

**Journal Watch (Economics)**  
**Clinical and economic impact of palliative care consultation.**

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**Abstract:** Palliative care consultation is the most common model of hospital-based services in the United States, but few studies examine the impact of this model. In a prospective study, we describe the impact of palliative care consultation on symptoms, treatment, and hospital costs. Patients receiving interdisciplinary palliative care consultations from 2002 to 2004 were approached for enrollment; 304 of 395 (77%) patients participated. Measures included diagnosis, treatment decisions, and symptom scores. To test impact on costs, a one-year subset of cases with lengths of stay >4 days (n=104) was compared to all available controls (n=1,813) matched on the 3Mtrade mark All Patients Refined Diagnosis Related Group, Version 20, and mortality risk scores. Half of the patients were younger than 65 years, 28% were African American, and 61% had cancer. Median Palliative Performance score was 20 (range, 10-100). Recommendations were implemented in 88% of cases; new "do not resuscitate/do not intubate" orders were written for 34% of patients, new comfort care orders for 44%, and 27% were referred for hospice care. Symptom scores improved from Day 1 to Day 3, with greatest improvement in pain (2.6-1.4, P<0.001). Compared to matched controls without palliative care consultation, palliative care cases had lower cost per day (\$897 vs. \$1004, P=0.03). Per diem variable costs were 10.7% less for all palliative care cases and 20.5% less for those with >50% hospital days with palliative care consultation. Palliative care consultation is followed by decisions to forego costly treatment and improved symptom scores, and earlier palliative care intervention results in greater cost-savings.

**Strengths/uniqueness:** This is one of a very few papers which prospectively examine services and associated costs of a hospital-based consultation team. A consent rate of 77% resulted in a commendable sample size of 304. The description of palliative care services and assessment of patients was thorough. The paper is well written.

**Weakness:** Although case matching was employed and the fundamental study weakness was acknowledged, attribution of cost savings to the intervention of the palliative care service is limited by the fact that attending physicians of non-referred patients may also initiate sensitive discussions regarding limitation of futile treatment. In other words, patient and family choice may dictate the type of services consumed and influence the decision to seek consultative palliative care. The 'dose response' findings were offset by the fact that palliative care consults are associated with longer lengths of stay. Finally, this study describes a single site and therefore suffers from site selection bias.

**Relevance to Palliative Care:** This paper is nevertheless an important resource to the establishment and continuing support of hospital-based palliative care consult teams for the purposes of communication to the hospital administration. Although hospital-based palliative care consult services in the US are examined, the palliative care interventions, patient population and outcomes are comparable to their Canadian counterparts.