Palliative Care

Oklahoma Osteopathic Association
2019 Summer CME Seminar
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Disclosures

- Dr. Clark has no financial disclosures pertinent to today’s topic.
Today’s Objectives

Something Old: Define Palliative Care

Something New: Evidence for Palliative Medicine

Something Borrowed: Benefits of Palliative Care

Something Blue: System Effects of Palliative Care
SOMETHING OLD...
Americans are Living Longer

Centers for Disease Control (CDC) www.cdc.gov
Chronic Illness

There is a 90% chance patients will grow older with worsening medical problems.
The ‘C’ Diseases:

- Cancer
- CHF
- CVA
- CAD
- COPD
- CKD
- Cirrhosis
- Cognitive Disorders
What Patients Want

Sudden Death

Health Status

Time
What do Patients with Serious Illness Want?

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

What they get...

- Sudden Death
- Cancer-like Illness
- Chronic Illness
- Frailty

Adapted from Lunney, 2003
What do Hospitalized Patients Get?

- Physical suffering
- Poor communication regarding goals of medical care
- Care discordant with patient and family preferences
- Financial, physical, and emotional burdens on family

Suffering...

Patient Distress

Professional Health Care Distress
-Providers
-System

Family Distress
Defining Palliative Care

Palliative care is specialized medical care for people with serious illnesses.

- Palliative care is focused on providing patients with relief from the symptoms, pain, and stress of a serious illness - whatever the diagnosis.

- The goal is to improve quality of life for both the patient and the family.

- Palliative care is provided by a team of doctors, nurses, and other specialists who work with a patient’s other doctors to provide an extra layer of support.

- Palliative care is appropriate at any age and at any stage in a serious illness and can be provided together with curative treatment.

Center to Advance Palliative Care (CAPC)
Pornography?! 

- Consultant delivery model...inpatient, outpatient, home 

- Addressing the domains of Palliative Care: 
  - Advance decision making and prognostication 
  - Complex symptom management 
  - Psycho-social assessments and interventions 
  - Spiritual/existential 

Adapted from National Consensus Project
What it is NOT.....

- Palliative Care is not limited to:
  - End-of-Life Care
  - Hospice
  - “Death & Dying”

- Palliative Care is not dependent on prognosis

- Palliative Care is not just for the elderly, it is for patients of all ages
The Either/Or Paradigm

Disease Progression

Life Prolonging Care

Palliative Care/ Hospice

DEATH
Both/ &

Curative Care
Life-Extending Care
Palliative Care
EOL Care
Family Support
Loss/Grief/Bereavement

Time
Death

Adapted from Feudtner et al, BMC Medicine 2003
When to Consult Palliative Care

• Unrelieved suffering
• 7+ days in the hospital without clear goals
• 3+ days in the ICU without clear goals
• Multiple readmissions for same diagnosis
• DNR/AD uncertainties
• Patient-Family vs. Provider discord
“There’s no easy way I can tell you this, so I’m sending you to someone who can.”
SOMETHING NEW…
Early Palliative Care for Patients with Metastatic Small Cell Lung Cancer

Jennifer Temmel, MD, et al
Letting Go

What should medicine do when it can't save your life?

By Atul Gawande
July 26, 2010

Physician led discussion about dying in America
Palliative care is a standard

Meta-Analysis Highlights Improvements in Quality of Life and Reduced Symptom Burden through Palliative Care

SOMETHING BORROWED...
Meeting Hospital System Needs

- Improved patient, family and provider experience
- Efficient use of hospital resources
- Increase capacity, reduce costs
- Identifying and eliminating medically invalid options, thus reducing unnecessary and expensive care
- Reduce unnecessary readmissions
- Retain Staff
The New Normal
Palliative Care Programs in U.S. Hospitals with 50 or more beds, 2000-2016*

- Count of Hospitals with Palliative Care Program
- Percent of Hospitals with Palliative Care Program
SOMETHING BLUE...
Wrong turn
Average life expectancy at birth, years

- Japan
- France
- United States
- Britain
- Germany

1980 85 90 95 2000 05 10 16
84 82 80 78 76 74 72
Health Care Spending as Percentage of GDP

Source: OECD Health Data 2013.
Produced by Veronique de Rugy, Mercatus Center at George Mason University.
Wedges & WASTE
The Costs of Health Care

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

■ Medical Debt contributes to 25% of personal (and corporate) bankruptcy

■ When a death occurs, 30% of American Families enter Poverty

1. Agency for Healthcare Research and Quality (AHRQ)
2. Himmelstein, et al. Health Affairs, Feb 2005,
Per Capita Health Care and Social Service Spending – 34 OECD Countries

Bradley, E. The American Health Care Paradox, 2013
INCOME INEQUALITY IS BAD FOR YOUR HEALTH
How did we get here?

- Social
  - WWII & GI Bill
  - 60’s-70’s assertion of autonomy
  - 80’s greed culture

- Medical
  - Biggest growth of medical technology in human history was in the last 100 years
  - Paradigm shift:
    - Paternalism
    - Patient Autonomy
    - Shared Decision making
Shared decision-making...

- 90% of health has nothing to do with healthcare
- Just because we can doesn’t mean we should...
- More doesn’t equal better...
Estimated National Economic Impact

Estimated savings 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
Summary

• Palliative Care is standard of care for those patients with serious illness...of any age and at any stage

• Palliative Care offers: Prognostication, advance care planning, complex symptom management, psychosocial intervention, and spiritual support
Summary

- Palliative Care promotes quality of life and shares honest information among patients, family members, physicians, friends, counselors, clergy and attorneys may prevent unnecessary, unwanted, burdensome care in patients with complex illness.
Summary

- Palliative Care may improve QOL and Survival in Patients with Serious Illness

- At the same time, Palliative Care might reduce our nation’s runaway health care spending...
With Gratitude...

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