

Making The Case For Palliative Care

MOHANA KARLEKAR, MD, FACP, FAAHPM
SECTION CHIEF PALLIATIVE CARE
VANDERBILT UNIVERSITY MEDICAL CENTER



Objectives

Define Palliative Care

Outline the Triple Aim and its Components

List the Evidence describing how palliative care addresses the triple aim

Benefits of Palliative Care to Patients/Families and Health Care institutions



A Case...John

48-year-old male presents with lower back pain

Diagnosed with cholangiocarcinoma about 6 weeks before his oldest daughter starts college

He is married and has 3 children (13-18 age range)

He and his wife are both physicians

He requests to be followed by palliative care at the time of his diagnosis

WHY?



Defining Palliative Care



Palliative Care Definition

www.capc.org

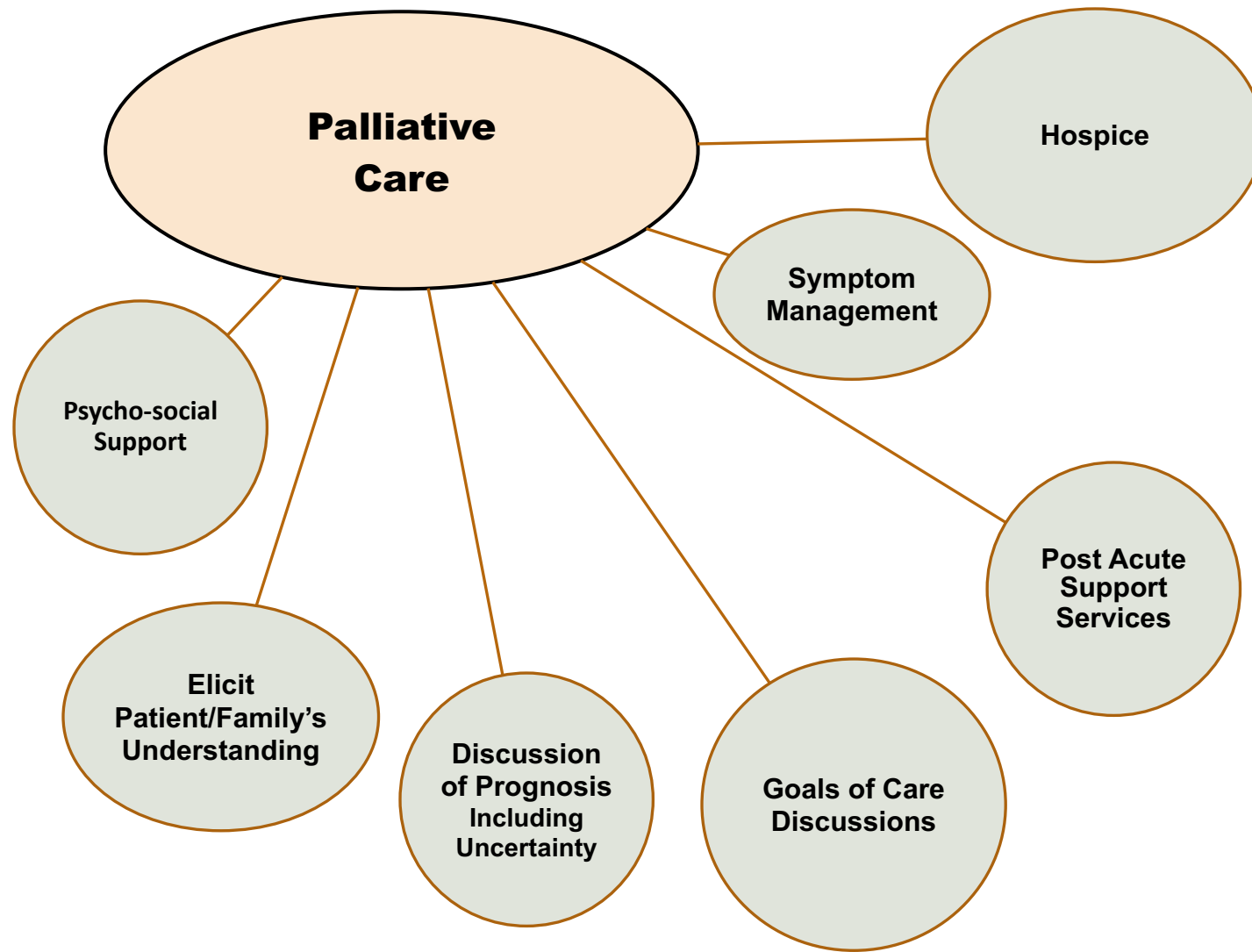
“Palliative care is specialized medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and the family.

