



# Effective Health Care

## Comparative Effectiveness of Early vs. Later Palliative Care

### Nomination Summary Document

#### Results of Topic Selection Process & Next Steps

- The comparative effectiveness of early versus later palliative care is not feasible for a full systematic review due to the limited data available for a review at this time.
- This topic could potentially be considered for new research projects within the Effective Health Care (EHC) Program.

#### Topic Description

**Nominator:** Individual

**Nomination Summary:** The nominator is concerned with the comparative effectiveness of late versus early palliative care services. The main focus of the nomination is with palliative care in terms of symptom management in an inpatient setting, particularly in an urban setting. Patient-oriented outcomes and evidence on operational and health system factors such as optimal census to staff ratio are of interest.

**Staff-Generated PICO:**

**Population(s):** Adults with serious or life-threatening chronic illness (such as cancer, congestive heart failure, chronic renal failure, dementia, liver disease, chronic obstructive pulmonary disease, or diabetes mellitus) and subgroups including those of low socioeconomic status and residing in an urban setting

**Intervention(s):** Palliative care services delivered early (e.g., at the time of diagnosis or when life-prolonging/curative treatment begins)

**Comparator(s):** Palliative care services delivered later

**Outcome(s):** Quality of life of patient and family, earlier referral to hospice, benefits to the health care team, optimal census to staff ratio, and total health care expenditures

**Key Questions from Nominator:**

1. For adult chronically-ill patients of low SES who are living in an urban environment, what is the comparative effectiveness of earlier versus later palliative care involvement on quality of life and total health care expenditures over the course of their illness?

#### Considerations

- The topic meets EHC Program appropriateness and importance criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)

- Recent studies that partially address the nomination were identified; however, they only evaluated early palliative care integrated with usual care compared to usual care alone. Therefore, comparison of earlier versus later involvement of general palliative care services is not feasible for a full systematic review due to the limited data available for a review at this time.
- Given the importance of this topic, it could potentially be considered for new research projects within the EHC Program addressing the timeliness (including earlier versus later involvement) of palliative care services.