Palliative Care: Transforming the Care of Serious Illness

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No Disclosures

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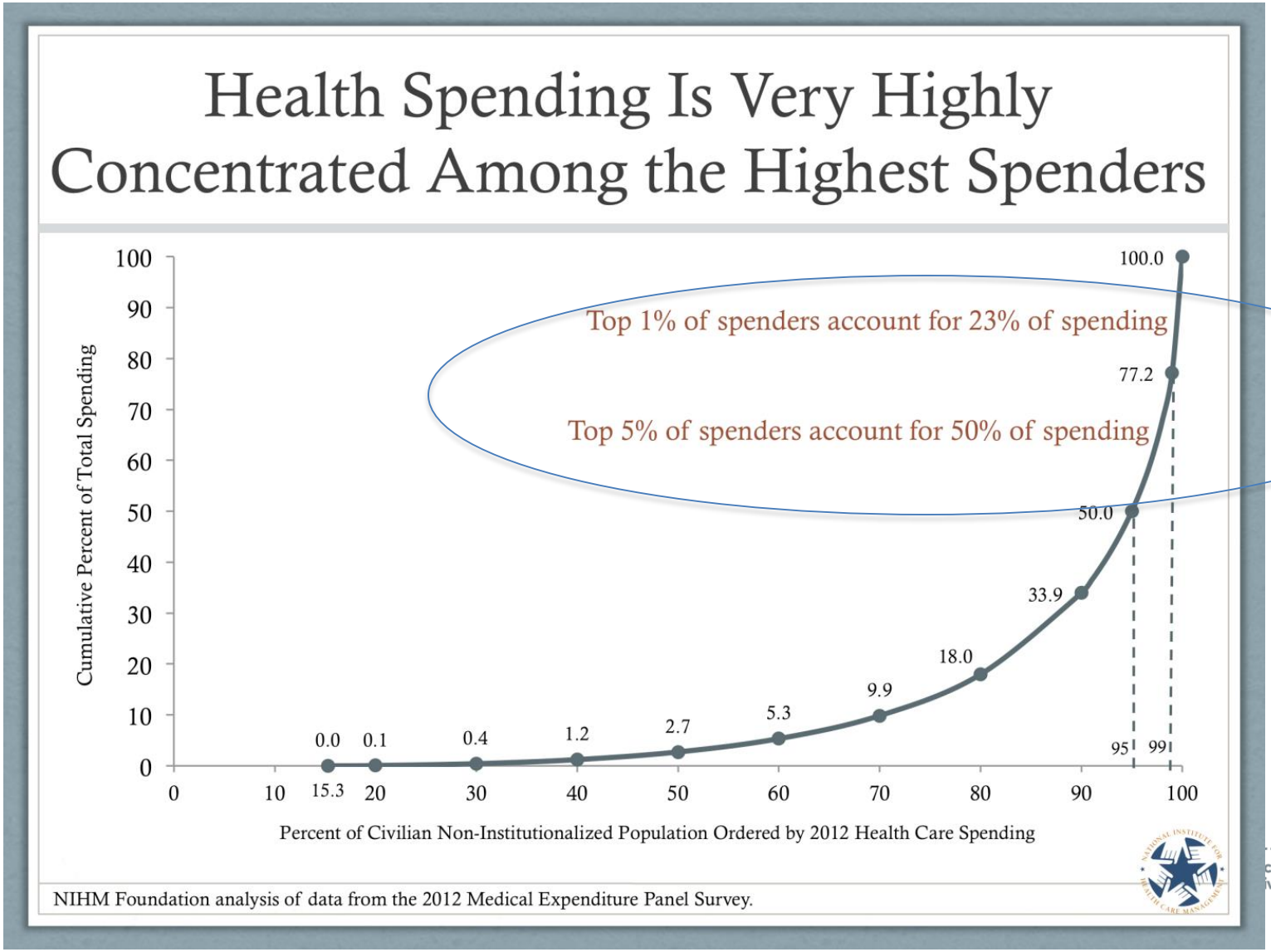
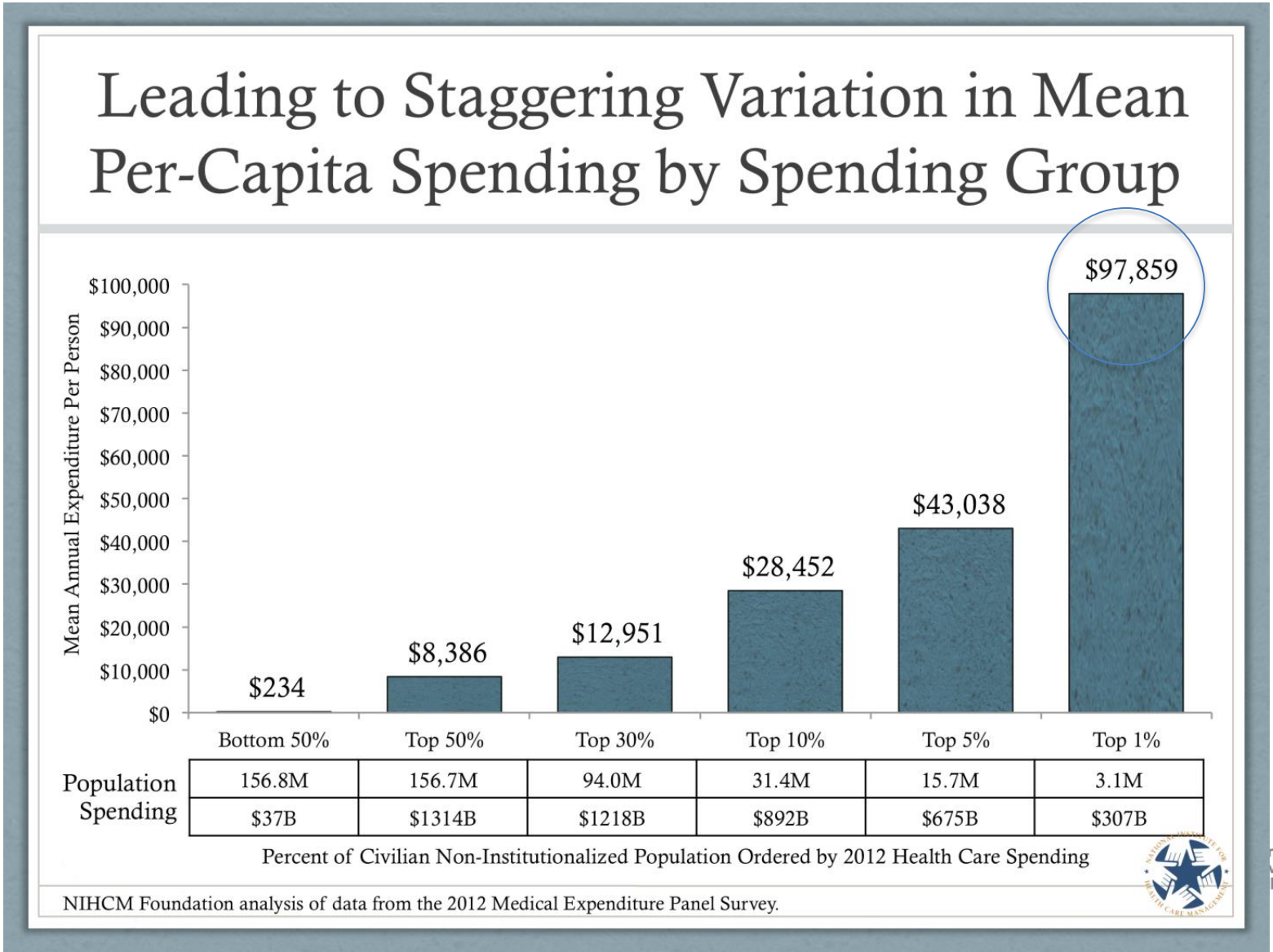
Objectives

