Improving Value in Health Care: The Case for Palliative Care

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This Afternoon

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- *The needs of the seriously ill*
- *Palliative Care: A possible solution*
- *Palliative care: What is needed*

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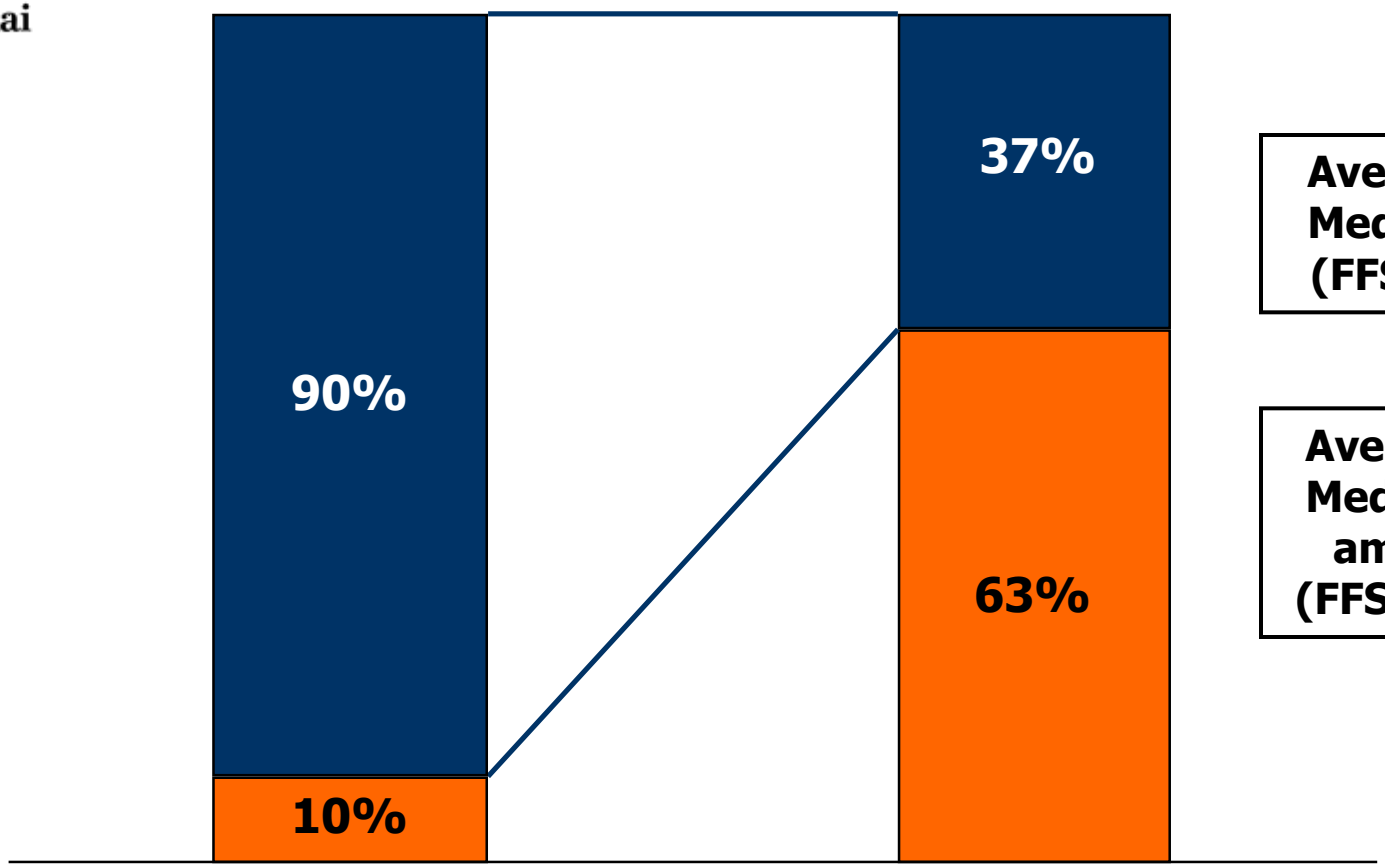
Concentration of Spending

