Palliative Care

Something Old, Something New, Something Borrowed, Something Blue

Osteopathic Founders Foundation
Richard C. Staab, DO Memorial Symposium
April 6-7, 2018

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Disclosures

- Dr. Clark has no financial disclosures pertinent to today’s topic.
Today’s Objectives

• Something Old: Define Palliative Care

• Something New: Evidence for Palliative Medicine

• Something Borrowed: Benefits of Palliative Care

• Something Blue: System Effects of Palliative Care
Something old...
Suffering…

Patient Distress

Professional Health Care Distress
-Providers
-System

Family Distress
Americans are Living Longer

Centers for Disease Control (CDC) [www.cdc.gov](http://www.cdc.gov)
The Silver Tsunami

Elderly people
The Other Tsunami....

• 90% of children with special health care needs are now living past their 21\textsuperscript{st} birthday.

• Nearly 500,000 of these young adults are entering the adult health care system on a yearly basis.

Most people will live with chronic illness(es):

There is a 90% chance patients will grow older with worsening medical problems
The ‘C’ Diseases:

- Cancer
- Congestive Heart Failure
- Cerebrovascular Accident
- Coronary Artery Disease
- Chronic Obstructive Pulmonary Disease
- Chronic Kidney Disease
- Cardiomyopathies
- Cirrhosis and Hepatic Failure
- Cognitive Disorders
  - Alzheimer’s Disease and other Dementias
What Patients Want (and Expect)
Trajectories of illness...

Sudden Death

Cancer-like Illness

Chronic Illness

Frailty

Adapted from Lunney, 2003
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

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

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.

Center to Advance Palliative Care (CAPC)
Pornography?!

- Consultant delivery model...

- 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
Who is it for?

**Serious Illness:**

- **Group 1:** Conditions for which curative treatment may fail.  
  --- Cancer, congenital heart, transplant

- **Group 2:** Conditions where premature death is inevitable.  
  --- Cystic Fibrosis, HIV  
  COPD, CHF

- **Group 3:** Progressive conditions without curative options, where treatment is exclusively palliative.  
  --- ALS, storage diseases, chromosomal abnormalities

- **Group 4:** Static, severe neurological conditions  
  --- Cerebral palsy, stroke, dementia, TBI

Adapted from Association for Children with Life-threatening or Terminal Conditions and their Families, 2003
What it is NOT…..

• Palliative Care is not equal 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

Disease Progression

Death
Complementary, Concurrent

- Curative Care
- Life-Extending Care
- Palliative Care
- Dying Process
- Family Support
- Loss/Grief/Bereavement

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
“There’s no easy way I can tell you this, so I’m sending you to someone who can.”
Something new...
Early Palliative Care for Patients with Metastatic Small Cell Lung Cancer

Jennifer Temmel, MD, et al

New England Journal of Medicine
2010;363:733-742
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).*

Meta-Analysis Highlights Improvements in Quality of Life and Reduced Symptom Burden through Palliative Care
Sara Thomas Monopoli was pregnant with her first child when her doctors learned that she was going to die. It started with a cough and a pain in her back. Then a chest X-ray showed that her left lung had collapsed, and her chest was filled with fluid. A sample of the fluid was drawn off with a long needle and sent for testing. Instead of an infection, as everyone had expected, it was lung cancer, and it had already spread to the lining of her chest. Her pregnancy was thirty-nine weeks along, and the obstetrician who had ordered the test broke the news to her as she sat with her husband and her parents. The obstetrician didn’t get into the prognosis—she would bring in an oncologist for that—but Sara was stunned. Her mother, who had lost her best friend to lung cancer, began crying.
Something borrowed...
Meeting Hospital System Needs

- Rationalize the use of hospital resources
- Increase capacity, reduce costs
- Recognize futility, thus reducing unnecessary and expensive care
- Reduce unnecessary readmissions
- Retain Staff
87.9% of Large Sized Hospitals (300+ Beds)
56.5% of Medium Sized Hospitals (50 – 299 Beds)
The New Normal

US News and World Report
July 2012

Ranks American Hospitals based on Quality and Reputation

All 148 ‘Best Hospitals’ must offer a Palliative Care Program to qualify for ranking
Something blue…
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 \(^3\)

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1. Agency for Healthcare Research and Quality (AHRQ)
2. Himmelstein, et al. Health Affairs, Feb 2005,
Wedges & WASTE

![Graph showing the increase in US National Health Care Expenditures as a percentage of GDP from 2011 to 2020. The graph highlights various factors contributing to this increase, including failures of care delivery, failures of care coordination, overtreatment, administrative complexity, pricing failures, fraud and abuse, and growth in national health care expenditures matching GDP growth.](chart.png)
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... requires we see health in context of a whole person.
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
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
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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