How Can Palliative Care Help Your Patient Get Home Sooner?

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Patient Care Issues That Can Delay Your Day:

- Pain management
- Tough families
- Needy families
- Patient not getting better despite treatment
- Tough discharge
  - No caregivers, no advanced directives.
- Too many patients
Patient Care Issues That Can Delay Patient Discharge

- Pain management
- Tough families
- Needy families
- Patient not getting better despite treatment
- No caregivers/no money for caregiving
- No decision maker
- Difficulty participating in therapy
Definition of Palliative Care

Palliative Care seeks to prevent, relieve, reduce or soothe the symptoms of a patient whose disease is not responsive to curative treatment.

WORLD HEALTH ORGANIZATION
Case #1

76 y/o male admitted to step down unit with exacerbation COPD. Just discharged 5 days prior after hospitalization for similar event. Has had 3 hospital admissions for pulmonary disease events in last 4 months. Patient has been functionally declining for about one year and short of breath with activities of daily living for 6-8 months. O2 and steroid dependent
1) Is patient appropriate for palliative care consult?
2) Would patient have been appropriate 3 admits ago?
3) What could palliative care consultant add to patient’s care?
4) Could palliative care consultant add something no matter who is caring for patient?
5) What is patient’s prognosis?
Scope of Palliative Care

Twycross RG. *Introducing Palliative Care*. 1996
Palliative Care ‘Imperative’

US Dept of Health and Human Services
Sudden death, unexpected cause

- < 10%, MI, accident, etc
Steady decline, short terminal phase
Slow decline, periodic crises, sudden death
Essential Components of Palliative Care

Twycross RG. *Introducing Palliative Care*. 1996
Multivariable Models for Very Sick Patients Cannot Predict Time of Death Precisely

Median of Predictions estimated from Data on Days before Death

**Congestive Heart Failure**

**Lung Cancer**

Median 2 Month Survival Estimate

Median of Predictions estimated from Data on Days before Death
Definition

- **Prognosis**: The foretelling of the probable course of a disease; a forecast of the outcome of the disease.
Why Talk About Prognosis?

- Recognize we are not good at it
- AMA Recs: “Would I be surprised if my patient died in the next year?” — if no, re-assess current state and immediate future.
- Clinical Predictors
- Second Opinion — Can get prediction based on patient data/information alone.
What do patients want?

Patient Preferences Regarding CPR Influence of Survival Probability

<table>
<thead>
<tr>
<th></th>
<th>Acute Illness</th>
<th>Chronic Illness</th>
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<tbody>
<tr>
<td>Estimated probability of surviving after CPR</td>
<td>26% +/- 22</td>
<td>15% +/- 16</td>
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<tr>
<td>Preferred CPR before knowing probability</td>
<td>41%</td>
<td>11%</td>
</tr>
<tr>
<td>Preferred CPR after learning survival probability</td>
<td>22%</td>
<td>5%</td>
</tr>
<tr>
<td>&gt; 85 years old</td>
<td>6%</td>
<td>3%</td>
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-42% would want CPR if < 50% chance of leaving hospital
-25% would not want CPR if 100% chance of leaving hospital

Murphy et al NEJM 1994
CPR Survival in the Hospital Setting

- National Registry of CPR - 20 min. after CPR survival 44%, only 17% of all CPR patients survived to discharge
- Meta Analysis – 1998 - Factors predicting a failure to survive to discharge include:
  - Sepsis one day prior to CPR event
  - Serum Cr > 1.5 mg/dl
  - Mets Cancer – (2-6% survived to discharge)
  - Dementia
  - Dependent status
- Dialysis pts -14% survival to discharge
- On average overall – 15% (1 in 6) may survive to discharge, worse survival with increased co-morbidities and/or CPR related complications
General Guidelines

- Progression of primary disease
- Multiple ED visits or inpatient hospitalizations over prior six months
- Recent decline in functional status (PPS)
- Recent impaired nutritional status
  - Unintentional, progressive weight loss of > than 10% over the prior six months
  - Serum albumin <2.5 gm/dl.
Hospice vs. Palliative Care

- **HOSPICE**
- 6 months or less
- defined by Medicare benefit
- forego live prolonging Rx
- levels of care
- goals same
Hospice vs. Palliative Care

- PALLIATIVE CARE
- Traditional Medicare benefit
- anytime during illness
- no need to forego life-prolonging Rx
- goals same
Potential Clinical Benefits of Hospital-Based Palliative Care

- Reduction in symptom burden
- Care concordant with patient-family preferences
- Patient-family-professional consensus on the goals of medical care
- Improved patient and family satisfaction
- Improved (or no adverse) utilization outcomes (length of stay, ICU days, readmission rate, rate of hospice use, ED use)
Hospitalized Dying Patients - What We Know

- The SUPPORT Study - National data on the experience of dying in 5 tertiary care teaching hospitals
- Controlled trial to improve care of seriously ill patients
- Multicenter study funded by RWJ
- 9000 patients with life threatening illness, 50% died within 6 months of entry

- JAMA 1995;274:1591-98
SUPPORT: Phase I Observational Study

- Determine objective measures of quality of death:
  - Presence and timing of written DNR
  - MD awareness of DNR preferences
  - Number of ‘undesirable days
  - Pain levels
  - Costs of Care
SUPPORT: Phase I Results

- 46% of DNR orders written within 2 days of death
- Of patients preferring DNR, <50% of the doctors were aware of their wishes
- 38% of those who died spent > 10 days in ICU
- Half of patients had moderate-severe pain > 50% of last 3 days of life
Pain Data From SUPPORT

- % 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%
- Desbiens & Wu. JAGS 2000;48:S183-186
Family caregivers and the SUPPORT study  JAMA 1995;272:1859

