Palliative Care 2012: Matching Care to Patient’s Needs

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Objectives
1. How is palliative care important to improving value (quality and cost) in health care reform?
2. Changing the delivery system to improve access to quality palliative care in and beyond the hospital

Core Principle
1. “The secret of the care of the patient is caring for the patient.” Francis Peabody, Harvard University, 1921

The Ends of Medicine: Our Professional Obligations
“I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients”
-Oath of Hippocrates, 400 BC

“May I never see in the patient anything but a fellow creature in pain.”
- Maimonides, 12th century AD

Health care in the U.S.

- What are the ends of medicine?
  – What are they in the U.S.?
- What should they be? “To cure sometimes, relieve often, comfort always.”
- The problem: “The nature of our healthcare system- specifically its reliance on unregulated fee-for-service and specialty care- …explains both increased spending and deterioration in survival.”
The Value Equation-1

Value of health care = \textbf{Quality} \div \textbf{Cost}

Numerator problems
- 100,000 deaths/year from medical errors
- Millions more harmed by overuse, underuse, and misuse
- Fragmentation
- Medical practice based on evidence <50% of the time
- 50 million Americans (1/8th) without access
- U.S. ranks 40th in quality worldwide

The Value Equation-2

Value of health care = \textbf{quality} \div \textbf{cost}

Denominator problems
- Insurance premiums increased by 181% in the last 10 years.
- U.S. spending 17% GDP, >$8400 per capita/yr
- Nearing 30% of total State spending
- Despite high spending, 15% of our population has no insurance, and half are underinsured in any given year.
- Health care spending is \textit{the} #1 threat to the American economy and way of life.

International Comparison of Spending on Health, 1980–2009

- PPP=Purchasing Power Parity.
- Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2011.

What is this money buying us?

- Organization for Economic Development and Cooperation
- Among OECD member nations, the United States has the:
  - Lowest life expectancy at birth.
  - Highest mortality preventable by health care.
Medical Spending in the U.S.
$2.9 trillion in 2010

- The costliest 5% account for 50% of all healthcare spending

CBIO May 2009 High Cost Medicare Beneficiaries [www.cbo.gov](www.cbo.gov)
npc.org/facts/cost.shtml

Palliative Care is Central to Improving the Value Equation

- Because our patient population is driving most of the spending

Palliative Care Language
Endorsed by the Public

Palliative care is specialized medical care for people with serious illnesses. This type of care is focused on providing patients with relief from the symptoms, pain, and stress of a serious illness - whatever the diagnosis.

The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a team of doctors, nurses, and other specialists who work with a patient's other doctors to provide an extra layer of support. Palliative care is appropriate at any age and at any stage in a serious illness, and can be provided together with curative treatment.
Exceptionally High Positives

Once informed, consumers are extremely positive about palliative care and want access to this care if they need it:

- 95% of respondents agree that it is important that patients with serious illness and their families be educated about palliative care.
- 92% of respondents say they would be likely to consider palliative care for a loved one if they had a serious illness.
- 92% of respondents say it is important that palliative care services be made available at all hospitals for patients with serious illness and their families.

Palliative Care Teams Address 3 Domains

1. Physical, emotional, and spiritual distress
2. Patient-family-professional communication about achievable goals for care and the decision-making that follows
3. Coordinated, communicated, continuity of care and support for practical needs of both patients and families across settings

Palliative Care Improves Value

Quality improves
- Symptoms
- Quality of life
- Length of life
- Family satisfaction
- Family bereavement outcomes
- Care matched to patient centered goals

Costs reduced
- Hospital costs decrease
- Need for hospitalization/ICU decreases

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)


