

Palliative Care National Dynamics and Concerns

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The Way it Used to Be Dying at home with family

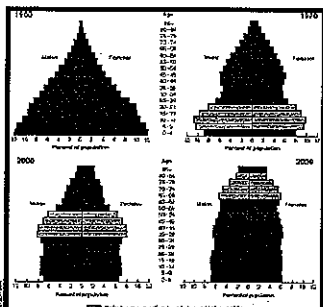




**"In America,
death is seen as optional"**

Woody Allen

Baby Boomers: Coming of Age



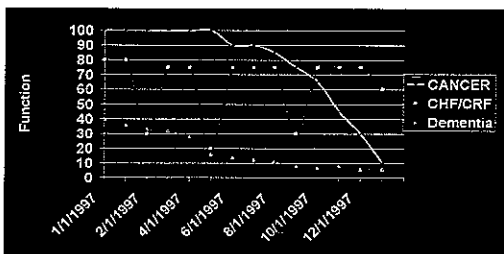
- By 2010, America's 77 million baby boomers will begin turning 65
- America's population over the age of 65 will double by the year 2020.

Aging and Medical Care

- Family caregivers are severely burdened financially, emotionally, physically (JAMA)
- Medicare patients with 2 or more chronic conditions account for 95% of Medicare spending (CDC)
- 76% of 2002 Medicare budget was spent on hospital care (\$198 billion)
- Baby boomers will demand more



Death is Less Predictable



Death in the hospital: What do we know about it?

- Physical suffering
- Poor to non-existent communication about the goals of medical care
- Lack of concordance of care with patient and family preferences in almost 50%
- Huge financial, physical, and emotional burdens on family caregivers
- Suffering of professional caregivers
- Fiscal impact on hospitals



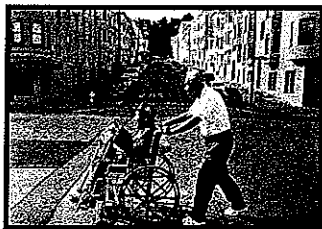
Quality of Life at the End of Life: What Patients and Families Want

- 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



"Take me home!"



- 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.

2000 Report on Activities



Paul – “My Back!”

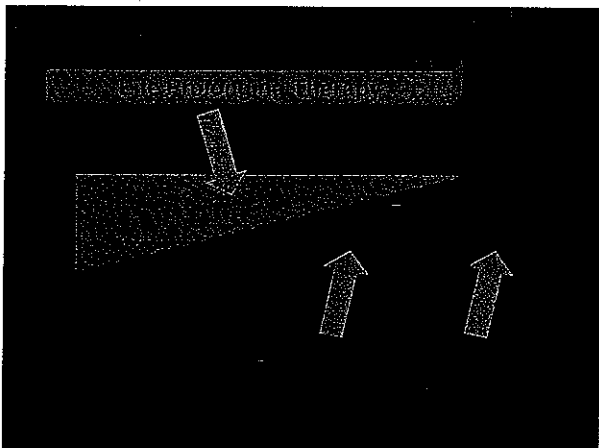


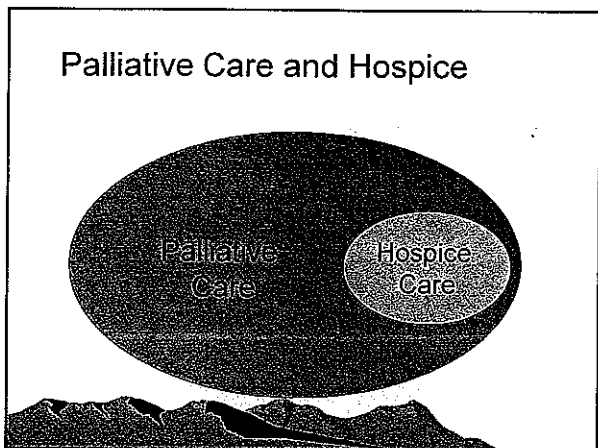
Advanced Lung Ca
Severe back pain
Leg weakness
Fear of dying
Financial stress
Family problems
Hopelessness,
“Why me?”

