

Palliative Care

Something **Old**
Something **New**
Something **Borrowed**
Something **Blue**

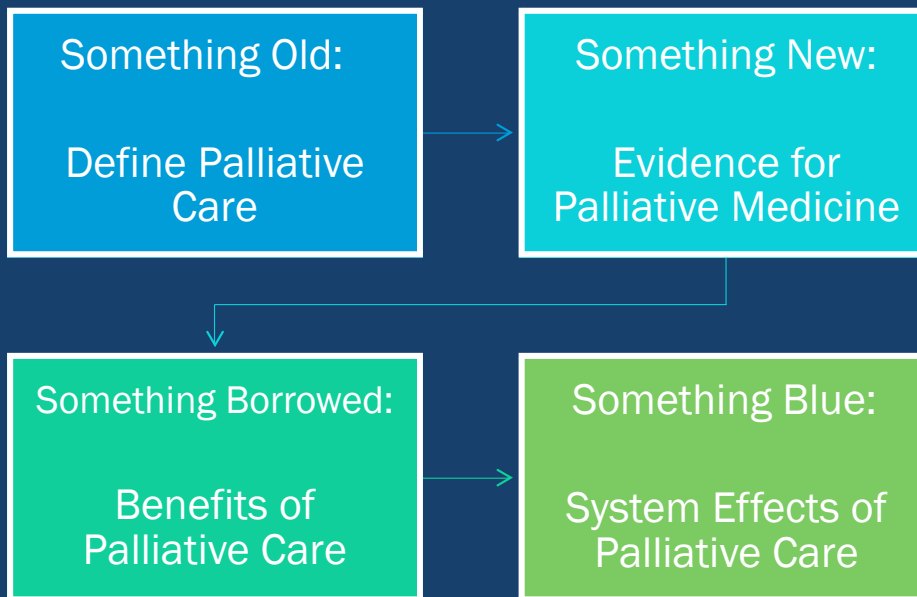


Oklahoma Osteopathic Association
2020 Winter CME: The Eyes of Medicine Are Upon You

Jennifer K. Clark, MD

Disclosures

- Dr. Clark has no financial disclosures pertinent to today's topic.

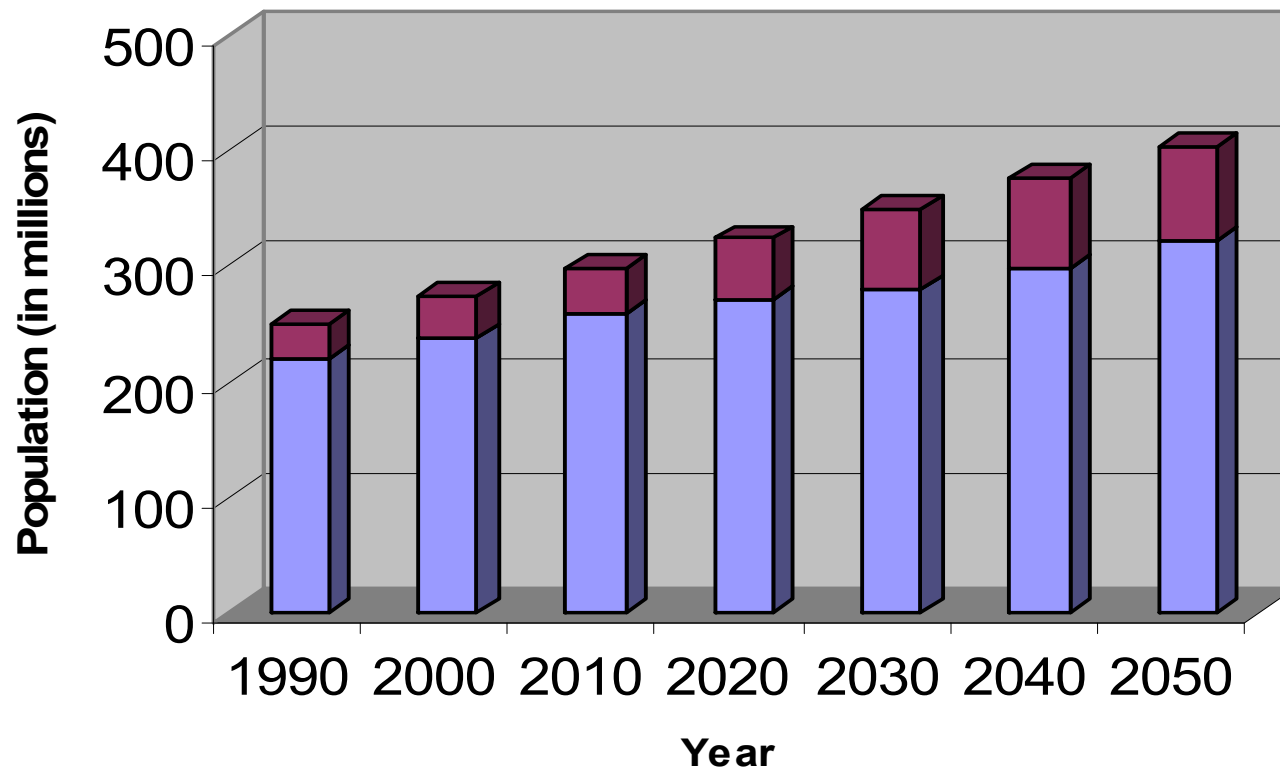


Today's Objectives



SOMETHING
OLD...