Distribution of Total Medicare Beneficiaries and Spending, 2011



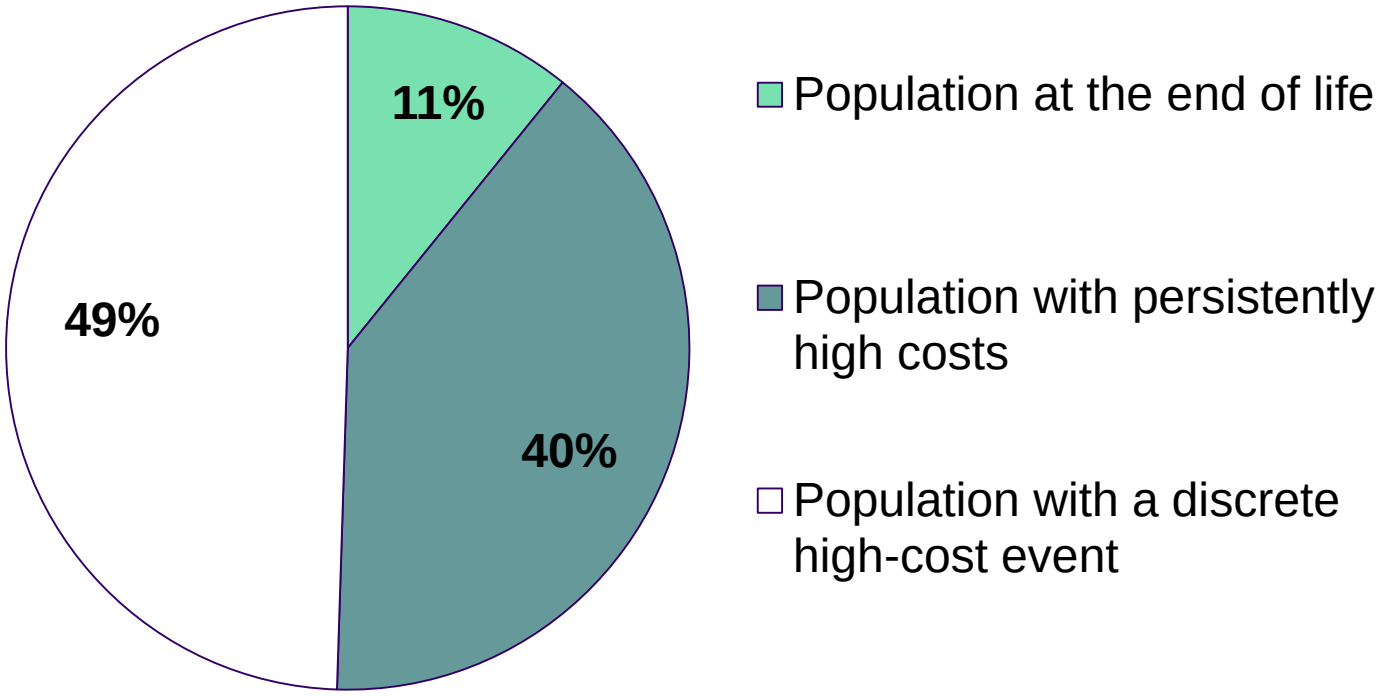
Average per capita Medicare spending (FFS only): $8,554

Average per capita Medicare spending among top 10% (FFS only): $48,220

Total Number of FFS Beneficiaries: 37.5 million

Total Medicare Spending: $417 billion

Population with Highest 5% of Healthcare Costs



- Source: Aldridge, Kelley, 2013: IOM Commissioned Paper: Epidemiology of Serious Illness and High Utilization of Healthcare

Concentration of Risk and Spending

- Functional Limitation
- Dementia
- Frailty
- Serious illness(es)
- Most are not in last year of life

Mr. Barnes

- 88 year old man with dementia admitted via the ED for exacerbation of emphysema.
- Breathlessness is 8/10 on admission, for which he is taking an inhaler without benefit.
- His 83 year old wife is overwhelmed.
- **Admitted 3 times in 2 months for breathlessness (2x), falls, and confusion.**

Mr. Barnes (continued):

- Mr. B: *“Don’t take me back to the hospital! Please!”*

- Mrs. B*: “He hates the hospital, but what could I do? The breathlessness was terrible. I couldn’t reach the doctor, so I called the ambulance. It was the only thing I could do.”*

Palliative Care: A Solution for the Barnes's

- Specialized medical care for people with serious illnesses to provide an extra layer of support.
- Improves quality of life for patients and the families by addressing the symptoms, pain, and stress of a serious illness - whatever the diagnosis.
- Provided by a team of doctors, nurses, and other specialists.
- Provided together with life-prolonging and curative treatments.

