

**Palliative Care:  
A Disruptive Technology for  
the 21<sup>st</sup> Century**

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# Palliative Care

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Relief from  
Suffering

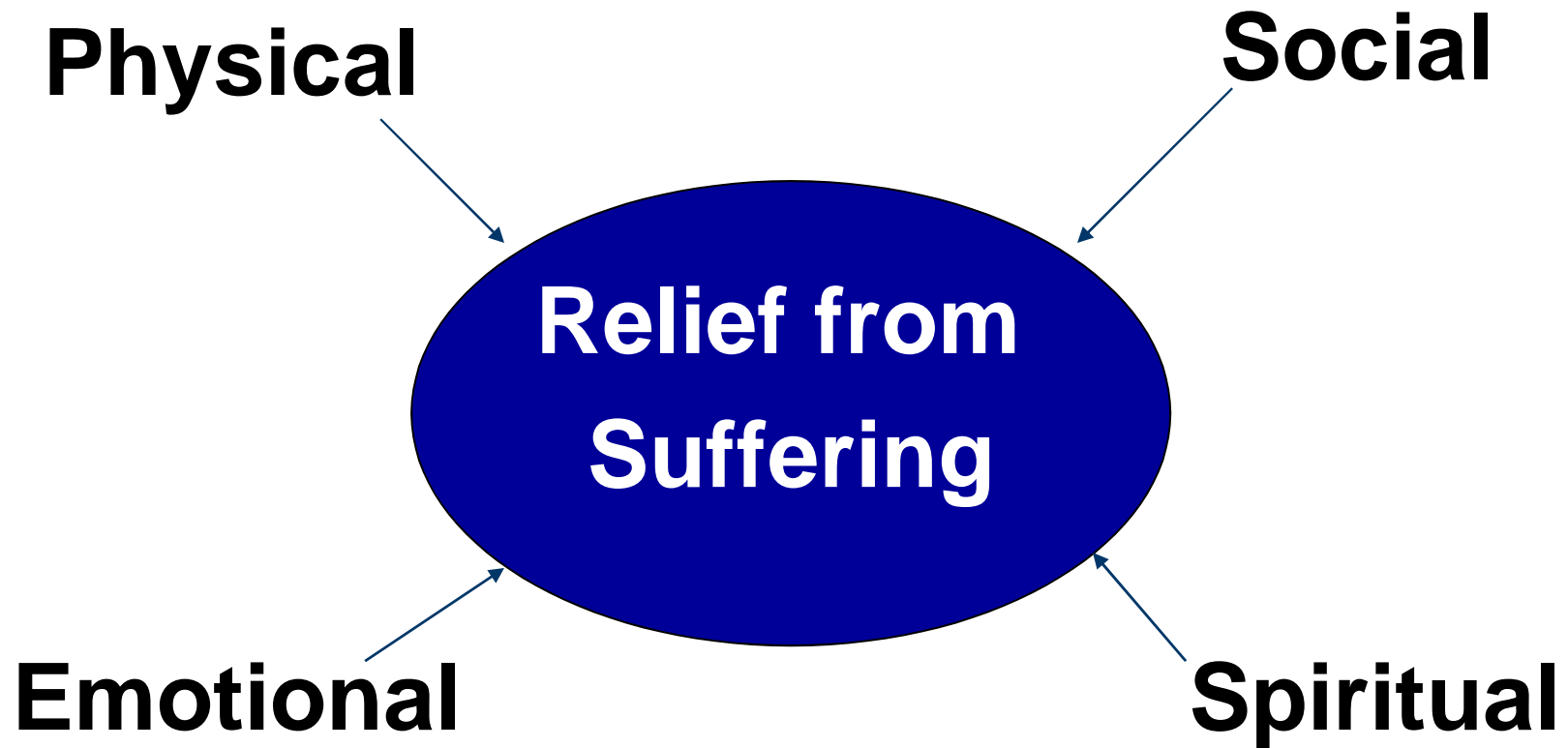
Improve  
Quality of  
Life



Share **Honest Information** with  
Patients and Families

# Defining Palliative Care

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# Definitions

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**Palliative Care is NOT equal to *End-of-Life Care, Hospice, “Death & Dying”***