Americans are Living Longer



Centers for Disease Control (CDC) www.cdc.gov



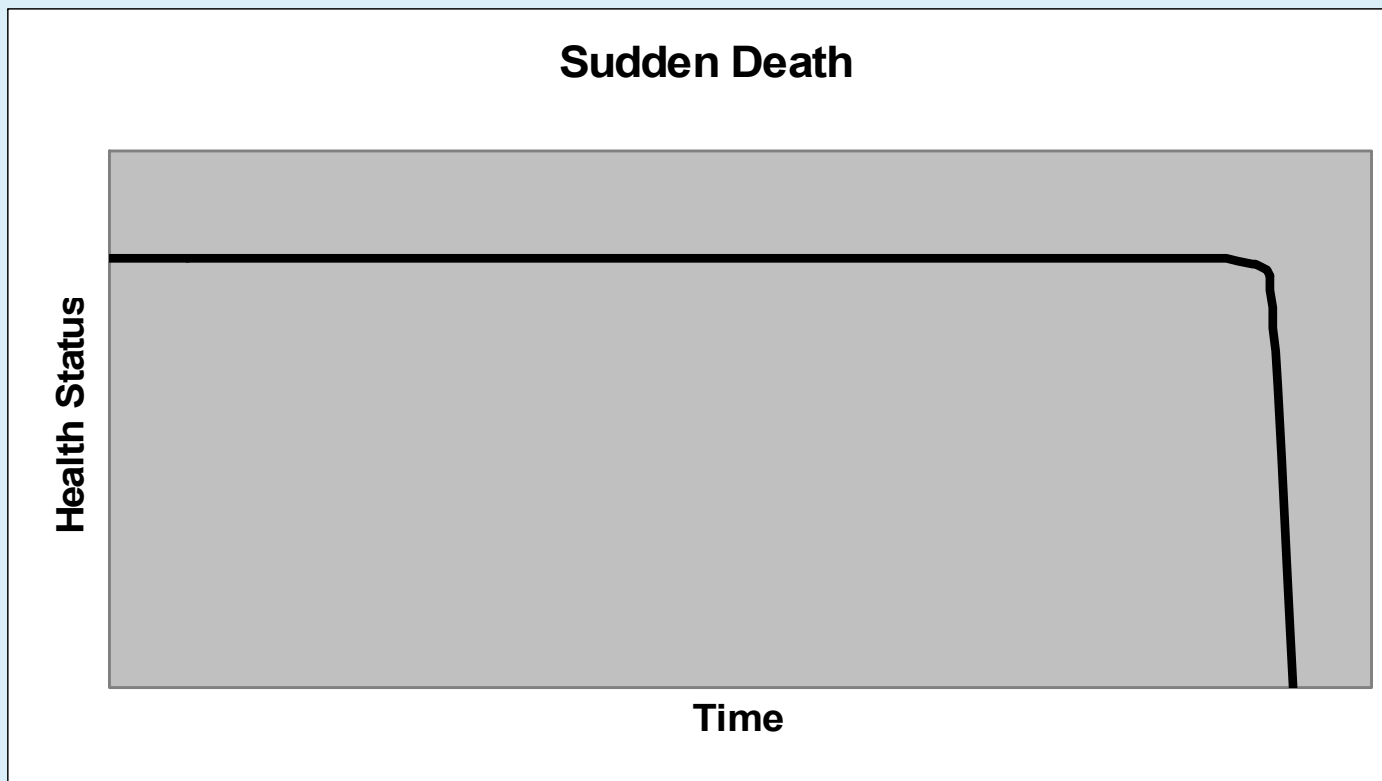
Chronic Illness

There is a 90% chance patients will grow older with worsening medical problems

The 'C' Diseases:

- *Cancer*
- *CHF*
- *CVA*
- *CAD*
- *COPD*
- *CKD*
- *Cirrhosis*
- *Cognitive Disorders*

What Patients Want

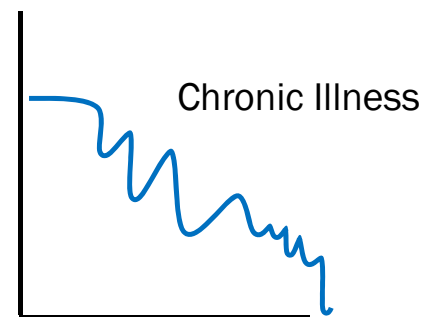
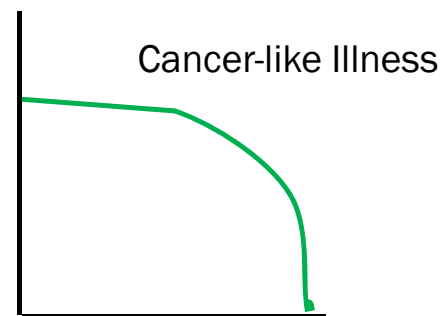
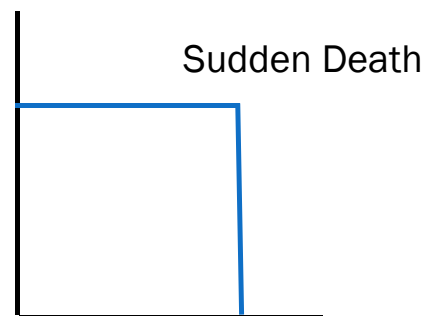


What do Patients with Serious Illness Want?

- Pain and symptom control
- Avoid prolongation of the dying process
- Achieve a sense of control
- Relieve burdens on family
- Strengthen relationships with loved ones

Singer et al. *JAMA* 1999;281(2):163-168.

What they get...



