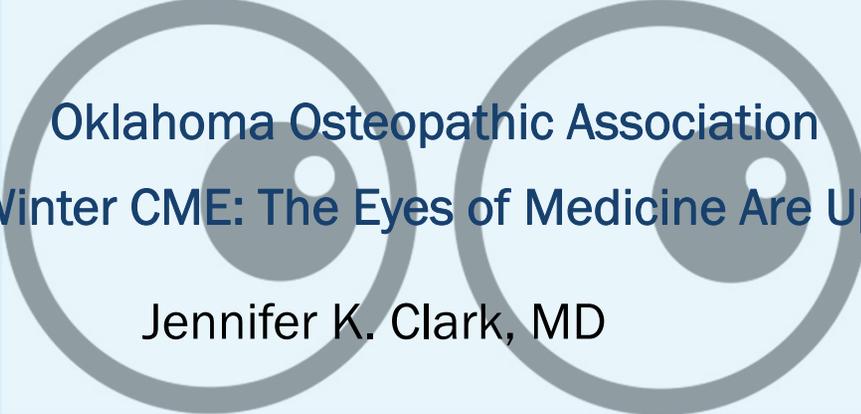


# Palliative Care

Something **Old**  
Something **New**  
Something **Borrowed**  
Something **Blue**

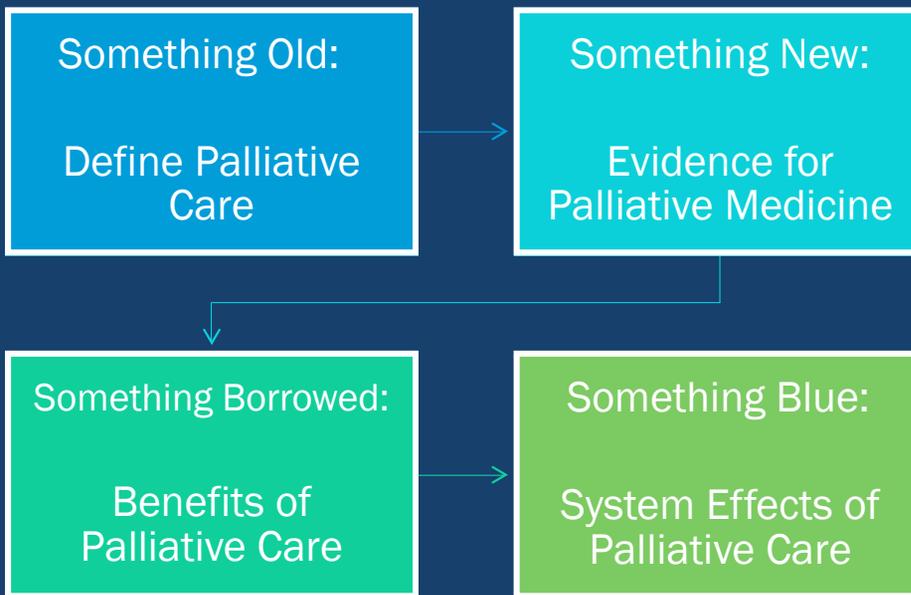
A stylized graphic of two eyes, each represented by a large grey circle with a smaller grey circle inside, and a white dot in the center. The eyes are positioned behind the text in the central box.

Oklahoma Osteopathic Association  
2020 Winter CME: The Eyes of Medicine Are Upon You

Jennifer K. Clark, MD

# Disclosures

- Dr. Clark has no financial disclosures pertinent to today's topic.

