An Economic Perspective on Serious Illness Research

Professor Mireille Jacobson

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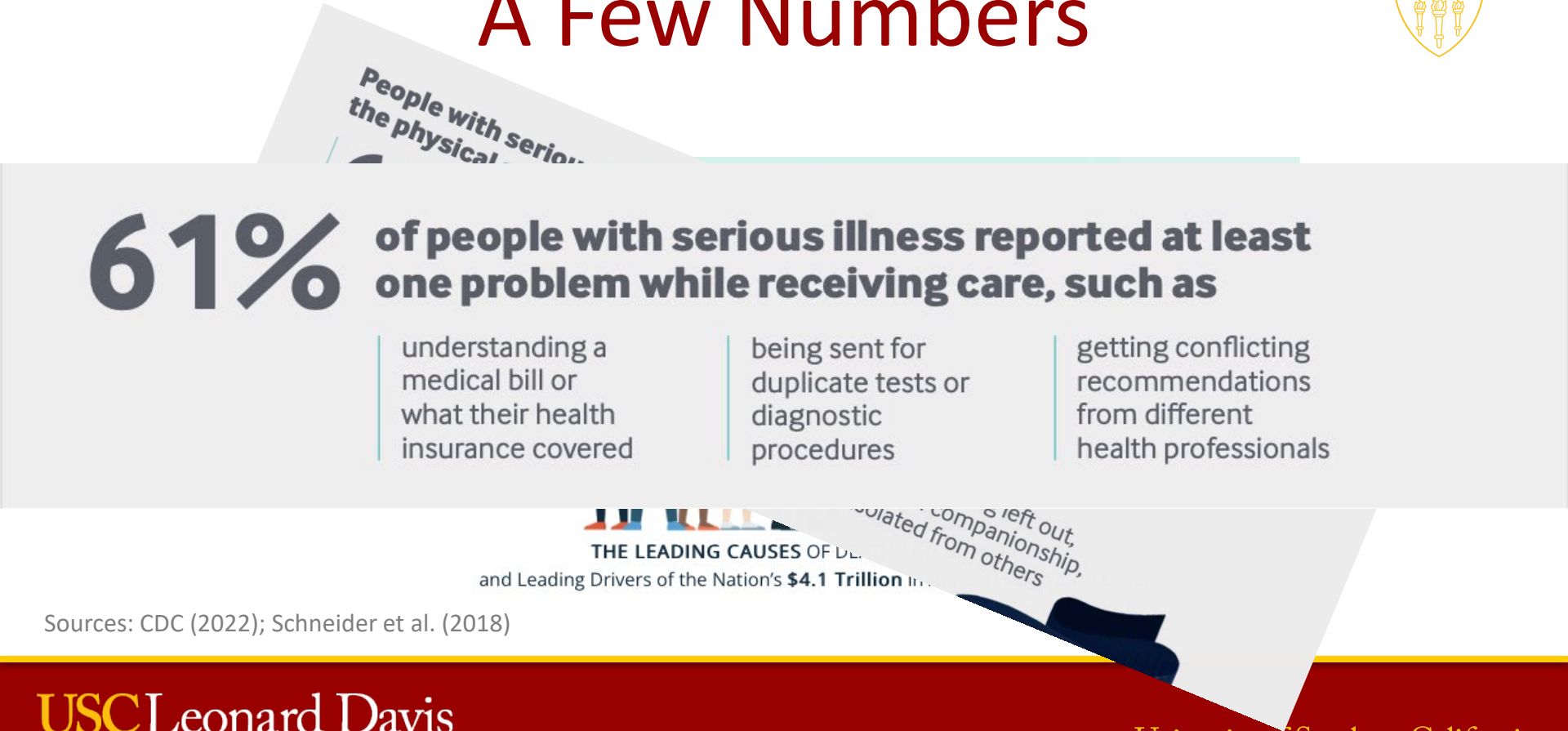
A Few Numbers



Sources: CDC (2022); Schneider et al. (2018)

Economic Tradeoffs

- How do we make the best use of our limited research resources (time, money, etc.)?
  - What do we know and what don't we know?
  - Where can we get the biggest return?

High Quality Evidence

JAMA | Original Investigation

Association Between Palliative Care and Patient and Caregiver Outcomes

RESULTS Forty-three RCTs provided data on 12 731 patients (mean age, 67 years) and 2479 caregivers. Thirty-five trials used usual care as the control, and 14 took place in the ambulatory setting. In the meta-analysis, palliative care was associated with statistically and clinically significant improvements in patient QOL at the 1- to 3-month follow-up (standardized mean difference, 0.46; 95% CI, 0.08 to 0.83; FACIT-Pal mean difference, 11.36] and symptom burden at the 1- to 3-month follow-up (standardized mean difference, −0.66; 95% CI, −1.25 to −0.07; ESAS mean difference, −10.30). When analyses were limited to trials

JAMA | Original Investigation

Association Between Palliative Care and Patient and Caregiver Outcomes
A Systematic Review and Meta-analysis

"…palliative care was associated with statistically and clinically significant improvements in patient QOL at the 1- to 3-month follow-up… "

"limited to trials at low risk of bias (n = 5), the association between palliative care and QOL was attenuated but remained statistically significant… "

"associated consistently with improvements in advance care planning, patient and caregiver satisfaction, and lower health care utilization."

Still lots we don't know

- Some important gaps:
  - External Validity: can we replicate the programs that show positive benefits?
  - Adoption: why are the programs with positive impacts not adopted?

External Validity

- RCTs have high internal validity but can face low external validity
- Although changing, older studies of palliative care were in highly controlled environments:
  - Academic settings
  - Not pragmatic

Improving External Validity

- Prioritize RCTS that are
  - Multi-site
  - Non-academic settings, with community partners
  - Pragmatic
  - Focus on a range of diseases and settings?

Improving External Validity

- Encourage quasi-experimental research designs
  - Can we provide real-world evidence with routine data
  - This work can be lower cost and more generalizable
  - Some effort to encourage this type of evidence warranted

Barriers to Adoption

- Need more work on barriers to adoption
  - Suspect that payment policy is a major barrier to health system adoption (outside of the hospital)
    - Is adoption higher where incentives are different?
  - What are the barriers (or facilitators) for patients and families?
    - What do patients and families want?

Barriers to Adoption

- What can we learn from settings where adoption is high?
  - International contexts
  - State and local programs and settings
  - Is payment policy the core issue?
- Do results replicate there and, if not, why?

Cost vs. Benefit

- Will palliative care save money?
  - That is not the right question!
- Does it bring value?
  - What is the cost vs. benefit?

Summary

- Aging of the population means that the need for serious illness care will only increase
  - Bodes poorly for the data shown at outset

- What evidence do we need to do better?
  - How do we move the needle on improving quality?