Optimizing Care for the Seriously Ill

Palliative Care Innovations

Diane E. Meier, MD
Center to Advance Palliative Care
www.capc.org
Icahn School of Medicine at Mount Sinai
New York City
Objectives

- Addressing the Need... What's the Problem?
- What is Palliative Care? How Can it Help?
- Examples of Clinicians and Payers Leading Change
Concentration of Risk: Richest 10 Percent Account for 65 Percent of Expenses

Distribution of health expenditures for the U.S. population, by magnitude of expenditure, 2009

Source: Agency for Healthcare Research and Quality analysis of 2009 Medical Expenditure Panel Survey.
My patient: Mr. B

- An 88 year old man with mild dementia admitted via the ED for management of back pain due to 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), weight loss+falls, and altered mental status due to constipation.
- His family (83 year old wife) is overwhelmed.
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
So...

We have high acute care spending in patients like Mr. B with multiple chronic conditions, functional and/or cognitive impairment, frailty, and high caregiver burden because of misaligned $ incentives and absence of reliable community based support.

What are we doing about it?
What is Palliative Care?

- Palliative care is specialized medical care for people with serious illness.

- It focuses on providing patients with relief from the symptoms, pain, and stress of a serious illness—whatever the diagnosis or stage of the disease.

- The goal is to improve quality of life for both the patient and the family.

- It is appropriate at any age and at any stage in a serious illness and is provided along with regular disease treatment.
Palliative Care is Delivered Concurrent with Disease Treatment

Disease-Directed Therapies

Diagnosis | Palliative Care | Death and Bereavement

Core competencies in palliative care

Specialty palliative care
Palliative Care Models Improve Value

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

Costs reduced
- Hospital costs decrease
- Need for hospital, ICU, ED decreased
- 30 day readmissions decreased
- Hospitality mortality decreased
- Labs, imaging, pharmaceuticals reduced
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.

METHODS
We randomly assigned patients with newly diagnosed metastatic non–small-cell lung cancer to receive either early palliative care integrated with standard oncologic care or standard oncologic care alone. Quality of life and mood were assessed at baseline and at 12 weeks with the use of the Functional Assessment of Cancer Therapy–Lung (FACT-L) scale and the Hospital Anxiety and Depression Scale, respectively. The primary outcome was the change in the quality of life at 12 weeks. Data on end-of-life care were collected from electronic medical records.

RESULTS
Of the 151 patients who underwent randomization, 27 died by 12 weeks and 107 (80% of the remaining patients) completed assessments. Patients assigned to early palliative care had a better quality of life than did patients assigned to standard care (mean score on the FACT-L scale [in which scores range from 0 to 136, with higher scores indicating better quality of life], 98.0 vs. 91.5; P=0.03). In addition, fewer patients in the palliative care group than in the standard care group had depressive symptoms (16% vs. 38%, P=0.01). Despite the fact that fewer patients in the early palliative care group than in the standard care group received aggressive end-of-life care (33% vs. 54%, P=0.05), median survival was longer among patients receiving early palliative care (11.6 months vs. 8.9 months, P=0.02).

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.)
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.

![Bar chart showing health outcomes](chart.png)

KP Study Brumley, R.D. et al. JAGS 2007
Palliative Care in Nursing Homes

**THE SENSE OF AN ENDING**

An Arizona nursing home offers new ways to care for people with dementia.

BY REBECCA MEAD

MAY 20, 2013
Person-Directed Palliative Care in NHs

- Promotes personal comfort at all times
- Incorporates each person’s life story into the care plan
- Creates a personalized homelike environment
- Anticipates needs rather than waiting for agitation or distress

- Empowers staff to do *whatever is needed* to make each person comfortable

- [http://www.newyorker.com/reporting/2013/05/20/130520fa_fact_mead](http://www.newyorker.com/reporting/2013/05/20/130520fa_fact_mead)
Patients and Families Want This Care

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 for patients with serious illness and their families.
Mind the Gap

- ED, hospital
- Home, no support, call 911
- ED, hospital
- Home, no support, call 911
- ED, hospital, ICU
- Home, no support, call 911
- ED, hospital, ICU...
- Maybe Hospice
Payers Are Already Bringing the Care Home

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 serious, life-limiting illness.

Leadership collaboration and innovation in health care quality and safety

RURAL PALLIATIVE CARE EMERGING AS A HEALTH CARE PRIORITY
“[Reading case managers’ notes] dramatically illustrates the need for assistance, the too common absence of such assistance, and the almost desperate gratitude this engenders. We have dedicated ourselves to providing this help.”


“If there is an opportunity to impact at the intersection of quality and cost, this is the mother lode.”

Randall Krakauer, MD; Director of Medical Strategy, Aetna. Wall Street Journal, February 23, 2014.
Compassionate Care program
1% of all Medicare Advantage members enrolled:
- 82% hospice election rate;
- 81% ↓ in acute days;
- 86% ↓ in ICU days;
- High member and family satisfaction
- Total cost reduction of over $12,000 per member
“Numerous studies have shown that people with palliative care and the opportunity to discuss treatment goals actually live longer and have a higher quality of life. This is really about a community effort.”

Judith S. Black, MD, MHA Medical Director of Senior Markets, Highmark. Pittsburgh Business Time, November 29, 2013
• Highmark Advanced Illness Services program:
• Satisfaction high: 95% would refer others
• Hospice election: 79%
• Median LOS in hospice: 29 days
• Acute care last month of life: 33% ↓
• ICU last month of life: 48% ↓
• ER visits in last month of life: 39% ↓
Innovative Payer Toolkit
www.capc.org/payertoolkit

- What is palliative care?
- Why is it important?
- Predictors of successful payer-provider initiatives
- Case studies
- Checklists
- Worksheets
- Resources