

HOSPICE & PALLIATIVE CARE

TREATMENT OPTIONS THROUGHOUT
THE LIFE CYCLE

Ira Stein, MD, FACP

LEARNING OBJECTIVES

- WHAT IS THE DARTMOUTH ATLAS STUDY
 - AND WHAT DOES IT SAY ABOUT ATLANTICARE?
- HOW IS PALLIATIVE CARE DIFFERENT THAN HOSPICE CARE
- WHAT ARE THE BASIC PRINCIPLES OF PALLIATIVE CARE?

DEATH IS THE ENEMY!

- DEATH RATE IS 100%
- IF DEATH IS THE ENEMY, ULTIMATELY YOU WILL ALWAYS LOSE
- THERE IS A TIME FOR EVERYTHING
- A GOOD DEATH IS AS LEGITIMATE GOAL AS LEADING A GOOD LIFE
- SYMPTOM RELIEF WHETHER CURE IS POSSIBLE OR NOT

What Do Patients with Serious Illness Want?

- Pain and symptom control
- Avoid inappropriate prolongation of the dying process
- Achieve a sense of control
- Relieve burdens on family
- Strengthen relationships with loved ones

Singer et al. *JAMA* 1999;281(2):163-168.

WHAT DO PATIENTS FREQUENTLY GET?



Relationship of Advance Directive to Hospital Charge in M'Care population

- With Advance Directive
 - \$30,478
- Without Advance Directive
 - \$95,305
- Chambers CV, Diamond JJ, Perkel RL, Lasch LA
- Arch Intern Med 1994 Mar 14;154(5):541-7

Dartmouth Atlas of Health Care 2008

- Medicare beneficiaries with serious chronic illness in last two years of life
- All sectors of care measured
- Wide variation in state to state spending
- New Jersey top of list in Hospital care spending

Hospital Care Intensity Index

- **Most Aggressive**
- New Jersey
- New York
- District of Columbia
- Louisiana
- Hawaii
- **Least Aggressive**
- Montana
- Washington
- Idaho
- Oregon
- Utah

Total Medicare reimbursements per enrollee (Part A and B)				
HSA Level Rates (2006)				
Area	Population	Rates	Ratio to Benchmark	Surplus/Deficit
*National Average	25,935,924	8303.75	-	-
Atlantic City . NJ	18,722	9587.81	1.15	24,040,212
State: New Jersey	856,395	9551.04	1.15	1,068,166,611
Total Part A Medicare reimbursements per enrollee				
HSA Level Rates (2006)				
Area	Population	Rates	Ratio to Benchmark	Surplus/Deficit
*National Average	25,935,924	4536.27	-	-
Atlantic City . NJ	18,722	5361.88	1.18	15,457,010
State: New Jersey	856,395	5328.46	1.17	678,426,026
Medicare reimbursements for home health services per enrollee				
HSA Level Rates (2006)				
Area	Population	Rates	Ratio to Benchmark	Surplus/Deficit
*National Average	25,935,924	434.46	-	-
State: New Jersey	856,395	302	0.7	-113,441,182
Atlantic City . NJ	18,722	291.12	0.67	-2,683,488
Medicare reimbursements for inpatient short stays per enrollee				
HSA Level Rates (2006)				
Area	Population	Rates	Ratio to Benchmark	Surplus/Deficit
*National Average	25,935,924	2979.11	-	-
Atlantic City . NJ	18,722	3876.39	1.3	16,798,884
State: New Jersey	856,395	3650.46	1.23	574,940,875

* Benchmark Area

	Bayshore	A'Care	Cooper
HCI percentile	97.4	86.9	65.5
M"Care tot	\$61,532	\$56,617	\$68,014
Inpt	\$36,751	\$34,584	\$46,166
home health	\$2,595	\$1,973	\$2,108
hospice	\$1,949	\$1,133	\$1,159

Pt experience at End of Life

	A'Care	US Avg
% inpt death	46.9	36.2
% death/ICU stay	24.1	20
% hospice	23.6	31.6
avg hospice days	6.9	11.6

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Discomfort ratings for 16 common hospital procedures

Severe Discomfort

- Nasogastric tube
- Mechanical ventilation
- Mechanical restraints
- Central line placement

Moderate Discomfort

- Arterial blood gas
- Urethral catheter

Mild Discomfort

- IV insertion
- Phlebotomy
- IV catheter
- IM/SC injection
- Waiting for procedures
- Movement from bed to chair
- Chest X-ray

No Discomfort

- Transfer to a procedure
- Vitals signs
- PO medications

Morrison et al, JPSM 1998.

Pain Among Patients With Serious Illness in the Hospital

% of 5176 patients reporting moderate to severe pain between days 8-12 of hospitalization:

colon cancer	60%
liver failure	60%
lung cancer	57%
MOSF + cancer	53%
MOSF + sepsis	52%
COPD	44%
CHF	43%

Dechamps & Wu, JGIM 2000;15:1382-1387

Family Satisfaction with Hospitals as the Last Place of Care

2000 mortality follow-back survey, n=1578 decedents

Not enough contact with MD:	78%
Not enough emotional support (patient):	51%
Not enough emotional support (family):	38%
Not enough help with pain/SOB:	19%
Not enough information about what to expect with the the dying process:	50%