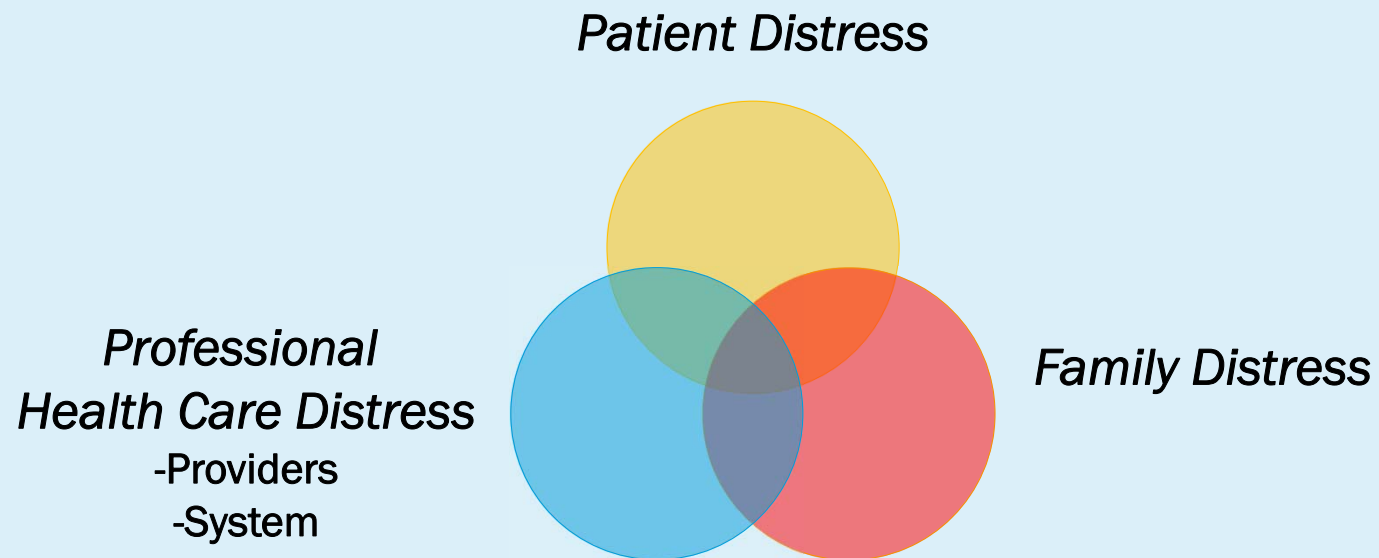
Adapted from Lunney, 2003

What do Hospitalized Patients Get?

- Physical suffering
- Poor communication regarding goals of medical care
- Care discordant with patient and family preferences
- Financial, physical, and emotional burdens on family

Teno et al. JAMA 2004;291:88-93.

Suffering...



Defining Palliative Care

Palliative care is specialized medical care for people with serious illnesses.

- Palliative 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**.

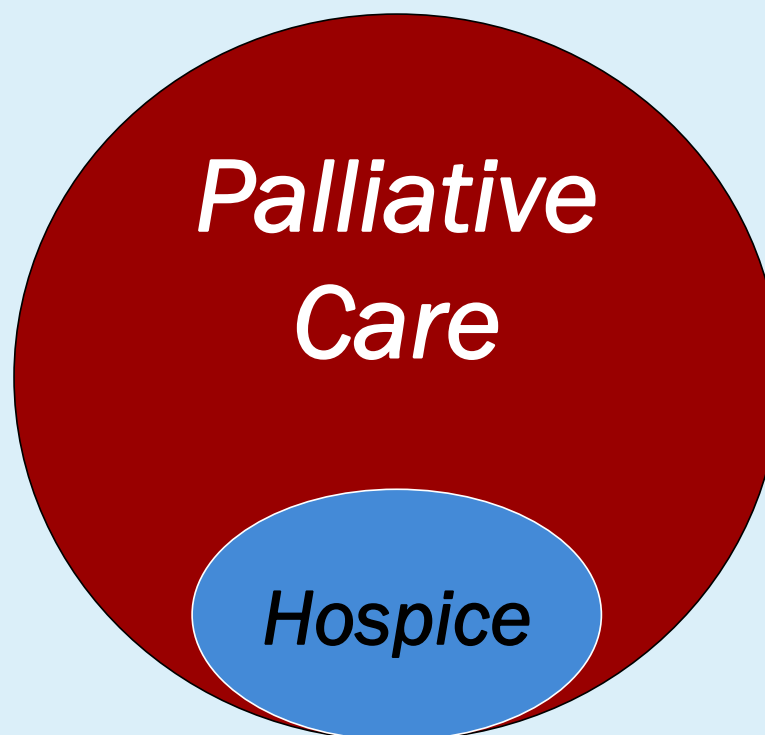
Pornography?!

- Consultant delivery model...inpatient, outpatient, home
- Addressing the domains of Palliative Care:
 - Advance decision making and prognostication
 - Complex symptom management
 - Psycho-social assessments and interventions
 - Spiritual/existential

Adapted from National Consensus Project

What it is NOT.....

- Palliative Care is not limited to:
 - *End-of-Life Care*
 - *Hospice*
 - *“Death & Dying”*
- Palliative Care is not dependent on prognosis
- Palliative Care is not just for the elderly, it is for patients of all ages