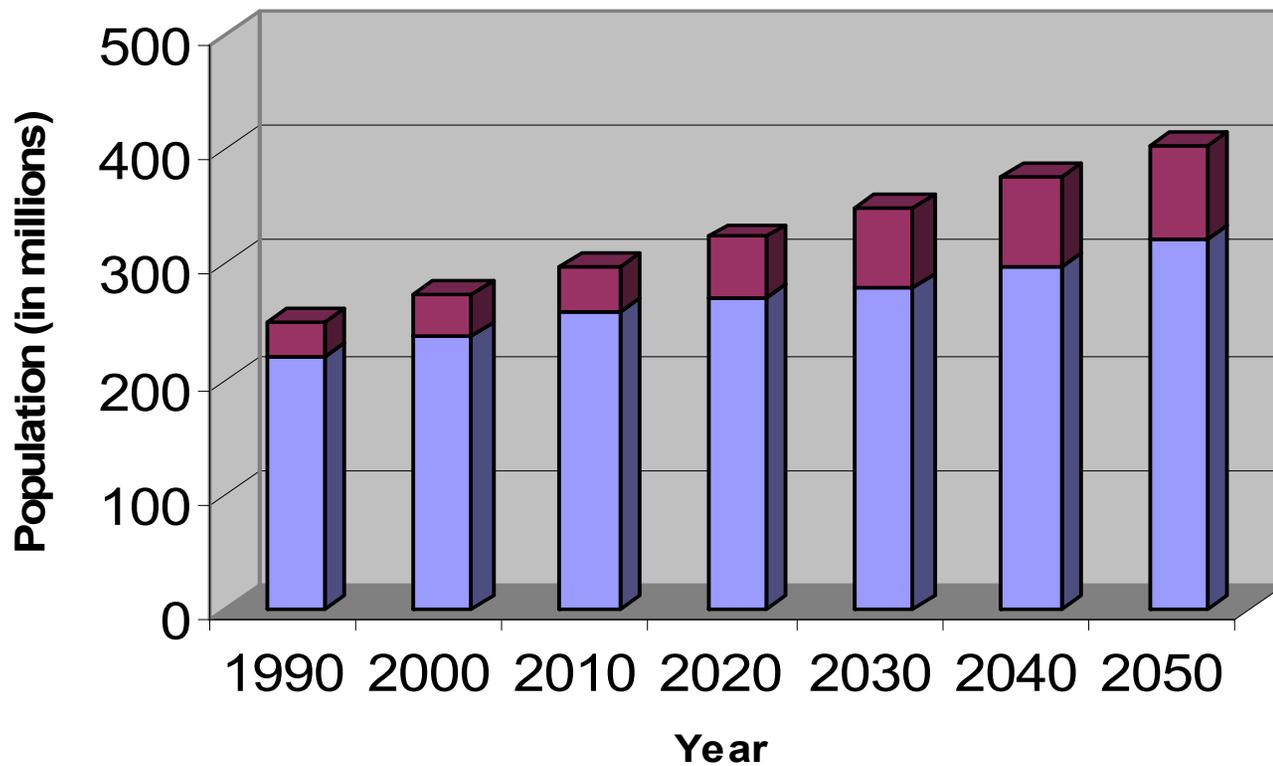


# Today's Objectives



SOMETHING  
OLD...

# Americans are Living Longer



Centers for Disease Control (CDC) [www.cdc.gov](http://www.cdc.gov)



