The Next Era of Palliative Care

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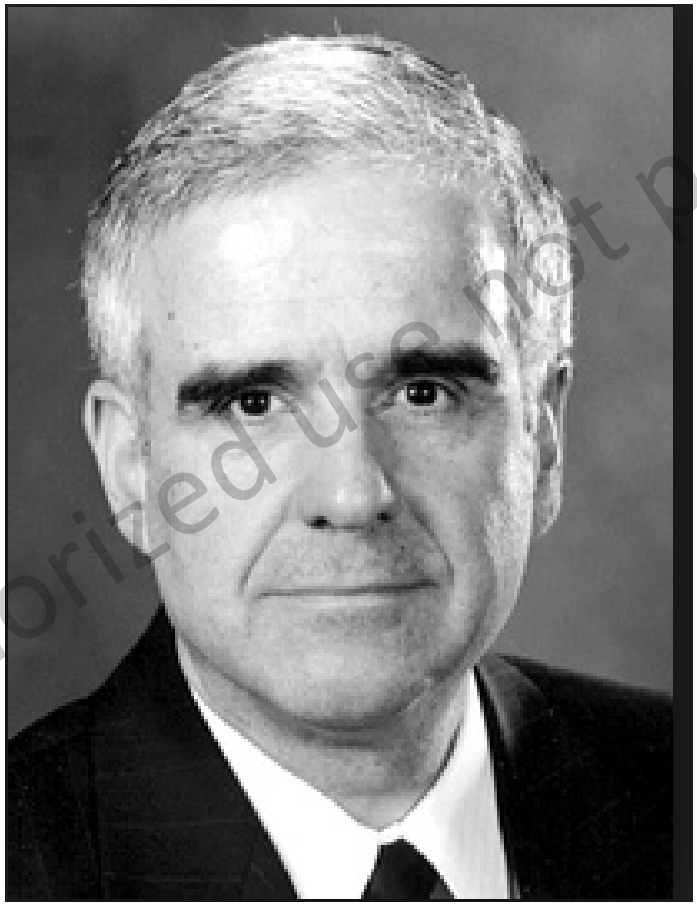
Outline

- The need for palliative care
- Specialists ≠ solution
- Systems of care
- Measurement and accountability
- Policy change

The need for palliative care

To die in the hospital = “a catastrophe”



SUPPORT Study - 1995

Original Contributions

A Controlled Trial to Improve Care for Seriously Ill Hospitalized Patients

The Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments (SUPPORT)