What Do Palliative Care Teams Do?

- *Relieve*
  - Symptoms
  - Distress- emotional, spiritual, practical
  - Uncertainty
- *Communicate*
  - What to expect
  - Treatments that match person+family goals
- *Coordinate*
  - Medical and practical needs across settings

Public Attitudes Towards Palliative Care

Telephone survey of 800 Americans

- **92%** of respondents say they would seek palliative care for a loved one if they had a serious illness.
- **92%** of respondents say palliative care services should be available at all hospitals.
- BUT…Only 8% were knowledgeable about palliative care at the start of the survey

Public Opinion Strategies/CAPC/ACS Consumer Poll, 2011

Growth of Palliative Care

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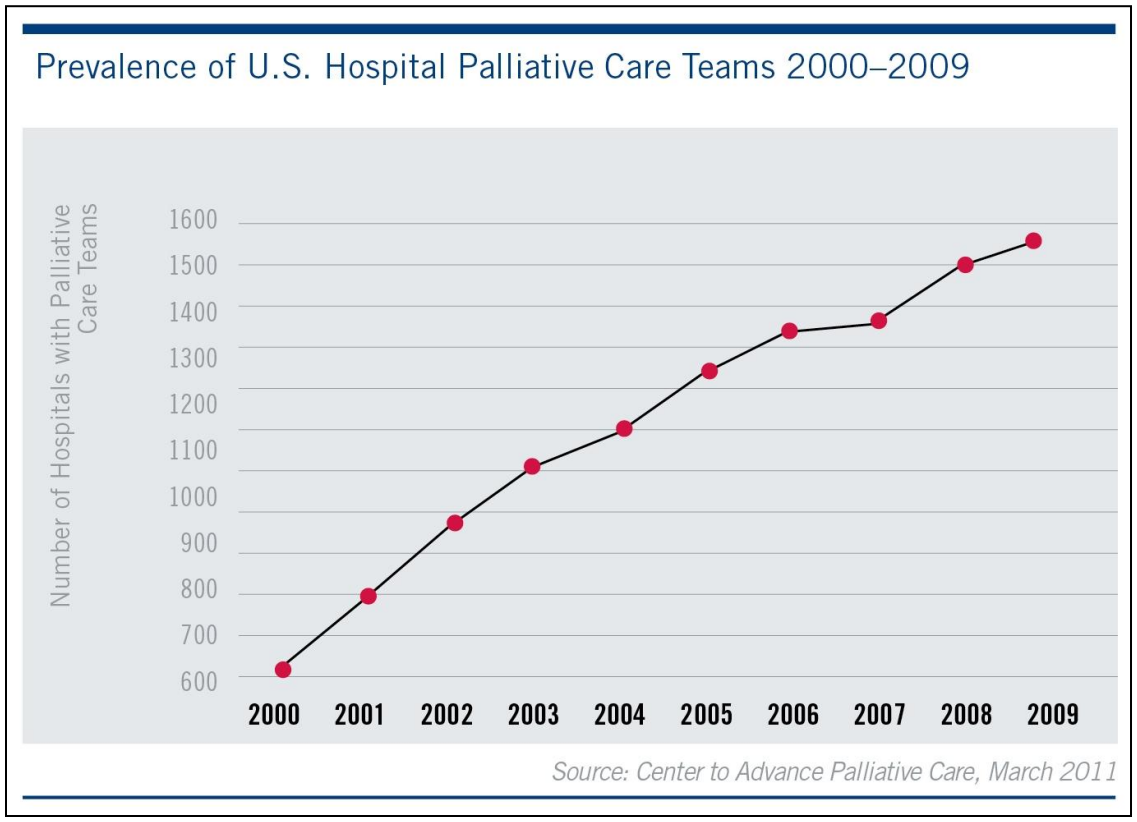