- The case for integrated palliative care strategies
- What works to improve quality and subsequently reduce costs for vulnerable people?

Concentration of Risk/$



Concentration of Risk/$



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Value= Quality/Cost

Because of the Concentration of Risk and Spending, and the Impact of Palliative Care on Quality *and* Cost, its Principles and Practices are Central to Improving Value

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Mr. B

- An 88 year old man with dementia admitted via the ED for management of back pain due to prostate cancer, spinal stenosis and arthritis.
- Pain is 8/10 on admission, for which he is taking 5 gm of acetaminophen/day.
- **Admitted 3 times in 2 months for pain (2x), falls, and altered mental status due to constipation.**
- His family (83 year old wife) is overwhelmed.

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Mr. B:

- Mr. B: *“Don’t take me to the hospital! Please!”*
- Mrs. B*: “He hates being in the hospital, but what could I do? The pain was terrible and I couldn’t reach the doctor. I couldn’t even move him myself, so I called the ambulance.* ***It was the only thing I could do.****”*

Modified from and with thanks to Dave Casarett

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Before and After

Usual Care

- 4 calls to 911 in a 3 month period, leading to
- 4 ED visits and
- 3 hospitalizations, leading to
- Hospital acquired infection
- Functional decline
- Family distress

Palliative Care

- Housecalls referral
- Pain management
- 24/7 phone coverage
- Support for caregiver
- Meals on Wheels
- Friendly visitor program
- **No 911 calls, ED visits, or hospitalizations in last 18 months**

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The Modern Death Ritual: The Emergency Department

Half of older Americans visited ED in last month of life and 75% did so in their last 6 months of life.

Smith AK et al. Health Affairs 2012;31:1277-85.

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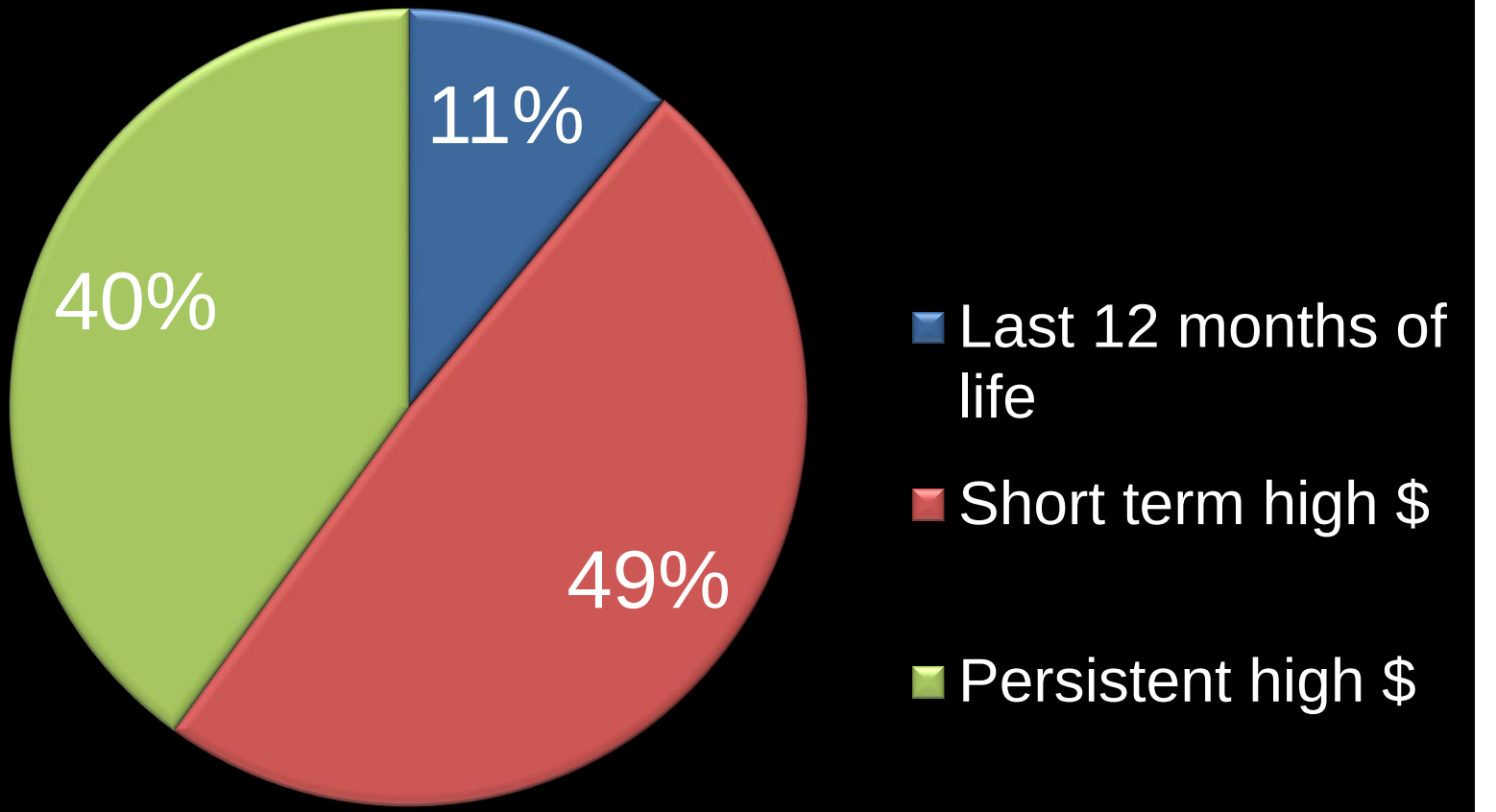
Costliest 5% of Patients