~~The Either/Or Paradigm~~

Life
Prolonging
Care

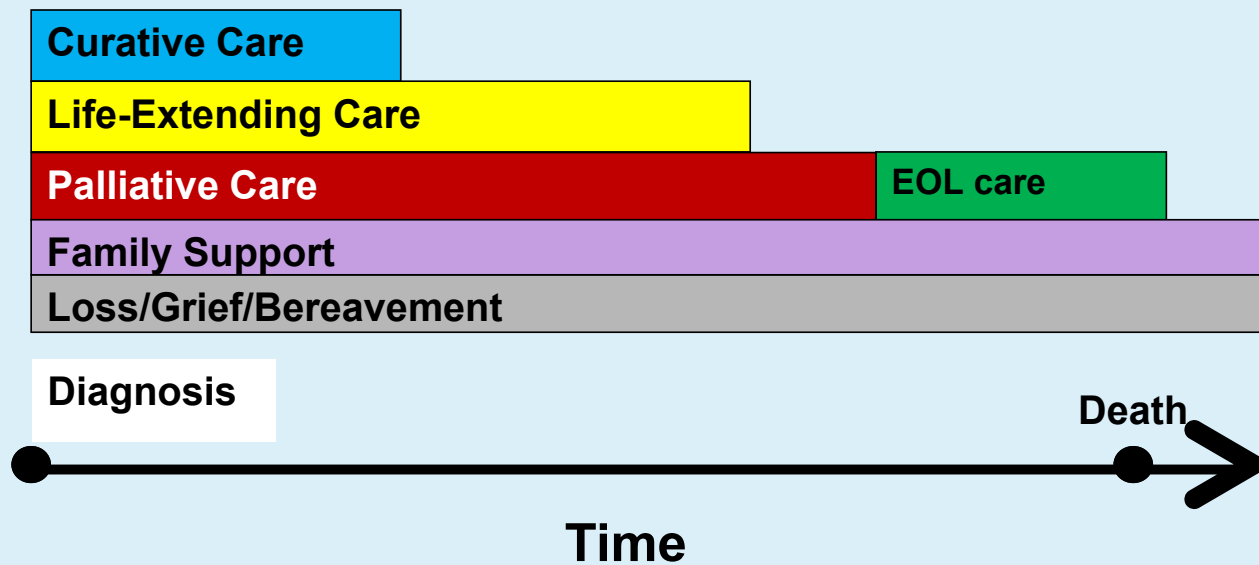
Palliative
Care/ Hospice

D
E
A
T
H

Disease Progression



Both/ &



Adapted from Feudtner et al, BMC Medicine 2003

When to Consult Palliative Care

- Unrelieved suffering
- 7+ days in the hospital without clear goals
- 3+ days in the ICU without clear goals
- Multiple readmissions for same diagnosis
- DNR/AD uncertainties
- Patient-Family vs. Provider discord

© Cartoonbank.com



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



SOMETHING
NEW...



The NEW ENGLAND
JOURNAL of MEDICINE

Early Palliative Care for Patients with Metastatic Small Cell Lung Cancer

Jennifer Temmel, MD, et al

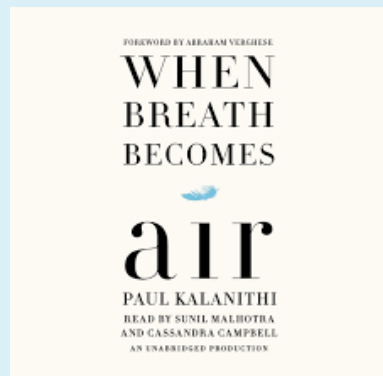
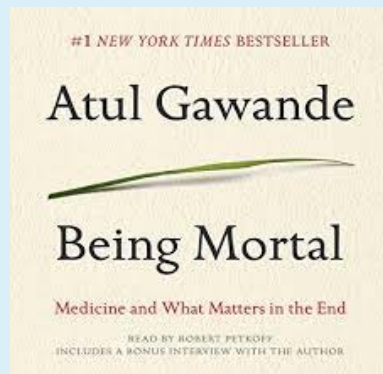
Letting Go

*What should medicine
do when it can't save
your life?*



By [Atul Gawande](#)

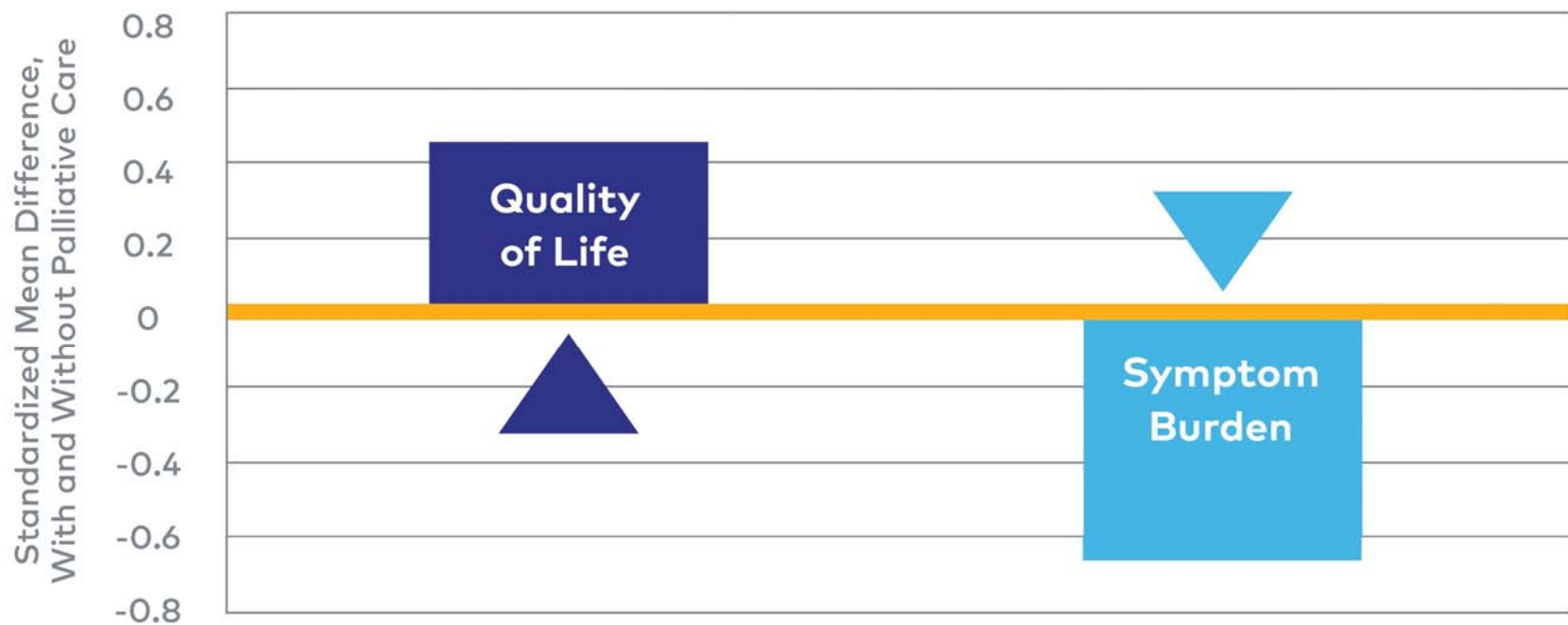
July 26, 2010



Physician led discussion about dying in America

Palliative care is a standard

Meta-Analysis Highlights Improvements in Quality of Life and Reduced Symptom Burden through Palliative Care



Kavalieratos, D, J Corbelli, and D Zhang. "Associations Between Palliative Care and Patient and Caregiver Outcomes: A Systematic Review and Meta-analysis." **JAMA**, (2016): 316(20).



