

Palliative Care

Facts and Stats

- Millions of Americans are living with serious illness, and this number is expected to increase exponentially over the next 25 years with the aging of the baby boomers.
- Approximately 6,000,000 people in the United States could benefit from palliative care.
- Palliative care is the medical specialty focused on improving quality of life for people facing serious illness.
- Palliative care provides relief from the symptoms and stress of a serious illness.
- The goal is to improve quality of life for both the patient and their family.
- Palliative care is provided by a specially-trained team, including palliative care doctors, nurses and other specialists who work with a patient's other doctors to provide an extra layer of support.
- Palliative care is appropriate at any age and at any stage in a serious illness, and it can be provided together with curative treatment.
- According to a 2010 study reported in the New England Journal of Medicine, lung cancer patients receiving early palliative care had less depression, improved quality of life and survived 2.7 months longer.
- Illnesses most commonly treated by palliative care are heart disease, cancer, stroke, diabetes, kidney disease, Parkinson's and Alzheimer's disease.
- Approximately 68% of Medicare costs are related to people with four or more chronic conditions—the typical palliative care patient.
- If palliative care were fully penetrated into the nation's hospitals, total savings could amount to \$6 billion per year.
- Palliative care growth in hospitals has been exponential. To date, there are more than 1700 hospitals with a palliative care program, and over 75% of hospitals with 50 or more beds have a team. However, gaps in access still remain.
- Approximately 90% of all hospitals with 300 or more beds have a palliative care team today.
- Where you live matters when it comes to access to hospital palliative care. (See the palliative care national and state-by-state report card at reportcard.capc.org).
- According to a 2011 poll conducted by Public Opinion Strategies, once informed about palliative care: 95% of poll respondents agreed that it is important that patients with serious illness and their families be educated about palliative care. 92% of poll respondents said they would be likely to consider palliative care for a loved one if they had a serious illness. 92% of poll respondents said it is important that palliative care services be made available at all hospitals for patients with serious illness, and their families.

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Frequently Asked Questions

What is palliative care?

Palliative care (pronounced pal-lee-uh-tiv) is specialized medical care for people with serious illness. This type of care is focused on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family.

Palliative care is provided by a specially-trained team of doctors, nurses and other specialists who work together with a patient's other doctors to provide an extra layer of support. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment.

Who can benefit from palliative care?

Palliative care is appropriate for anyone suffering from a serious illness (e.g. cancer, cardiac disease, respiratory disease, kidney failure, Alzheimer's, AIDS, amyotrophic lateral sclerosis (ALS) and more.)

When is palliative care appropriate?

At any age, and at any stage in a serious illness. You can receive palliative care from the point of diagnosis and together with curative treatment.

What do you gain from palliative care?

Palliative care specialists are trained to deal with complex pain and symptoms, as well as communication about serious illness. Palliative care addresses a wide range of debilitating issues, including pain, depression, anxiety, fatigue, shortness of breath, constipation, nausea, loss of appetite and difficulty sleeping.

It helps people gain the strength to carry on with daily life. It improves their ability to tolerate medical treatments. And it helps them have more control over their care by improving their understanding of treatment options and matching their personal goals to those options.

Can you have palliative care together with curative treatment?

Yes. You can always have palliative care along with curative and life-prolonging treatment.

Do you have to give up your own doctor?

No. Palliative care teams work together with your primary doctor.

How do you pay for palliative care?

Palliative care is treated in the same way as other medical services (e.g. cardiology). Most insurance plans, including Medicare and Medicaid, cover all or part of palliative care.

How do you get palliative care?

You would ask your doctor for a referral to receive palliative care.

About CAPC

To learn more about CAPC and its mission, please visit capc.org, registry.capc.org and getpalliativecare.org

The Center to Advance Palliative Care (CAPC) is a national, member-based organization dedicated to increasing the availability of quality palliative care services for people facing serious illness. CAPC provides health care organizations with the tools, training, technical assistance and metrics needed to support the successful implementation and integration of palliative care.

