



American Academy of Hospice and Palliative Medicine

NEWS RELEASE

For Immediate Release – June 15, 2009

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American Academy of Hospice and Palliative Medicine Leader Touts Quality, Cost Benefits of Palliative Care for Healthcare Reform

Glenview, IL— The role palliative care can play in improving healthcare quality and achieving cost savings was addressed by R. Sean Morrison, MD, president-elect of the American Academy of Hospice and Palliative Medicine (AAHPM), who spoke at a briefing on healthcare reform in the Capitol on June 15, 2009.

Morrison, director of the National Palliative Care Research Center, said policymakers should ensure that efforts to reform the health care system address current disparities in access to palliative care and the scarcity of funding to support needed research that could provide the evidence base to guide clinical care and care delivery. Public and professional education are also lacking, he said.

Palliative care is the interdisciplinary specialty that focuses on improving quality of life for patients with advanced illness and for their families through relieving pain and other distressing symptoms, care coordination and informed decision making. Palliative care is provided alongside all other appropriate disease-directed treatments.

At the briefing hosted by the American Cancer Society Cancer Action Network, the Catholic Health Association of the United States and US Representatives Steve Israel and Lois Capps, Morrison presented findings from a first-of-its-kind study evaluating the effect of palliative care on US hospital costs, using data from eight diverse hospitals.

“In addition to improved clinical care and patient and family satisfaction, hospital palliative care programs deliver significant cost savings,” stated Morrison, a professor of geriatrics and medicine at the Mount Sinai School of Medicine in New York. Compared to usual care, palliative care consultation was shown to save \$174 per day or \$1696 per admission for patients discharged alive and \$374 per day or \$4,908 per admission for patients who die in hospital.

Until a decade ago, palliative care in the United States was typically available only to patients living at home and enrolled in hospice. Now, palliative care programs targeting acutely ill patients are found increasingly in hospitals.

The AAHPM has developed a detailed outline of recommendations for health care reform that suggests several targeted steps to strengthen workforce, research and care delivery, including for the growing population of Medicare beneficiaries. The group represents more than 3,600 physicians and providers caring for patients with life-threatening or serious conditions and their families. Hospice and palliative medicine is a newly recognized medical subspecialty that focuses on relieving pain and suffering, improving communication with patients and families and informed decision-making regardless of prognosis or eligibility for hospice care.

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Briefing Time and Location: Monday, June 15, 2009, from 12:30 PM to 1:30 PM (ET), in HC-8, U.S. Capitol Building

AAHPM's recommendations for health care reform are available by contacting Mary Louise Carr at mlcarr@aahpm.org or (847) 375-3688.

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AAHPM represents more than 3,600 physicians and other medical professionals dedicated to excellence in palliative medicine and the prevention and relief of patient and family suffering. Since 1988, AAHPM has supported hospice and palliative medicine through advancement of clinical practice standards, fostering research, providing education, and through public policy advocacy. For more information, contact AAHPM at 847/375-4712 or visit the AAHPM Web site at www.aahpm.org.

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