IOM Dying in America Appendix E http://www.iom.edu/Reports/2014/Dying-In-America-Improving-Quality-and-Honoring-Individual-Preferences-Near-the-End-of-Life.aspx



Who are the costliest 2.5%?

- Functional Limitation
- Frailty
- Dementia
- Exhausted overwhelmed family caregivers
- Social + behavioral health challenges
- +/- Serious illness(es)

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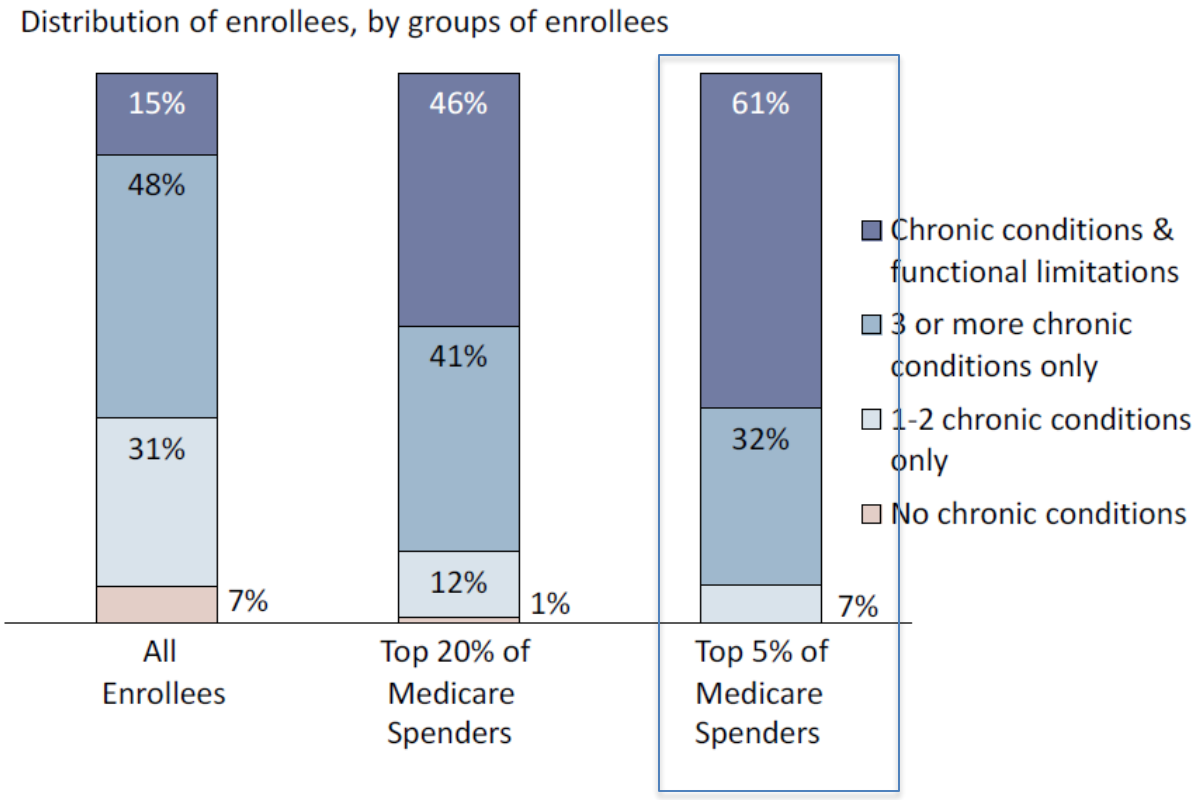
Functional Limitations as a Predictor of Risk

Figure 4

Among Medicare enrollees in the top spending quintile, nearly half have chronic conditions and functional limitations



Source: Avalere Health, LLC analysis of the 2006 Medicare Current Beneficiary Survey, Cost and Use file.

