Palliative Care 101

CareBridge Palliative Care

Presenters

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Course Materials & Disclosure

- Course materials including handout(s) and conflict of interest disclosure statement are available to download with this course.
- This presentation is for educational and informational purposes only. It is not intended to provide legal, technical or other professional services or advice.

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Objectives

- Define Palliative Care
- Palliative Care Statistics
- Identify Target Populations
- Common Diagnosis and Symptom Relief
- Where is Palliative Care Provided?
- How does Palliative Care Work and How is it Paid For?
- Identify the Differences Between Palliative Care and Hospice Care

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"Palliative care sees the person beyond the disease. It represents a paradigm shift in health care delivery."

Center to Advance Palliative Care
https://www.capc.org, retrieved 6/1/2017

What is Palliative Care?

- Collaborative Care focusing on Goals of Care and Symptom Management
- Palliative Care is for people of any age, and at any stage of an illness, whether that illness is curable, chronic or life threatening
- Palliative Care focuses on improving a patient's quality of life by managing pain and other distressing symptoms of a serious illness

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Palliative Care Statistics

- Each year, an estimated 40 million people need palliative care
- Worldwide, only about 14% of people who need palliative care currently receive it.
- The global need for palliative care will continue to grow as a result of the rising burden of non-communicable diseases in ageing populations.
- Palliative care is recognized in key global mandates and strategies on universal health coverage, non-communicable diseases, and people-centered and integrated health services.

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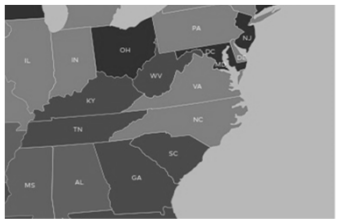
The World Health Organization, 2017

http://www.who.int/mediacentre/factsheets/fs402/en/



CAPC Palliative Care Grading

Ohio rates an 82.9% = A

America's Care of Serious Illness
CAPC, 2015

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CAPC Grade by State Detail

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America's Care of Serious Illness
CAPC, 2015

What does a Palliative Care patient look like?

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Who Can Benefit From Palliative Care?

- Patient with Chronic Disease(s) who wish to continue treatment/curative care
- Patient seeking collaborative care to promote a maximum level of well-being and independence

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Target Population

- Chronic Disease
- Symptom Management
- Mobility Issues/Weakness/Falls
- Multiple Hospitalizations
- Noncompliance

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Common Diagnosis

- ALS/Lou Gehrig's Disease
- Cancer
- Alzheimer's and Dementia
- Heart Disease
- Kidney Disease
- Liver Disease
- Diabetes
- Pulmonary Disease
- Stroke and Coma

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Common Symptom Relief:

- Pain
- Shortness of breath
- Fatigue
- Constipation
- Nausea
- Loss of appetite
- Insomnia

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Early Palliative Care decreased healthcare use at end of life in oncology patients.

Journal of Oncology Practice 9/2017. 6580 Medicare Beneficiaries with Advanced Cancer- Prostate, Breast, Lung or Colorectal cancer

- Cancer is the second leading cause of death in USA and accounts for one in four patients' deaths annually
- Patients with advanced cancer often have significant symptom burden including dyspnea, pain, nausea, and fatigue which can cause distress and decreased quality of life

(1/2)

Early Palliative Care decreased healthcare use at end of life in oncology patients.

Journal of Oncology Practice 9/2017.
6580 Medicare Beneficiaries with Advanced Cancer- Prostate, Breast, Lung or Colorectal cancer

- Less aggressive care
- Lower rates of hospitalization
- Less chemotherapy administration
- Increased use of hospice use - 24 % more likely to enroll in hospice
- Fewer invasive procedures near end of life
- Absolute reduction in healthcare compared to those patients without palliative care

(2/2)

Oncology Study: Other Benefits of Palliative Care

- Improved quality of life
- Decreased aggressiveness of end-of-life care
- Improved survival (3 months)
- Improved patient and caregiver satisfaction
- Current emphasis of early palliative care integration along side standard oncological care in patients with advanced cancer
- 4 fewer days in hospital
- 35 % fewer emergency room visits
- 36 % hospitalization vs 59 % received standard care.

