



Home-based palliative care increases satisfaction, reduces symptoms

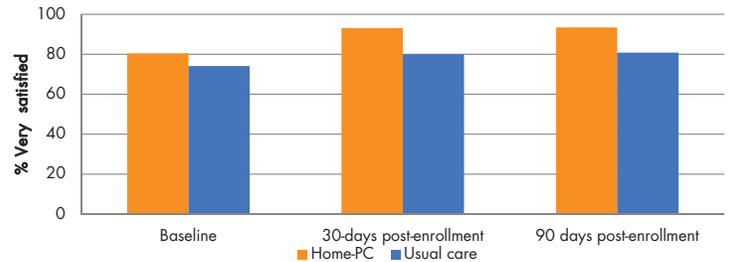
Home-based palliative care (PC) fills a critical gap in the health care system, bringing expert, interdisciplinary care to individuals with advanced or chronic illness who would otherwise face obstacles in accessing services. Home-PC supports patients and caregivers by addressing pain and other symptoms, providing psychosocial support, reconciling medications, offering information about disease and prognosis, and engaging in and documenting goals of care discussions. With these supports and services patients are often able to receive care in their homes, even in the setting of advancing disease. Common measures of the ways home-PC benefits patients and families include assessments of symptom burden, evidence of advance care planning, frequency and duration of hospice enrollment, proportion of patients who are able to die at home, and patient, family and referring provider satisfaction.

The Palo Alto Medical Foundation Palliative Care Service, which sees patients with advanced illness across multiple settings—including private residencies and skilled nursing facilities—has documented program impact across multiple domains.¹ The program reports that **96% of enrolled patients have documented goals of care, and 96% have been asked about advance care planning.** Further, **71% of enrolled patients who die do so while receiving hospice care, with a median hospice length of service of 40 days**—far longer than the national figure of 18.5 days reported by the National Hospice and Palliative Care Organization. These contributions have been appreciated by referring providers, 100% of whom report that they would use the service again.

Brumley and colleagues also documented positive results in a randomized controlled trial of home-PC vs. usual care delivered to

patients with advanced illness.² Compared to those who received usual care, patients who received in-home PC reported greater improvement of satisfaction with care at 30 days ($p=0.006$) and 90 days ($p=0.03$) post-enrollment, with **93% reporting being “very satisfied” after 90 days compared to 81% of patients in usual care. Patients who received in-home palliative care were also more than twice as likely to die at home** ($p<0.001$) and were significantly less likely to die in an acute facility.

Patient Reported Satisfaction with Care Home-PC vs. Usual Care²



Home-PC also contributes to management of distressing symptoms. In their evaluation of a home-PC program for patients with advanced chronic disease, Kerr et al. found significant improvement in multiple symptoms for patients who reported moderate or poor symptom control at enrollment.³ **Mean distress scores for anxiety, appetite, depression, dyspnea, nausea, pain, weakness and well-being all declined (improved) in the first 10 weeks of program enrollment**, by 0.12-0.32 points/week. All declines, except those for depression and pain, were statistically significant. Further, patients, caregivers and referring providers appreciated the service, with **95% of patients and 93% of caregivers reporting high satisfaction, and 96% of physicians rating the quality of service as “excellent” or “good.”**

1. Meyers, K et al. Up Close: A Field Guide to Community-based Palliative Care in California. California HealthCare Foundation. Accessed from: <http://www.chcf.org/publications/2014/09/up-close-field-guide-palliative>
 2. Brumley R, et al. Increased satisfaction with care and lower costs: results of a randomized trial of in-home palliative care. *JAGS* 2007; 55(7): 993-1000.
 3. Kerr CW, et al. Clinical Impact of a Home-Based Palliative Care Program: A Hospice-Private Payer Partnership. *JPSMJ Pain Symptom Manage.* 2014 Apr 18. [Epub ahead of print]