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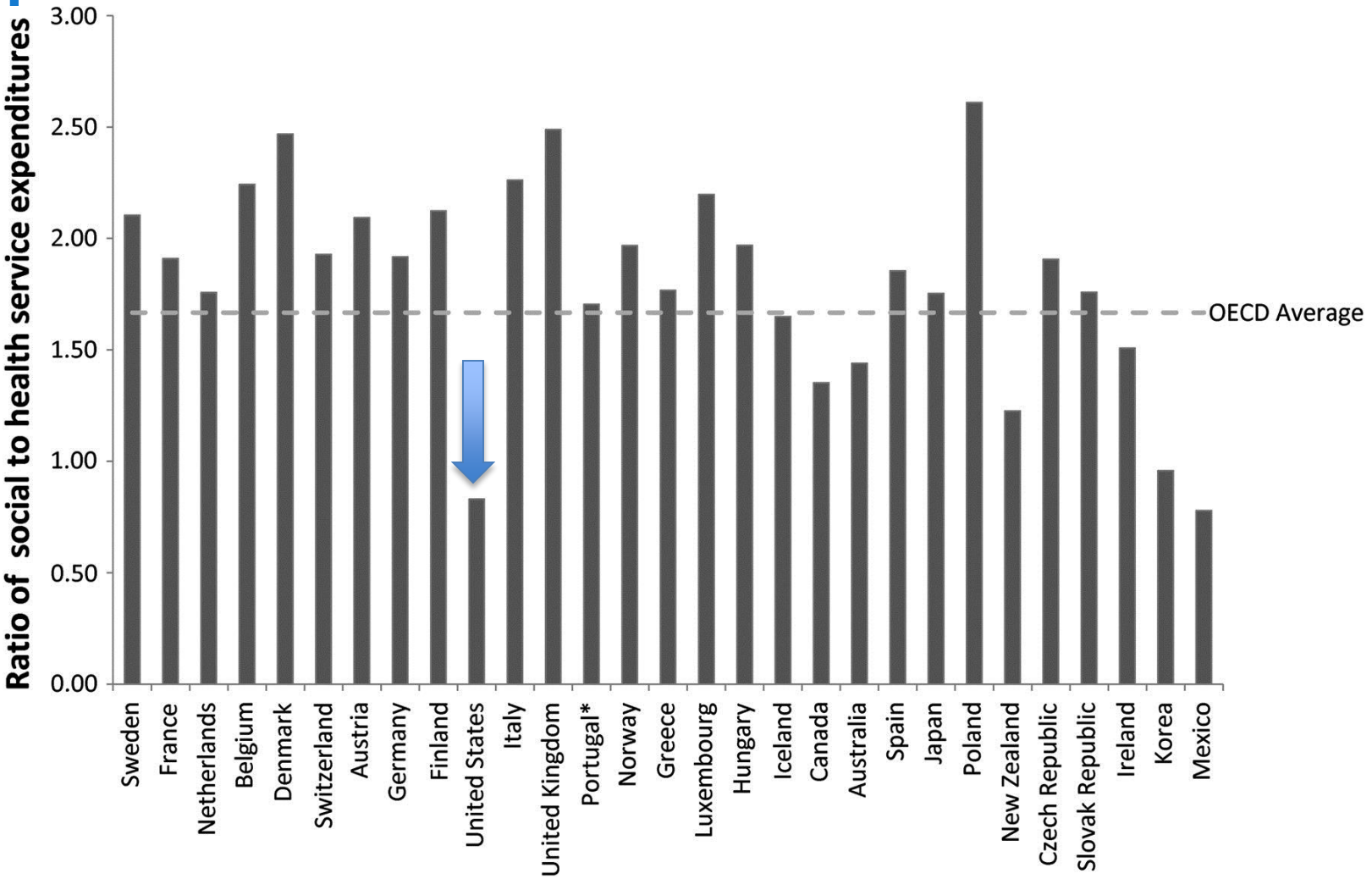
Why? Low Ratio of Social to Health Service Expenditures in U.S.



Bradley E H et al. BMJ Qual Saf 2011;20:826-831

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Home and Community Based Services are High Value

- Improves quality: Staying home is concordant with people's goals.

- Reduces spending: Based on 25 State reports, costs of Home and Community Based LTC Services less than 1/3rd the cost of Nursing Home care.

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Study: Having meals delivered to home reduces need for nursing home

10/14/2013 | HealthDay News

A study published today in Health Affairs found if all 48 contiguous states increased by 1% the number of elderly who got meals delivered to their homes, it would prevent 1,722 people on Medicaid from needing nursing home care. The Brown University study found 26 states would save money because lower Medicaid costs would more than offset the cost of providing the meals.

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What is Palliative Care?

- Specialized medical care for people with **serious illness** and their families
- Focused on **improving quality of life**. Addresses pain, symptoms, stress of serious illness.
- Provided by an interdisciplinary **team** that works with patients, families, and other healthcare professionals to provide **an added layer of support**.
- Appropriate at **any age, for any diagnosis, at any stage** in a serious illness, and provided **together with disease treatments**.

