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Colorado Interim Committee to Study Hospice and Palliative Care

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Session Outline:

1. Creating a Continuum of Palliative Care Services: The Kaiser Permanente Experience
2. Palliative Care Education for Colorado: The Life Quality Institute

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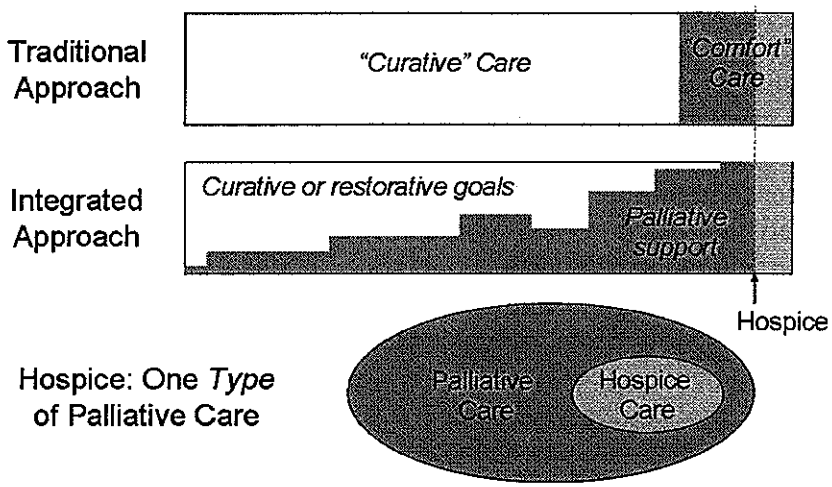
1. Creating a Continuum of Palliative Care Services: The Kaiser Permanente Experience

Palliative care is patient and family centered care that optimizes quality of life by anticipating, preventing, and treating suffering. It addresses physical, social, emotional, intellectual and spiritual needs to facilitate patient autonomy, access to information, and choice. (*CMS, 2008*)



Key eligibility criteria for the Medicare Hospice Benefit:

- Life expectancy less than 6 months
- Must waive further "curative" therapies

Kaiser Permanente-Colorado (KPC)

- One of 8 regions operating in 9 states and the District of Columbia
- Integrated health plan: insurer *and* care delivery system
- KPC serves nearly 500,000 members in Colorado
- Colorado Permanente Medical Group: multi-specialty group practice, 700 physicians
- Older adults became a priority population in 1999: Denver Palliative Care Roundtable
- Systematic search for sustainable delivery models for patients with advanced illness that improve quality and satisfaction

Three Randomized Control Trials of Palliative Care Services
(Funded under the KP Aging Network and the Garfield Memorial Fund)

1. Inpatient Palliative Care Consultation (IPC)
2. Home-based Palliative Care (HBPC)
3. Advanced Illness Care Coordination (AICC)

Inpatient Palliative Care Consultation (Gade G et al. J Palliative Med, 2008)

- 512 patients with advanced illness, multi-site (N=250 Colorado), randomized
- Compared to usual care, those seen by palliative care team:
  - Greater patient and family satisfaction
  - Improved pain control, ↓ anxiety, ↑ hope, ↑ advance directives
  - No difference in mortality
  - Decreased utilization and costs
    - ↓ ICU admissions, ↓ readmission costs
    - Increased outpatient utilization, increased hospice LOS
    - *Significantly* lower total net costs

Home-based Palliative Care (Brumley R et al. J Am Geriatr Soc., 2007)

- 298 patients with advanced illness, multi-site (CO, HA) randomized trial
- Pts home-bound w/ cancer, emphysema or heart failure
- Compared to usual care, those see by palliative care team:
  - Increased patient/family satisfaction with care
  - No difference in mortality
  - More likely to die at home (71% vs. 51%)
  - Decreased utilization and costs
    - Less hospital admissions (36% vs. 59%) and ER visits (20% vs. 32%)
    - *Significantly* lower total net costs (33% reduction)

Advanced Illness Care Coordination (Dellapenna et al. Publication pending, 2009)

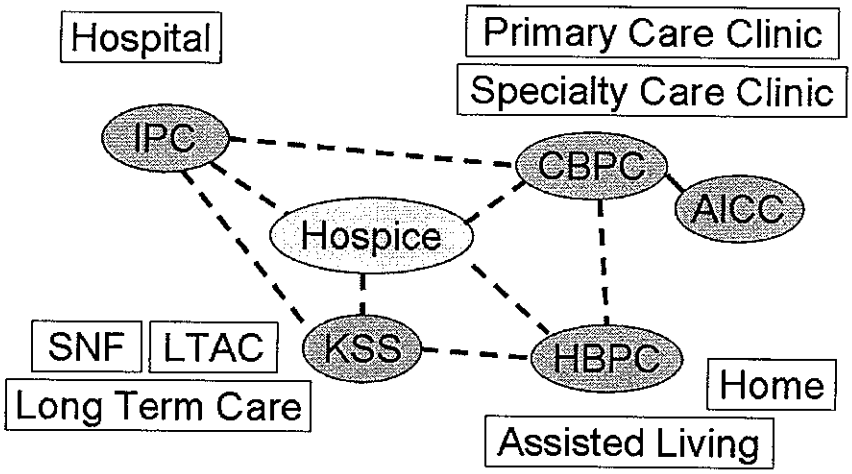
- Randomized trial of 573 patients with advanced cancer, emphysema, heart failure or end-stage kidney disease at 4 sites (including CO)
- Intervention: 4-6 visits by a palliative care-trained social worker
- Compared to usual care, those supported by palliative care:
  - More support around illness-related family concerns
  - Better communication and attention to spiritual needs
  - No difference in mortality (30% at one year)
  - Decreased utilization and costs
    - Fewer hospitalizations and ER visits
    - *Significantly* lower total net costs