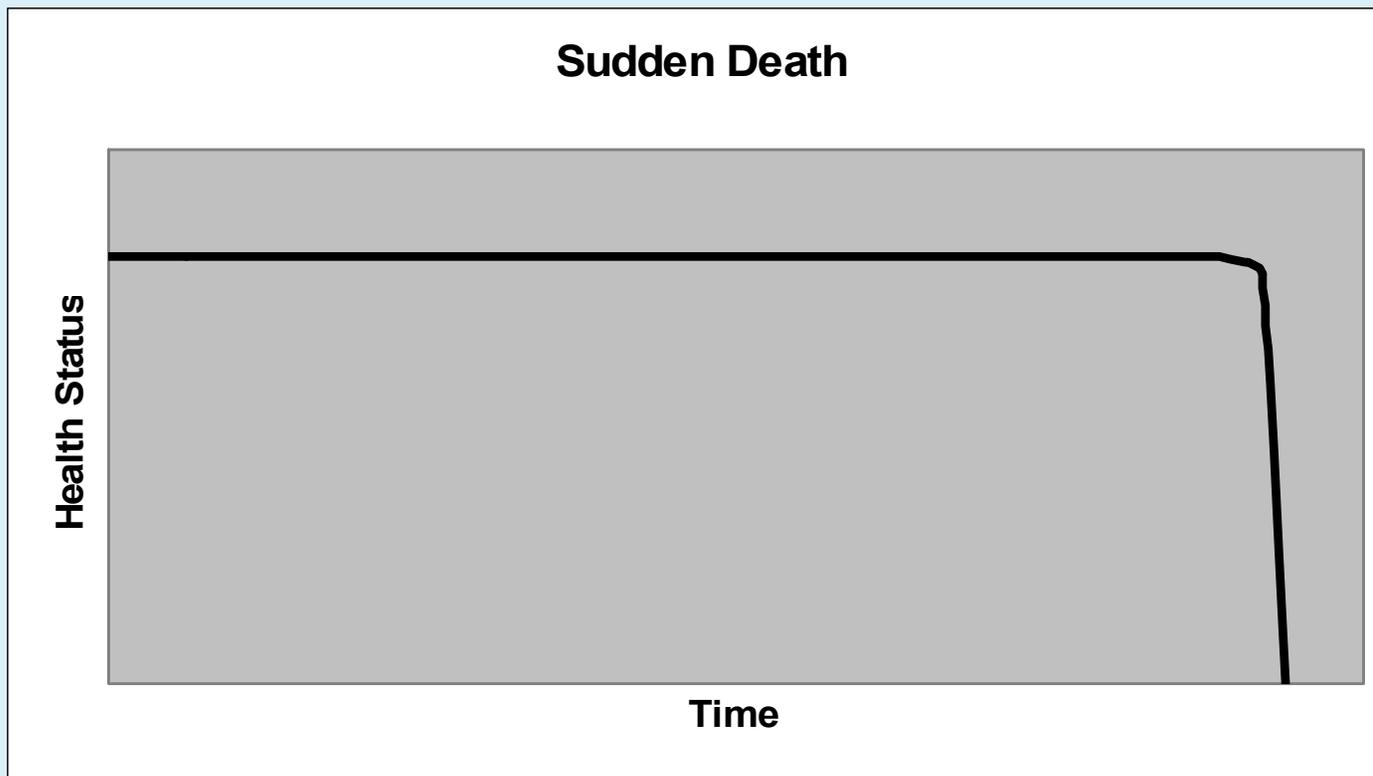
## Chronic Illness

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

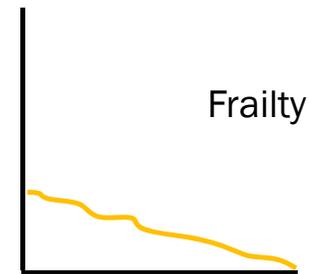
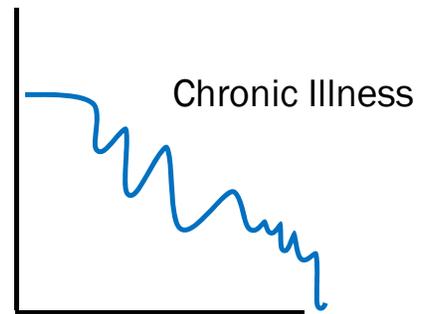
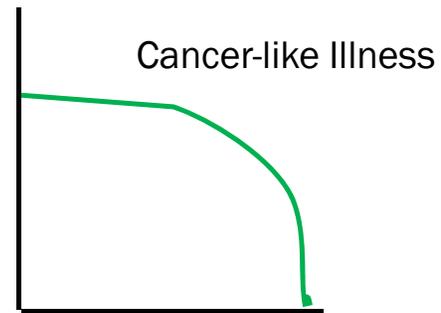
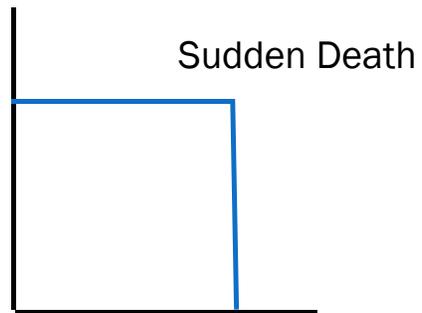