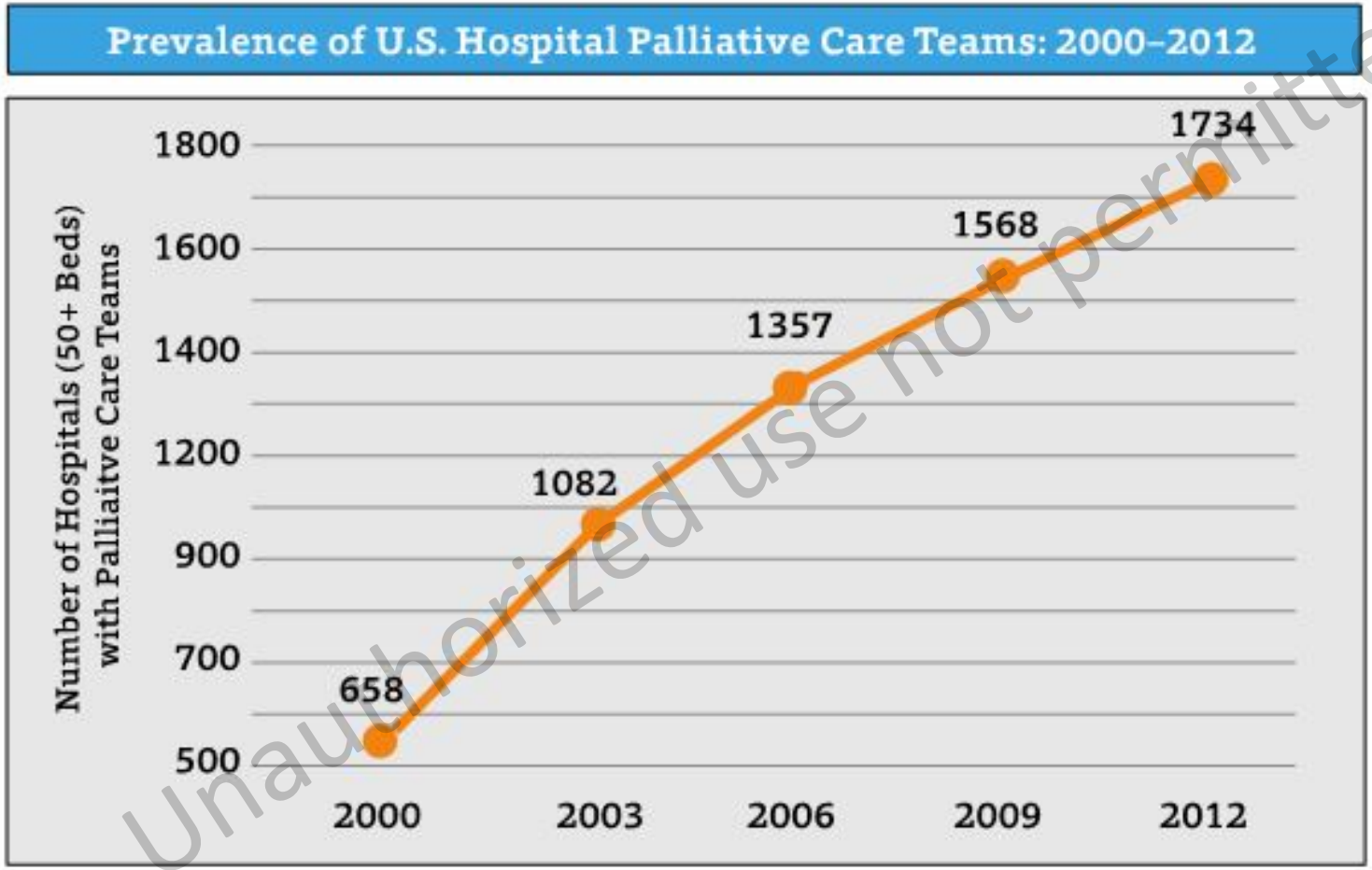
The SUPPORT Principal Investigators

Objectives.—To improve end-of-life decision making and reduce the frequency of a mechanically supported, painful, and prolonged process of dying.

Design.—A 2-year prospective observational study (phase I) with 4301 patients

PUBLIC HEALTH and clinical medicine during this century have given Americans the opportunity to live longer

Growth of specialty palliative care



View: Palliative care brings comfort

Daniel Pomerantz, M.D. *12:04 a.m. EDT April 15, 2015*

1355 CONNECT | 59 TWEET | 4 LINKEDIN | 4 COMMENT | EMAIL | MORE

Imagine a pill that allows seriously ill people to live longer, better lives, spend less time in the hospital. Imagine that it even makes it more likely to die at

IN THE JOURNALS

Early initiation of palliative benefits to patients, family

April 8, 2015

READ OR SUBMIT ARTICLE COMMENTS | EMAIL | PRINT | SAVE

Early initiation of palliative care for patients with advanced cancer may not only improve their survival, but also reduce

HAF M

NEWS RESEARCH STU

Plus > May-June 2015 New England Undergraduate Fellowships

FEATURES

An Extra Layer of Care

The progress of palliative medicine

The Value of Palliative Care

07 Apr, 2015

An Interview with Dr. Diane Meier (21:25)

The Challenges of Palliative Care for Children

So much about treating seriously ill children is different from caring for adults

BARBARA SADICK

Feb. 16, 2015 11:00 p.m. ET

THE WALL STREET JOURNAL.

ai Health System Become a fan

s Palliative Care, Anyway?

5 am EDT | Updated: 03/27/2015 10:59 am EDT

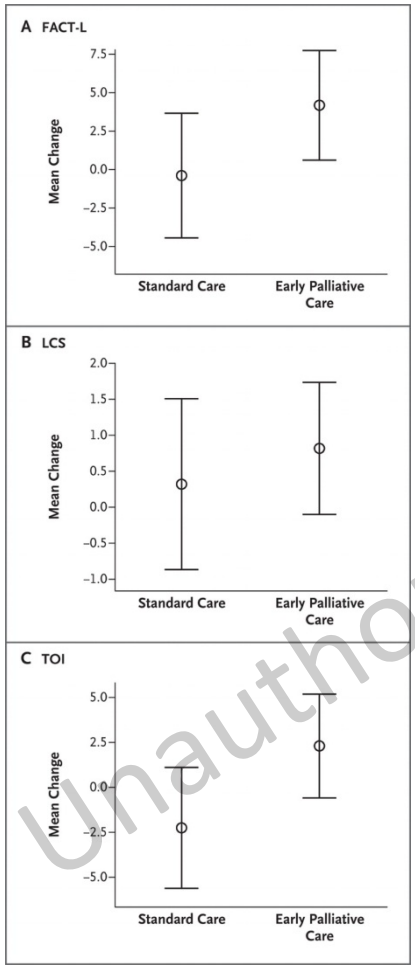
Specialty Training in Palliative Medicine