EARLY Palliative Care in Advanced Heart Failure

- Unpredictable nature and varied progression of heart failure
- 300 % increase in palliative care referrals 2013-2015 Canadian study
  - Increase in documented end-of-life conversations
  - Increased advance care conversations
  - Increased number of DNR code status changes
  - Formal collaboration with Pulmonologists taking care of pts with COPD

Palliative Care at Fort Hamilton Hospital (KHN)

- Automatic 30-day readmission consultation- CHF, COPD, Pneumonia, Solid Tumor
- Multi-Disciplinary Team---Palliative Care Nurse Practitioner, Social Service, Pastoral Care, Physician
- 72 hour post discharge follow up- home, ECF, ALF
  - Improved communication
  - Increased Advanced Care Planning discussions/ DNR
  - Increased awareness of community resources
  - 4.5 % re-admission rate for pts touched by Palliative Care team compared to11.5 % readmission rates for pts with standard care.

Where is Palliative Care Provided?

- At home
- Long term care facilities
- Assisted/independent care facilities
- The Hospital

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What's the next step…

- A referral is placed and an order is obtained
- Once an order is obtained, an initial visit is scheduled with the patient/family/facility. The first visit is typically within a week of referral
- A NP (nurse practitioner) evaluates the patient
- Follow up visits are based on the needs of the patient

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How is Palliative Care paid for?

A palliative care visit is billed as a provider visit through:

- Medicare Part B
- Private Insurance
- Medicaid

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Palliative Care vs. Hospice

- Patient with Chronic Disease(s) who wish to continue curative treatment
- Seeking collaborative care to promote a maximum level of well-being and independence
- Palliative services can be paired with Home Health and Skilled Services
- Palliative Care helps improve the patients quality of life
- Patients with a life-limiting illness
- A prognosis of six months or less to live
- Ready to cease treatment that is curative
- All interventions are focused on enhancing the patient's comfort and quality of life with the focus on symptom management rather than treatment

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Fun Facts

(2014-2019)

- 1.43 million Medicare beneficiaries were enrolled on Hospice care for > 1 day
- 64 % Medicare pts were > 80 y/o
- 86.5 % of Medicare Hospice pts were Caucasian
- Most common dx: Cancer 27 %, cardiac 18.7 %, Dementia 18 %, Respiratory 11 %
- National Average Length of Stay 71 days
- National Median Length of Stay 24 days
- 28 % patients enrolled < 7 days
- 54 % patients enrolled < 30 days
- Pts with dementia had largest # of days of care at 104 days
- Location of care : Home 55.6 %, ECF 41.9 %, Acute care 0.5 %

Why chose Hospice care for your patients?

- Hospice teams offer multidisciplinary approach to end of life care and can serve as consultant for patients and their families facing terminal illness.
- Promote a dignified, peaceful, and comfortable end of life experience.
- 24-hour access to Hospice Nurses, Physicians, Social Services, and Pastoral Care.
- Support and aide with pain and symptom management.
- Assist with physical care needs
- Psychosocial, emotional and spiritual support
- Keep patients at home.

Hospice Care may increase patient's length of life.

New England Journal of Medicine

- 29 days longer for patients with solid tumors.
- 81 days longer in patients with CHF
- 76 % of pts were able to die in their home
- 1/3 of patients and families wish they would have started hospice services sooner

Why??

- Hospice benefits may provide access to medications and/or equipment not affordable previously.
- Increased morbidity with those with poor social support.
- Improved perception on family burden.
- Increased level of attention to their physical well being and emotional health.

Bridging the Gap…

"We cannot change the outcome, but we can affect the journey."

~Ann Richardson

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Questions?

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THANK YOU!

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