Palliative care is provided by a specially-trained team of doctors, nurses and other specialists who work together with a patient’s other doctors to provide an extra layer of support. Palliative care is based on the needs of the patient, not on the patient’s prognosis. **It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment.”**



Palliative Care





The Triple Aim

INSTITUTE OF HEALTHCARE IMPROVEMENT





www.ihl.org/engage/initiatives/TripleAim/Pages/default.aspx



Triple Aim & Palliative Care...

Population Health

- Improving care for patients with serious illness

Health Care Costs

- Reduce inappropriate/unnecessary costs

Health Care Experience

- Improve quality of life of patients and their families



Improving Patient Care

An understanding that patients with serious illness have more complicated needs

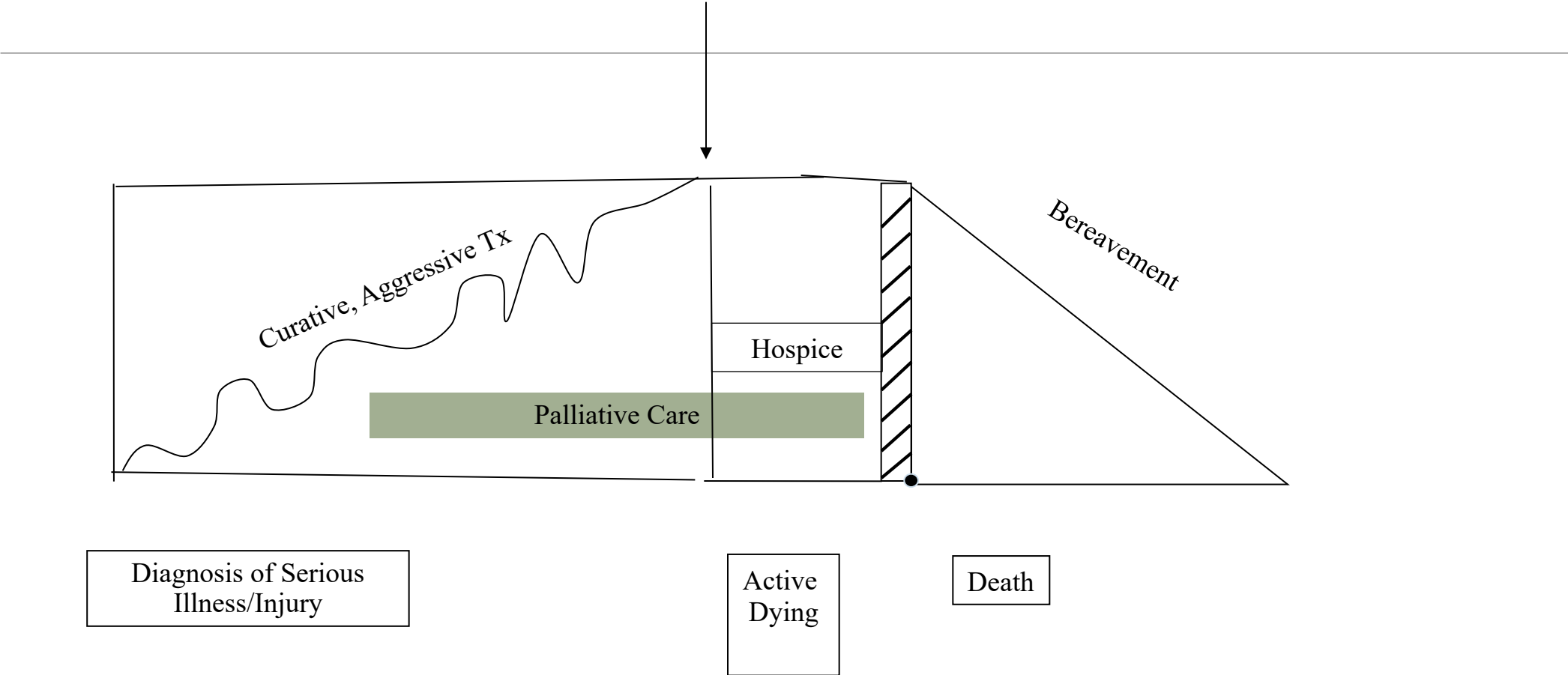
Communication around illness understanding traditionally has been inconsistent