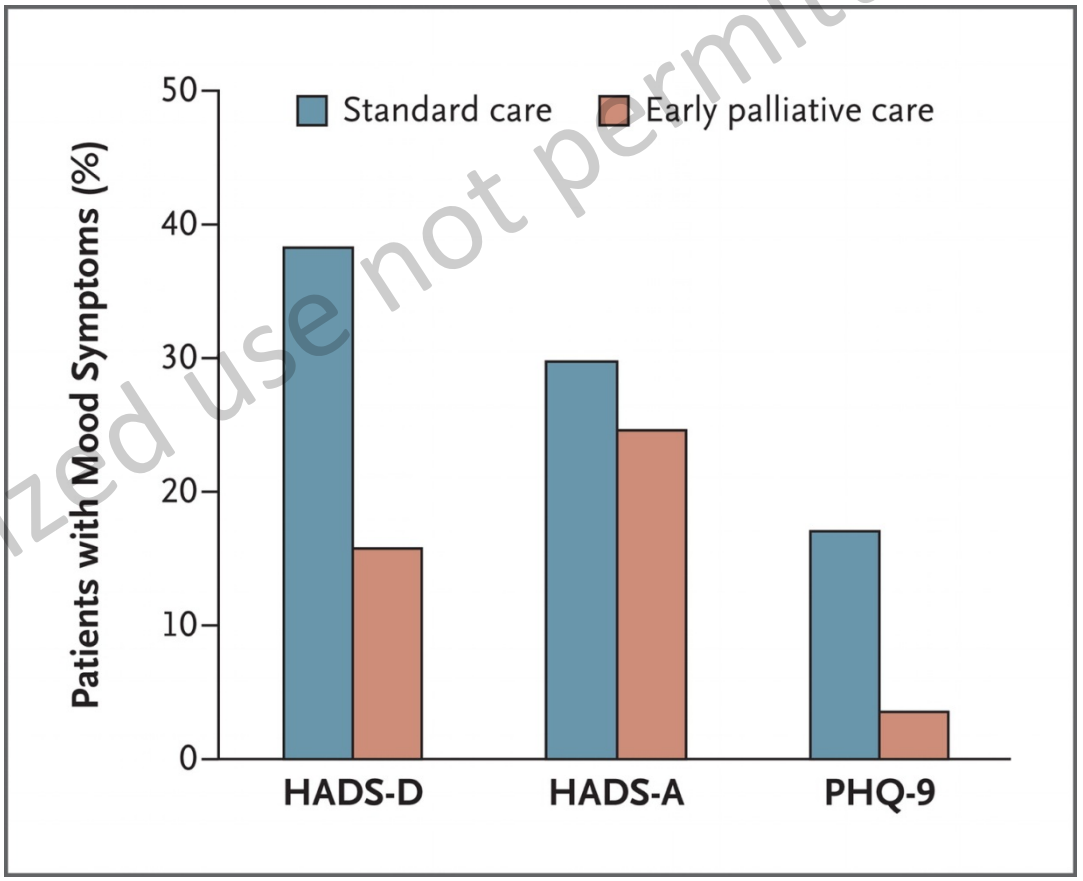
- 2008 - Hospice and Palliative Medicine Certification Exam
- 2012 - Board certification requires fellowship training in Hospice and Palliative Medicine

Evidence of palliative care benefit

- 38 RCTs
- Improvements in QOL, physical and psychological symptoms, caregiver burden, healthcare utilization, mortality

Temel Study - 2010





Temel et al. *N Engl J Med* 2010;363:733-742.

Zimmermann Study - 2014

	Intervention		Control		Available cases analysis*			
	n	Mean observed change from baseline (SD)	n	Mean observed change from baseline (SD)	Adjusted difference between change scores (95% CI)	p value	Effect size†	ICC
FACIT-Sp								
1 month	154	1·86 (11·99)	168	−1·34 (10·12)	..	..	..	..
2 months	138	0·58 (13·09)	151	−2·71 (12·92)	..	..	..	..
3 months	140	1·60 (14·46)	141	−2·00 (13·56)	3·56 (−0·27 to 7·40)	0·07	0·26	0·035
4 months	122	2·46 (15·47)	149	−3·95 (14·21)	6·44 (2·13 to 10·76)	0·006	0·44	0·024
QUAL-E								
1 month	154	1·09 (6·79)	162	−1·19 (7·22)	..	..	..	..
2 months	137	1·38 (7·49)	151	−0·61 (8·13)	..	..	..	..
3 months	139	2·33 (8·27)	139	0·06 (8·29)	2·25 (0·01 to 4·49)	0·05	0·28	0·036
4 months	121	3·04 (8·33)	148	−0·51 (7·62)	3·51 (1·33 to 5·68)	0·003	0·45	0·015

Zimmermann et al. *Lancet* 2014;383:1721-30

New Guidelines

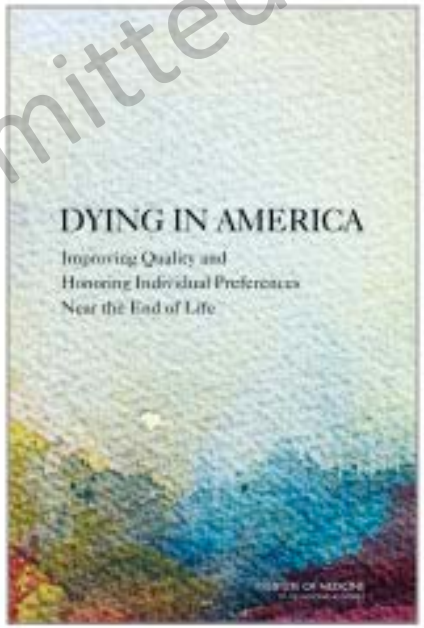
"combined standard oncology care and palliative care should be considered early in the course of illness for any patient with metastatic cancer and/or high symptom burden."