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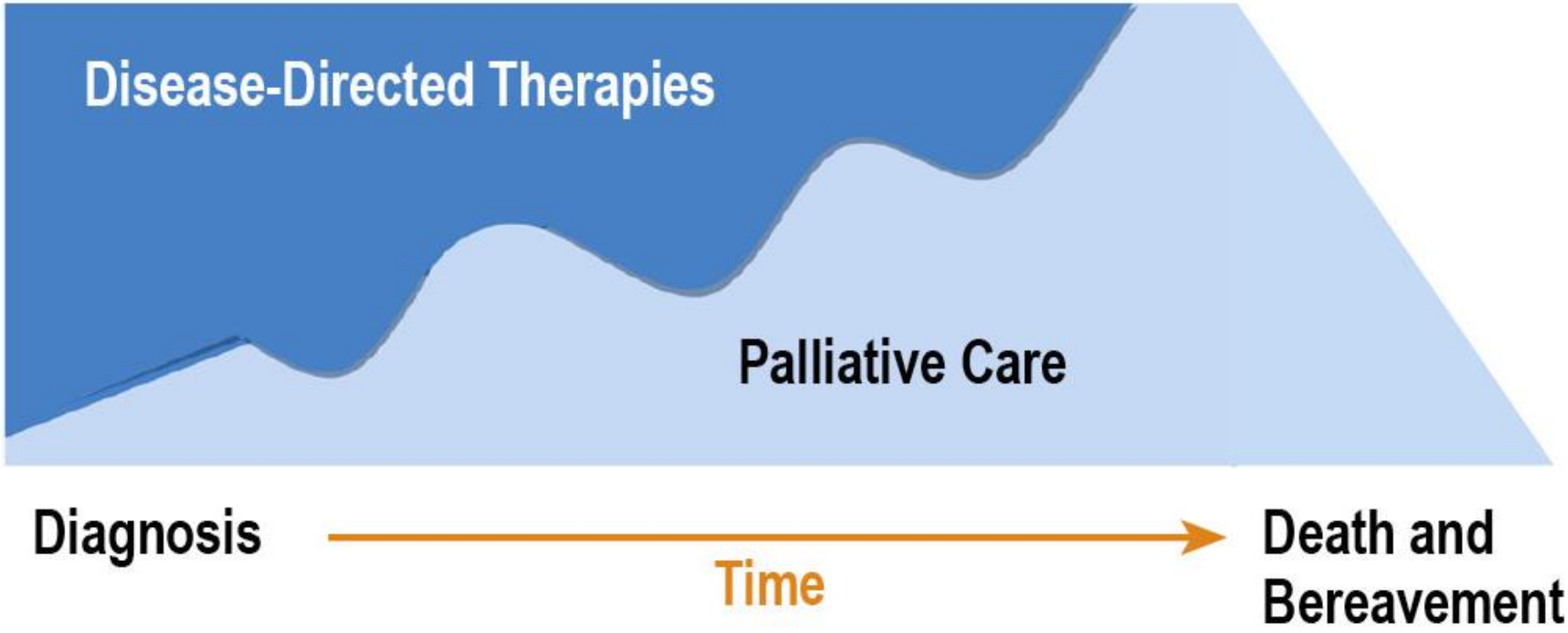
Conceptual Shift for Palliative Care



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Palliative Care Improves Value

Quality improves

- Symptoms
- Quality of life
- Length of life
- Family satisfaction
- Family bereavement outcomes
- MD satisfaction

Costs reduced

- Hospital cost/day
- Use of hospital, ICU, ED
- 30 day readmissions
- Hospitality mortality
- Labs, imaging, pharmaceuticals

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Palliative Care Improves Quality in Office Setting

Randomized trial simultaneous standard cancer care with palliative care co-management from diagnosis versus control group receiving standard cancer care only:

- **Improved quality of life**
- **Reduced major depression**
- **Reduced 'aggressiveness'** (less chemo < 14d before death, more likely to get hospice, less likely to be hospitalized in last month)
- ***Improved survival*** (11.6 mos. vs 8.9 mos., p<0.02)

Temel et al. Early palliative care for patients with non-small-cell lung cancer NEJM2010;363:733-42.

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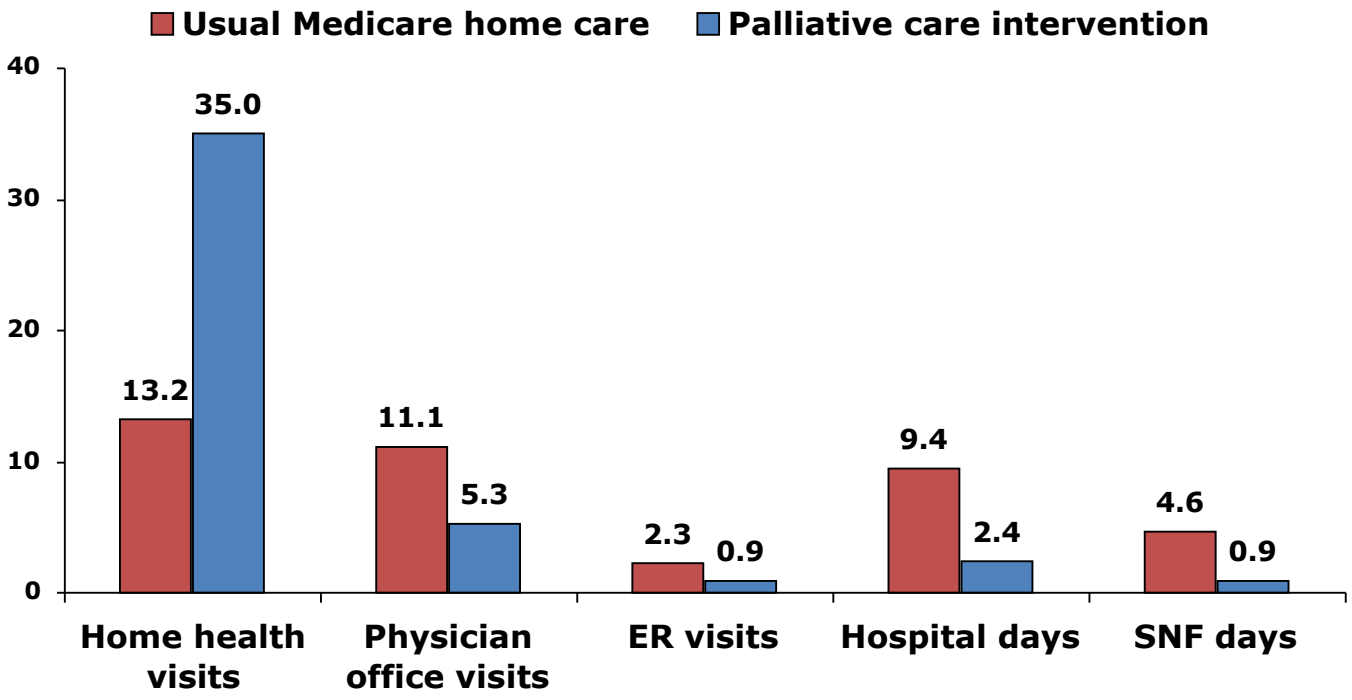
Palliative Care at Home for the Chronically Ill

Improves Quality, Markedly Reduces Cost

RCT of Service Use Among Heart Failure, Chronic Obstructive Pulmonary Disease, or Cancer Patients While Enrolled in a Home Palliative Care Intervention or Receiving Usual Home Care, 1999–2000



KP Study Brumley, R.D. et al. JAGS 2007

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46 High Quality Studies 2002-11

Palliat Med 2014;28:130-50.

