utilization has been an area of previous research, this study is the first to show a relationship between palliative care and end-of-life care in the United States at a population-based level. Palliative care can be received before, after, and during treatment; however introducing palliative care sooner after diagnosis helps patients better understand their prognosis and goals of treatment, manage their expectations, and maintain their quality of life.

“It’s critically important to validate research in a real-world setting,” said study author James Murphy MD, MS of the University of California, San Diego. "Using a representative and diverse cohort of patients, our study shows the practical benefits of palliative care as it is actually implemented in an everyday practice setting.”

About the Study
This matched retrospective cohort study examined the effect of palliative care on healthcare utilization at the end of life among 6,580 patients with advanced prostate, breast, lung, or colorectal cancers by comparing healthcare utilization before and after a palliative care consultation to a matched non-palliative care cohort. The study included patients over the age of 65 diagnosed with advanced cancer between 2000 and 2009.

The study looked at Medicare beneficiaries in the National Cancer Institute’s Surveillance, Epidemiology, and End Results (SEER)-Medicare database. It included patients from individual registries representing 28% of the U.S. population.

Endpoints to measure healthcare use included:

- Visits to the emergency room
- Hospitalization
- Intensive care unit admission
- Hospice use
- Chemotherapy use
- Lung or liver biopsy
- Cardiopulmonary resuscitation

Key Findings
While patients receiving palliative care had higher healthcare usage rates before their palliative care consultations, this cohort had lower utilization rates after their consults when compared to the non-palliative care group.

Specifically, the palliative care group was:

- 54% less likely to receive chemotherapy
- 35% less likely to start a new chemotherapy regimen
- 24% more likely to enroll in hospice care
The palliative care group also had longer average durations of hospice care (25.5 vs. 21.3 days).

Additionally, those with earlier palliative care consultations in the course of their diseases had larger absolute reductions in healthcare utilization compared to those who had consultations closer to the end of life. However, timing of palliative care encounters occurred relatively late in many patients’ disease courses, with a median time of 12 days from consult to death.

**Next Steps**

ASCO’s guideline on palliative care recommends that patients with advanced cancer, both inpatients and outpatients, receive dedicated palliative care services early in the disease course and concurrent with active treatment.

“Given the increasing number of older patients with advanced cancer, this study provides important context for the need of early integration of palliative care in oncology,” said Dr. Murphy. “Providing a consultation earlier rather than later represents an important area for practice improvement.”

The data in this study did not include detail on the consultations themselves or who provided them. Palliative care teams often contain multiple members, including physicians, nurses, social workers, pharmacists, and spiritual counselors. Future research on these specifics aspects of palliative care delivery could help to identify what drives utilization behaviors among patients.

This article is part of an upcoming special series in the *Journal of Oncology Practice* on Palliative Care.

Read the full study.

Resources for Your Readers from Cancer.Net:

- Palliative Care
- Understanding Palliative Care, with Kavitha Ramchandran, MD
- Do You Know Everything You Can About Palliative Care?

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