## What do Patients with Serious Illness Want?

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

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

# What they get...



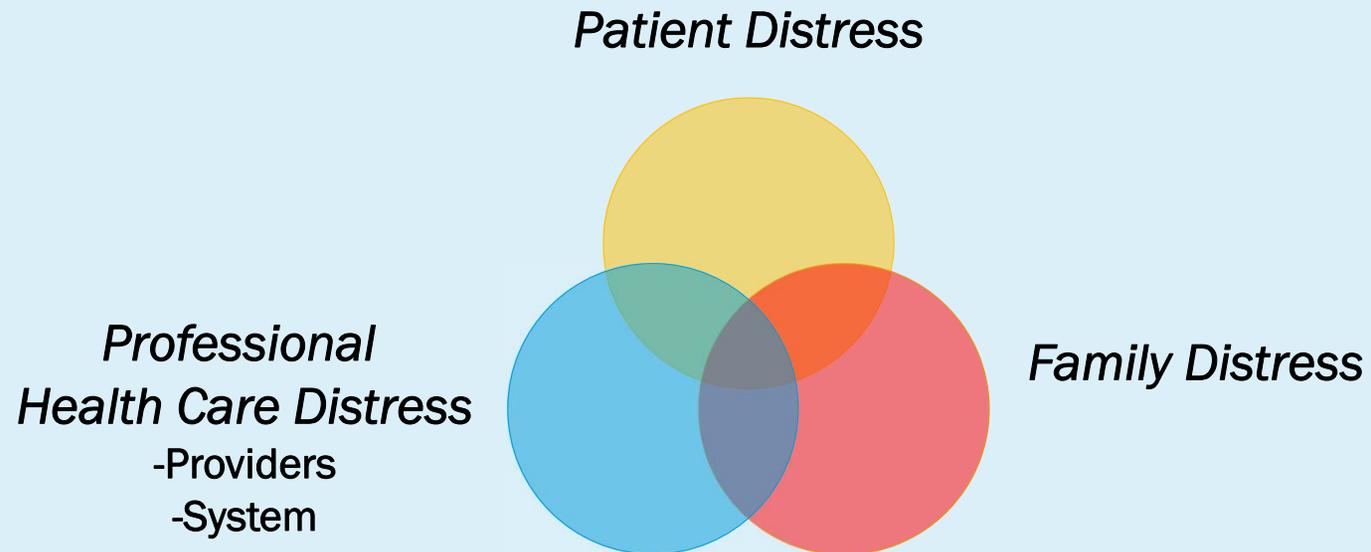
Adapted from Lunney, 2003

## 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

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

# Suffering...



# 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**.

# 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

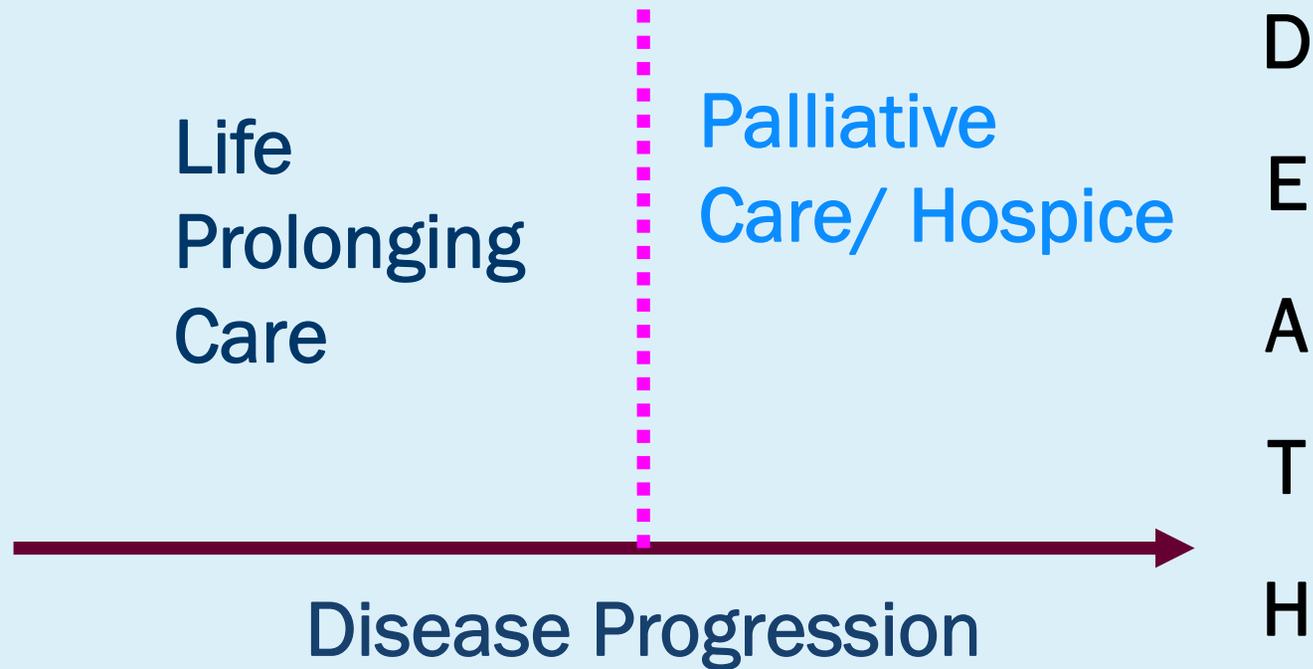
Adapted from National Consensus Project

# What it is NOT.....

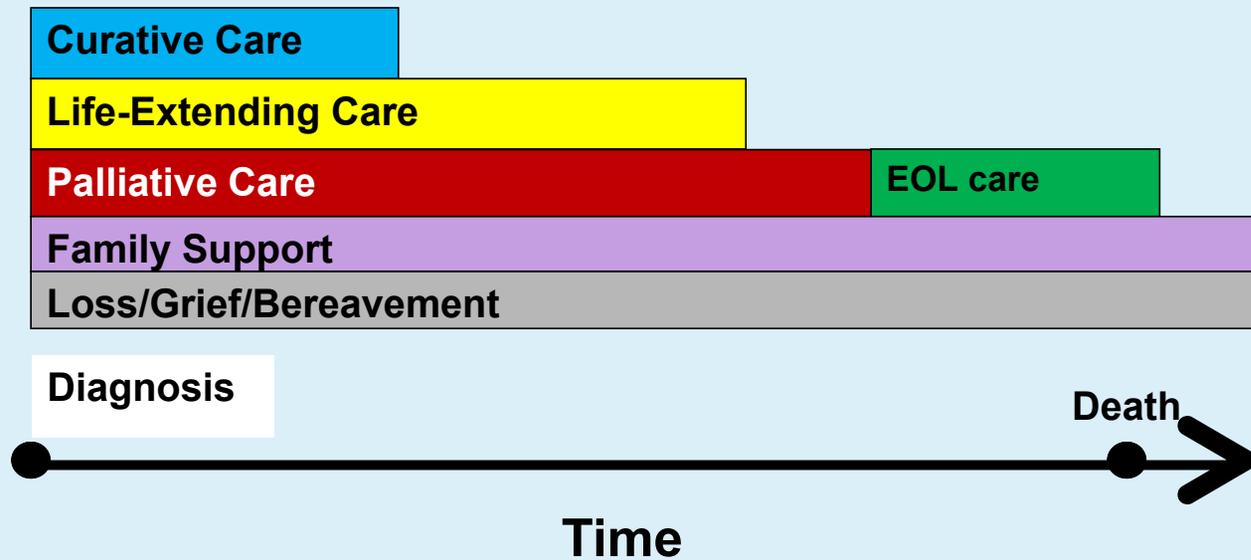
- Palliative Care is not limited to:
  - *End-of-Life Care*
  - *Hospice*
  - *“Death & Dying”*
- Palliative Care is not dependent on prognosis
- Palliative Care is not just for the elderly, it is for patients of all ages



# ~~The Either/Or Paradigm~~



# Both/&



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

© Cartoonbank.com



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



**SOMETHING  
NEW...**



The NEW ENGLAND  
JOURNAL of MEDICINE

## Early Palliative Care for Patients with Metastatic Small Cell Lung Cancer

Jennifer Temmel, MD, et al

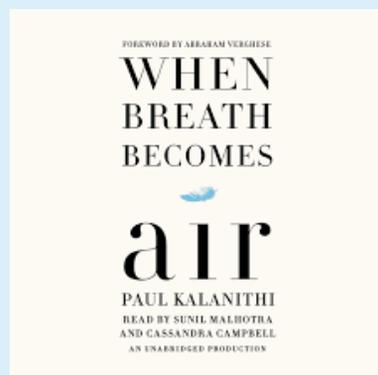
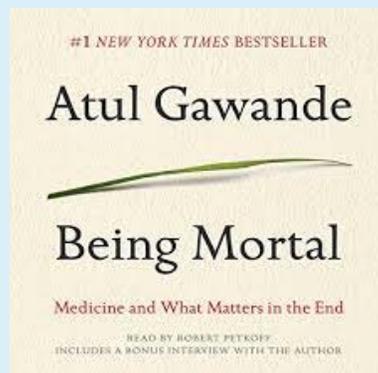
# Letting Go