PALLIATIVE MEDICINE

Home | OnlineFirst | All Issues | Subscribe | RSS | Email Aler

Impact Factor: 2.845 | **Ranking:** Health Care Sciences & Services 19 out of 86 | Medi
Environmental & Occupational Health (SCI) 31 out of 162

Evidence on the cost and cost-effectiveness of palliative care: A literature review

Samantha Smith[1]
Aoife Brick[1]
Sinéad O'Hara[1]
Charles Normand[2]

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46 Studies: Across settings, patient populations, and palliative care delivery models, palliative care improves quality and as a result, reduces costs.

However, despite the wide variation in study type, characteristic and study quality, there are consistent patterns in the results. Palliative care is most frequently found to be less costly relative to comparator groups, and in most cases, the difference in cost is statistically significant. It is also worth noting that there may be complex interactions between costs of care and diagnosis (e.g. cancer/non-cancer distinctions) and groups

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The 5 Key Characteristics of *Effective* Palliative Care

- Target the highest risk people
- Ask people what matters most to them
- Support family and other caregivers
- Expert pain/symptom management
- 24/7 access

Goal Setting

- Ask the person and family, “What is most important to you?”

What is most important?

Survey of Senior Center and Assisted Living subjects, n=357, dementia excluded, no data on function.

Asked to rank order *what's most important:*

1st Independence (76% rank it most important)

2nd Pain and symptom relief

3rd Staying alive.

Fried et al. Arch Int Med 2011;171:1854

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Families are Home Alone

- 40 billion hours unpaid care/yr by 42 million caregivers worth $450 billion/yr
- Providing “skilled” care
- Increased risk disease, death, bankruptcy

aarp.org/ppi

http://www.nextstepincare.org/

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Families Need Help

- Mobilizing long term services and supports in the community is key to helping people stay home and out of hospitals.
- Predictors of success: 24/7 *meaningful* phone access; high-touch consistent personalized care relationships; focus on social & behavioral health; integrate social supports with medical services.

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Pain and Symptoms

Disabling pain and other symptoms reduce independence and quality of life.

HRS- representative sample of 4703 community dwelling older adults 1994-2006

Pain of moderate or greater severity that is ”often troubling” is reported by **46%** of older adults in their **last 4 months of life** and is worst among those with ***arthritis***.

Smith AK et al. Ann Intern Med 2010;153:563-569

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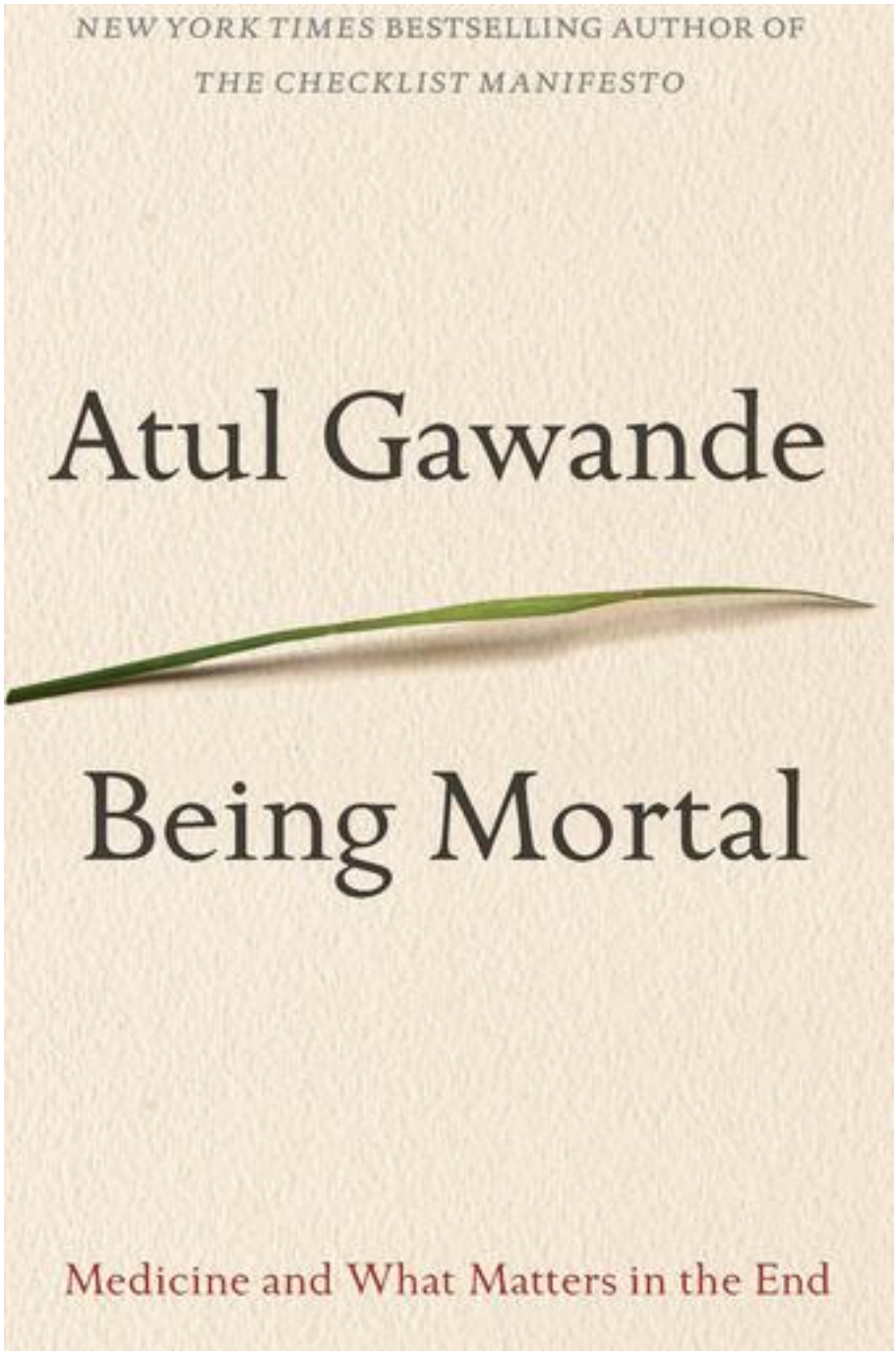

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Atul Gawande's *Being Mortal: Medicine and What Matters in the End*

"I learned about a lot of things in medical school, but mortality wasn't one of them."