-ASCO Provisional Clinical Opinion, *JCO,* 2012

Why specialists ≠ solution

2014 Institute of Medicine Report

Dying in America
Improving Quality and
Honoring Individual Preferences
Near the End of Life



Trends in EOL Care

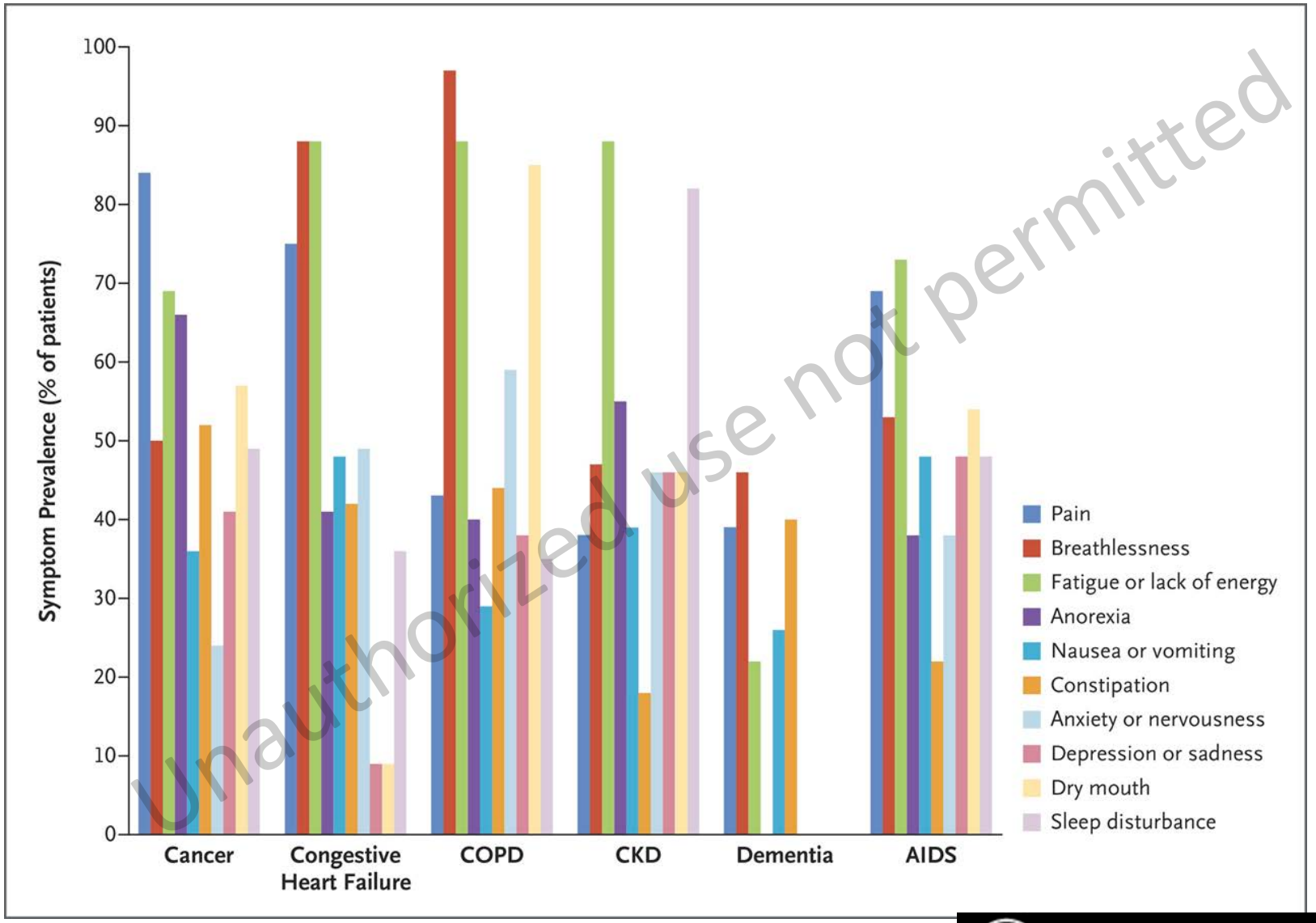
- 2000-to-2009 **Lower** proportion of Medicare beneficiaries dying in acute care hospitals; ICU use and health care transitions in last month of life **increasing.**

-Teno et al. *JAMA* 2013

- 2000-to-2013 In a national survey, bereaved family members rate **lower** overall quality of EOL care.