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



By [Atul Gawande](#)

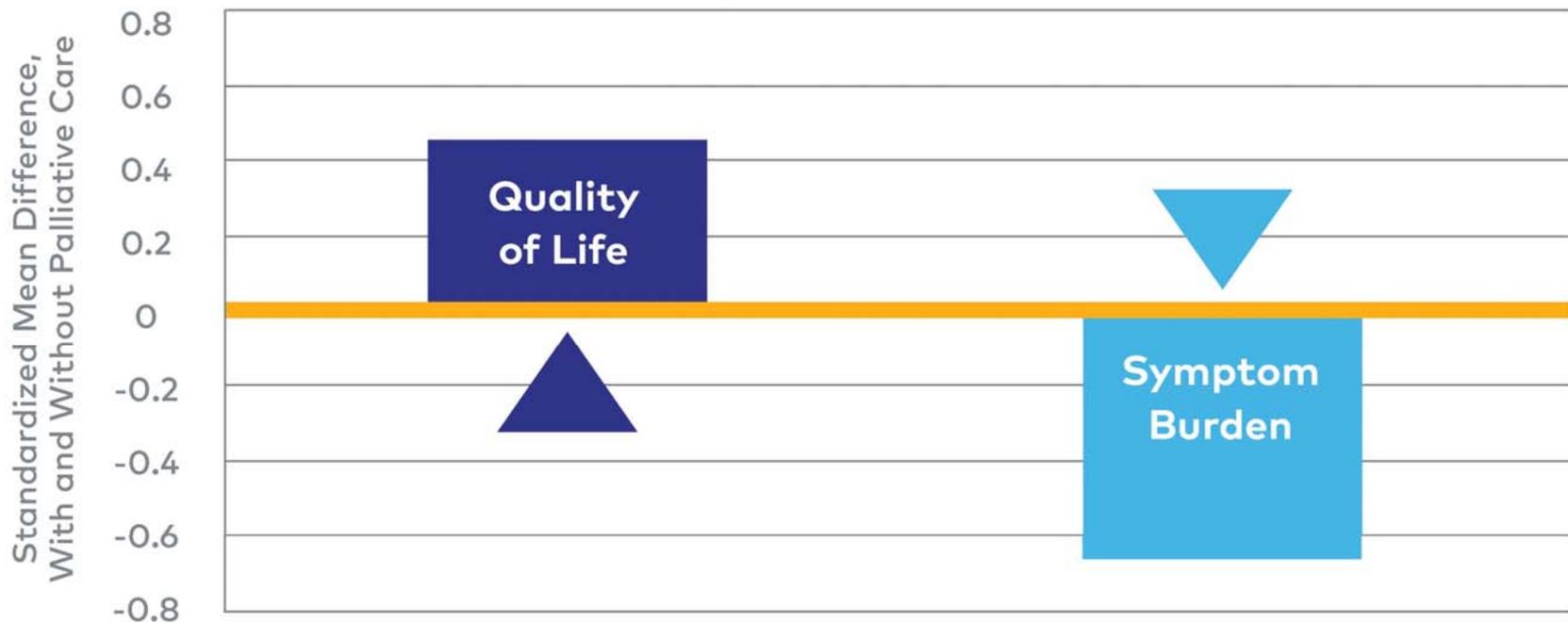
July 26, 2010



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



Kavalieratos, D, J Corbelli, and D Zhang. "Associations Between Palliative Care and Patient and Caregiver Outcomes: A Systematic Review and Meta-analysis." **JAMA, (2016): 316(20).**



