

Palliative Care

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Session Objectives

- Review what palliative care providers do
- Discuss similarities and differences between hospice and other palliative care services
- Review information about the state of palliative care services in Colorado

What is Palliative Care?



Interdisciplinary health care specializing in the relief of suffering and the achievement of the best quality of life for patients with advanced illness, and for their families

WHO

What is Palliative Care?

- Care focusing on relief of pain, stress and other debilitating symptoms of serious illness.
- It is not dependent on prognosis
- The goal of palliative care is to relieve suffering and provide the best possible quality of life for patients and their families

Get palliative care

Aging and Medical Care

- Family caregivers are severely burdened financially, emotionally, physically (JAMA)
- The 63% of Medicare patients have 2 or more chronic conditions: 95% of Medicare spending (CDC)
- 76% of 2002 Medicare budget was spent on hospital care (\$198 billion) (CDC)
- 5% of commercially insured with serious chronic illness account: > 30% costs (Medicare)
- Baby boomers will demand more

Medicare spending

- Large variations in costs regionally in US over the last 2 years of life and for those with chronic illness
- No differences in patient outcomes accounted for by varying consumption of resources
- Cost variations are associated with the number of hospital beds regionally

Dartmouth Atlas Project

Quality of Life at the End of Life: What Patients and Families Want

- Pain and symptom control
- To avoid inappropriate prolongation of the dying process
- To achieve a sense of control
- To relieve burden on family
- To strengthen relationships with loved ones

Singer et al, JAMA 1999

What Patients and Families Want



Project on Death in America, 1998-2000 Report on Activities

- 90% of adults prefer to be cared for in their own home if terminally ill
- Nearly 75% of Americans currently die in hospital or nursing home facilities.

Ms. B (continued)

- Patient understanding:
 - "A year to live" (probable ~ 1-3 months)
 - "This is tearing us apart...we need help"
 - Pain is limiting her functioning
 - "I'm mad at God"

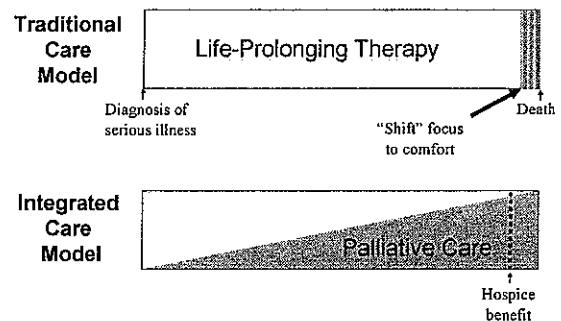
Ms. B (continued)

- Patient and family goals:
 - Avoid further hospitalization; wants home
 - Relief for pain and symptoms
 - Additional help and support for family
 - Minimize growing cost of medications
 - Continue chemo if possible

Palliative Care Consult Role

- Understand patient's values and goals for their health care
- Provide/enhance management of symptoms
- Coordinate the most appropriate palliative services in the community
 - Based on patient's goals for care, prognosis, and community resources

Palliative Care: Not an "Either-Or"



Outpatient Palliative Care Services

- For patients not eligible and/or wanting hospice
- *Not* currently a Medicare Benefit
- Some insurances providing support
 - Kaiser Home-based Palliative Care
 - Aetna, United, others developing services
 - Most pay for professional services of physician, nurse practitioner
- Hospice “bridging” programs
- Supportive Care clinics

Palliative Care = Quality Care

- Relieves pain and distressing symptoms
- Clarifies goals of care and supports decision-making
- Improves quality of life
- Increases patient and family satisfaction with care
- Eases burden on providers and caregivers
- Helps patients complete life prolonging treatments

Campbell et al, Heart Lung, 1991; Campbell et al, Crit Care Med, 1997; UC Davis Health System News, 2002; Carr et al, Vitas Healthcare, 1995; Franklin Health, 2001; Dartmouth Atlas, 2000; Mickelthwait, 2002; Du Pen et al, J Clin Oncol, 1999; Finn et al, ASCO, 2002; Franke, Pal Educ Couns, 2000; Advisory Board, 2001; Portney, Seminars in Oncol, 1995; Island Cancer Centre, 2002; Von Roenn et al, Ann Intern Med, 1992; Finn J et al ASCO abstract 2002

Palliative Care Supports Transitions

- Helps families clarify goals of care and select most desirable clinical services and settings
- Enhanced patient-physician communication and decision-making.
- Improves continuity and coordination of care across settings by supporting appropriate transition management.

Lilly et al, Am J Med, 2000; Dowdy et al, Crit Care Med, 1998; Carlson et al, JAMA, 1988; Campbell et al, Heart Lung, 1991; Campbell et al, Crit Care Med, 1997; Bruera et al, J Pall Med, 2000; Finn et al, ASCO, 2002; Gokdelain et al, Sup Care Cancer, 1996; Advisory Board 2002; Project Safe Conduct 2002; Smeenk et al, Pal Educ Couns 2000.

Palliative Care Reduces Costs

- Fewer admissions to ICU in the last 6 months of life
- Reductions in pharmacy, lab, and ICU costs
- Enhances efficiency in coordinating care