**Palliative Care is not dependent on prognosis**

**Palliative Care is best managed by an interdisciplinary team**



# **Palliative Care Addresses the 'C' Illnesses**

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- **Cancer**
- **Cardiomyopathies**
- **Cerebrovascular Accident**
- **Chronic Obstructive Pulmonary Disease**
- **Chronic Kidney Disease**
- **Congestive Heart Failure**
- **Coronary Artery Disease**
- **Cirrhosis and Hepatic Failure**
- **Alzheimer's Disease and other Dementias**

# Examples of Palliative Care

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- **Pain Management**
- **Control of Nausea, Dyspnea, Asthenia, Agitation, Anorexia**
- **Establishment of Goals of Care**
- **Advance Directives and DNR**
- **Bereavement Counseling**
- **Transitioning Patients to new Settings**
- **Spiritual Care**

# Family Meeting

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- Patient and Family as unit**
- Honest Discussion**
- Goals of Care Reached**
- Empathy and Compassion**

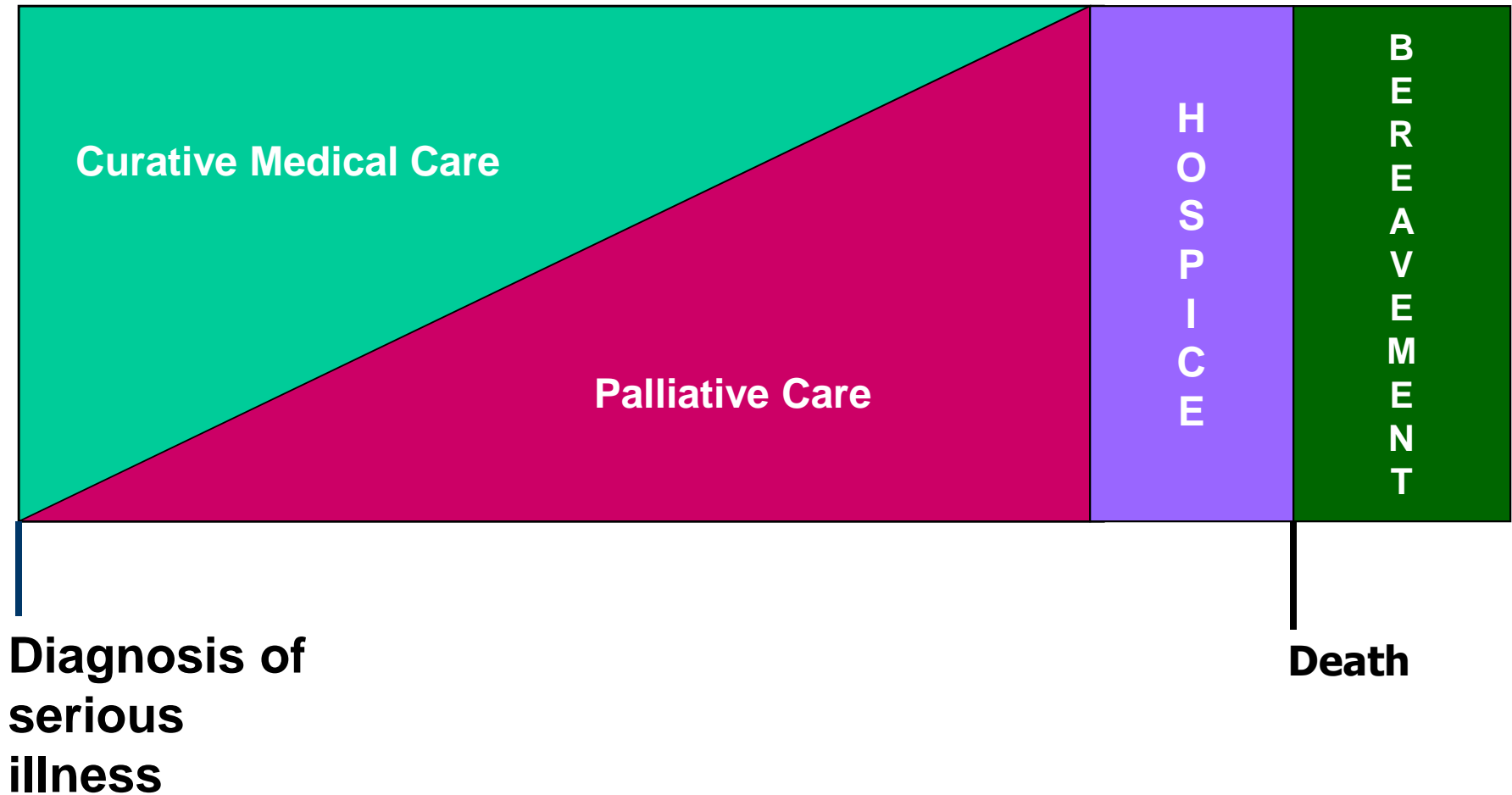






*"There's no easy way I can tell you this, so I'm sending you to someone who can."*

# Palliative Care in the Course of Illness



# Palliative Care vs. Hospice

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**L. *Hospitium*,  
hospitality, literally  
“house and guest”**