**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

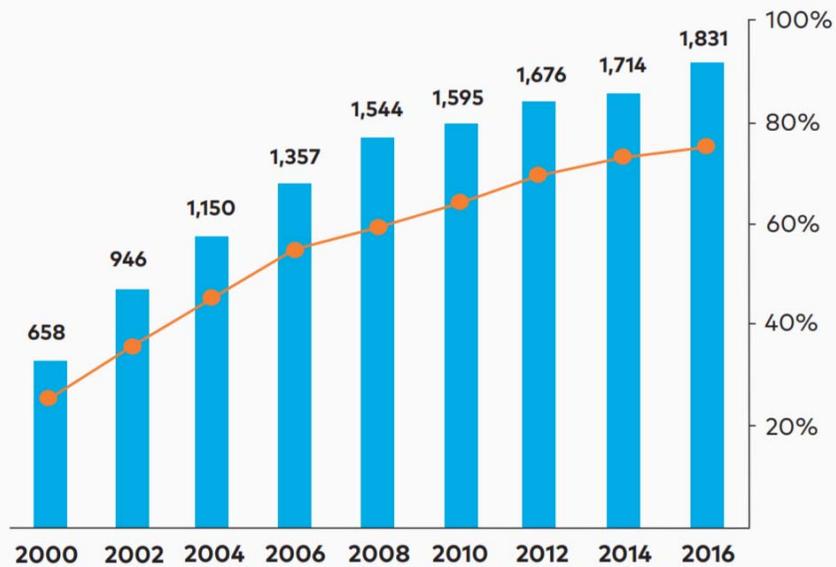
# The New Normal





### 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

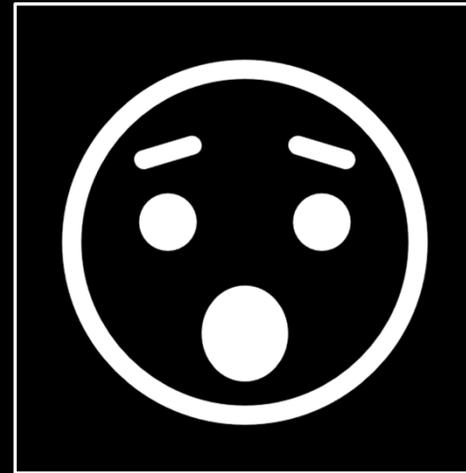
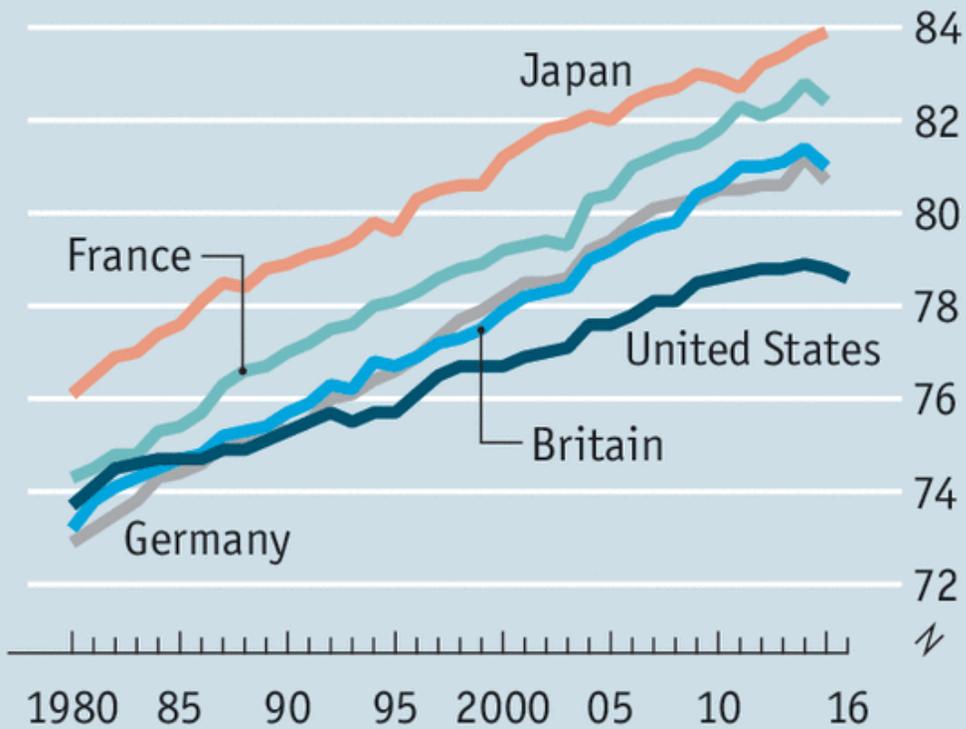




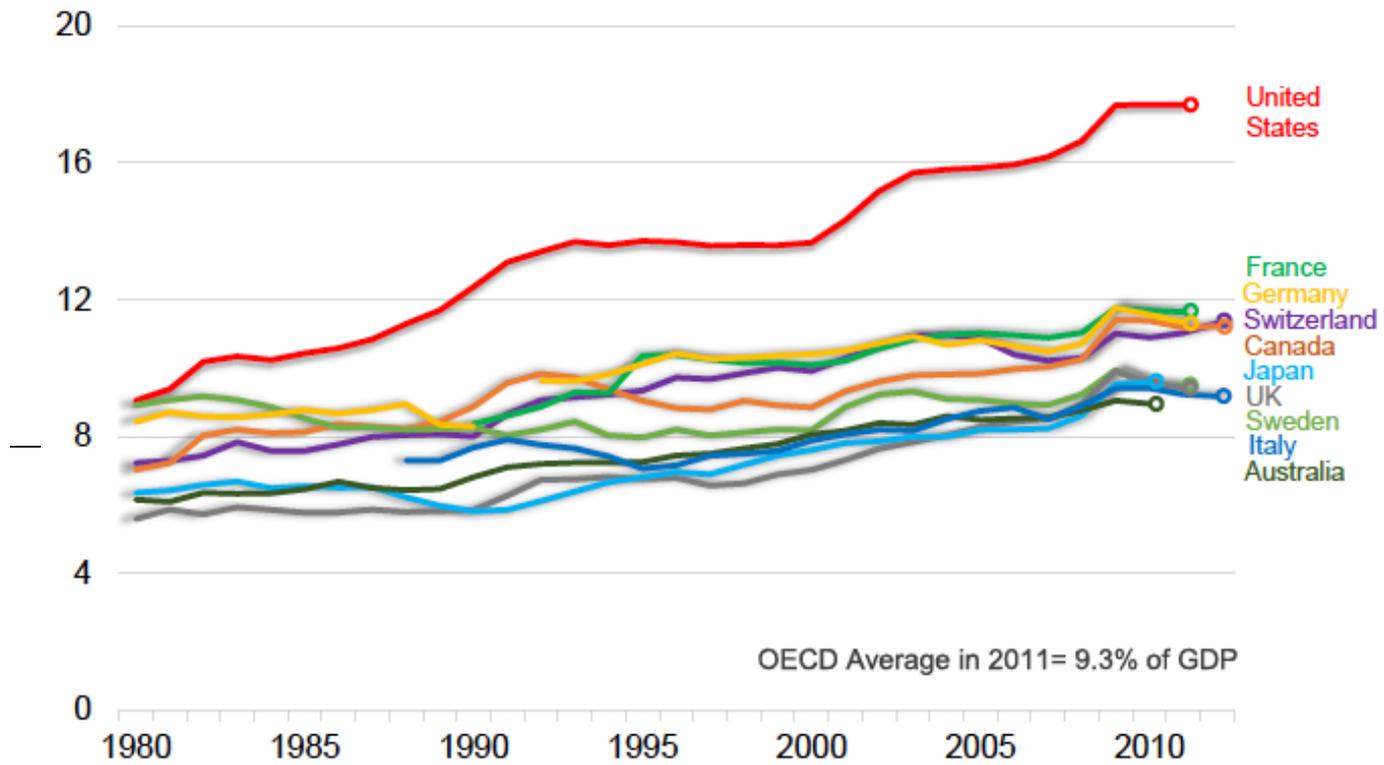
SOMETHING  
BLUE...