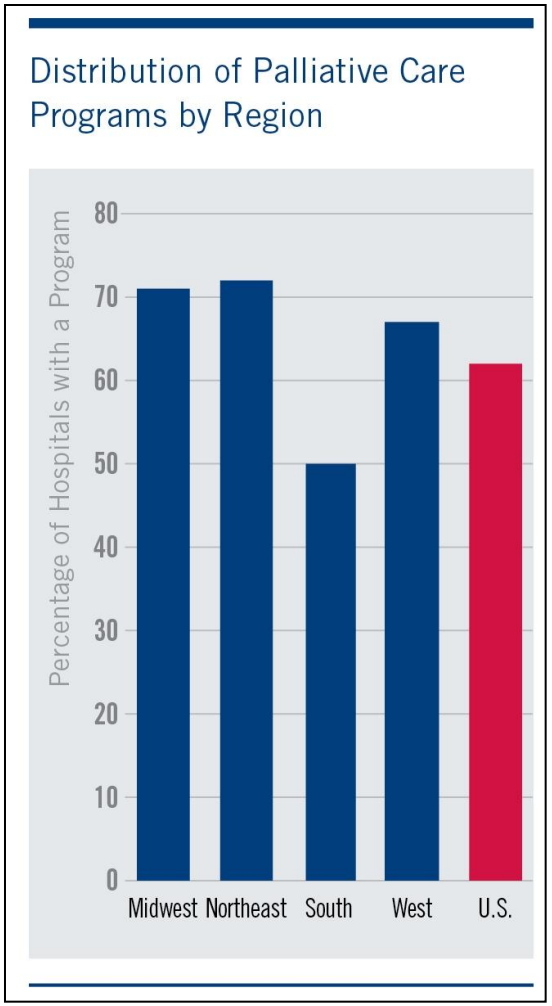

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Source: Center to Advance Palliative Care, 2011 capc.org/reportcard

Private Sector Payers Are Already Engaging

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Highmark Introduces

Advanced Illness Services Program

Beginning Jan. 1, 2011, Highmark will offer the Advanced Illness Services (AIS) program as part of its Medicare Advantage plans. The program will provide 100 percent coverage for as many as 10 outpatient care visits by AIS network hospice and/or palliative care providers to promote quality of care for members with progressive, life-limiting illness

Aetna End of Life Care

Aetna Compassionate Care SM Program

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QUALITY UPDATE

Home > Publications > Quality Update > Spring 2010

RURAL PALLIATIVE CARE EMERGING AS A HEALTH CARE PRIORITY

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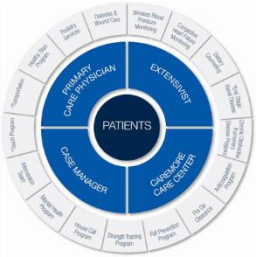

Why is Palliative Care the Solution?

- Improves patients quality of life
  - Reduces pain and other symptoms
  - Addresses patients goals
- Improves family satisfaction/well-being
- Reduces resource utilization and costs
  - Matches treatments to goals
  - Allows provision of higher quality care in appropriate, often less costly, settings.

Palliative Care Improves Outcomes For Patients

- 151 advanced lung cancer patients randomized to usual care or usual care + palliative care consultation
- Compared to usual care patients, palliative care patients were observed to have:
  - Significantly improved quality of life
  - Less depression
  - Fewer burdensome treatments
  - Improved survival: + 11 weeks

Temel et al, NEJM 2010

Palliative Care Improves Outcomes for Families

- Caregivers of patients receiving palliative care have:
  - Better quality of life, experience less regret, and show improvements in physical and mental health
- Compared to dying at home with palliative care:
  - Dying in hospital associated with:
    - 9 fold increased risk of prolonged grief disorder in caregivers
  - Dying in an ICU associated with:
    - 5 fold increased risk of posttraumatic stress disorder (PTSD) in caregivers

Wright AA et al, JAMA, 2008; JCO, 2010,

Palliative Care Reduces Unnecessary Treatments

Table 3. Medical Care Received in the Last Week of Life by End-of-Life Discussion

	No. (%)				
		End-of-Life Discussion		Adjusted OR (95% Confidence Interval)[a]	*P* Value
	Total (N=332)	Yes	No		
Medical care received in the last week	332	123 (37.0)	209 (63.0)		
ICU admission	31 (9.3)	5 (4.1)	26 (12.4)	0.35 (0.14-0.90)	.02
Ventilator use	25 (7.5)	2 (1.6)	23 (11.0)	0.26 (0.08-0.83)	.02
Resuscitation	15 (4.5)	1 (0.8)	14 (6.7)	0.16 (0.03-0.80)	.02
Outpatient hospice used	213 (64.4)	93 (76.2)	120 (57.4)	1.50 (0.91-2.48)	.10
Outpatient hospice ≥1 wk	173 (52.3)	80 (65.6)	93 (44.5)	1.65 (1.04-2.63)	.03

Abbreviation: ICU, intensive care unit; OR, odds ratio.