CAPC has taken early innovation in the field of palliative care to scale and transformed it from a “radical concept” promoted by a handful of pioneers to a must-have service. Until a little over a decade ago, palliative care services were only available to those enrolled in hospice. Rarely was it available to people living with a serious illness. Today, due largely to the work of CAPC, palliative care teams are found in over 75% of all U.S. hospitals with more than 50 beds.

As the nation's leader in providing palliative care training and implementation support, our approach has a proven, fifteen-year track record. Major health care organizations and leaders in the field know CAPC and turn to us for effective training, technical assistance and access to peer organizations.

Growing evidence of palliative care's impact on both quality of care and health care system sustainability is driving interest from senior health care leaders and organizations. But improving access to palliative care for all seriously ill people requires that every clinician have basic skills and that patients be able to find high quality palliative care wherever they happen to be—at home, in a

nursing home, a cancer center or a dialysis unit. It is CAPC's clinical and operational training and technical assistance, metrics and dissemination of best practices that help make this possible.

CAPC is a member-based organization open to all healthcare organizations, including hospitals, hospices, payers and community health organizations. Funding is provided through membership fees and the generous support of foundations and private philanthropy. CAPC is affiliated with the Icahn School of Medicine at Mount Sinai in New York City.

CAPC is led by Diane E. Meier, MD, Catherine Gaisman Professor of Medical Ethics and Director of the Center to Advance Palliative Care. Dr. Meier is a leading pioneer in the field and was named a MacArthur Fellow in 2008.

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Dr. Diane E. Meier is Director of the Center to Advance Palliative Care (CAPC), a national organization dedicated to increasing the number and quality of palliative care programs in the United States. Under her leadership the number of palliative care programs in U.S. hospitals has more than tripled in the last 10 years. She is also Vice-Chair for Public Policy, Professor of Geriatrics and Palliative Medicine and Catherine Gaisman Professor of Medical Ethics at the Icahn School of Medicine at Mount Sinai. She was the founder and Director of the Hertzberg Palliative Care Institute from 1997–2011.

Dr. Meier is the recipient of numerous awards, including the 2008 MacArthur Fellowship a \$500,000, no-strings-attached “genius award” for individuals who have shown exceptional creativity in their work and the promise to do more. She was named one of 20 People Who Make Healthcare Better in the U.S. by HealthLeaders Media 2010 and received an Honorary Doctorate of Science from Oberlin College in 2010. In 2012, she was awarded American Cancer Society’s Medal of Honor for Cancer Control in recognition of her pioneering leadership of the effort to bring non-hospice palliative care into mainstream medicine and received the American Geriatrics Society Edward Henderson State-of-the-Art Lecture Award in 2013. Other honors include the Open Society Institute Faculty Scholar’s Award of the Project on Death in America, the Founders Award of the National Hospice and Palliative Care Organization 2007, AARP’s 50th Anniversary Social Impact Award 2008, Castle Connelly’s Physician of the Year Award 2009, and the Ameri-

can Academy of Hospice and Palliative Medicine Lifetime Achievement Award 2009. She is currently Principal Investigator of an NCI-funded five-year multisite study on the outcomes of hospital palliative care services in cancer patients. Dr. Meier served as one of Columbia University’s Health and Aging Policy Fellows in Washington DC during the 2009–2010 academic year working both on the Senate’s HELP Committee and the Department of Health and Human Services.

Dr. Meier has published more than 200 original peer review papers, and several books. Her most recent book, *Palliative Care: Transforming the Care of Serious Illness*, was published by Jossey in 2010. She edited the first textbook on geriatric palliative care, as well as four editions of *Geriatric Medicine*. As one of the leading figures in the field of palliative medicine, Dr. Meier has appeared numerous times on television and in print, including *ABC World News Tonight*, *Open Mind with Richard Hefner*, the *New York Times*, the *Los Angeles Times*, *USA Today*, the *New Yorker*, *AARP*, and *Newsweek*. She figured prominently in the Bill Moyers series *On Our Own Terms*, a four-part documentary aired on PBS.

Diane E. Meier received her BA from Oberlin College and her MD from Northwestern University Medical School. She completed her residency and fellowship training at Oregon Health Sciences University in Portland. She has been on the faculty of the Department of Geriatrics and Palliative Medicine and Department of Medicine at Mount Sinai since 1983. She lives in New York City.