## Wrong turn

Average life expectancy at birth, years



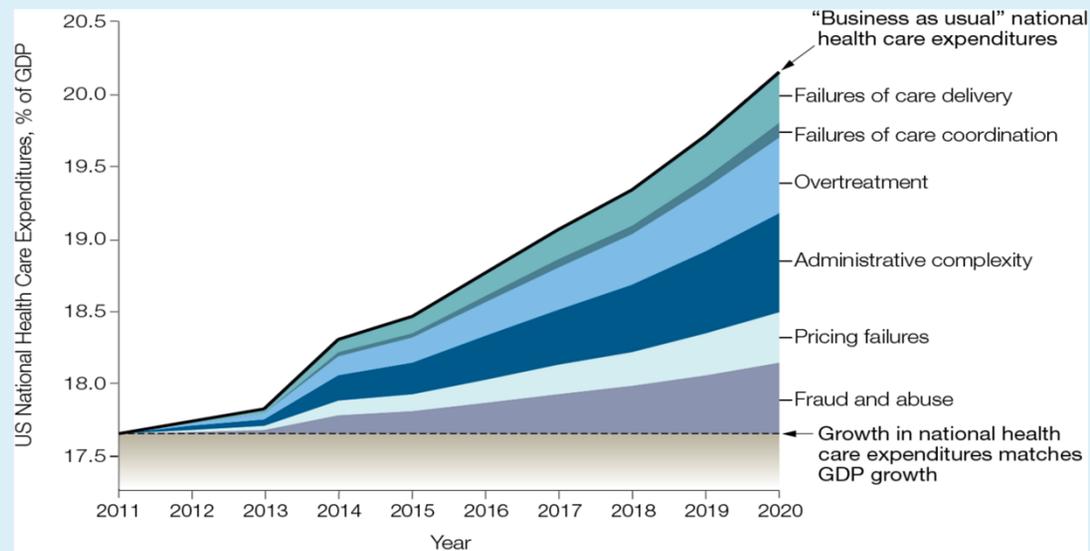
## Health Care Spending as Percentage of GDP



Source: OECD Health Data 2013.

Produced by Veronique de Rugy, Mercatus Center at George Mason University.

# Wedges & WASTE



 The JAMA Network

JAMA. 2012;307(14):1513-1516. doi:10.1001/jama.2012.362

Date of download: 9/3/2016

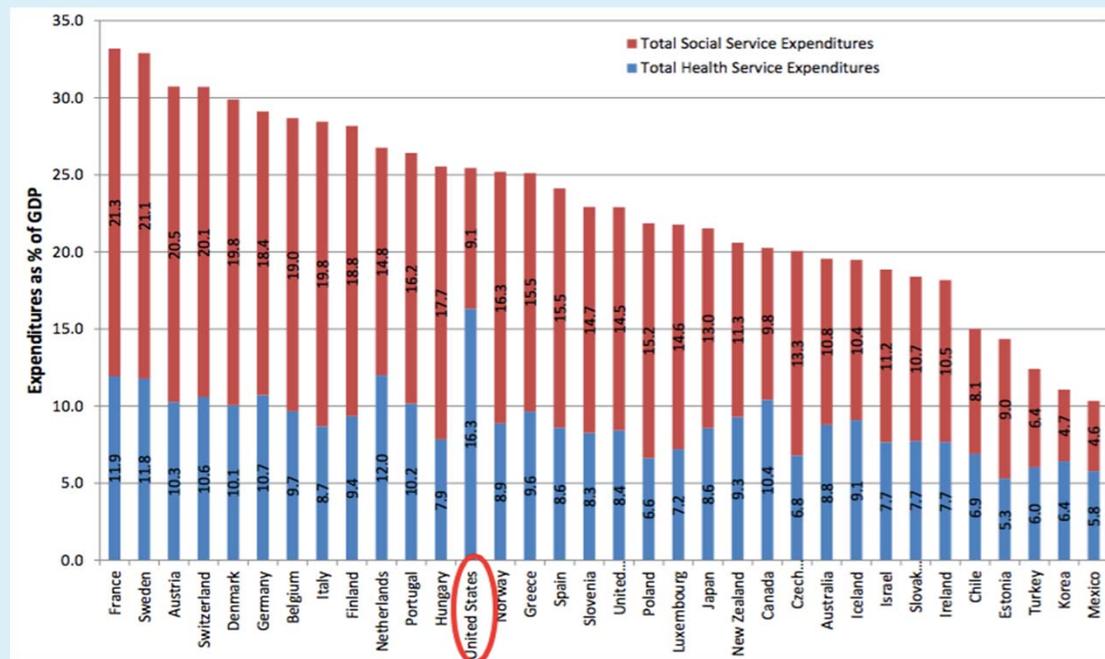
Copyright © 2016 American Medical Association. All rights reserved.

