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American Academy of  
Hospice and Palliative Medicine

**American Academy of Hospice and Palliative Medicine Leader Suggests Health Care Reforms To Cut Costs, Ensure Quality Care for People with Serious Illness**

Glenview, IL — Congress can help diminish barriers to quality care for people with serious illness, according to Howard Tuch, MD, MS, a spokesperson for the American Academy of Hospice and Palliative Medicine (AAHPM). AAHPM was one of three groups that presented information today at a Capitol Hill briefing coordinated by the offices of US Reps. Earl Blumenauer and Charles Boustany, MD, sponsors of legislation (HR 1898) that would provide Medicare coverage for "end of life" care consultations.

Tuch, a geriatrician in practice at The Hospice of the Florida Suncoast, the largest community-based, non-for profit hospice provider in the country, said many of the problems in the current system – uneven quality, over-utilization, lack of coordination and preventable transitions between health care institutions – become particularly evident in the last years of life: “Chronically and seriously ill patients constitute only 5%-10% of patients yet account for more than 50% of health care costs. More than 25% of Medicare costs are incurred in the last year of life. Improving health care in the last stages of life will be necessary to create a sustainable health care system.”

Tuch pointed to recent studies that demonstrate significant cost savings of hospice and palliative care over usual care and suggested that both will be necessary to achieve the kind of patient-centered, high quality and efficient health care system lawmakers are seeking to design. Tuch is a former Robert Wood Johnson Health Policy Fellow and worked as a policy advisor on the Senate Finance Committee and the House Committee on Ways and Means.

Tuch suggested Congress enact reforms that would grow the hospice and palliative care workforce through support for faculty and by lifting restrictions in graduate medication education funding. He also encouraged federal funding to support needed research that could provide the evidence base to guide clinical care and care delivery.

Palliative medicine 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.

Hospice offers comprehensive and ongoing interdisciplinary care for patients facing life-threatening or serious conditions, as well as their families. To be eligible for hospice, patients must have a life expectancy of 6 months or less and must choose to forgo efforts at curative treatment for their terminal illness. Hospice care is most often provided in a patient’s home.

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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**Luncheon Briefing Time and Location:** Friday, June 19, 2009, from 12 PM to 1:30 PM (ET), in Cannon House Office Building room 304

**Editor’s Note:** AAHPM’s recommendations for health care reform are available by contacting Mary Louise Carr at [mlcarr@aahpm.org](mailto:mlcarr@aahpm.org) or (847) 375-3688.