Page 1 Metropolitan Books, New York, 2014

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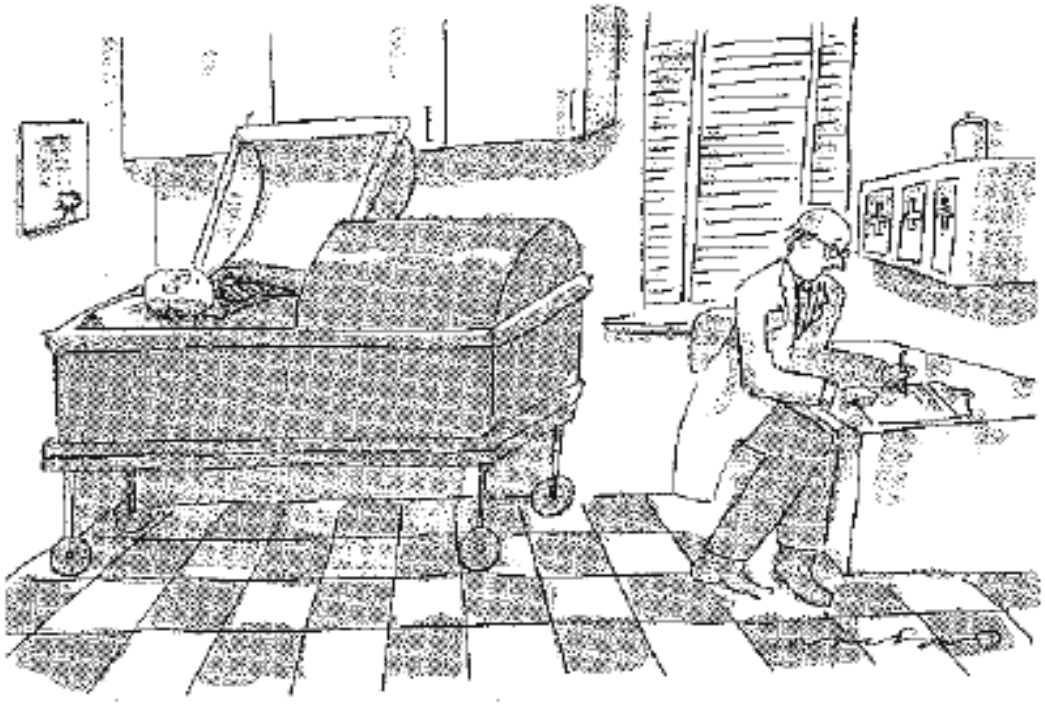


THE FINALISTS

"Any stiffness?"
Ryan Scott Misener, Tampa, Fla.

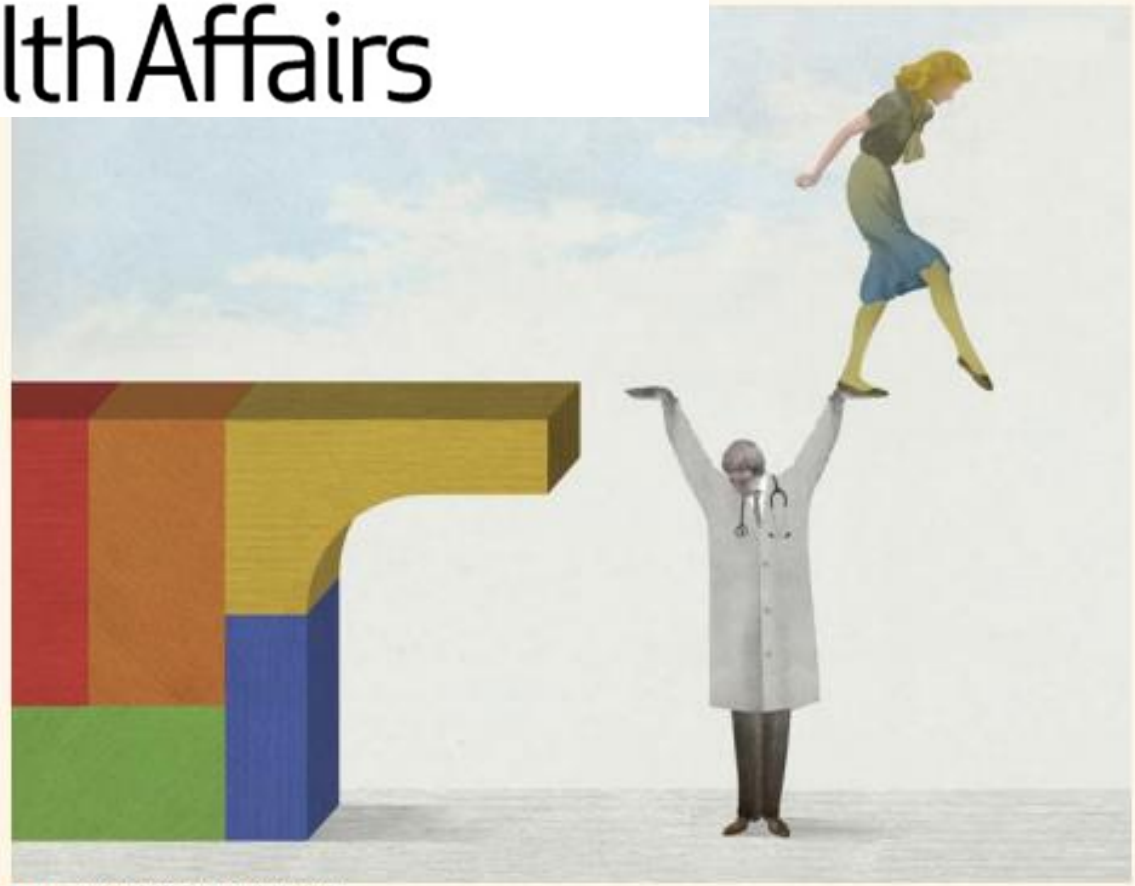
"Sorry about the wait."
Bob Howard, Eugene, Ore.