**Home based  
palliative care**

**Targets those with  
<6 months life  
expectancy**



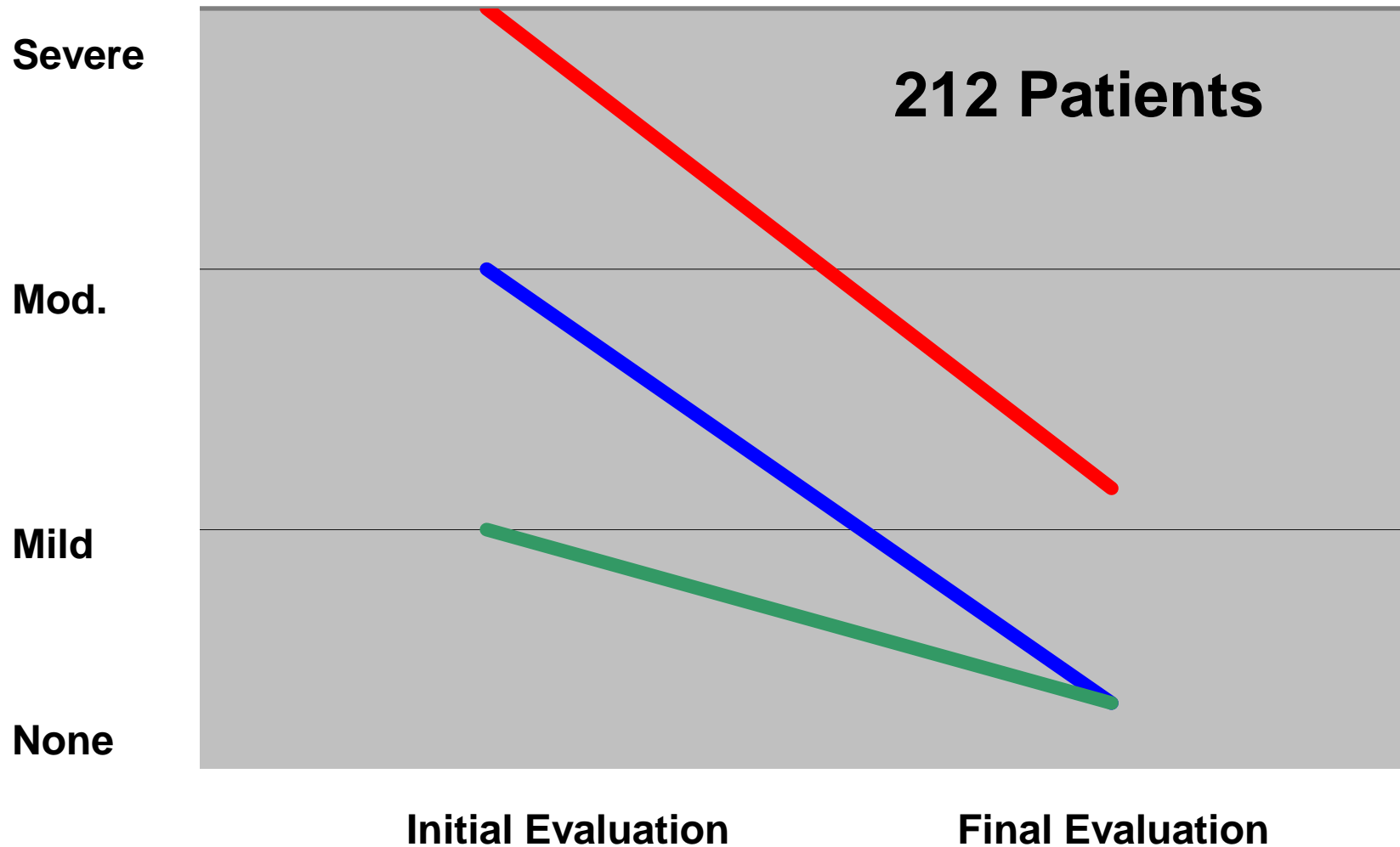


**Palliative  
Care**

**HOSPICE**

# Outcomes

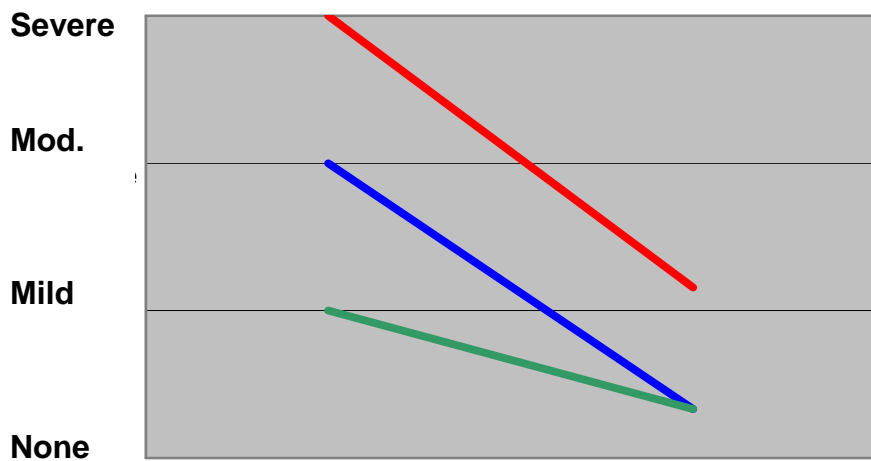
# Reported Pain Scores



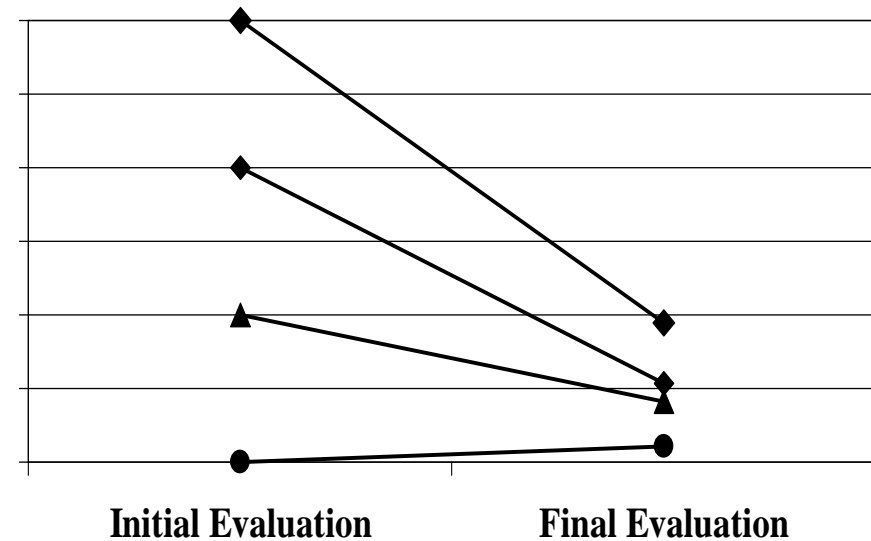
212 Patients seen on the SJMC Palliative Care Consult Service: Oct 2006 – Oct 2007

# Comparison of Pain Scores

**OU**  
212 Patients



**Mt. Sinai Hospital, NYC\***  
3707 Patients



*\*Data Reported by R. Sean Morrison, MD. Presented at 'Building Hospital Based Palliative Care Programs.' sponsored by the Center to Advance Palliative Care (CAPC), San Diego, CA October 2005.*

# Other Symptoms Managed

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<b>Breathlessness</b>	<b>83.0% Reduction</b>
<b>Agitation</b>	<b>61.1% Reduction</b>
<b>Nausea</b>	<b>82.1% Reduction</b>
<b>Constipation</b>	<b>67.3% Reduction</b>
<b>Dry Mouth</b>	<b>62.9% Reduction</b>
<b>Insomnia</b>	<b>75.9% Reduction</b>