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

<table>
<thead>
<tr>
<th></th>
<th>Usual Medicare home care</th>
<th>Palliative care intervention</th>
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<tbody>
<tr>
<td>Home health visits</td>
<td>26.9</td>
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<td>Physician office visits</td>
<td>11.1</td>
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<tr>
<td>ER visits</td>
<td>2.3</td>
<td>2.4</td>
</tr>
<tr>
<td>Hospital days</td>
<td>4.7</td>
<td>4.6</td>
</tr>
<tr>
<td>SNF days</td>
<td>4.6</td>
<td>4.8</td>
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Bakitas M et al. JAMA 2009;302(7):741-9

RCT of Nurse-Led Telephonic Palliative Care Intervention

- N= 322 advanced cancer patients in rural NH+VT
- Improved quality of life and less depression (p=0.02)
- Trend towards reduced symptom intensity (p=0.06)
- No difference in utilization, (but v. low in both groups)
- Median survival: intervention group 14 months, control group 8.5 months, p = 0.14

Bakitas M et al. JAMA 2009;302(7):741-9
Consequences of Late Referral to Palliative Care

Serious Adverse Outcomes for Bereaved Caregivers:
Compared to care at home with hospice,
• Care in ICU associated with 5X family risk of Post Traumatic Stress Disorder; and
• Care in hospital associated with 8.8X family risk of prolonged grief disorder

Wright A et al. Place of death: Correlation with quality of life of patients with cancer and predictors of bereaved caregivers’ mental health. JCO 2010; Sept 13 epub ahead of print

Effect of Palliative Care on Hospital Costs

Cost Savings Associated With US Hospital Palliative Care Consultation Programs

How Palliative Care Reduces Cost

• Improved resource use
• Reduced bottlenecks in high cost units
• Improved throughput and consistency

The Conceptual Model:
Dedicated medical team = Focus + Time = Decision Making / Clarity / Follow through

Palliative Care Growth

Source: Center to Advance Palliative Care, 2011 capc.org/reportcard
America’s Care for Serious Illness
A State-by-State Report Card on Access to Palliative Care in Our Nation’s Hospitals

Hope for the Future: Younger physicians exposed to palliative care more than their predecessors.

% “Great Deal” or “Some” Exposure to Palliative Care by Physician Age

Recent Blog Post on How to Improve Access to Palliative Care
• http://healthaffairs.org/blog/2012/04/30/learning-from-amys-berman-barriers-to-palliative-care-and-how-we-might-overcome-them/

National Quality Forum: Palliative Care is One of Six National Priorities for Action

National Recognition of Importance of Palliative Care to Healthcare Value
MedPAC: Called a meeting of national experts in palliative care in May 2011 to understand what Medicare payment policies might advance access and quality
The Joint Commission: September 2011 release of a Palliative Care Advanced Certification Program.

NQF-Endorsed Palliative Care Measures 02/14/2012
http://www.qualityforum.org/Measures_List.aspx#e=1&s=n&so=a&p=1&cs=148

• CARE: Consumer Assessments and Reports on End of Life Care
  • Pain Screening
  • Pain Assessment
  • Dyspnea Screening
  • Dyspnea Treatment
  • Treatment Preferences

For cancer only:
• Proportion getting chemo last 14 days of life
• Proportion in ED last week of life
• Proportion >1 hospital stay in last 30 days of life
• Proportion admitted to hospice <3 days
• Proportion not admitted to hospice before death

For hospice only:
• Proportion with spiritual assessment
• Family Evaluation of Hospice Care
Strategic Partnerships

New Delivery and Payment Models + Palliative Care

Adding palliative care targeted to the highest cost + risk populations to the specifications for these strategies is key to their success at improving quality and reducing cost.

Major Health Systems Get It

Making multimillion dollar investments in palliative care integration across settings:

- Partners Health System/ Harvard Medical School
- U. of Pittsburgh Health System
- Duke U. Health System
- North Shore-LIJ Health System

Payers Get It

Examples of private sector approaches to community-based palliative care
Matching (Payer) Resources to Needs

RESOURCES

Demand Management  DM/CM  CCM-palliative care

NEEDS

Payer Models

Although the world is full of suffering, it is full also of the overcoming of it.

Helen Keller

*Optimism* 1903