-Teno et al. *JPM* 2015

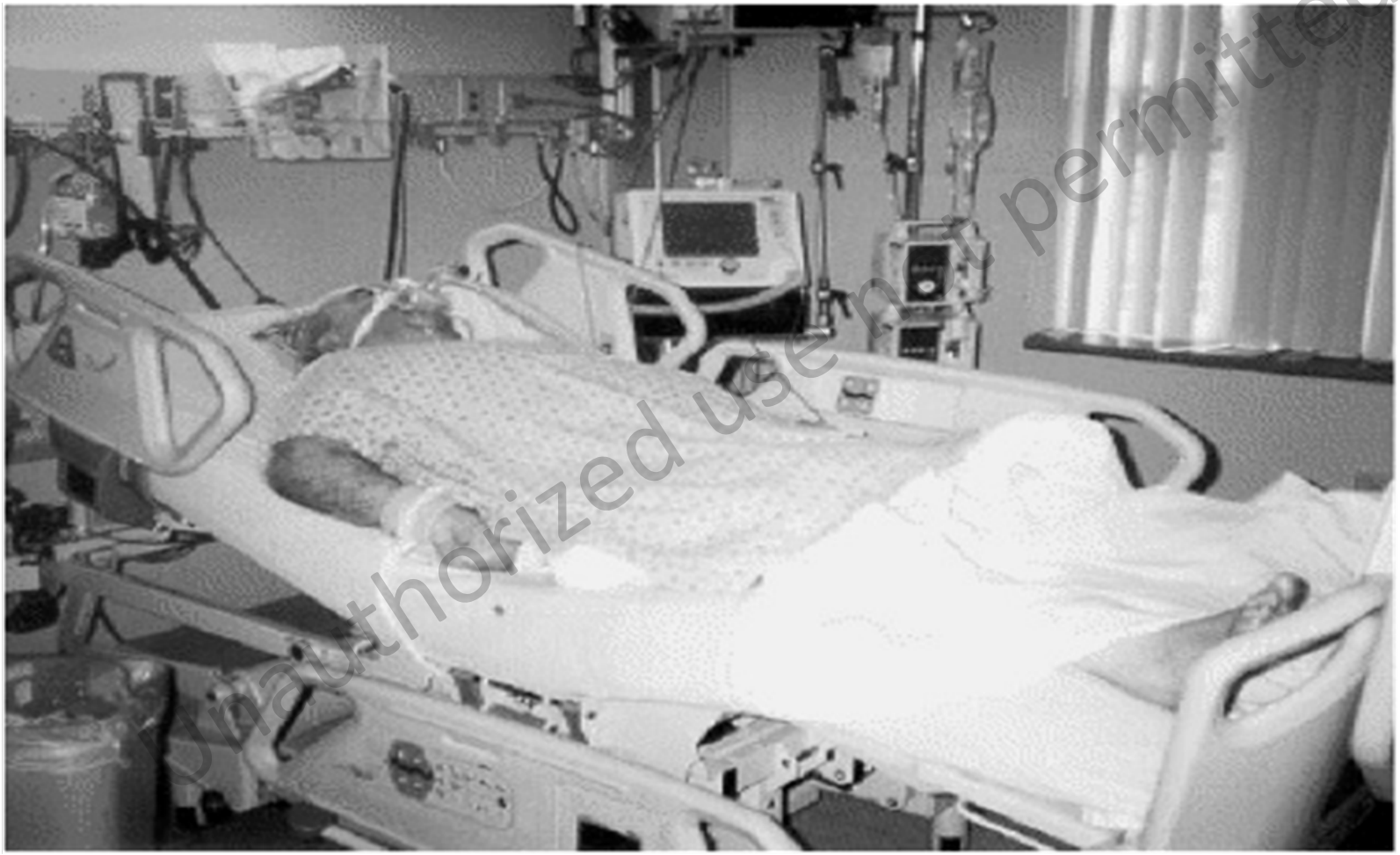
High symptom burdens



Kelly and Morrison *N Engl J Med* 2015;373:747-755

The NEW ENGLAND JOURNAL of MEDICINE

Aggressive, non-beneficial EOL care



Barnato et al. *Med Care* 2007; Steinhauser et al. *Ann Int Med* 2000; Earle et al. *JCO* 2008

Aggressive, non-beneficial EOL care

- 65% of Medicare patients with poor-prognosis cancers are hospitalized and 25% use the ICU in the last month of life
- High intensity EOL care has *not* shown to improve survival and is associated with worse QOL

Morden et al. *Health Affairs* 2012;
Brooks et al. *J Nat Cancer Inst* 2013; Zhang et al. *Arch Int Med* 2009

Inadequate discussion of patient goals

- > 2/3 of hospitalized older adults face major treatment decisions
- Communication and documentation of patient preferences remains inadequate
  - 30% agreement between EOL preferences of elderly hospitalized patients at high risk of dying and documentation in the medical record

-Torke et al. *JAMA Intern Med* 2014
-Tulsky et al. *Ann Intern Med* 1998; Anderson et al. *JGIM* 2011
- Heyland et al. *JAMA Intern Med* 2013

Surrogate distress

-Azoulay et al. *Am J Resp Crit Care Med* 2005

Who needs palliative care?

- Approximately 3/4 of all deaths

  -Murtagh et al. *Palliative Medicine* 2014

- Hospital, outpatient, long-term care and community settings

Workforce shortages

- 2010 study - 6000-18,000 additional physicians needed to meet current U.S. demand in the inpatient setting alone

--Lupu et al. *JPSM* 2010

Variable access

- Hospital >> other settings
- Large hospitals > small hospitals
- Public and non-profit hospitals > for-profit hospitals
- New England > other regions of the United States

-CAPC, *State-by-State Report Card on Access to Palliative Care* 2015

Oncologist Views

I think you should know that oncologists are territorial and they tend to view this [indicating clinic area] as their complete domain and that they're responsible for the care of their patient from day one to last day. And they tend not to be very . . . receptive to [having] other physicians interfere with their care.

Some people, even for end-of-life discussions, some people will send patients to palliative care. I don't. I feel like I shouldn't dump that on somebody else. If I've been following that person, it's my obligation to have that discussion.