**SOMETHING
BORROWED...**



Meeting Hospital System Needs

- Improved patient, family and provider experience
- Efficient use of hospital resources
- Increase capacity, reduce costs
- Identifying and eliminating medically invalid options, thus reducing unnecessary and expensive care
- Reduce unnecessary readmissions
- Retain Staff

The New Normal





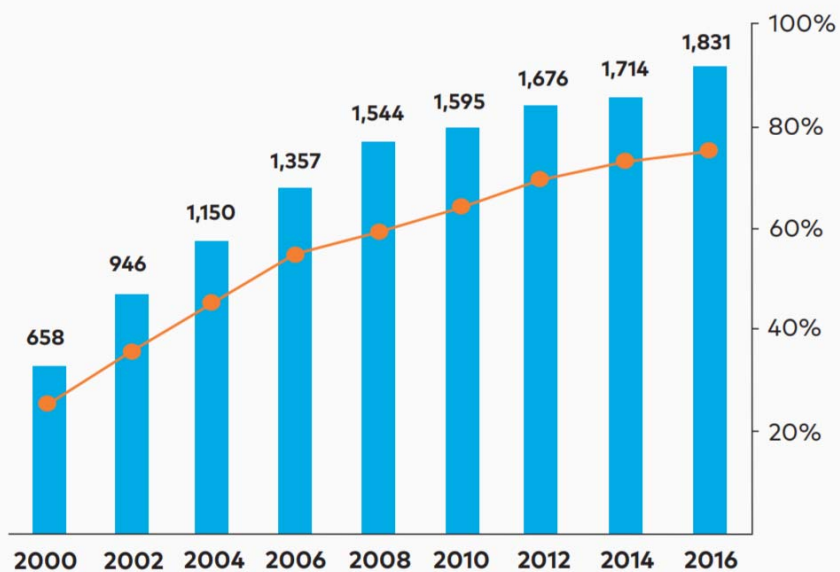
Palliative Care Programs in U.S. Hospitals with 50 or more beds, 2000-2016*



