


OVERVIEW

Serious illness carries a high risk of mortality and either negatively impacts a person’s daily function or quality of life or excessively strains the unpaid caregiver. Palliative care focuses on reducing pain and other distressing symptoms to improve the quality of life of persons with serious illness and their caregivers. This study synthesized evaluation results from CMS-funded work on palliative care to inform future CMS models and programs. We examined total Medicare spending, service use, and care experience in four palliative care projects. Results and themes were summarized across projects to highlight their similarities and differences. (See hyperlinks underlined below to access evaluation reports available online for each project.)

Palliative Care Projects

Participants	Intervention	Target Population
<i>Hospice and home health agencies, palliative care practices, health systems</i>	<i>Care coordination and support to improve quality of life and reduce unnecessary or avoidable health service use</i>	<i>Medicare beneficiaries with serious illness</i>

FINDINGS

 Palliative Care Projects	Total Medicare Spending	ED Visits	Inpatient Admissions	Hospice Use
	Medicare Care Choices Model (2016–2021)	↑	↑	↑
HCIA Community-Based Palliative Care - Four Seasons (2015–2017)	↓	–	–	↑
HCIA Advanced Illness Management - Sutter (2012–2015)	↑	↓	–	•
Medicare Health Care Quality - Meridian (2012–2016)	–	–	–	–

Legend: ↑ Improvement at $p \leq 0.1$ ↓ Unfavorable at $p \leq 0.1$ – No change at $p \leq 0.1$ • Not available ED: Emergency department HCIA: Health Care Innovation Awards

KEY TAKEAWAYS

These four palliative care projects improved beneficiaries’ and caregivers’ experience of care and quality of life, but model uptake was low and cost and service use impacts were mixed. A comprehensive approach to palliative care, including access to interdisciplinary teams, home visits, and shared decision-making, could improve beneficiary care, appropriately adapted to the target population and setting. The Innovation Center has been exploring ways to integrate palliative care into the new Accountable Care Organization Realizing Equity, Access and Community Health (ACO REACH) model, Medicare Advantage Value-Based Insurance Design (VBID) model, and Enhancing Oncology Model (EOM).