-Schenker et al. *JOP* 2014

-LeBlanc et al. *JOP* 2015

Patient Barriers

- Practical concerns (travel, co-pays, time in "sick role")
- Equate palliative care with death/dying
- Unlikely to request services unless recommended by oncologist

-Maciasz et al. *Supp Care Cancer* 2013

-Schenker et al. *JPM* 2014

Palliative Care = Good Medical Care

Systems of care

Systems Approach

- Focus on a problem, identify related and modifiable processes, develop new protocols
- Reducing hospital-acquired infections, increasing use of immunizations, improving patient safety

-Stone et al. *Annals* 2002; Shortell et al. *JAMA* 2008; Bernacki et al. *BMJ Open* 2015

The CONNECT Study

JOURNAL OF PALLIATIVE MEDICINE
Volume 18, Number 3, 2015

DOI: 10.1089/jpm.2014.0325

Care Management by Oncology Nurses To Address Palliative Care Needs: A Pilot Trial To Assess Feasibility, Acceptability, and Perceived Effectiveness of the CONNECT Intervention

Yael Schenker, MD, MAS,[1,2] Douglas White, MD, MAS,[3] Margaret Rosenzweig, PhD, CRNP-C, AOCN,[2,4] Edward Chu, MD,[5] Charity Moore, PhD,[1] Peter Ellis, MD,[6] Peggy Nikolajski, CRNP, MSN, AOCNP,[6] Colleen Ford, RN, OCN,[6] Greer Tiver, MPH,[1] Lauren McCarthy,[1] and Robert Arnold, MD[1]

Measurement and Accountability

Measurement and Accountability

- Measuring outcomes that matter to patients and families
- Providing feedback to individual clinicians

GIM Quality Improvement Program - Prevention and Chronic Disease Management Indicators

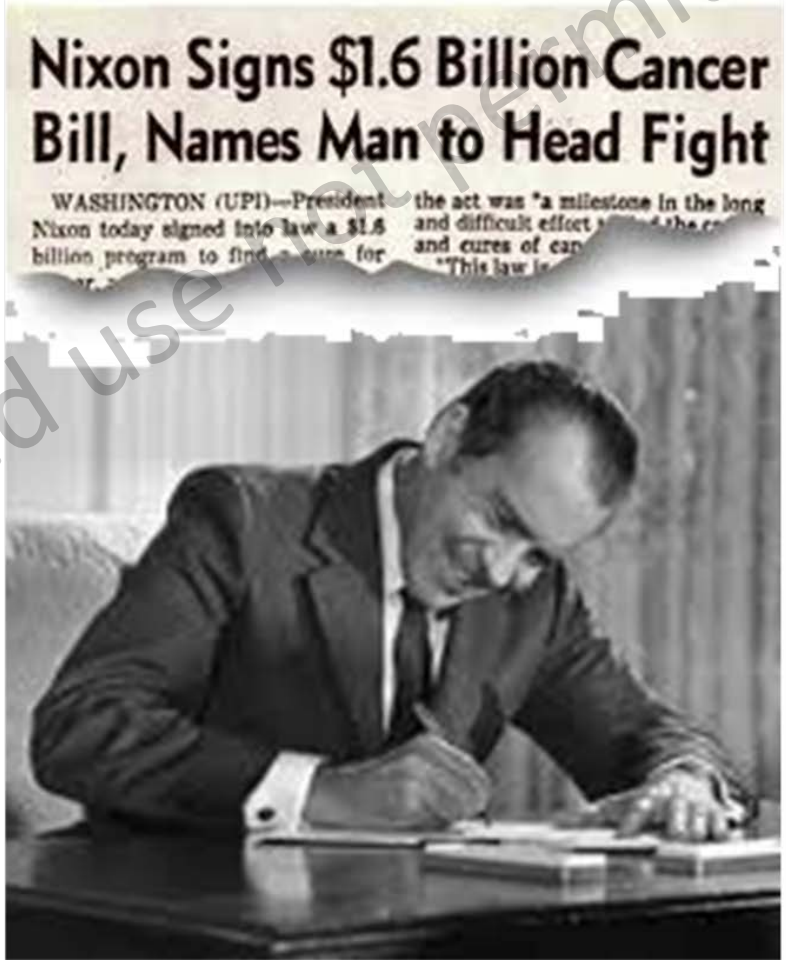
GIM Quality Improvement Criteria FY '16 (New)	Dr. Schenker				GIM Actual Rates*		FY
	18 Month Ending Sept' 15	18 Month Ending Dec' 15	18 Month Ending Mar' 16	18 Month Ending June' 16	Faculty 18 Month End-Sept 15	Residents 18 Month End-Sept 15	QI Target
DM: HbA1c checked past 12 months	1.00				0.97	0.95	0.9
DM: HbA1c < 8.0	0.80				0.70	0.65	0.6
DM: HbA1c < 9.0	0.80				0.83	0.77	0.8
DM: DM Pts >=40/On Statin	1.00				0.81	0.85	0.7
DM: DM Pts w/ HTN on ACE/ARB	1.00				0.89	0.87	0.8
DM: Nephropathy check past 12 mo	1.00				0.94	0.92	0.9
DM: Eye Exam done past 12 months	0.80				0.75	0.70	0.7
DM: Foot Exam done past 12 months	1.00				0.80	0.76	0.8
DM: DM Pts w BP < 140/90, 18-75 yo	0.80				0.74	0.66	0.7
Diabetes Score	**0.91**	**0.00**	**0.00**	**0.00**	**0.83**	**0.79**	**0.8**
1*P: Flu Shot past 12 mo if ≥ 65 yo	0.56				0.61	0.58	0.7
1*P: Pneumococcal Vaccine anytime if 65-79 yo	0.92				0.92	0.90	0.8
1*P: Mammogram past 2 yr if 50-74 yo	0.77				0.79	0.53	0.8
1*P: Pap Smear 21-64 yo, q 3 or 5 yr as per recs	0.89				0.83	0.65	0.8
1*P: Cholesterol past 5 yr if 50-79 yo	0.94				0.97	0.94	0.9
1*P: Colo-rectal Ca screen if 50-75 yo as per recs	0.52				0.78	0.58	0.7
Primary Prevention Score	**0.77**	**0.00**	**0.00**	**0.00**	**0.82**	**0.70**	**0.8**
2*P: CAD Pts on Statins	1.00				0.92	0.92	0.8
2*P: Pts w AFib w CHADS 2+ on Anti-coag					0.78	0.66	0.7
2*P: HTN Pts w BP < 140/90,18-75 yo	0.84				0.71	0.51	0.7
2*P: All Pts w BP < 140/90,18-75 yo	0.94				0.85	0.77	0.8
2*P: All Pts Non-Smokers	0.90				0.89	0.70	0.8
Secondary Prevention Score	**0.92**	**0.00**	**0.00**	**0.00**	**0.83**	**0.71**	**0.7**
Overall Score	**0.87**	**0.00**	**0.00**	**0.00**	**0.82**	**0.74**	**0.8**
FYI: Flu Shot past 12 mo if 50-64yo	0.51				0.48	0.41	0.5

