

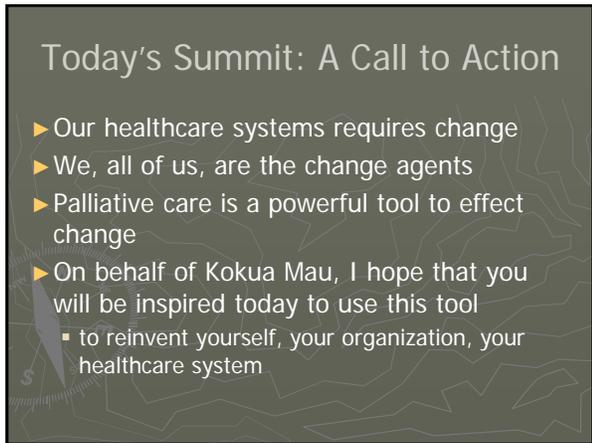
Palliative Care A Tool for Transformation

Rae Seitz, MD
Kokua Mau Summit
November 10, 2011



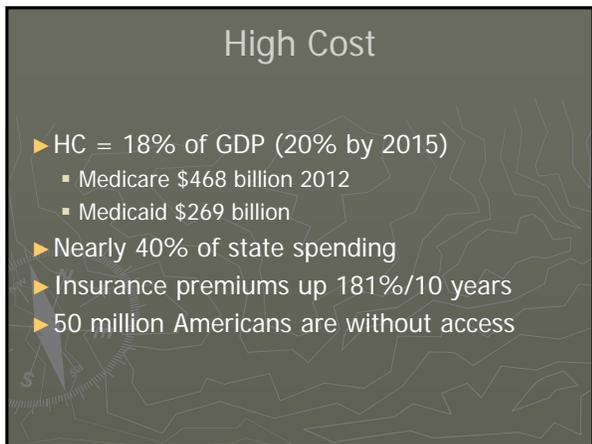
Today's Summit: A Call to Action

- ▶ Our healthcare systems requires change
- ▶ We, all of us, are the change agents
- ▶ Palliative care is a powerful tool to effect change
- ▶ On behalf of Kokua Mau, I hope that you will be inspired today to use this tool
 - to reinvent yourself, your organization, your healthcare system



High Cost

- ▶ HC = 18% of GDP (20% by 2015)
 - Medicare \$468 billion 2012
 - Medicaid \$269 billion
- ▶ Nearly 40% of state spending
- ▶ Insurance premiums up 181%/10 years
- ▶ 50 million Americans are without access



High Cost

- ▶ >95% of health care \$ for chronically ill
- ▶ 64% MC \$ to most ill 10%
 - 5+ chronic conditions
- ▶ 25% MC \$ spent in the *last year of life*
 - ▶ **\$100 billion**

Low Quality

Organization for Economic Development & Cooperation Member Nations

- ▶ 100,000 deaths per year due to medical errors
- ▶ Lowest life expectancy at birth
- ▶ Highest mortality which is preventable by health care
- ▶ **US ranks 40th in the world for quality**

The Quality Chasm

Crossing the Quality Chasm 2001, IOM

- ▶ Medical errors
- ▶ Preventable suffering
- ▶ Wasted resources
- ▶ Inequity
- ▶ Delay
- ▶ Variability

What is Quality?

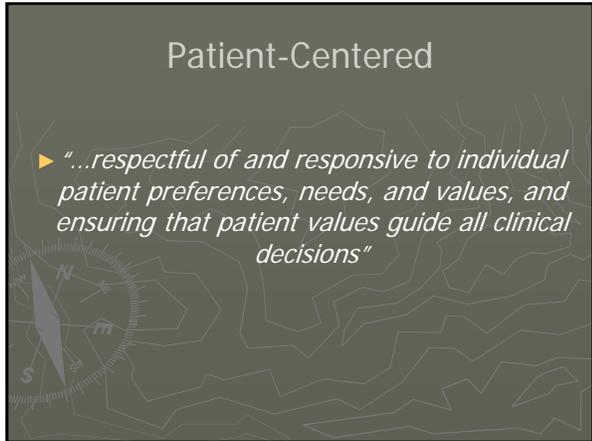
IOM, National Academy of Sciences 2003
Institute for Healthcare Improvement

- ▶ Patient centered
- ▶ Beneficial
- ▶ Timely
- ▶ Safe
- ▶ Equitable
- ▶ Efficient



