The National Coalition for Hospice and Palliative Care welcomes the opportunity to support the recommendations contained in the IOM Report: Dying in America: Improving Quality and Honoring Preferences Near the End of Life, published on September 17, 2014. The eight national organizations that comprise the Coalition represent the spectrum of specialties and disciplines engaged in enhancing care for people with serious illness and their family caregivers, including but not limited to hospice and palliative care providers (chaplains, nurses, physicians, and social workers) as well as palliative care programs and researchers.

The Coalition commends the IOM for tackling this critically important issue which impacts, or will impact each and every person in our society; how can one’s individual goals of care near the end of life be honored? The research and data presented in this seminal report indicate that for millions of Americans needs near the end of life are not being met. The IOM Report recommends transformative changes related to societal views of mortality as well as specific recommendations regarding increasing and improving access to both palliative care and hospice. The Coalition has developed a complete set of recommendations regarding each of the five major recommendations which can be found here:

The Coalition strongly supports the overarching recommendation that “high quality compassionate, cost effective, person and family centered care should be accessible to anyone with a serious, advanced illness or near the end of life”. (IOM, 2-45) The Coalition is committed to working across disciplines, with external organizations, key opinion leaders and health care policy makers on numerous policy proposals to turn this recommendation into a reality for millions of patients and families.

Our Coalition is interdisciplinary in nature and works inter-professionally with chaplaincy, medicine, nursing and social work and can effectively work across an even wider set of disciplines to promote and publicize the key recommendations in the IOM Report. The Coalition believes that the message that “early provision of specialty palliative care improves quality of life, lowers spending and helps clarify treatment preferences and goals of care” will resonate with key health care decision makers and key opinion leaders. (IOM 2-24, Parikh et al 2013). Our Coalition Members have reached out to other health care providers and patient advocacy organizations that serve critically ill patients to encourage the wider dissemination of the IOM
Report and encourage action on the recommendations. The Coalition also intends to utilize the evidence presented in the IOM Report in our discussions with key policy makers within Congress, the Centers for Medicaid and Medicare Services, the National Institutes of Health (NIH), the Agency for Healthcare Research and Quality (AHRQ) and the Patient Centered Outcomes Research Institute (PCORI).

The Coalition, and our Members, are committed to using the IOM Report as the basis and rationale for numerous public policy positions and to make the case that it is a national imperative to increase access to palliative care and hospice for everyone experiencing a serious advanced illness.

Key messages from the IOM Report are not well known within the wider medical, nursing, social work and chaplaincy field, let alone within the patient community or with the public. The IOM Report (2-44) clearly presents the evidence that the “Impact of hospice and palliative care on longevity” is a positive one and that earlier access to palliative care and hospice significantly improves quality of life. This is demonstrated by numerous research studies cited by the IOM Report which also confirm that patients and families want; “information and communication about hospice and palliative care, access to home care, emotional and spiritual support, well-being and dignity, care at time of death and a lighter symptom burden”. (Casarett et al 2008)

The Coalition supports the recommendations contained in the IOM Report about the need for earlier referral to hospice due to the multiple, well designed, rigorous peer reviewed studies that demonstrate that quality of care in hospice far exceeds that in traditional care for seriously ill patients near the end of life. In fact, 9 out of 10 adults would prefer to be cared for at home rather than in a hospital or nursing home if diagnosed with a terminal illness. As the IOM Report states, and multiple consistent studies demonstrate, quality end-of-life care reduces unnecessary hospital costs by reducing readmissions, emergency department visits and intensive care stays.

The Coalition pledges to work on policy proposals which will lead to increased access to palliative care earlier in the disease process as well as earlier referral to hospice so that everyone has the highest quality of life for the longest time possible.

**ORGANIZATIONS IN COALITION AND SUPPORTING STATEMENT**

- American Academy of Hospice and Palliative Care (AAHPM)
- Association of Professional Chaplains
- Center to Advance Palliative Care
- Health Care Chaplaincy Network
- Hospice and Palliative Nurses Association (HPNA)
- National Hospice and Palliative Care Organizations (NHPCO)
- National Palliative Care Research Center
- Social Work Hospice and Palliative Network (SWPHN)

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