- Patient needed large amount of family caregiving: 34%
- Lost most family savings: 31%
- Lost major source of income 29%
- Major life change in family: 20%
- Other family illness from stress: 12%
- **At least one of the above:** 55%
Hospital Stay with Serious Illness

- 98% of Medicare decedents spent at least some time in a hospital in the year before death
- 15-55% if decedents had at least one stay in an ICU in the 6 months before death
- 40% of MEDICARE payments in 1988 in last 30 days before death
COMMUNICATING WITH SERIOUSLY ILL PATIENTS

- It’s hard to be told, but it’s hard to tell too.”
  - Dr. Cicely Saunders
Communicating With Cancer Patients

- Diagnosis Unclear 23%
  - Uncaring 21%

- Understanding
  - Incomplete (Admit) 47%
  - Incomplete (Discharge) 39%
## Advanced Cancer: family conferences (N=50) questions (miller, pall med 1991)

- Extent of disease: 72%
- Life expectancy: 84%
- Future complications: 50%
- Treatment options: 40%
- Home nursing: 40%
- Pain/meds: 38%
- Can family manage at home?: 36%
- Chance of recovery: 32%
- Diagnosis: 26%
Patient/Family Needs with Advanced Illness

- Symptoms of Advanced Cancer
  - Pain - 84%
  - Weakness - 66%
  - Lack Energy - 61%
  - Dry Mouth - 57%
  - Constipation - 52%
  - >10% weight loss - 50%
  - Early Satiety - 51%
  - Dyspnea - 50%
  - Anorexia - 66%
  - Fatigue - 69%
Patient/Family Needs with Advanced Illness

- Psychological Aspects of Care
- Advanced Care Planning
- Depression/Anxiety
- Loss of work
- Fear of death
- Patients/families not ready/not willing to make decisions
- Understanding prognosis
Patient/Family Needs with Advance Illness

- Social Aspects of Care
- Financial concerns of patient/family
- Placement
- Family conflicts
- Mixed family relationships
Patient/Family Needs with Advanced Illness

- Spiritual Aspects of Care
- “what’s going to happen to me”
- Religion vs. Spirituality
- Bereavement
Patient/Family Needs with Advanced Illness

- Continuum of Care/Placement
- Home Care
- Nursing Homes
- Hospice
- Emergency Department
Patient/Family Satisfaction in Advanced Illness

What Patients/Families Expect

- Believe we care about their individual needs
- Be informed
- Feel Healthcare team doing their best
- All the best care to save a life does not supercede family anger at a bad death
How can Palliative Care Help You?

- Time-Saving-difficult to run a practice and answer all questions
  - Family meetings, reinforce your plan of care
  - Answer phone calls from families/nursing
  - Reduce paperwork
How can Palliative Care Help You?

- Reduce your length of stay
- Improve utilization of resources in hospital - ICU days, major testing
- Reduce readmission rates
- Reduce symptom burden
- Reduce psych burden of dealing with close patient
- Continuity of care
How can Palliative Care Help You?

- Patient/Family Satisfaction
  - Improve understanding of plan of care/options for care
  - Improve understanding of what to expect as disease progresses
  - Coordinate care concordant with patient-family preferences
  - Professional consensus in care
  - Feel “everything” being done by bringing in a “specialist”
Does Palliative Care Have to Change Anything?

- No
- Just support
- Maybe prepare patient/family for future needs/options
Billing in Palliative Care

- No risk of duplicate billing
- Palliative care bills under symptoms, not diagnoses
- Allow more time for you to increase your billing
Presenting Palliative Care to Patient/Family

- All Hospice is Palliative Care, not all Palliative Care is Hospice
- “We want you to have all care/services available to you”
- Someone to talk to you about options for care/symptoms
How to Introduce Palliative Care

- “I want you to get every service available to you.”
- “I need help”
- “We need to make a plan for what happens next”
- “This is a tough time and I want to get you some help”
What Can You Expect From Palliative Care:

- Good communication with you about patient’s plan of care
- Usually support your recs/plan
- Address code status
- Address symptom management as indicated
- Discussion with patient/family/MDPOA and define goals of care
- Assist with discharge planning
- Communication with nursing
Some potential negatives of palliative care

- Sometimes can confuse plan of care – many services think if palliative care on case don’t proceed with usual work-up, “will sign off” – esp issue with therapy
- “await palliative care decision”
- Rare family refuses consult – often depends on how presented
- Not timely
Patient Care Issues That Can Delay Your Day/Patient discharge

- Pain management – defer to pall care
- Tough families – often need meeting with entire family/sometimes evening – let pall care do
- Needy families – let pall care take some calls
- Patient not getting better despite treatment – pall care discuss goals of care
- Tough discharge
  - No caregivers, no advanced directives. – pall care assist with placement
- Too many patients – share the work
Patient Care Issues That Can Delay Patient Discharge

- Pain management
- Tough families
- Needy families
- Patient not getting better despite treatment
- No caregivers/no money for placement or hiring caregivers
- No decision maker
- Difficulty participating in therapy
What If Your Hospital Doesn’t Have a Service

- Becoming expected in hospitals over 50 beds
- Start one – often run by internists.
- Contact administration to encourage to start one
- CAPC.org is great place to start – has all info needed to start service, support one, etc. (Center to Advance Palliative Care) – also has data on financial savings of service, reduced ICU days, etc.
Why Not?

- Not something primary care can’t do just might not have time
- Upset family – not usually if presented objectively
- If have specific concerns/plan for aggressive treatment just relay to palliative care service
- Not Hospice
What tormented Ivan Ilych most was the deception, the lie... That he was not dying but was simply ill, and that he only need keep quiet and undergo treatment and then something very good would result.
"How do I tell him he's going to die?"

"When will he tell me I'm going to die?"