Health care teams need to better engage patients in goals of care conversations

Ultimate goal is to provide goal concordant care



Palliative Care



Landmark Palliative Care Articles



1. Population Health

IMPROVING CARE FOR PATIENTS WITH SERIOUS ILLNESS



Renal Palliative Care Initiative

Poppel D, Cohen L and Germain J
Journal of Palliative Care Med; 2003(6):321326

Pilot aimed to train HD teams on Primary Palliative Care skills
(advance care planning, symptom management and hospice)

Results of pilot

Increased completion of advanced care directives From:
6% → 21%

Increased number of hospice referral

No change in withdrawal rates of dialysis

1st 3 months of initiative → 7 referrals to hospice

7 total referrals previous year



Comparing hospice and nonhospice patient survival among patients who die within a three-year window

Connor et al J Pain and Symptom Management 2007

Retrospective review of Medicare beneficiaries who died between 1998-2002

- Diagnoses: Breast, Prostate, Lung, Colon and Pancreatic Cancer or heart failure

5% sample of this population (Total N=4493) reviewed

“, Mean survival was 29 days longer for hospice patients than for nonhospice patients. In the 6 patient populations reviewed“

“Mean survival was significantly longer for hospice patients with CHF, lung cancer, pancreatic cancer, and marginally significant for colon cancer (P=0.08)“



Effect of a Patient and Clinician Communication-Priming Intervention on Patient-Reported Goals-of-Care Discussions Between Patients With Serious Illness and Clinicians: A Randomized Clinical Trial

Curtis et al JAMA Internal Med 2018

Between 2012 and 2016, Clinicians were randomized to the bilateral, preconversation, communication-priming intervention (n = 65) or usual care (n = 67), with 249 patients assigned to the intervention and 288 to usual care.

Primary outcome was patient-reported occurrence of a goals-of-care conversation during a target outpatient visit.

Authors note

- A significant increase in GOC discussion at the target visit (74% vs 31%; $P < .001$)
- Increased medical record documentation (62% vs 17%; $P < .001$)
- Increased patient-rated quality of communication (4.6 vs 2.1; $P = .01$).

Symptoms of depression or anxiety were not different between groups at 3 or 6 months



2. Reducing HealthCare Costs

REDUCE INAPPROPRIATE/UNNECESSARY COSTS



Changing the culture around End of Life Care in the Trauma Intensive Care Unit.

Mosenthal et al. *J Trauma* 2008;64:1587-1593.

2 Part Intervention

Part I: Early (at admission) family bereavement support, assessment of prognosis, and patient preferences

Part II (within 72 hours) interdisciplinary family meeting.



Changing the culture around End of Life Care in the Trauma Intensive Care Unit

Mosenthal et al. *J Trauma* 2008;64:1587-1593.

Discussion of goals of care by physicians on rounds increased from 4% to 36% of patient-days.

DNR orders and withdrawals were instituted earlier in hospital course

ICU length of stay was decreased in patients who died (2 days)

Rates of mortality (14%), DNR (43%), and W/D (24%) were unchanged



Cost Savings Associated With US Hospital Palliative Care Consultation Programs

Morrison RS et al. *Arch Int Med*.2008;168(16)1783-1790.