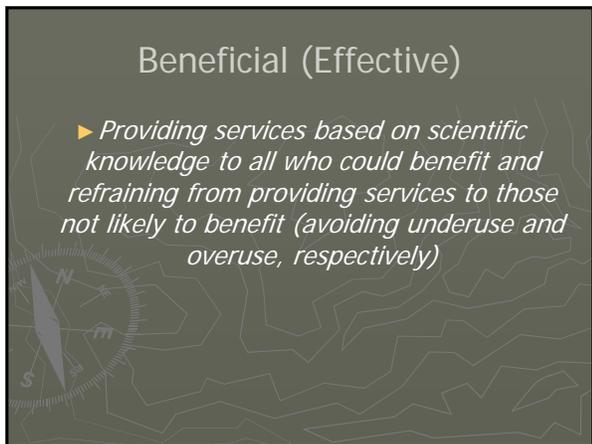
Patient-Centered

- ▶ *"...respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions"*



Beneficial (Effective)

- ▶ *Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse, respectively)*



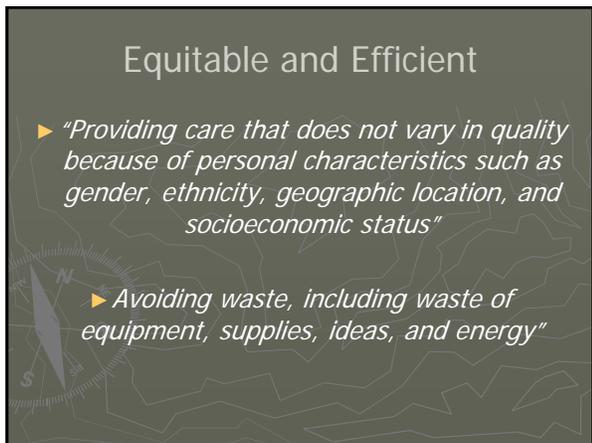
Timely and Safe

- ▶ *"Reducing waits and sometimes harmful delays for both those who receive and those who give care"*
- ▶ *"Avoiding injuries to patients from the care that is intended to help them"*



Equitable and Efficient

- ▶ *"Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status"*
- ▶ *Avoiding waste, including waste of equipment, supplies, ideas, and energy"*



Newsweek: *Fixing America's Hospital Crisis*

Oct. 9, 2006

- ▶ "No institution is doing everything right. But we found 10 that are using innovation, hard work, and imagination to improve care, reduce errors, and save money.
- ▶ Determined people...are transforming the way U.S. hospitals care for the most seriously ill patients. The engine of change is palliative medicine.
- ▶ "The field is growing because it pays attention to the details," says Dr. Phillip Santa-Emma... "It acknowledges that even if we can't fix the disease, we can still take wonderful care of patients and their families."



The Tool: Palliative Care

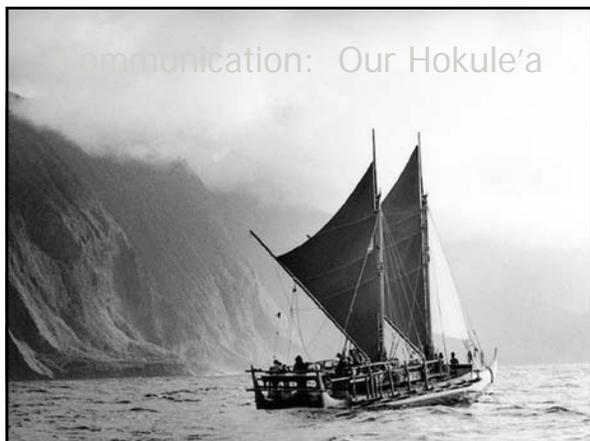
- ▶ Evidence shows palliative care results in:
 - Reduction in symptom burden
 - ▶ Pain, non-pain symptoms
 - Improved patient and family satisfaction
 - Recent data shows prolongation of life
 - Reduced health care costs overall
 - ▶ Reduced hospital admissions, LOS, deaths

Definition(s) of Palliative Care: WHO

▶ *Palliative care is an approach that improves quality of life of patients and their families facing problems associated with life-threatening illness, through the prevention and relief of suffering by means of **early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual***

4Cs of Palliative Care

- ▶ Communication
 - ▶ Choice
 - ▶ Comfort
- ▶ Coordination of care



Communication
Our Way of Discovering

- ▶ Who our patients are
- ▶ What is important to them
- ▶ How they make decisions
- ▶ What goals they want to pursue
- ▶ How they are tolerating treatments
- ▶ How and when to make adjustments
- ▶ How to maximize outcomes and benefits