<b>Question:</b>	<b>Excellent</b>	<b>Very Good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
<b>Degree to which pain was controlled</b>	<b>68.4%</b>	<b>15.8%</b>	<b>7.9%</b>	<b>5.3%</b>	<b>2.6%</b>
<b>Degree to which symptoms (other than pain) were controlled</b>	<b>77.1%</b>	<b>11.4%</b>	<b>5.7%</b>	<b>2.9%</b>	<b>2.9%</b>
<b>Degree to which team addressed Emotional needs</b>	<b>71.4%</b>	<b>14.3%</b>	<b>7.1%</b>	<b>3.6%</b>	<b>3.6%</b>
<b>Degree to which team addressed Spiritual needs</b>	<b>76.9%</b>	<b>15.4%</b>	<b>0.0%</b>	<b>3.8%</b>	<b>3.8%</b>
<b>Degree to which team included you in decisions about care</b>	<b>71.0%</b>	<b>22.6%</b>	<b>6.5%</b>	<b>0.0%</b>	<b>0.0%</b>
<b>Degree to which team treated you with respect and dignity</b>	<b>73.5%</b>	<b>20.6%</b>	<b>5.9%</b>	<b>0.0%</b>	<b>0.0%</b>
<b>Degree to which team addressed your overall well-being &amp; comfort</b>	<b>63.9%</b>	<b>19.4%</b>	<b>2.8%</b>	<b>5.6%</b>	<b>8.3%</b>
<b>Degree to which discharge process was smooth/hassle free</b>	<b>62.1%</b>	<b>24.1%</b>	<b>0.0%</b>	<b>10.3%</b>	<b>3.4%</b>
<b>Overall assessment of Palliative Care team</b>	<b>68.6%</b>	<b>14.3%</b>	<b>14.3%</b>	<b>0.0%</b>	<b>2.9%</b>

Telephone Survey of 67 patients/families following discharge date of at least 30 days. Patients were picked at random. Responses from 43 completed surveys are recorded above.

# Satisfaction Results

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**83 – 94% responded very favorably, reporting ‘excellent’ or ‘very good.’ satisfaction with Palliative Care**