Count of Hospitals with Palliative Care Program



Percent of Hospitals with Palliative Care Program

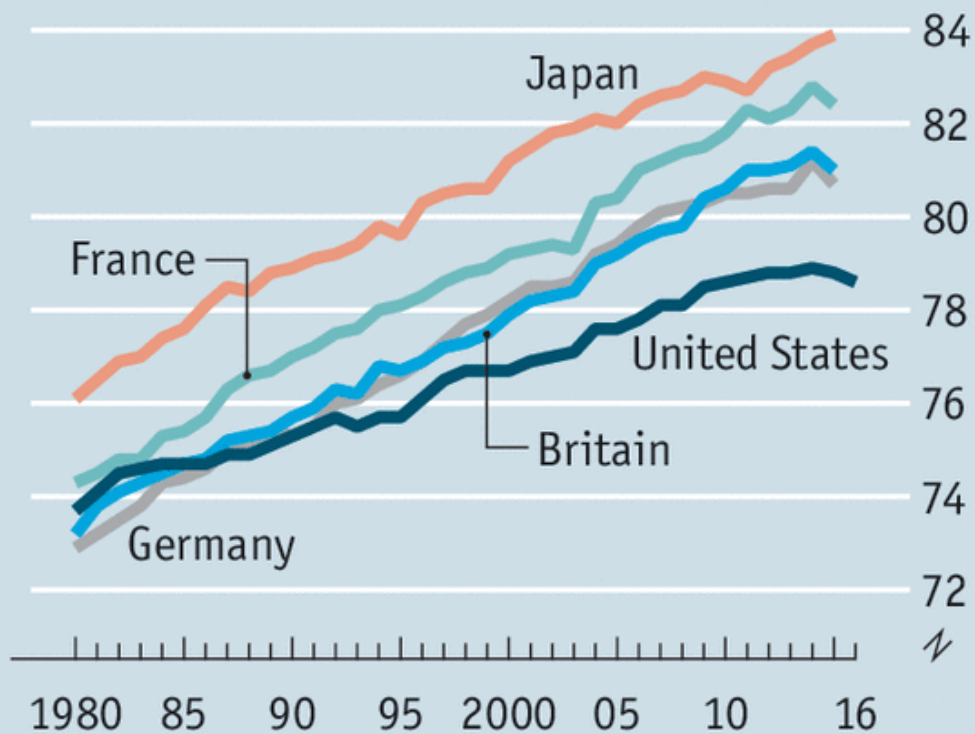




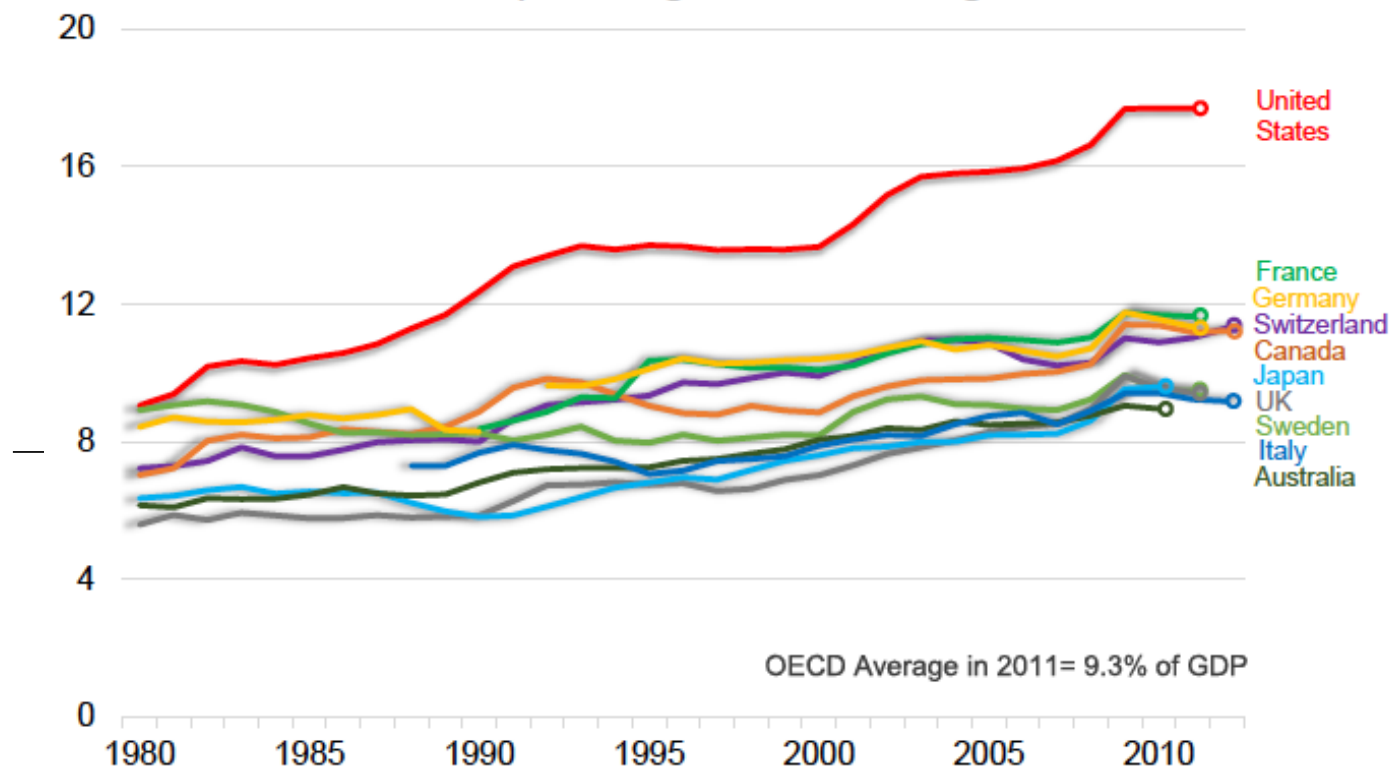
SOMETHING
BLUE...

Wrong turn

Average life expectancy at birth, years

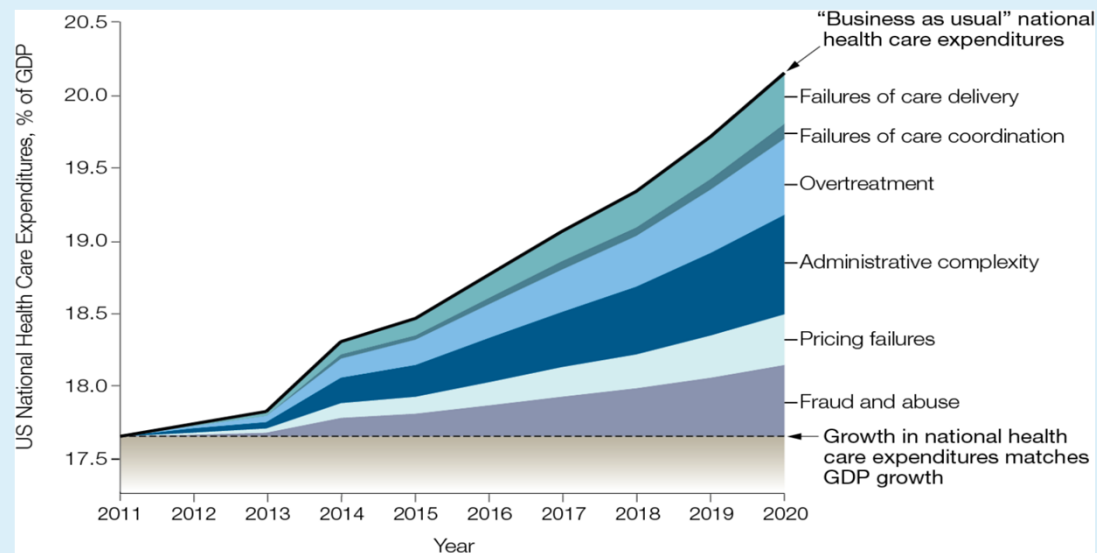


Health Care Spending as Percentage of GDP



Source: OECD Health Data 2013.
Produced by Veronique de Rugy, Mercatus Center at George Mason University.

Wedges & WASTE



 The JAMA Network

JAMA. 2012;307(14):1513-1516. doi:10.1001/jama.2012.362

Date of download: 9/3/2016

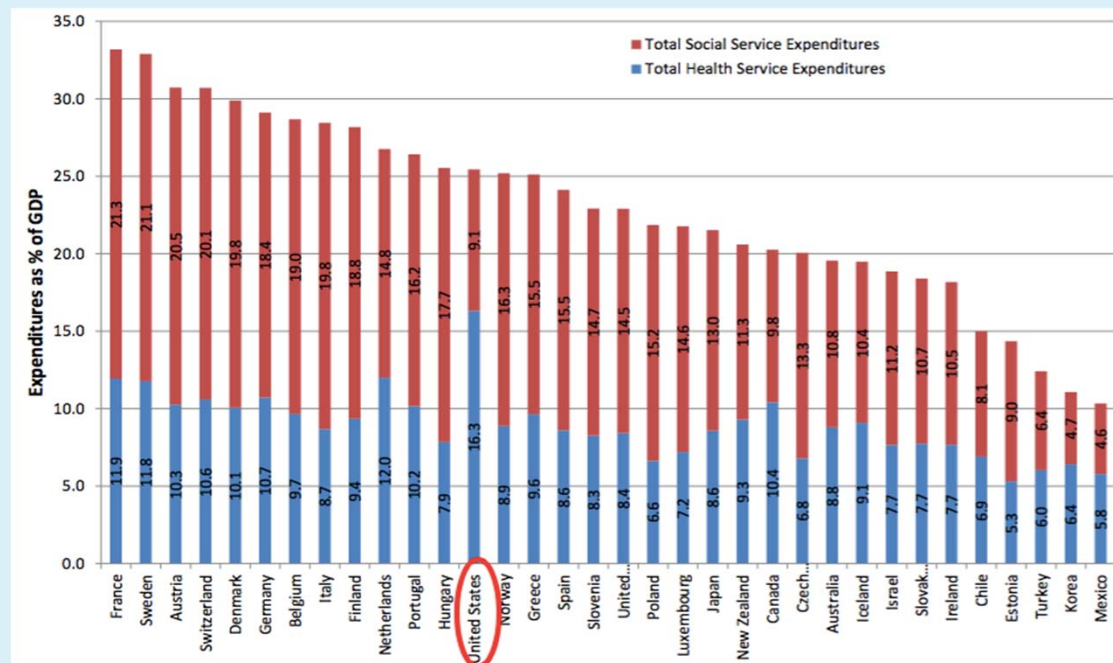
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The Costs of Health Care