Communication
Sets Us Right

- ▶ Right treatment
- ▶ Right patient
- ▶ Right time
- ▶ Right place

Choice

- ▶ Patient's goals and wishes
 - ▶ *Communication is key*
- ▶ Explore patient's understanding
 - ▶ Fill gaps in information
- ▶ Closer alignment of patient's view and medical reality
- ▶ Choices based on patient's values and beliefs

Comfort

- ▶ To comfort effectively
 - Know the source of suffering
 - Be skillful at exploring that suffering
 - Be knowledgeable about how to treat that suffering
 - Know who on your team is expert

Coordination of Care

- ▶ Medical conditions are complex and multiple
- ▶ Multiple MDs, providers, diagnostics, treatments
- ▶ Multiple venues of care
- ▶ Provider must know the patient, needs, options, medications, insurance benefits, and the system
- ▶ Ongoing adjustments to plan of care
 - ▶ Based on changes in patient status, new information, additional needs

Practicing the Core Elements of Palliative Care

- ▶ So if we focus on
 - ▶ **communication**
 - ▶ support of individual **choice**
- ▶ crafting of effective means of **caring** for patients in the setting of their choosing
- ▶ *what kind of outcomes would we see?*

Palliative Care May Result in Longer Life

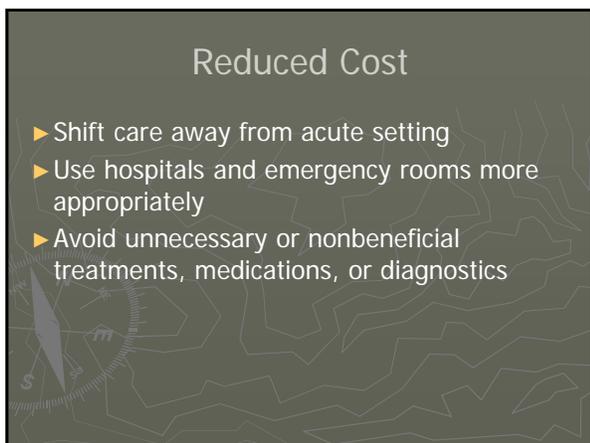
- ▶ 151 Patients with metastatic non-small cell lung cancer
- ▶ Randomized to usual care or early palliative care + usual care
- ▶ **Life expectancy longer in the palliative care group**
- ▶ **8.9 months vs 11.6 months**
- ▶ Temel, et al, NEJM 2010; 363:733-742

Palliative Care Improved Quality

- ▶ Patient centered
 - Attention to communication
- ▶ Beneficial
 - Reduce suffering
 - Improve satisfaction
- ▶ Efficient
 - Better use of resources
 - Better coordination of care
- ▶ Timely
 - Better processes and coordination of care
- ▶ Safe
 - Avoidance of nonbeneficial procedures and treatments
- ▶ Equitable
- ▶ Efficient
 - Avoidance of waste

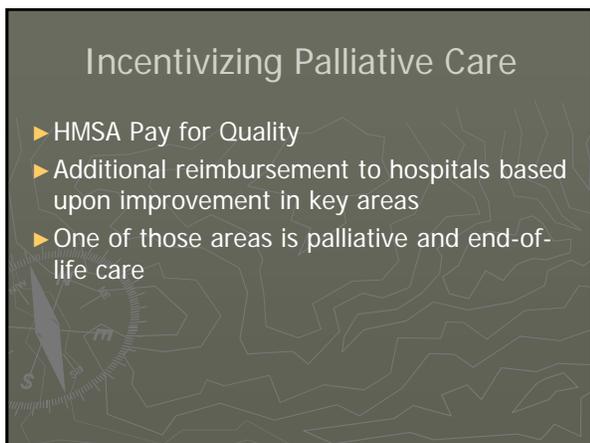
Reduced Cost

- ▶ Shift care away from acute setting
- ▶ Use hospitals and emergency rooms more appropriately
- ▶ Avoid unnecessary or nonbeneficial treatments, medications, or diagnostics



Incentivizing Palliative Care

- ▶ HMSA Pay for Quality
- ▶ Additional reimbursement to hospitals based upon improvement in key areas
- ▶ One of those areas is palliative and end-of-life care



Palliative Care: A Tool For Transformation *In Your Hands*

Thank you!