Analyzed administrative data from 8 hospitals with established palliative care programs between 2002 through 2004.

Patients receiving palliative care were matched by propensity score to patients receiving usual care

2966 palliative care patients who were discharged alive, 2630 palliative care patients (89%) were matched to 18,427 usual care patients

Of the 2388 palliative care patients who died, 2278 (95%) were matched to 2124 usual care patients.



Cost Savings Associated With US Hospital Palliative Care Consultation Programs

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	Direct cost/day	Direct cost/admission
Discharged from the hospital anywhere	\$174	\$1696
Died in hospital	\$374	\$4908



3. Improving Patient Care Experience

IMPROVE QUALITY OF LIFE OF PATIENTS AND THEIR FAMILIES



Early palliative care for patients with metastatic non-small cell lung cancer

Temel et al NEJM;2010: 363, 733-742

- QOL using validated scales to assess sx.
 - HADS, FACT-L, PHQ9
- Suggestive of Decreased “aggressive care”
 - Decreased hospitalizations, ED visits and increased duration on hospice
- **Increased survival**
 - 11.6 vs. 8.9 months



Palliative Pandemic Plan," Triage and Symptoms Algorithm as a Strategy to Decrease Providers' Exposure, While Trying to Increase Teams Availability and Guidance for Goals of Care (GOC) and Symptoms Control

Lopez et al. Am J Hospice Pal Care Med 2020

Geriatrics and Palliative Medicine team developed a 2-team approach leveraging triage algorithms for palliative consults as well as acute symptomatic management for both patients diagnosed with or under investigation (PUI) for COVID-19

Goals:

- Triage patients in need of palliative services
- Help with acute symptoms management and the protection of both the patient care team and the families of patients with COVID-19

Results

- Streamlined care in times of crisis
- Provided care to those in need while also supporting frontline staff with primary-level palliative care
- Minimizing the GAP team's risk of infection and burnout during the rapidly changing pandemic response

