

Improving Quality of Life for Patients in Minnesota



Purpose

To improve quality and delivery of patient-centered care in Minnesota by establishing a 20-member state advisory committee on palliative care.

Legislation

SF 112 (Housley); HF 345 (Zerwas). Committee members would be appointed by the Minnesota Commissioner of Health, with geographic, personal, and professional criteria established to ensure a full range of patient, provider, and policy perspectives needed to identify barriers preventing access to palliative care for patients with serious or long-term illness and to recommend solutions to lawmakers.

Background

- **Palliative care is about improving quality of life by treating the person as well as the disease.** This team-based approach to care provides an extra layer of support to relieve pain, symptoms, and stress of serious illness, and can be provided alongside curative treatment. **It helps both the patient and family and is appropriate at any age and any stage.**
- Advances in medicine mean many of us will live longer and also live better – even in the face of serious illnesses such as cancer. **Palliative care helps patients and their families realize the benefits of these advances, and also creates care efficiencies that can curb costs.**
- **Lack of understanding about palliative care remains one of the chief barriers preventing access to it.** Consumer research commissioned collaboratively by the American Cancer Society, the American Cancer Society Cancer Action Network, and the Center to Advance Palliative Care confirmed that 92 percent of patients and caregivers want this kind of integrated care once they understand it using their own terms, and they believe people should be educated about it.
- **Access to palliative care in Minnesota is uneven – creating an advisory council on palliative care can help.** As of 2015, 44 percent of sole community provider hospitals and 55 percent of hospitals with fewer than 50 beds did not have palliative care programs.¹ There is also a major shortage in doctors, nurses, and other staff trained to provide palliative care. An advisory council can help lawmakers identify gaps in health systems and workforce development and promote solutions that will bring palliative care to more Minnesotans.

Key Findings

- Studies have shown palliative care leads to increased patient and family satisfaction, fewer unnecessary tests and procedures, reduced time spent in intensive care units, and lower chances that patients will be readmitted.
- Numerous studies have shown significant savings associated with hospital palliative care programs.^{2,3,4} More recently, studies have also shown the importance of early access to palliative care in controlling costs. A 2015 study suggested a 24 percent reduction in hospital costs for cancer patients who receive a palliative care consultation within 2 days of admission, and a 14 percent reduction for cancer patients receiving a consultation within 6 days of admission.⁵
- A 2010 study published in the *New England Journal of Medicine* reported that patients receiving early palliative care alongside cancer treatment lived longer, felt better, were less depressed, were less likely to die in the hospital, and were less likely to be in the hospital in their last month of life than similar patients getting only cancer care but not receiving palliative care.⁶

Last revised: January 20, 2017

¹ Center to Advance Palliative Care, *State-by-State Report Card on Access to Palliative Care in Our Nation's Hospitals*, 2015

² Morrison RS, et al. Cost savings associated with U.S. hospital palliative care consultation programs. *Archives of Internal Medicine*. 2008; 168(16):1783-1790.

³ McCarthy IM, Robinson C, Huq S, Philastre M, Fine RL, Cost savings from palliative care teams and guidance for a financially viable palliative care program, *Health Services Research*. 2015 Feb;50(1):217-36, Epub 2014 Jul 15.

⁴ Morrison RS, Dietrich J, Ladwig S, Quill T, Sacco J, Tangeman T, Meier DE. Palliative Care consultation teams cut hospital costs for Medicaid beneficiaries. *Health Affairs*. 2011; 30(3):454-463.

⁵ May P, Garrido MM, Cassel JB, Kelley AS, Meier DE, Normand C, Smith TJ, Stefanis L, Morrison RS, Prospective Cohort Study of Hospital Palliative Care Teams for Inpatients With Advanced Cancer: Earlier Consultation Is Associated With Larger Cost-Saving Effect. *Journal of Clinical Oncology*. 2015 Sep 1;33(25):2745-52.

⁶ Temel JS, Greer JA, Muzikansky A, et al. Early palliative care for patients with metastatic non-small-cell lung cancer. *New England Journal of Medicine*. 2010;363:741-9.