# The Costs of Health Care

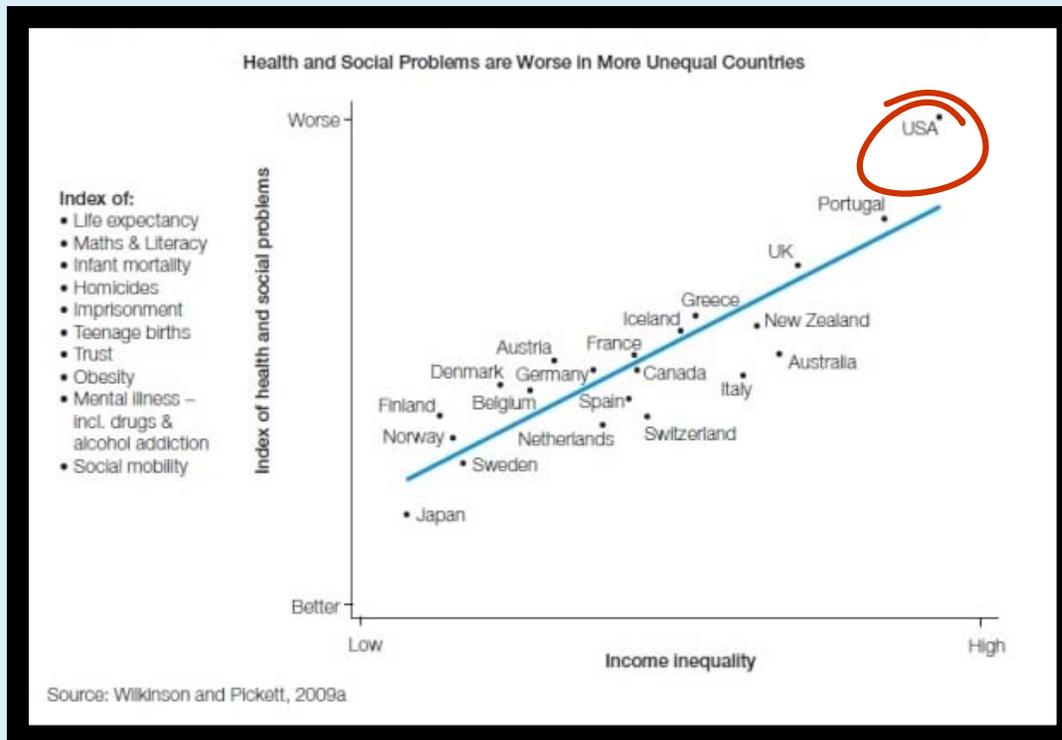
- 67% of all Health Care spending goes to the sickest 5% - 10% of enrollees <sup>1</sup>
- Medical Debt contributes to 25% of personal (and corporate) bankruptcy <sup>2</sup>
- When a death occurs, 30% of American Families enter Poverty <sup>3</sup>

1. Agency for Healthcare Research and Quality (AHRQ)
2. Himmelstein, et al. Health Affairs, Feb 2005,
3. Covinsky, et al. JAMA 1994; 272:1839-44

## Per Capita Health Care and Social Service Spending – 34 OECD Countries

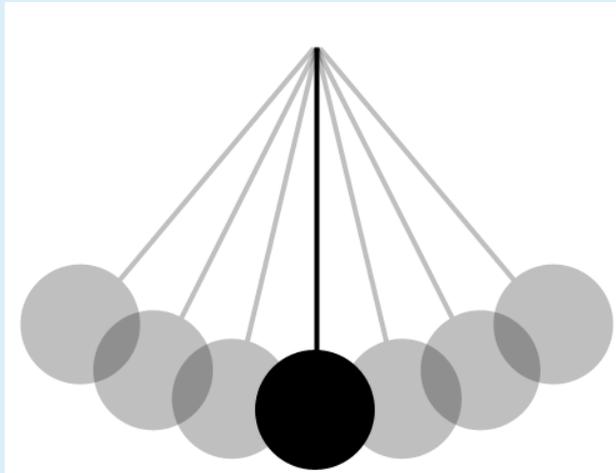


Bradley, E. The American Health Care Paradox, 2013



**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...

Jennifer K. Clark, MD

[jkclarkmd@outlook.com](mailto:jkclarkmd@outlook.com)

[www.TheGiftofChoosing.com](http://www.TheGiftofChoosing.com)