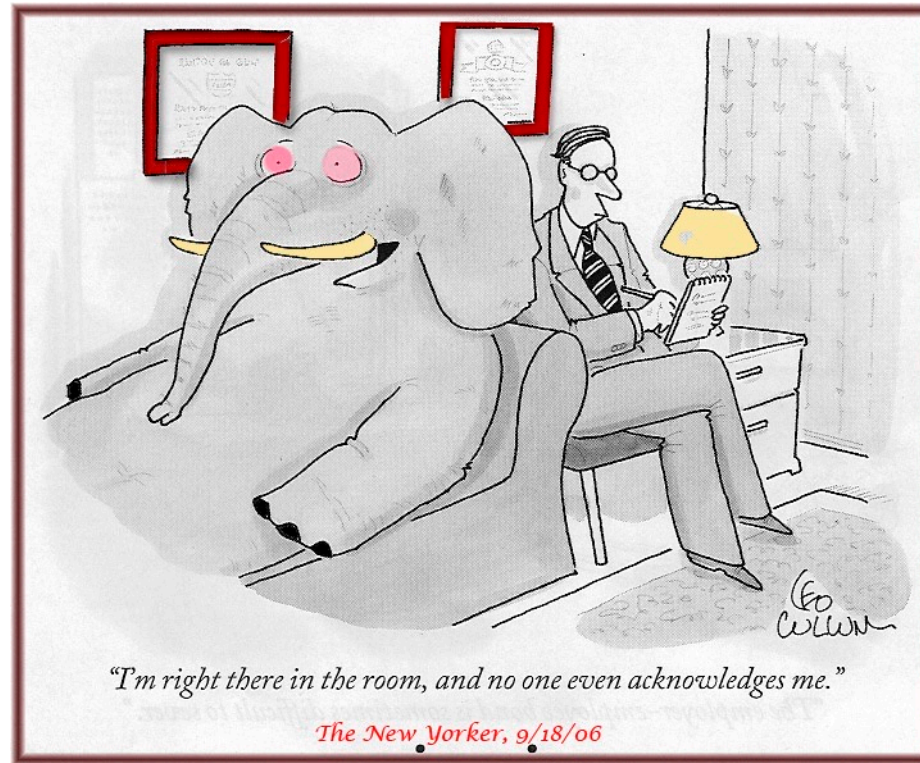


Back to John

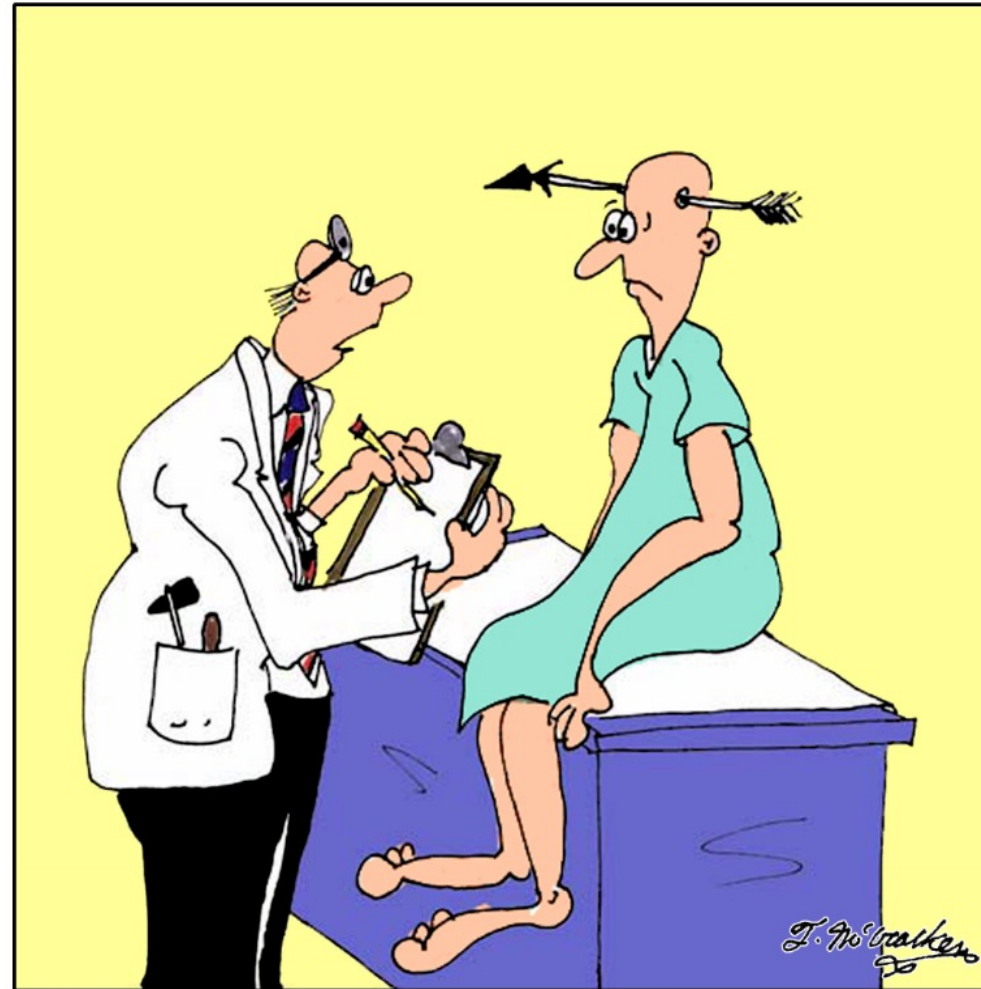
WHY DID HE REQUEST PALLIATIVE CARE AT THE TIME OF
DIAGNOSIS?



He recognized that he had a terminal diagnosis from the start



He wanted to make sure that the care he received was aligned with his goals



“Off hand, I'd say you're suffering from an arrow through your head, but just to play it safe, I'm ordering a bunch of tests.”



Unlike most people he wanted to talk about his advance care directive

RWHC Eye ON Health



“My advance directive was for you not to show up.”



He wanted someone to help him navigate
the health care maze



Why Palliative Care

- It's good medicine
- It supports patients & families at a time when traditionally health care systems have failed them
- It works