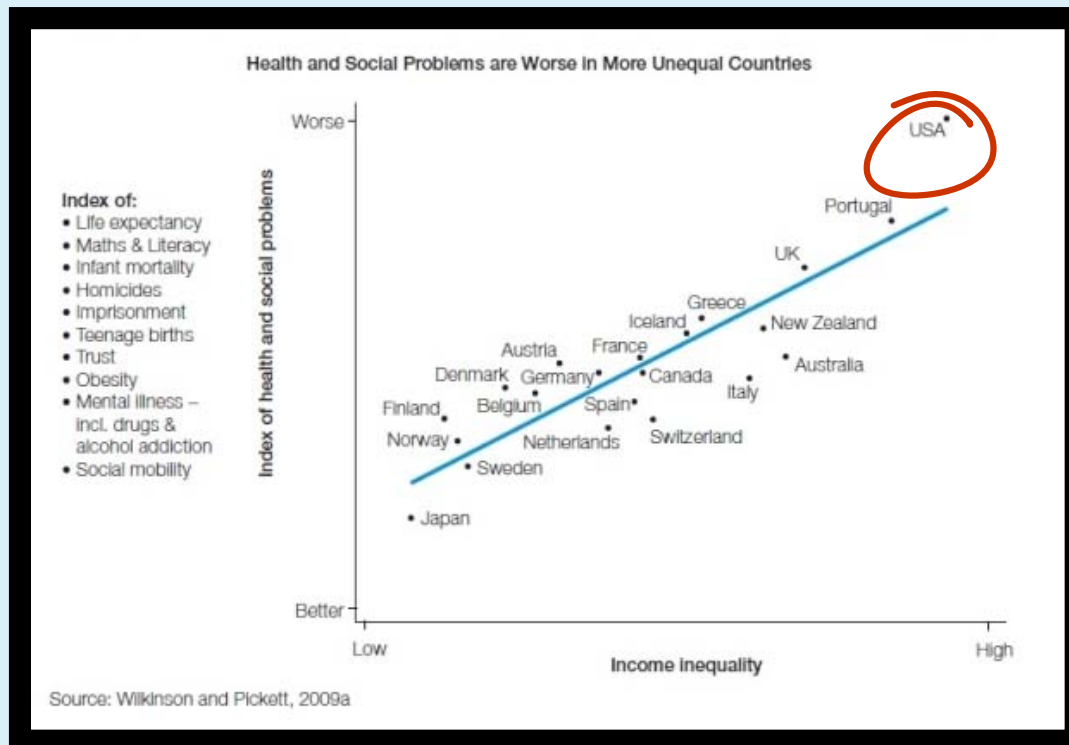
- 67% of all Health Care spending goes to the sickest 5% - 10% of enrollees ¹
- Medical Debt contributes to 25% of personal (and corporate) bankruptcy ²
- When a death occurs, 30% of American Families enter Poverty ³

1. Agency for Healthcare Research and Quality (AHRQ)
2. Himmelstein, et al. Health Affairs, Feb 2005,
3. Covinsky, et al. JAMA 1994; 272:1839-44

Per Capita Health Care and Social Service Spending – 34 OECD Countries

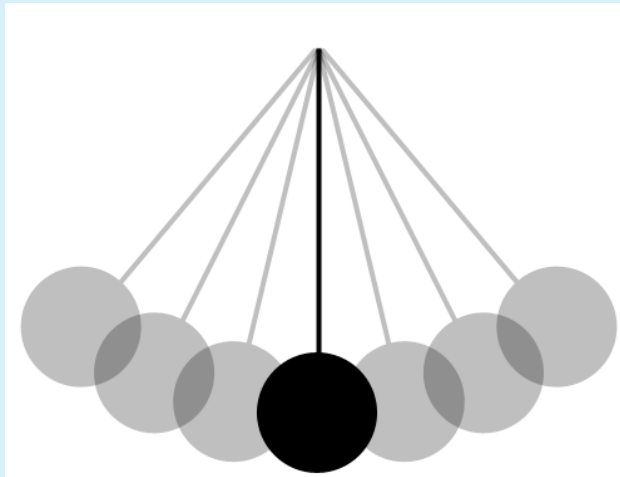


Bradley, E. The American Health Care Paradox, 2013



INCOME
INEQUALITY IS
BAD FOR
YOUR HEALTH

How did we get here?



- Social
 - *WWII & GI Bill*
 - *60's-70's assertion of autonomy*
 - *80's greed culture*
- Medical
 - *Biggest growth of medical technology in human history was in the last 100 years*
 - *Paradigm shift:*
 - Paternalism
 - Patient Autonomy
 - Shared Decision making

Shared decision-making...



- 90% of health has nothing to do with healthcare
- Just because we can doesn't mean we should...
- More doesn't equal better...