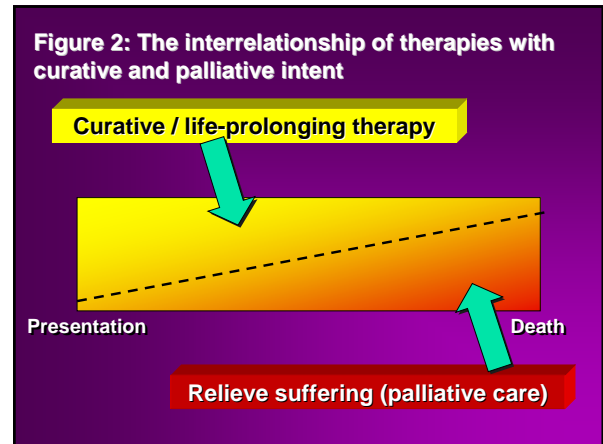
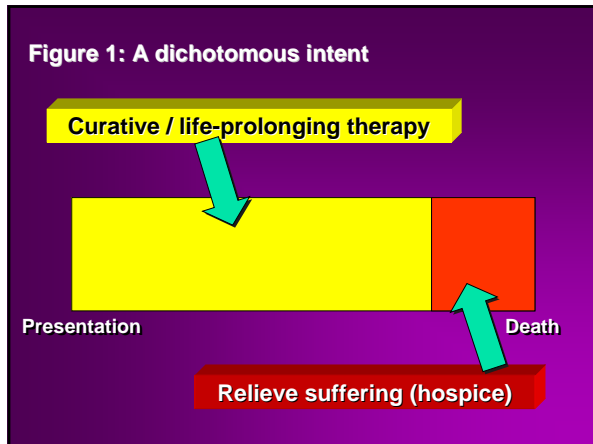
Teno et al. JAMA 2004;291:88-93.

The Nature of Suffering and the Goals of Medicine

The relief of suffering and the cure of disease must be seen as twin obligations of a medical profession that is truly dedicated to the care of the sick. Physicians' failure to understand the nature of suffering can result in medical intervention that (though technically adequate) not only fails to relieve suffering but becomes a source of suffering itself.


Cassell, Eric NEJM 1982;306:639-45.






What Is Palliative Care?

Medical treatment that aims to relieve suffering and improve quality of life *simultaneously with all other appropriate treatment* for patients with advanced illness, and their families.



Specifically:

Palliative Care Is	Palliative Care Is NOT
✓ Excellent, evidence-based medical treatment	✗ Not “giving up” on a patient
✓ Vigorous care of pain and symptoms throughout illness	✗ Not in place of curative or life-prolonging care
✓ Care that patients want <i>at the same time</i> as efforts to cure or prolong life	✗ Not the same as hospice



Palliative Care in Practice

- Expert control of pain and symptoms
- Uses the crisis of the hospitalization to facilitate communication and decisions about goals of care with patient and family
- Coordinates care and transitions across fragmented medical system
- Provides practical support for family and other caregivers




Palliative Care vs Hospice Care



Does Hospital Palliative Care Improve Outcomes?

Results from Systematic Reviews

Compared to conventional care, HPCTs were associated with significant improvements in:

- Pain
- Non-pain symptoms
- Patient/family satisfaction
- Hospital length of stay, in-hospital deaths

* Jordhay et al Lancet 2000; Higginson et al, JPSM, 2003; Finlay et al, Ann Oncol 2002; Higginson et al, JPSM 2002.

Hospice as the Last Place of Care

As compared to hospital, nursing home, and home care, *hospice care at home superior* for

- Pain
- Emotional support
- Contact with MD
- Respect
- Family support
- Knowing what to expect
- **Overall quality**

Hospice rated excellent by 71% vs. <50% at all other sites

Teno et al. JAMA 2004;291:88-93.

Timing of Referrals to Hospice and Palliative Care is Late

- Median length of stay in hospice = 22 days
- 35% of hospice patients receive care for < 1 week before death
- 9.2% 180 days or less
- Median LOS in hospital before palliative care consultation = 18 days

www.nhpco.org and Mount Sinai Hospital Palliative Care Consult Service data

Late Referral Decreases Quality

- 237 bereaved family members of hospice patients asked about timing of the referral
- 13.7% reported referral "too late"
- Compared to family members referred early or at the right time, these respondents reported
 - Lower satisfaction
 - More unmet needs
 - Lower confidence
 - More concerns about coordination

Schockett, Teno, Miller, Stuart. JPSM 2005



Our choice...

- Relieve Suffering *or* Treat to Cure
- Relieve Suffering **AND** Treat to Cure (if possible)
- Timely referral to Hospice Care



Core principles of palliative care

- Team approach
- Patient & Family as treatment unit
- Establish/review goals of care
- Assess for all dimensions of pain/suffering
- Aggressive treatment for all symptoms



Palliative care team

- APN/Physician
- Nursing
- Clergy
- Social Work Services
- Rehabilitation Services



Patient-family unit

- Catastrophic illness affects more than just the patient
- Patient decisions influenced by family dynamics



Goals of care

- Identify decision maker(s)
- Discuss Diagnosis & Treatment options
- Benefits & burdens of each option
- Patient's life goals & priorities
- Consensus plan
- Re-evaluate as conditions change



Pain-Suffering

- Physical
- Emotional
- Social
- spiritual



Physical pain

- Nociceptive
 - Somatic
 - visceral
- Neuropathic



Nociceptive pain

- Non-opioids
 - Salicylates
 - Acetaminophen
 - NSAIDs-non-selective vs selective COX-2
- Opioids-WHO Treatment Ladder
 - Partial agonist
 - Full agonists
 - Mixed agonist/antagonists



Neuropathic pain

- Antidepressants (inhibitors of Ne reuptake)
- Anticonvulsants
- Opioids
- Adjuvants



Palliative care team

- Emotional pain
- Social pain
- Spiritual pain



Key sites for Palliative care

- Emergency Department
- Critical Care Units
- Floors
- Outpatient



Thank You

- Questions?