

Early Palliative Care Remains Underused Among Patients With Advanced Cancer

American Cancer Society researchers stress the importance of minimizing systemic and structural barriers to help provide palliative care for patients

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Despite a decade of growth, only 10% of Medicare beneficiaries with distant-stage cancer received early palliative care in 2019, according to new research led by [American Cancer Society](#) (ACS) investigators. The study also finds differences between individual doctors and hospitals accounted for 30%-50% of the variation in early palliative care billing, suggesting where patients receive care plays a major role in whether they get guideline-recommended palliative care. The study is out today in the *Journal of Clinical Oncology* (JCO).

“These findings are disappointing as strong evidence and clinical guidelines support the benefits of early palliative care for these patients,” said [Dr. Xuesong Han](#), scientific director, health services research at the American Cancer Society and senior author of the study. “Palliative care improves quality of life, reduces suffering, and can even extend survival, yet most patients who would benefit are not receiving it.”

Using the Surveillance, Epidemiology, and End Results (SEER) program data linked with Medicare claims, researchers identified Medicare beneficiaries aged 65.5 years and older diagnosed with distant-stage female breast, colorectal, non-small cell lung, small cell lung, pancreatic, or prostate cancers in 2010-2019 with six months or more survival. Early palliative care billing was identified by diagnosis codes or hospice and palliative medicine specialty codes on outpatient claims within the first three months of cancer diagnosis or up to hospice admission date, whichever came first. Annual percentages of patients receiving early palliative care were assessed. Patients were attributed to treating physicians based on plurality of their visits made to physicians. The goal of the analyses was to identify provider- and organization factors associated with early palliative care billing, and the between-provider and between-organization variation in early palliative care billing after controlling for patient characteristics using multivariable regressions.

Study results showed among 102,032 patients with advanced cancers treated by 18,908 unique physicians, the percentage with early palliative care billing increased from 1.44% to 10.36% in

2010-2019. Treating physicians' early palliative care referrals in the previous year and organizations' employment of any hospice and palliative medicine specialist was associated with 3.01 percentage points and 4.54 ppts higher likelihood of early palliative care billing. Between-provider variation in early palliative care was considerable, but declined from 51.0% in 2010-2013 to 45.3% in 2017-2019. Similar patterns were found for between-organization variation.

"One of the most striking findings from our study is who treats you and where you receive care may influence access to early palliative care more than a patient's clinical condition," added Dr. Xin Hu, a visiting scientist at the American Cancer Society and lead author of the study. "This underscores the need to minimize systemic and structural barriers, so access to this important treatment is not limited. Fighting cancer should also mean fighting unnecessary suffering."

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