"Any family history with death?"
Stephanie Nilva, New York City

NARRATIVE MATTERS

AT THE INTERSECTION OF HEALTH, HEALTH CARE, AND POLICY

HealthAffairs



DOI: 10.1377/HLTHAFF.2013.0517

'I Don't Want Jenny To Think I'm Abandoning Her': Views On

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“I don’t want Jenny to think I’m abandoning her.”

- Response to my question asking an oncologist what he hoped to accomplish through intrathecal chemotherapy for a patient with brain metastases from lung cancer.

Meier DE. Health Affairs 2014;33:895-8

Oncologist Offers Intrathecal Chemo (aka most important lesson of my career so far)

- Jenny asks what I think. I tell her I'll call the oncologist.
- I ask "I don't have much experience with this procedure. What are you hoping we can accomplish with it?"
- He says "It won't help her." Long pause.
- I ask "Do you want me to encourage her to go ahead with it?"
- He says, ***"I don't want Jenny to think I am abandoning her."***

Conclusion

- Problem?
- Lack of Training
- Solution?
- Training

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In Loving Memory

Palliative Care

"There's no easy way I can tell you this, so I'm sending you to someone who can."

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2015 · 15TH ANNIVERSARY ·

ELNEC

END-OF-LIFE NURSING EDUCATION CONSORTIUM

Advancing Palliative Care

VITAL talk

Living with Serious Illness in America 2014 IOM Report

5 Recommendations

1. Palliative care everywhere as *standard of practice*
2. and 3. *Required universal* clinician training and certification in palliative care, clinician-patient communication and ACP
4. Policies and payment to *support both medical and social needs*
5. Public education and engagement

For more info: http://healthaffairs.org/blog/2014/09/24/iom-report-calls-for-transformation-of-care-for-the-seriously-ill/

How do we work towards the IOM recommendations?

- All patients with serious illness should have access to quality palliative care.
- **To get there we need to:**
  - Expand palliative care to home and community care settings
  - Train all clinicians who treat seriously ill patients to provide basic palliative care

We have a lot to do, but,

THERE IS REAL PROGRESS

Voices from the 1990's:
Ovarian Cancer and Neuropathic Pain

"I had the most excruciating pain I had ever experienced. The pain medication…did not even begin to penetrate the pain. I thought I was going to die…"

Ferrell et al. JPSM 2003;25:528-38.

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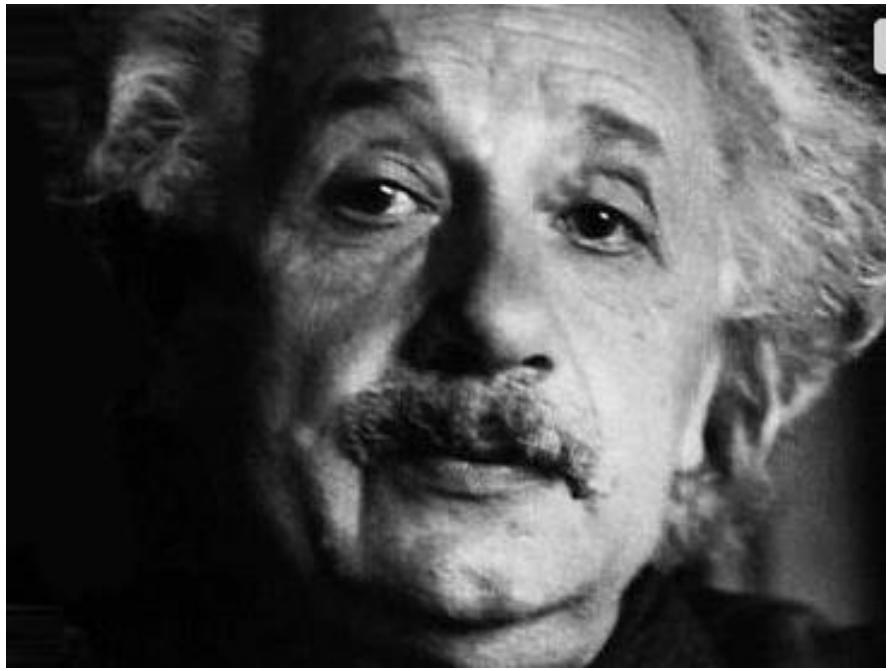
Voices from the 1990's: Chemo-Induced Neuropathy

"…It felt as if my feet were in too tight ski boots I could not remove. My balance was poor and my feet kept bumping into things. I could not stand for more than 3 or 4 minutes at a time- if I tried my feet ached unbearably. My hands were so numb that if I reached into my purse to get a lipstick, I might come up with a comb or keys instead- I could not tell the difference by feel. My handwriting was so uncontrolled I could not write a marketing list let alone a check or a note…"

Ferrell et al. JPSM 2003;25:528-38.

"Every day I remind myself that my inner and outer life are based on the labors of other men [and women], living and dead, and that I must exert myself in order to give in the same measure as I have received and am still receiving."



Albert Einstein, 1935

The World As I See It

THANK YOU!!

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