[a] The propensity-score weighted sample was used for these analyses. Logistic regression models were also adjusted for patients' treatment preferences, desire for prognostic information, and acceptance of terminal illness.

Wright AA et al, JAMA, 2008

ORIGINAL INVESTIGATION

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Cost Savings Associated With US Hospital Palliative Care Consultation Programs

R. Sean Morrison, MD; Joan D. Penrod, PhD; J. Brian Cassel, PhD; Melissa Caust-Ellenbogen, MS; Ann Litke, MFA; Lynn Spragens, MBA; Diane E. Meier, MD; for the Palliative Care Leadership Centers' Outcomes Group

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	Live Discharges			Hospital Deaths		
Costs ($)	**Usual Care** (n=18,2347)	**Palliative Care** (n=2,630)	Δ	**Usual Care (N= 2,124)**	**Palliative Care (2,278)**	Δ
Per Day	830	666	174*	1,484	1,110	374*
Per Admission	11,140	9,445	1,696**	22,674	17,765	4,908**
ICU	7,096	1,917	5,178*	14,542	7,929	7,776*
Died in ICU	X	X	X	18%	4%	14%*

*P<.001 **P<.01 ***P<.05

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Palliative Care Reduces Readmissions

- Involvement of hospital palliative care reduces readmissions by 50%.
- Discharge to hospice or palliative care associated with a 4-6 fold reduction in readmissions as compared to discharge to:
  - home (home health or no home care)
  - nursing home (without hospice)

Nelson et al, Perm J, 2011; Enguidanos, JPM 2012, Adelson et al, ASCO 2013

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Our Goals

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- All patients and families will know to request palliative care in the setting of serious a illness
- All healthcare professionals will have the knowledge and skills to provide palliative care
- All healthcare institutions in the US will be able to support and deliver high quality palliative care

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Palliative Care Across the Continuum

What is Preventing Us From Reaching Our Goal?

- Infrastructure
- Workforce
- Knowledge gaps
- Public awareness and demand

Infrastructure

- Not enough to have access to palliative care in hospitals:
  - >1, 900 programs but of highly variable quality, penetration, staffing, and resources
- Most illness outside of hospitals – nursing homes and home
  - Models need to be developed and disseminated without regard to prognosis or goals of care
- Inadequate quality metrics

What is Needed?

- Regulatory and accreditation requirements
- Quality measures linked to payment incentives
- System redesign – checklists and pathways coupled with clinician education
- Integration into new delivery models
- Benefit design

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Work Force

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- 1 palliative medicine MD for every 1,700 persons with serious illness
- 20 states provide no post-graduate fellowship training programs in palliative medicine
- Most fellowship programs in academic medical centers are supported through philanthropy
- No mandatory training and limited incentives for continuing medical education