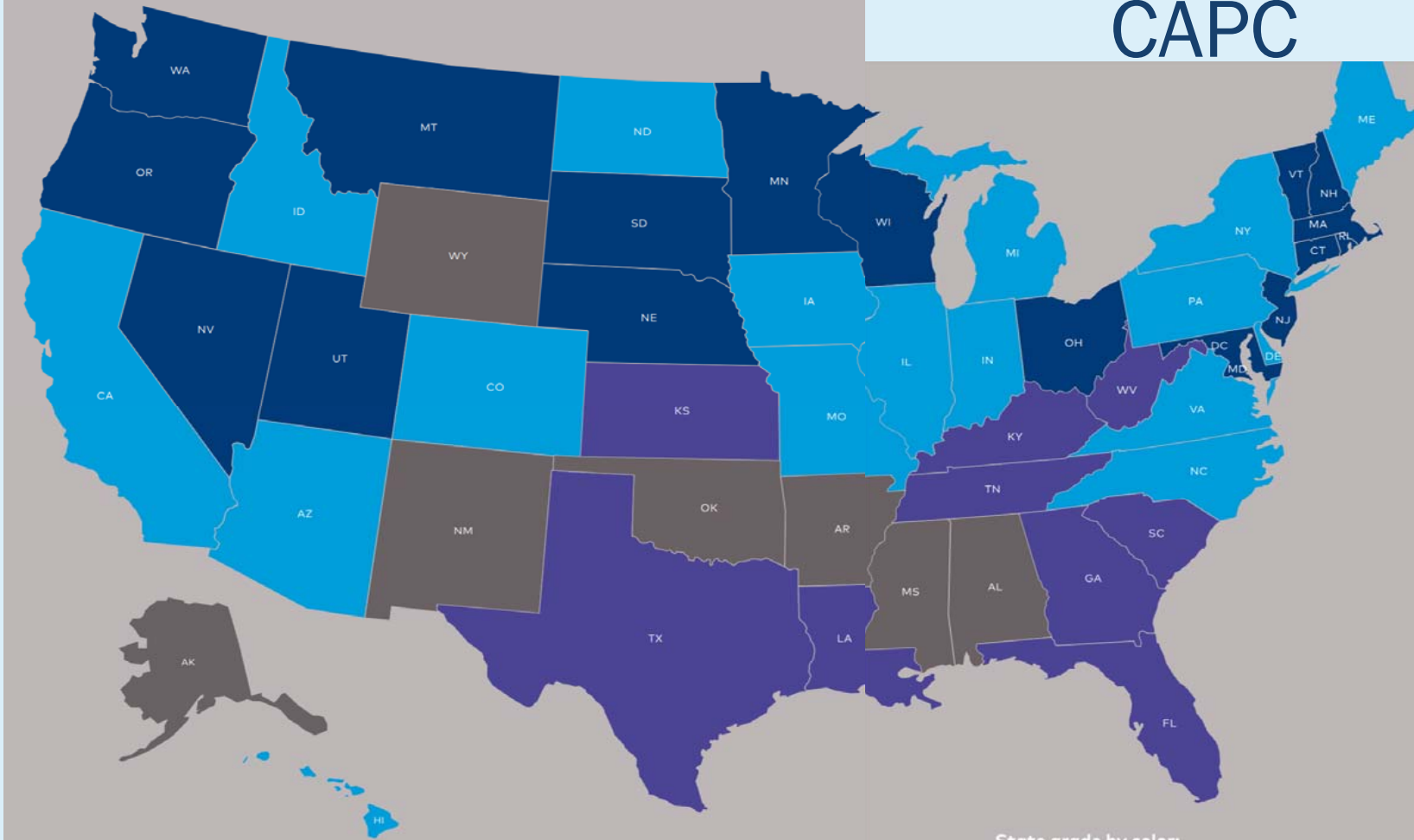
Estimated National Economic Impact

Estimated savings based on palliative care services at 50% of U.S. hospitals, seeing 1.5% of all admissions:

Direct cost savings = \$1.2 billion/year

Estimates conservative, based on 2007 levels of penetration; relatively high % of live hospital discharges (savings much greater for hospital deaths), payer mix 40% Medicare. Estimates based on Morrison et al, *Arch Intern Med*, 2008; Siu et al, *Health Affairs*, 2009; Berenson et al, RWJF and Urban Institute, 2009. Assumes relatively high % of live hospital discharges (savings much greater for hospital deaths) & payer mix 40% Medicare

CAPC



A	B	C	D
>80%	61%–80%	41%–60%	21%–40%

Does your state make the grade?*

** As reported in 2013 AHA Annual Survey.*

The availability of palliative care services in U.S. hospitals varies widely by region. For example, in the south-central U.S., no state gained an A or B grade and less than one-third of hospitals in Arkansas, Mississippi and Alabama reported a palliative care team. These south-central regions are most in need of improvement.

In contrast, persons in the northeast and mountain regions have almost universal access to hospital palliative care. All hospitals in New Hampshire and Vermont report palliative care programs, as do 89 percent in Rhode Island and 88 percent in Massachusetts. Farther west, Montana, Nevada and Utah earned A grades with hospital palliative care rates of 100 percent, 92 percent and 85 percent, respectively.

Appendix **Table 1** presents detailed results by state, including hospital palliative care prevalence by hospital type (nonprofit, for-profit, and public), sole community providers and larger hospitals (300 beds or more). These data are limited to hospitals with fifty or more beds. **Table 1** also presents prevalence of palliative care programs among small hospitals (fewer than fifty beds) from the 2013 AHA Annual Survey Database™.

Summary

- Palliative Care is standard of care for those patients with serious illness...of any age and at any stage
- Palliative Care offers: Prognostication, advance care planning, complex symptom management, psychosocial intervention, and spiritual support

Summary

- Palliative Care promotes quality of life and shares honest information among patients, family members, physicians, friends, counselors, clergy and attorneys may prevent unnecessary, unwanted, burdensome care in patients with complex illness.

Summary

- Palliative Care may improve QOL and Survival in Patients with Serious Illness
- At the same time, Palliative Care might reduce our nation's runaway health care spending...



With Gratitude...

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www.TheGiftofChoosing.com