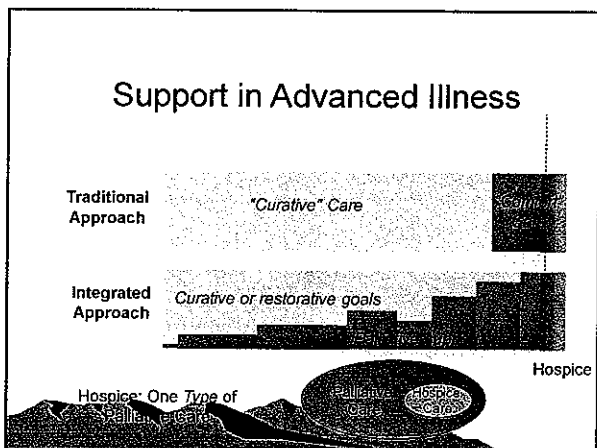
Palliative Care

- Active, total care of patients whose disease is not responsive to curative treatment.
- Goal is best possible quality of life for patients and families.
- Affirms life and regards dying as normal.
- Symptom relief & psycho/spiritual support.

• Support system to help family cope.







Who can benefit from Palliative Care ?

Patients with:

- **Progressive debility** requiring increased care needs
- **Psychosocial and spiritual problems:** trouble coping, accepting, making decisions, emotional/spiritual

Difficulties

Families and Caregivers

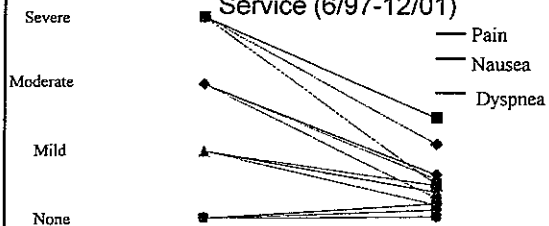


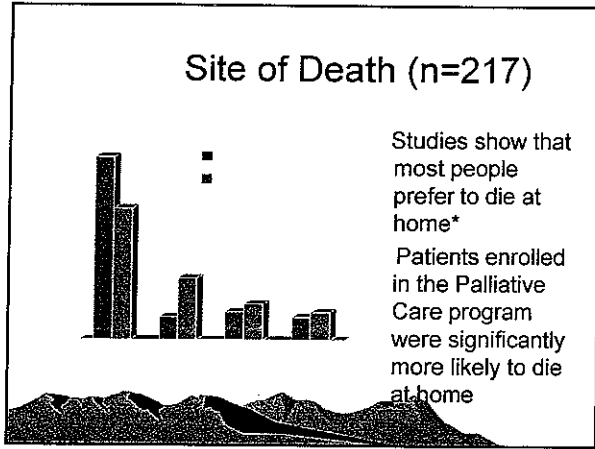
- **Stressed**, feeling out of control
- **Lacking resources** to cope or meet care needs of their loved one
- **Wishing for more understanding** about their loved ones illness and what lies ahead
- **Faced with complex and difficult decisions**

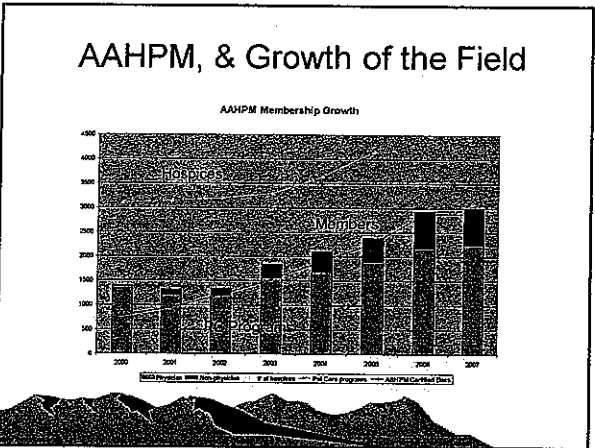
Common Reasons for Hospital Palliative Care Consultation

- Clarification of patient and family care goals
- Pain and symptom management
- Emotional, social, and spiritual support
- Coordination of terminal care and/or facilitating hospice referral
- Withdrawal of life-sustaining therapies including mechanical ventilation, dialysis, nutrition and hydration

Mount Sinai Hospital: Improvement in Symptoms for 1070 Patients Followed by the Palliative Care Service (6/97-12/01)







The hospital of the future will have a palliative care program

- Palliative care improves quality of care for sickest and most vulnerable patients and their families.
- Hospital lengths-of-stay, costs of care, and complaints about symptom management can all be effectively reduced, for a small investment.
- Nationally:
 - Palliative care emerging standard of care
 - Nearly 1100 hospitals nationwide w/ PC (63% growth since 2000)