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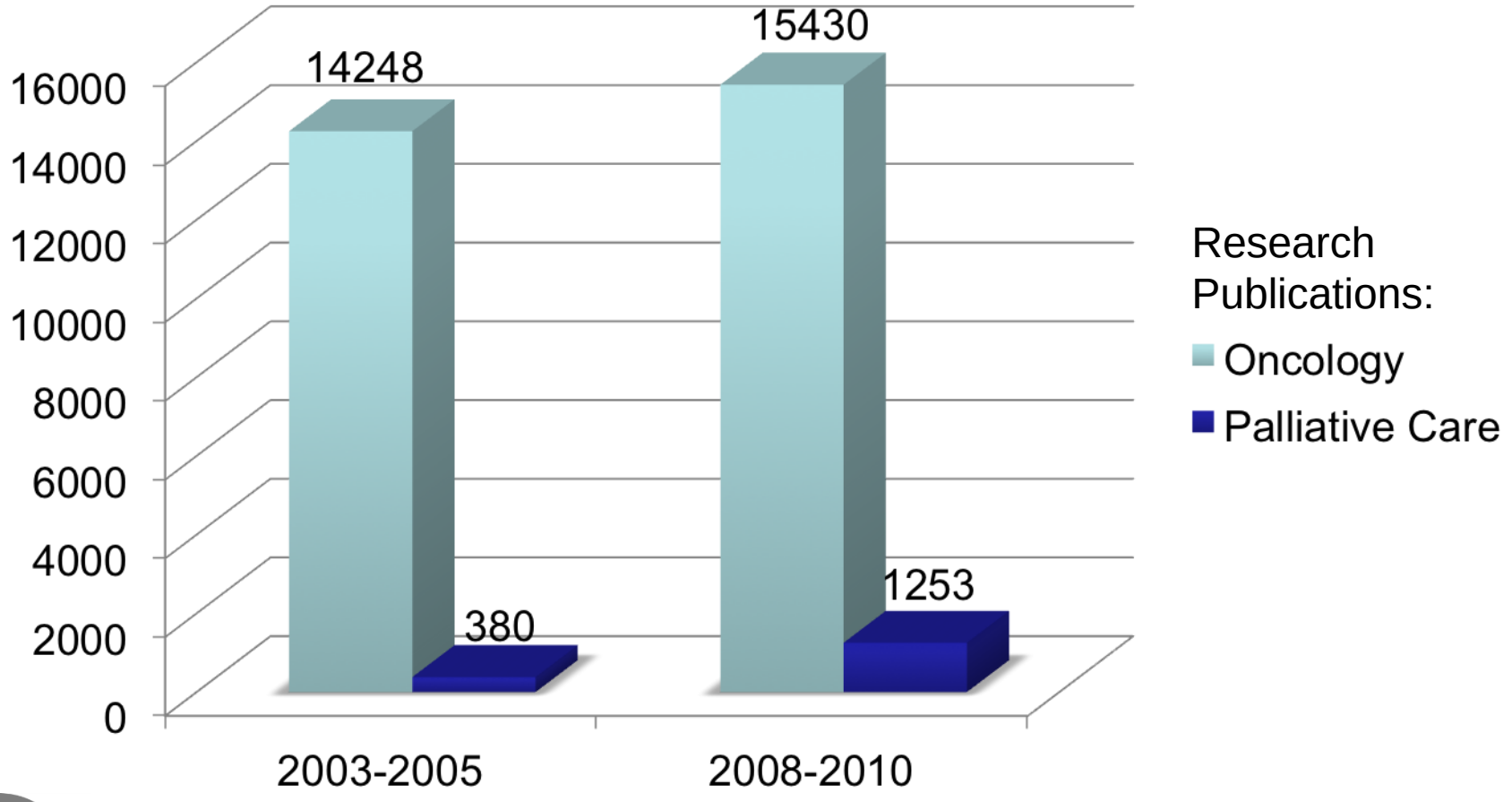
Morrison et al, IOM, 2011

What Is Needed?

- Palliative medicine fellowship training
- “Generalist level” palliative care training
  - Undergraduate and graduate medicine, nursing, social work, chaplain training
  - Mid-career continuing education and training: Pain and symptom management, Communication
- Quality measures, transparency, and public reporting

Evidence Base



Gelfman LP, Morrison RS. J Palliat Med, 2008. Gelfman LP, Du Q, Morrison RS J Palliat Med 2013.

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Research Funding

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- 0.2% of all NIH grants focus on palliative care
- By institute
  - NCI: 0.4% of all grants funded
  - NINR: 7.6% of all grants funded
  - NIA:NIA 0.8% of all grants funded
  - NIMH 0.04% of all grants funded
  - NHLBI, NIDDK: <.01% of all grants funded

Gelfman, Du, Morrison, JPM, 2012

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The Result:

- Current palliative care practice is guided by:
  - Data from other populations
  - Results form small series of patients from single institutions
  - Anecdote and hearsay
- Is this the type of care that we want for our parents or for ourselves?