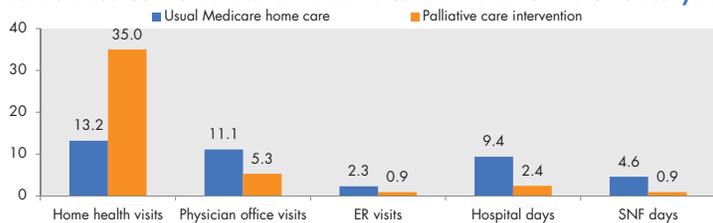


Home-based palliative care reduces costs, admissions and readmissions

Home-based palliative care (PC) is an excellent method for delivering clinical and supportive services to home-bound or at-risk adults with advanced chronic illness—groups that often have abundant needs but limited access to care. Delivering care in the home allows for early identification and management of clinical, social and practical issues that could lead to health crises. Preventing such crises helps avoid over-use of some health care services, such as emergency department (ED) visits, hospital admissions and readmissions. Emerging evidence addressing the efficacy of home-based PC has shown that it significantly reduces the number of hospitalizations per patient,¹⁻³ the number of days spent in hospital,¹⁻³ the probability of readmission,^{1-2,4} as well as hospital and/or health care costs.¹⁻²

For example, in a randomized trial of in-home PC vs. usual care for terminally ill patients with a prognosis of 1 year or less, Brumley and colleagues found that **patients who received home-PC had lower rates of ED visits (p=0.01) and hospital admissions (p<0.001) and were more likely to die at home (p<0.001).**¹ Because of these shifts in the type and setting of care, **patients who received PC had health care costs that were 33% lower than those incurred by the usual care control group** (difference in adjusted mean costs of \$7,552 per patient; p=0.03).

Randomized Controlled Trial of Palliative Care at Home for the Chronically Ill¹



Similar results were documented by Lukas et al. in a longitudinal evaluation of utilization outcomes for 369 patients cared for by a home-PC service.² Findings included **significant reductions in the number of hospitalizations** (2.23 vs. 1.25, p=0.000), hospital days (11.21 vs. 4.45, p=0.000), **and total hospital costs** (\$23,386 vs. \$16,417, p=0.000), as well as **reduced probability of 30-day readmissions** (0.32 vs. 0.22, OR 1.66, p=0.02) in the 18 month period following program enrollment. Chen and colleagues also found that patients who received home-PC had fewer hospitalizations than did matched patients who received usual care (0.35 vs. 1.36 admissions per patient, p<0.001).³ **Individuals who received home-PC were more likely to engage in advance care planning:** 98% of intervention patients completed advance directives compared to 31% of control patients (p<0.001), and 100% of intervention patients participated in at least one goals of care discussion, as compared to only 41% of patients who received usual care (p<0.001).

Enguidanos et al. showed that **having hospice or home-based PC post-discharge was associated with significantly lower odds of hospital readmission** among older patients who were seen by an inpatient palliative care service.⁴ 30-day readmission rates varied according to the services available to patients after discharge, with relatively low readmission rates seen among patients who were discharged to hospice (4.6%) or to follow-up from a home-based PC service (8.3%), but a much higher rate (25.7%) for individuals who had no in-home care post-discharge. **Patients discharged to a nursing facility (OR 4.972, p=0.011) or to home without PC or hospice (OR 3.734, p=0.049) were significantly more likely to be readmitted to the hospital than were patients who received home-PC or hospice.**

1. Brumley R, et al. Increased satisfaction with care and lower costs: results of a randomized trial of in-home palliative care. *JAGS* 2007; 55(7): 993-1000.
2. Lukas L, et al. Hospital outcomes for a home-based palliative medicine consulting service. *J Palliat Med* 2013; 16(2): 179-184.
3. Chen CY et al. Health Care Outcomes and Advance Care Planning in Older Adults Who Receive Home-Based Palliative Care: A Pilot Cohort Study. *J Palliat Med* 2014 Nov 6. [Epub ahead of print]
4. Enguidanos, S, et al. 30-day readmissions among seriously ill older adults. *J Palliat Med* 2012; 15(12).