Translating Research into Practice: KP-Colorado Palliative Care

- Palliative Care Department formed in 2005
- Vision: All Kaiser Permanente patients with advanced illness (and their families) have access to palliative care supportive services. These services:
  - Provide specialty level palliative care for seriously and terminally ill patients and their families in settings that best meet their individual needs and preferences

- Support primary and specialty providers caring for patients with advanced illness
- Promote broader education and dissemination of best practices in end-of-life care

- The palliative care continuum (2009) and measured outcomes:



Inpatient Palliative Care Consultation (IPC):

- Over 1300 patients supported (KP and community) at Exempla St. Joseph and Good Samaritan Hospitals in 2008, 2nd team and weekend coverage added
- Patient/family and provider satisfaction remain high
- Consistent reductions in hospital readmissions and ER visits since 2004

Home-based Palliative Care (HBPC)

- Nearly 400 patients received home-based palliative care in 2008 (partnership with The Denver Hospice, HospiceCare of Boulder and Broomfield Counties)
- Patient/family and provider satisfaction remain high
- Consistent reductions in hospital readmissions and ER visits since 2005

Advanced Illness Care Coordination (AICC)

- Clinic-based palliative care implemented in 2009
- Measured outcomes to include satisfaction, utilization and costs

Kaiser Special Services (KSS)

- Benefit (no cost to patients) started over 6 years ago that provides members with access (up to 15 visits) with a palliative-trained nurse or social worker
- Over 300 patient/families utilized KSS in 2008

Summary: What have we learned?

- Palliative care is good medical care for patients with advanced illness
- Palliative care is cost effective: it significantly reduces overall medical costs
- Implementing supportive services requires a commitment to leadership, investing in palliative care-trained teams across multiple settings, creative community partnerships, and extensive education of professionals and the public
- To what extent can these results be translated to other systems of care?

2. Palliative Care Education for Colorado: The Life Quality Institute

Background:

- Until recently, formal education in palliative and end-of-life care has been largely absent from medical school, health professions, and residency training. Multiple studies have shown that students, residents and practicing professionals feel unprepared, often fearful, to care for patients with incurable illnesses. This lack of training leads to untreated pain, ineffective communication, and deaths devoid of compassion and dignity.
- Palliative care and hospice is poorly understood by the public. End-of-life burdens for patients, caregivers and loved ones are costly (physically, emotionally and financially).
- Studies predict a significant shortage of palliative-trained professionals in coming decade
- Recommendations (2004) from the Planning Committee of the Advancing the Palliative and End-of-Life Care Movement in Colorado identified professional and community education as 2 of 13 key priorities to improve end-of-life care in Colorado.

The Life Quality Institute was created in November of 2003:

- Initially a program of The Denver Hospice (formerly Hospice of Metro Denver)
- Mission: to promote quality of life for people with advanced illness by educating health care professionals and increasing community awareness of palliative care
- First year funding through federal appropriations (Senator Nighthorse-Campbell)
- Ongoing support via the Colorado Health Foundation, Rose Community Foundation, Caring for Colorado, Mordecai Foundation, Kettering Foundation and others
- Established as a separate 501C3 not-for profit organization in 2007 to strengthen community partnerships and strengthen sustainability

Highlights:

Since inception, LQI has delivered **100,000 hours** of palliative care education for health care professionals and Colorado's communities:

1. Professional education highlights:
   - LQI has partnered with the University of Colorado to successfully develop and implement 46 *required* hours of end-of-life training for medical students
   - LQI has partnered with numerous teaching institutions, residency programs, nursing schools, and other organizations to establish required, palliative care training experiences for multiple student programs.
   - LQI provides education and training for thousands of *practicing* MDs and other professionals at regional and statewide hospitals and education events
2. Community education highlights
   - Creating Communities of Care (Share the Care™):
     - Practical education and tools to support caregivers of patients with chronic and advanced illness
     - More than 250 caregiver support teams formed to date
   - Share the Wisdom: end-of-life education series to support Colorado's pastoral care communities

Challenges:

- Maintaining momentum. Collaboration is key.
- Sustainability: lack of funding for higher education problematic.
- Difficult to "educate" without consistent access to palliative care services.
- Insufficient workforce to meet palliative care needs locally, regionally, nationally

Supportive legislation to consider (for Colorado):

- Medicaid dually eligible members may access their long term care benefit to receive Palliative Care Coordination and services by a certified hospice provider
- Community-based palliative care programs may be administered by certified, licensed hospices and will be waived from home health licensure
- Institute hospice and palliative care program accreditation (hospices and hospitals)
- Loan forgiveness (or other incentives) for palliative care specialty training
- Consider required pain or palliative care education for ongoing professional licensure

Other recommendations are forthcoming from the End-of-Life Work Group of the Center for Improving Value in Health Care (CIVHC).

Thank you for your time and dedication!