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Public Awareness

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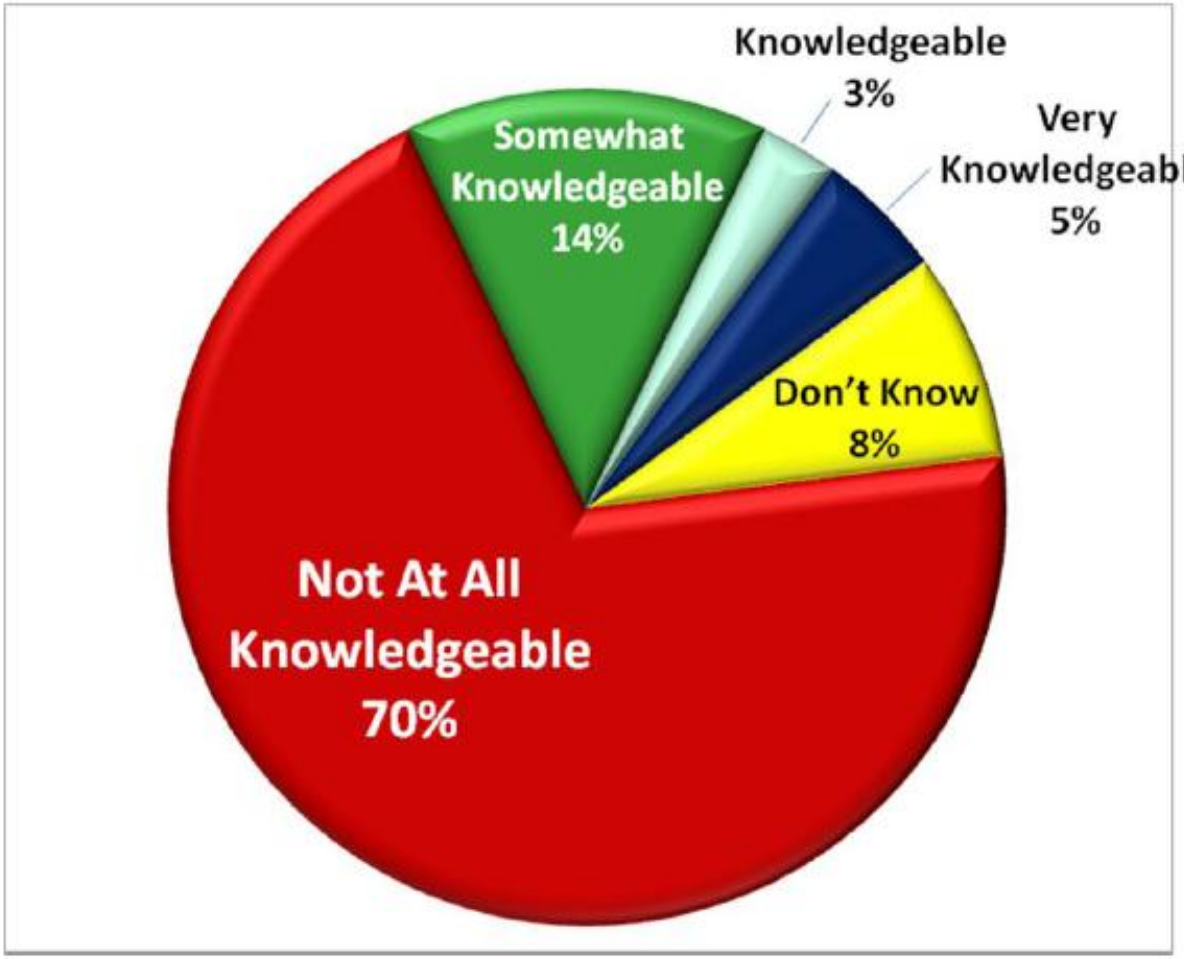

78% of the American public literally have no idea what palliative care is!

*Data from a Public Opinion Strategies national survey of 800 adults age 18+ conducted June 5-8, 2011.

www.capc.org

Pending Legislation

- HR 1339/S 641: Enhances workforce through specialist and generalist training and centers of excellence
- HR 1666: Enhances research capacity and funding, promotes public awareness

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Summary

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- High cost of care ≠ High quality of care
- Palliative care impacts on the value of heath care by improving quality
- Better quality reduces need for acute, high cost hospital/ER/ICU care
- Palliative care integration in health systems is essential for improved care of the seriously ill

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