Quality Measures Relevant to Palliative Care

- Pain control
- Documentation of advance directives
- Chemotherapy in last 2 weeks of life (lower = better)
- Hospice use

-ASCO Quality Oncology Practice Initiative Measures, 2013

Policy Change



Nixon Signs $1.6 Billion Cancer Bill, Names Man to Head Fight

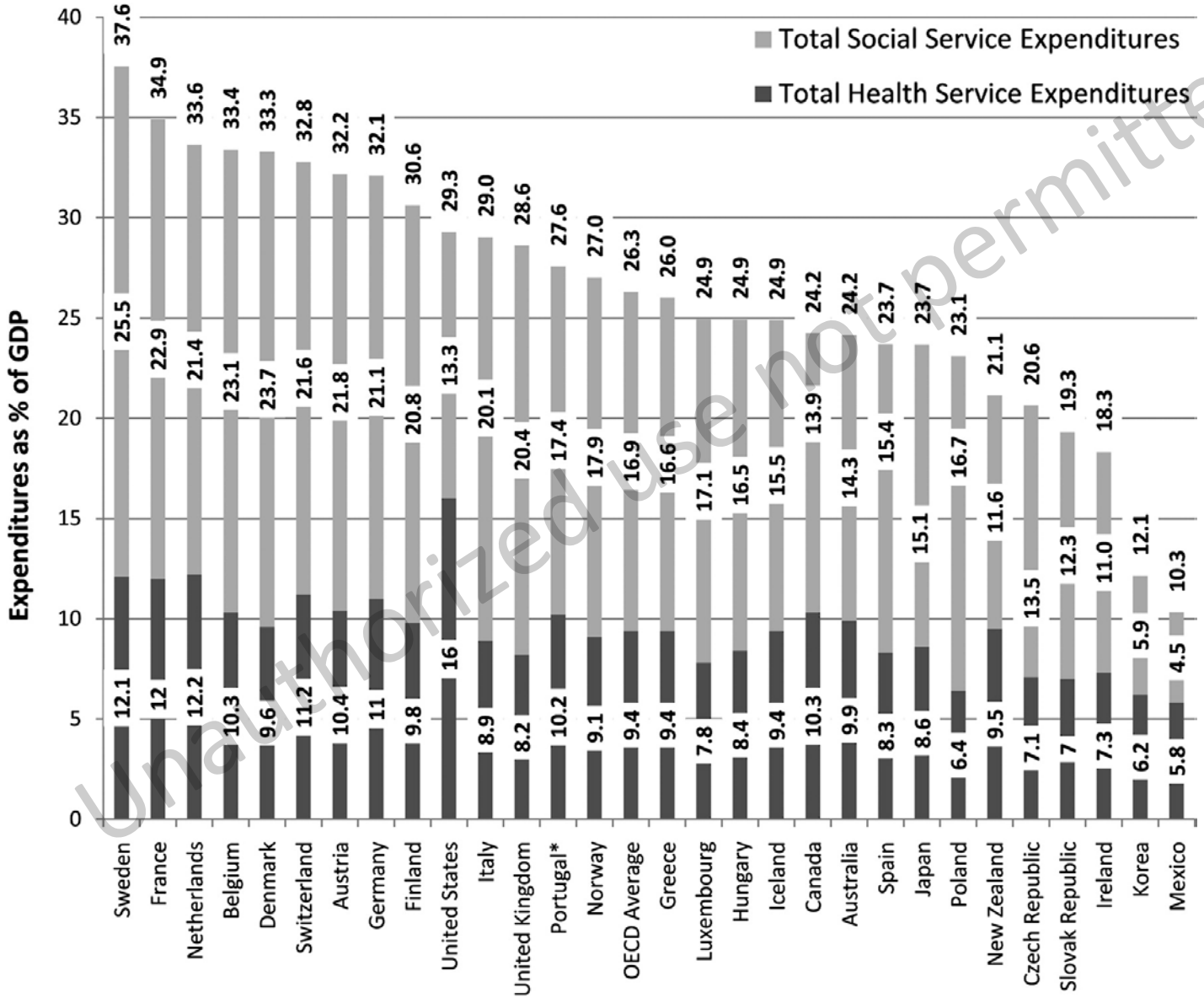
WASHINGTON (UPI)—President Nixon today signed into law a $1.6 billion program to find a cure for