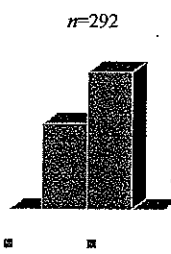
(The New York Times)

Kaiser Permanente Randomized Control Trials of Palliative Care

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



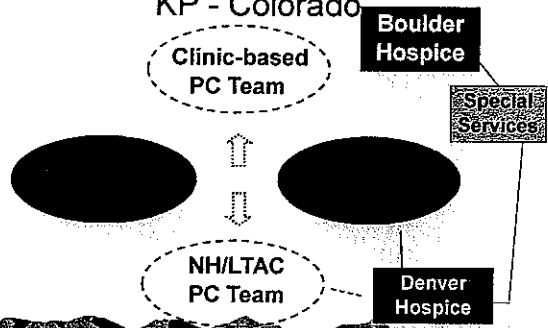
Total Service Costs



- Program enrollment, adjusting for age, disease, severity of illness, and days on service, explained 16% of the variance in total service costs
- Adjusted costs of care for those in PC were 37.6% less than those receiving UC



Growing Palliative Care Services KP - Colorado



Kaiser RCT of Advanced Illness Care Coordination (AICC)

- RCT of 573 patients at 4 KP sites
- Patients with advanced CA, CHF, COPD, ESRD
- Intervention: 4-6 visits by a PC-trained SW
- Outcomes: vs. usual care, AICC patients:
 - Greater support re: illness-related family concerns ($p < .001$), communication re: discomfort ($p = .002$), and help in addressing spiritual needs ($p = .017$)
 - Fewer hospitalizations ($p = .045$), ER visits ($p = .058$)
 - No difference in deaths at one year (30% mortality)

Long et al. Palliat Med 2008; 22(5): 353-361. Copyright © 2008 by Lippincott Williams & Wilkins. All rights reserved. Publication Pending

2009 AAHPM Advocacy for Hospice and Palliative Medicine



2009 Hospice and Palliative Medicine Issues Access to Analgesics - DEA

- January 21, 2009, Drug Enforcement Agency Issued an Advanced Notice of Proposed Rulemaking Seeking input for Safe and Responsible Disposal of Controlled Substances Dispensed to Patients, Long-Term Care Facilities and Hospices. Comments were due March 23, 2009



**2009 Hospice and Palliative Medicine
FDA – Access to Analgesics**

- February 6, 2009, FDA Sent Letters to Manufacturers of Certain Opioid Drugs Indicating These Drugs Will be Required to Have a Risk Evaluation and Mitigation Strategy (REMS) to Ensure Benefits Outweigh Risks
- Affected Drugs Include Brand and Generic Products Formulated With Fentanyl, Hydromorphone, Methadone, Morphine, Oxycodone and Oxymorphone
- Stakeholders are Meeting with FDA and Each Other to React to this Plan



**2009 Hospice and Palliative Medicine Issues
Enough HPM Specialists?**

- Best way to increase supply of Adult Primary Care Physicians is being widely debated
- Debate Expanded to Address Supply of HPM Specialists?
- Medicare GME Restructuring to Allow Payment For Community Training of Residents in HPM?
- *Medical Home* a Solution or Problem for HPM patients?



**2009 AAHPM Advocacy Priorities
Need more HPM Faculty & Residents**

- increased GME payments for HPM fellows: pay for full FTE for palliative medicine fellowship training programs similar to geriatrics
- extension of GME to allow payments to community-based training programs and sites of service
- funding for existing faculty to train in HPM and promote clinical care and research (similar to Geriatric Career Awards)
- change to residency “cap” rules so that institutions whose caps are full can get slots to fund HPM fellows



Hope

- Chance of Cure?
 - Movement
- Hope Scale – K Herth
 - I see light in tunnel
 - I feel scared about future
 - I have deep inner strength
 - Each day has potential
 - My life has value & worth

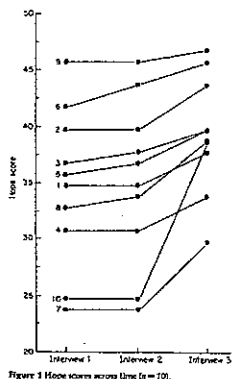


Figure 1 Hope scores across time (n=10).

Hospice and Palliative Care

- Cost Effective
- Humane
- A part of "the answer"!