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Dear Dr. Morrison:

We are writing to offer our enthusiastic support for your proposal to PCORI entitled The Effect of Hospital Palliative Care Teams on Healthcare Utilization for Medicare Beneficiaries. As you know, the Patient Quality of Life Coalition (PQLC) (patientqualityoflife.org) is a collaborative initiative created to advance the interests of patients and families facing serious illness. The Coalition is comprised of more than 20 nongovernmental organizations including patient and caregiver advocacy organizations, health care professional organizations, and healthcare provider groups, all dedicated to improving quality of care and quality of life for persons living with serious illness and their families. In particular, the Coalition is focused on the development and implementation of new policy initiatives to ensure that individuals with serious illness receive care that is patient centered, that families' needs are met, and that healthcare institutions are equipped to appropriately provide palliative care, as defined in your proposal, to persons and families in need.

During a series of Coalition meetings in 2013, we identified key gaps in evidence that need to be addressed before new and effective healthcare policies can be successfully realized. Our stakeholders identified the lack of national data on the effect of palliative care on healthcare utilization and outcomes for older adults with serious illness as a key gap. We strongly believe that further development and implementation of new delivery models of palliative care, the inclusion of palliative care in new policy and legislative initiatives, and our efforts to promote palliative care to patients are dependent on this critical data.

The project we have designed in collaboration with your research team will provide essential contributions in understanding the impact of palliative care teams on health care utilization. In turn, these outcomes will deliver extremely useful information in advancing our ongoing collaborative work through the Patient Quality of Life Coalition to implement essential policy and practice changes that will help bring high quality palliative care to every health care setting.

We have been thrilled to be your partners in the development of this proposal and we intend to continue as active participants as the project moves forward. Rebecca Kirch, Director of Quality of Life and Survivorship with the American Cancer Society will be our liaison and has agreed to attend your weekly research meetings. When the preliminary results are available, our group will assist in their review, interpretation, and publication.

Finally, we are completely committed to assist in the rapid interpretation and dissemination of the study results. As you describe in your proposal, we will convene a series of four focus groups to review the results, help identify outcomes of importance to our stakeholders, and assist with the development of audience-specific messaging. We and our members have (1) ready access to patients living with serious illness and their caregivers (e.g., American Cancer Society Cancer Action Network, National Alliance for Caregiving, Lung Cancer Alliance, Supportive Care Coalition). (2) We are charities and providers who care for persons with serious illness (e.g., American Heart Association, American Cancer Society Cancer Action Network, American Pain Society, Oncology Nursing Society, National Coalition for Hospice and Palliative Care). (3) We each have good contacts and relationships with federal and state policymakers and lawmakers. And (4) we are large health care institutions (e.g., Catholic Health Association of the United States, CHE Trinity Health).

Each of our members stands ready to contribute additional expertise and to formulate communication strategies to our wide-ranging stakeholder audiences following the work of the focus groups. These strategies include, but are not limited to, education of congressional staffers, meetings with CMS, development of business plans and technical assistance products through the Center to Advance Palliative Care (as described in your proposal), and the development of public educational materials (e.g., American Cancer Society Cancer Action Network's recent palliative care advertising campaign).

Again, we are proud to be a part of this effort, and we thank you for your leadership in developing and undertaking this important research project. We look forward to a successful funding decision.

Sincerely,

American Academy of Hospice and Palliative Medicine

American Cancer Society

C-Change

Cancer Support Community

Catholic Health Association of the United States

Center to Advance Palliative Care

CHE Trinity Health

Colon Cancer Alliance

Hospice and Palliative Nurses Association

Lung Cancer Alliance

National Alliance for Caregiving

National Coalition for Hospice and Palliative Care

Oncology Nursing Society

Prevent Cancer Foundation

Supportive Care Coalition