the act was "a milestone in the long and difficult effort

and cures of can

"This law is

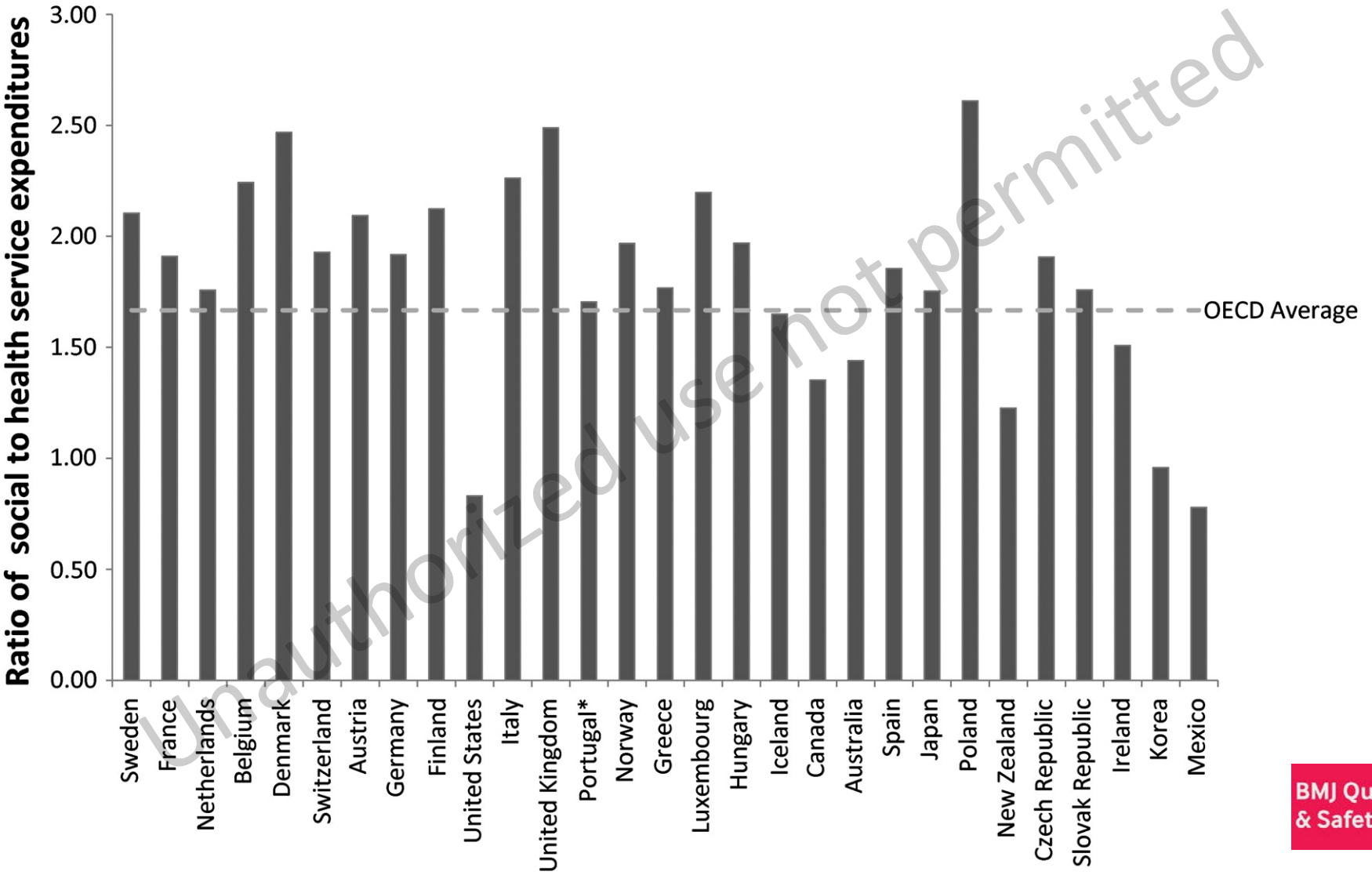
Total health-service and social-services expenditures for Organization for Economic Co-operation and Development (OECD) countries, 2005.



BMJ Quality & Safety

Elizabeth H Bradley et al. *BMJ Qual Saf* 2011;20:826-831

Ratio of social to health service expenditures for Organization for Economic Co-operation and Development (OECD) countries, 2005.



BMJ Quality & Safety

Elizabeth H Bradley et al. *BMJ Qual Saf* 2011;20:826-831

Serious illness care takes place at home

Key Points

- Palliative care needs >> palliative care specialists
- Palliative care = good medical care
- Need for:
  - Clinician behavior change, system change, quality improvement
  - Programs that measure and improve quality of palliative care for *every* patient
  - Funding aligned with goal of improving the experience of seriously ill patients and families