Palliative Care, Hospice, and the Medical Home

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The Patient Centered Medical Home

(1) A personal physician
(2) Physician-directed medical practice
(3) Whole-person orientation: the personal physician is responsible for providing for all of the patient’s health care needs or taking responsibility for appropriately arranging care with other qualified professionals. This includes care for all stages of life (acute care, chronic care, preventive services, and end-of-life care)
(4) Coordinated/integrated care
(5) Quality (6) Access (7) Payment
“There’s no easy way I can tell you this, so I’m sending you to someone who can.”
Woody Allen:

“I don’t want to achieve immortality through my work. I’d rather achieve it by not dying.”

“It's not that I'm afraid to die, I just don't want to be there when it happens.”
First I will define what I conceive medicine to be. In general terms, it is to do away with the sufferings of the sick, to lessen the violence of their diseases, and to refuse to treat those who are overmastered by their disease, realizing that in such cases medicine is powerless.

— The Hippocratic Corpus
Conceptual Shift for Palliative Care

Life Prolonging Care

Medicare Hospice Benefit

Old

Dx

Death

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Conceptual Shift for Palliative Care

Old

Life Prolonging Care

Medicare Hospice Benefit

New

Life Prolonging Care

Palliative Care

Hospice Care

Bereavement

Dx

Death

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Death in the United States

- Leading causes of death:
  - Heart disease 24.6%
  - Cancer 23.3%
  - COPD 5.6%
  - Stroke 5.3%
  - Accidents 4.8%

CDC Preliminary Date for 2009, published 3/16/2011
Typical Disease Trajectories to Death

Prognosis
Heart Failure vs. Cancer Mortality

Adapted from Heartstats.org (BHF 2006)
Based on Cowie et al. Heart 2000;83:505-510
Median Life Expectancy in Years
Life Expectancy in 2009

- Median age of death is 78 years.
- If you live to 65, median age at death is 82 years.
- If you live to 80, median age at death is 88 years.
Death in the United States

- More than 80% of people say that they want to die at home, BUT....
- More than 80% die in an institution.
  - Hospital 55-60%
  - Nursing Home 15-25%
  - Home 10-15%
Medicare Hospice Benefit

- Enacted 1982
- Provides care coverage to Medicare beneficiaries with <6 months to live as certified by a physician
- Be willing to relinquish curative treatments
- Median length of stay in hospice <12 weeks, less than 40% of all US deaths
Definition of Palliative Care

**Palliative care** means patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information, and choice.

73 FR 32204, June 5, 2008
Medicare Hospice Conditions of Participation – Final Rule
Palliative care – WHO definition

- Affirms life, regards dying as a normal process
- Neither hastens nor postpones death
- Provides relief from pain, other symptoms
- Integrates psychological and spiritual care
- Interdisciplinary team
- Support system for the family

World Health Organization 1990
Palliative care – Dr Peter Wallskog’s Definition

“Palliative care in essence is really good informed consent.”
Difference Between Palliative Care and Hospice

The question to ask for hospice is, Do you *expect* this patient will likely die in the next *six months*?

The question for palliative care is, Would you be *surprised* if this patient died in the next *year*?
Palliative Care Program-Goals

➢ Aggressive pain and symptom management.
➢ Centered on the needs of patients and their families.
➢ Assist with goals of care and advance care planning including hospice referral.
➢ Expert spiritual and psychosocial support.
Growth in Palliative Care

- 60% of all U.S. hospitals report a PC program
- 80% U.S. hospitals with >300 beds report a program

Access to U.S. Hospital Palliative Care Programs 2000-2009

Source: Center to Advance Palliative Care, January 2011
“It is thornlike in appearance, but I need to order a battery of tests.”
Association Between Cost and Quality of Death in the Final Week of Life (adjusted P = .006)

Literature Support for Palliative Care
Impact of Serious Illness on Patients’ Families

Needed large amount of family caregiving 34%
Lost most family savings 31%
Lost major source of income 29%
Major life change for family member 20%
Other family illness from stress 12%
At least one of the above 55%

SUPPORT, JAMA, 1994
Family Satisfaction with Hospitals as the Last Place of Care

Not enough contact with MD: 78%
Not enough emotional support (patient): 51%
Not enough information about what to expect with the dying process: 50%
Not enough emotional support (family): 38%
Not enough help with symptoms: 19%

Teno et al. JAMA 2004;291:88-93
Palliative Care Shifts Care Out of Hospital to Home

Service Use Among Patients Who Died from CHF, COPD, or Cancer Palliative Home Care versus Usual Care, 1999–2000

Palliative Care Reduces Hospital Costs

Cost Savings Associated With US Hospital Palliative Care Consultation Programs

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

Background: Hospital palliative care consultation teams have been shown to improve care for adults with serious illness. This study examined the effect of palliative care teams on hospital costs.

Methods: We analyzed administrative data from 8 hospitals with established palliative care programs for the years 2002 through 2004. Patients receiving palliative care were matched by propensity score to patients receiving usual care. Generalized linear models were estimated for costs per admission and per hospital day.

Results: Of the 2966 palliative care patients who were discharged alive, 2630 palliative care patients (89%) were matched to 18427 usual care patients, and of the 2388 palliative care patients who died, 2278 (95%) were matched to 2124 usual care patients. The palliative care patients who were discharged alive had an adjusted net savings of $1696 in direct costs per admission ($P = .004$) and $279 in direct costs per day ($P < .001$) including significant reductions in laboratory and intensive care unit costs compared with usual care patients. The palliative care patients who died had an adjusted net savings of $4908 in direct costs per admission ($P = .003$) and $374 in direct costs per day ($P < .001$) including significant reductions in pharmacy, laboratory, and intensive care unit costs compared with usual care patients. Two confirmatory analyses were performed. Including mean costs per day before palliative care and before a comparable reference day for usual care patients in the propensity score models resulted in similar results. Estimating costs for palliative care patients assuming that they did not receive palliative care resulted in projected costs that were not significantly different from usual care costs.

Conclusion: Hospital palliative care consultation teams are associated with significant hospital cost savings.

Arch Intern Med. 2008;168(16):1783-1790

Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer


BACKGROUND
Patients with metastatic non–small-cell lung cancer have a substantial symptom burden and may receive aggressive care at the end of life. We examined the effect of introducing palliative care early after diagnosis on patient-reported outcomes and end-of-life care among ambulatory patients with newly diagnosed disease.

CONCLUSIONS
Among patients with metastatic non–small-cell lung cancer, early palliative care led to significant improvements in both quality of life and mood. As compared with patients receiving standard care, patients receiving early palliative care had less aggressive care at the end of life but longer survival. (Funded by an American Society of Clinical Oncology Career Development Award and philanthropic gifts; ClinicalTrials.gov number, NCT01038271.)
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<th></th>
<th>Oncologic care</th>
<th>Oncologic plus early palliative care</th>
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<tr>
<td>Median survival times</td>
<td>8.9 months</td>
<td>11.6 months</td>
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<tr>
<td>Depressed at 3 months</td>
<td>38%</td>
<td>16%</td>
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<tr>
<td>Anxious at 3 months</td>
<td>30%</td>
<td>25%</td>
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“Letting Go - What should medicine do when it can’t save your life?
by Atul Gawande MD

“Modern medicine is good at staving off death with aggressive interventions—and bad at knowing when to focus, instead, on improving the days that terminal patients have left.”