

POSTER ABSTRACTS

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Preliminary Outcomes from a Randomized Control Trial of an Inpatient Palliative Care Service

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Background: Findings from previous research studies highlight the inadequacies of end of life discussions and the management of pain and other symptoms common in the hospital setting for persons who are nearing the end of life. Inpatient palliative care programs have been proposed as a strategy to improve the quality of care for hospitalized patients who are approaching the end of life.

Methods: 581 patients from 3 Kaiser Permanente regions were randomized to receive care from an inpatient palliative care service (IPCS) consisting of a palliative care physician, nurse, social worker and chaplain or usual care from a hospitalist. Outcomes included: 1) Changes in self-reported symptoms such as pain, nausea and sob; 2) patient satisfaction with the care they received, 3) utilization and costs for a 6-month period following hospital discharge; and 4) survival, time to hospice admission, and hospice length of stay.

Results: IPCS patients reported better pain management and greater satisfaction with symptom management, control over their health care choices, and communication with their health care providers. There were no significant differences in service utilization. Costs for professional services (provider services outside of the health plan, durable medical equipment, O2 services, radiology, physician consults) for IPCS patients were lower compared to controls. IPCS patients' costs savings for hospital admissions ($p = .10$), ED visits ($p=.07$), and home health visits ($p=.07$) trended toward significance. Overall, there was a \$205 per patient per day ($p = .14$) cost savings for IPCS patients. Survival, days to hospice admission and hospice length of stay did not differ between groups.

Conclusions: IPCS patients reported decreased levels of pain, greater satisfaction with symptom management, control over their health care choices, and communication with their health care providers. Although significant differences in service utilization were lacking and there were few significant costs savings between IPC patients and controls, the \$205 total cost savings per patient per day is still substantial.