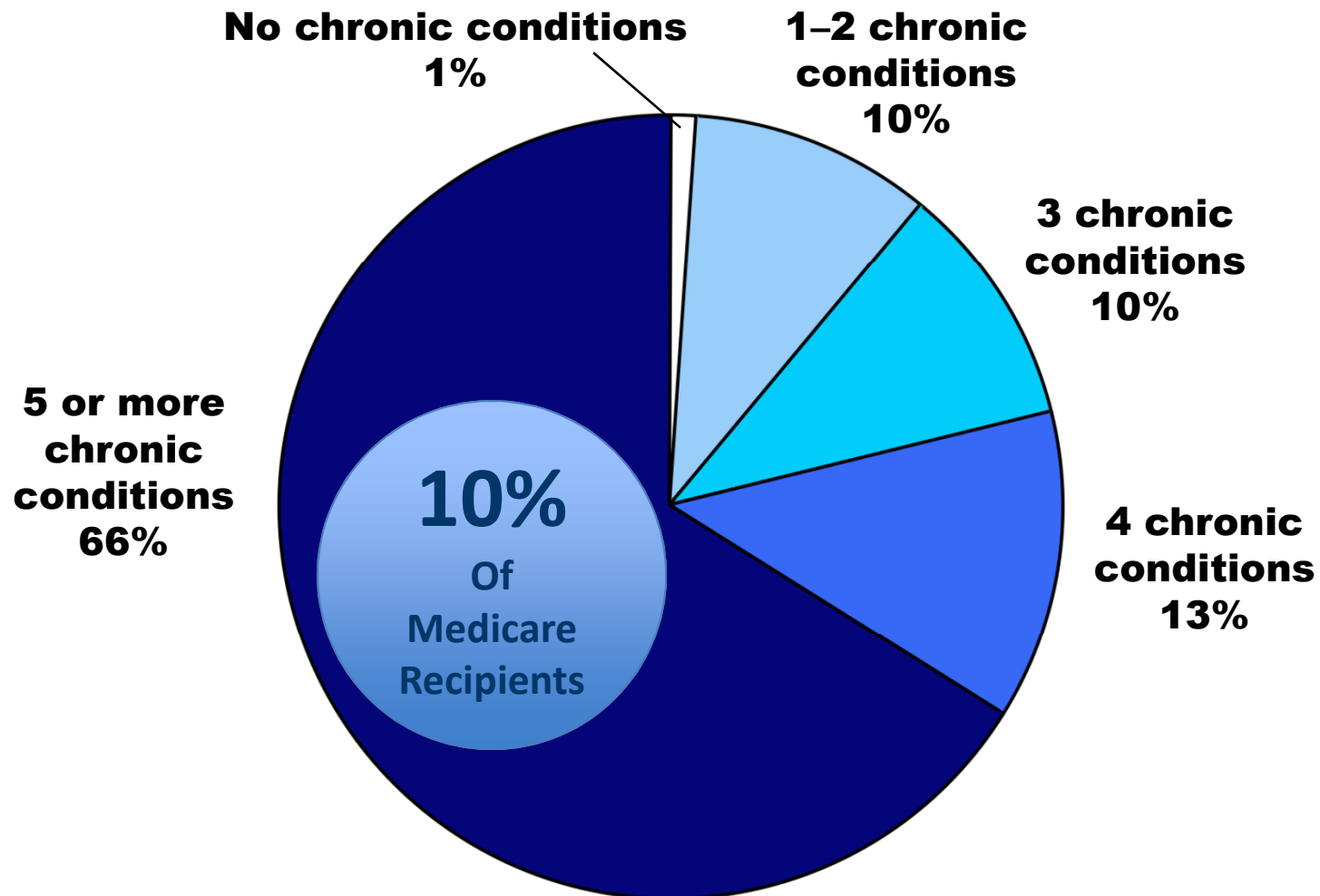
# Follow the Money...

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# Two-Thirds of Medicare Spending Is for People with Five or More Chronic Conditions

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Source: The Commonwealth Fund; Data from G. Anderson and J. Horvath, *Chronic Conditions: Making the Case for Ongoing Care* (Baltimore, Md.: Partnership for Solutions, Dec. 2002)

# Beyond Medicare...

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**67% of all Health Care spending goes to the sickest 5% - 10% of enrollees**

# The Cost of Healthcare

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- **Medical Debt is the greatest source of personal (and corporate) bankruptcy <sup>1</sup>**
  
- **When a death occurs, 30% of American Families enter Poverty <sup>2</sup>**

1. Himmelstein, et al. Health Affairs, Feb 2005  
2. Covinsky, et al. JAMA 1994; 272:1839-44

# Cost Avoidance - 2009

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<i>Service</i>	<i>Cases</i>	<i>Cost/Case</i>
<b>Usual Care</b>	<b>1329</b>	<b>\$8,427</b>
<b>Palliative Care</b>	<b>130</b>	<b>\$5,575</b>
<b>Savings/Case</b>		<b>\$2,852</b>

# Length-of Stay-Savings 2009

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<i>Service</i>	<i>Cases</i>	<i>LOS</i>
<b>Usual Care</b>	<b>1329</b>	<b>11.1</b>
<b>Palliative Care</b>	<b>130</b>	<b>8.5</b>
<b>Savings/Case</b>		<b>2.6 days</b>



# Palliative Care LOS and Cost Savings over 4 years

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*Total Days Saved 2005 - 2009*

**3,767**

*Total Costs Saved 2005 - 2009*

**\$2,333,171**

# Estimated National Economic Impact

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**Estimated savings now based on palliative care services at 50% of U.S. hospitals, seeing 1.5% of all admissions:**

**Direct cost savings = \$1.2 billion/year**

Estimates conservative, based on 2007 levels of penetration; relatively high % of live hospital discharges (savings much greater for hospital deaths), payer mix 40% Medicare.

Estimates based on Morrison et al, *Arch Intern Med*, 2008;

Siu et al, *Health Affairs*, 2009; Berenson et al, RWJF and Urban Institute, 2009.

Assumes relatively high % of live hospital discharges (savings much greater for hospital deaths) & payer mix 40% Medicare

**Thank You**