Program Helps Hospitals Launch Palliative Care

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Contributing Writer

A California program has helped hospitals establish palliative care services, according to a recent study evaluating the program 1 year after its completion.

Given that more than half of people in the United States die in a hospital, end-of-life care is an important part of hospital services. Established palliative care services might help hospitals better provide for these patients and their families. The California Hospital Initiative in Palliative Services (CHIPS) program was designed to assist hospitals in organizing such programs (Arch. Intern. Med. 2006;166:227-30).

Dr. Steven Z. Pantilat of the University of California at San Francisco and associates recruited all types of hospitals across California for the program. Interested hospitals had to demonstrate their readiness, obtain administration approval, and pay a $2,500 fee. "The typical hospital participating in CHIPS was a large, not-for-profit, private hospital in an urban setting that had a hospitalist program," noted the investigators.

The 38 participating hospitals sent three-person multidisciplinary teams to a skills conference where they were paired with a CHIPS mentor. For 10 months, mentors consulted regularly with the teams. Between 8 and 11 months after the first conference, a reunion conference was held focusing on participants' needs, challenges, and successes. Two cohorts of hospital teams have completed the program.

A follow-up cross-sectional telephone survey was conducted 29 months after the initial conference for cohort 1 (18 months for cohort 2). By the time of the survey, of the 32 hospitals without a palliative care program, 19 had established new palliative care consultation services, a success rate of 60%. The six hospitals with existing services continued to offer them, giving an overall success rate of 66%. Urban hospitals and those with a hospitalist program were significantly more likely to establish new programs. ■

Malpractice Concerns Eat Up 10% of Premiums

WASHINGTON — The costs of malpractice insurance and defensive medicine account for about 10 cents of every dollar spent on health care premiums, several speakers said at a press briefing sponsored by America's Health Insurance Plans.

Medical liability and defensive medicine represented the "lion's share" of cost increases in the physician and outpatient areas, Michael Thompson, principal at the New York office of Pricewaterhouse-Coopers, said at the briefing.

Litigation and defensive medicine also accounted for about a third of the costs associated with poor-quality health care, said Mr. Thompson.

According to AHIP President Karen Ignagni, efforts must be made to reduce the amount of poor-quality care being given. "We have a system where 45% of what's being done is not best practice," she said.

Overall, the rate of increase in health care premiums was 8.8% in 2004-2005, down significantly from 13.7% in 2001-2002, noted Jack Rodgers, managing director at PricewaterhouseCoopers. One factor contributing to the slowdown was a decrease in the rate of cost increases for prescription drugs, according to Mr. Thompson.

Part of the reason for that decrease is employers' increasing use of three-tiered or four-tiered drug programs, in which patients pay a larger share for brand-name drugs, especially if there are generic equivalents. In 2000, only 27% of patients were in drug plans with three or more tiers; in 2004, the figure was 68%, he said.

In addition, cost trends were helped by a drop in the number of state mandates that are being added each year, from 80 in 2000 to less than 40 in 2004, Mr. Thompson said.

The increase in outpatient services accounted for more than a third of the 8.8% increase in premiums, Mr. Rodgers noted

Despite these problems, Mr. Thompson said in an interview that he did not expect premium increases to go higher next year. Part of the stabilization will likely be due to consumers having to pay more for their health care costs and becoming more aware of prices as a result, he added.

—Joyce Frieden

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