The Power of Palliative Care in Navigating Care Choices

Lizzy Leclaire LCSW
Becca Hutchinson MD MPH

Agenda

- What is palliative care?
- Where is palliative care provided and what are the different models?
- How can you introduce palliative care effectively to patients and families?
- Financial considerations about palliative care

Case Example

What is Palliative Care?

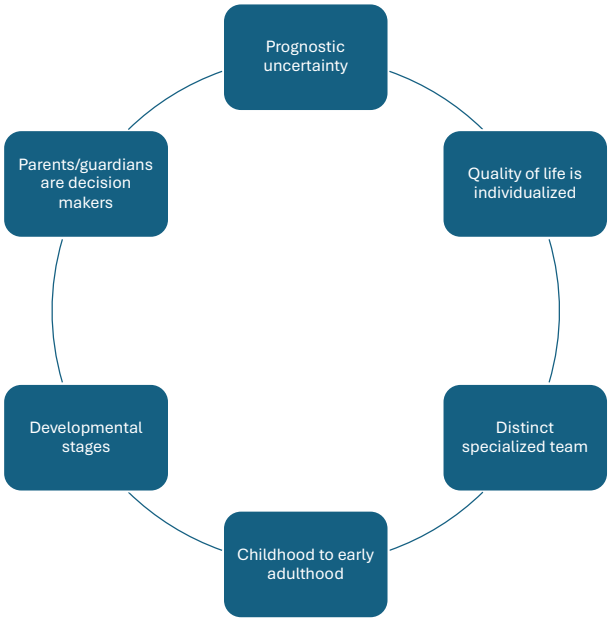
Palliative Care is specialized medical care that ***treats the symptoms and stress*** of a serious illness.

The goal is to ***improve quality of life***.

Palliative Care can be offered at **any age and any stage** of a patient's illness.




Pediatric Palliative Care



Specialty palliative care includes multiple interventions and is provided by an **interdisciplinary** team.

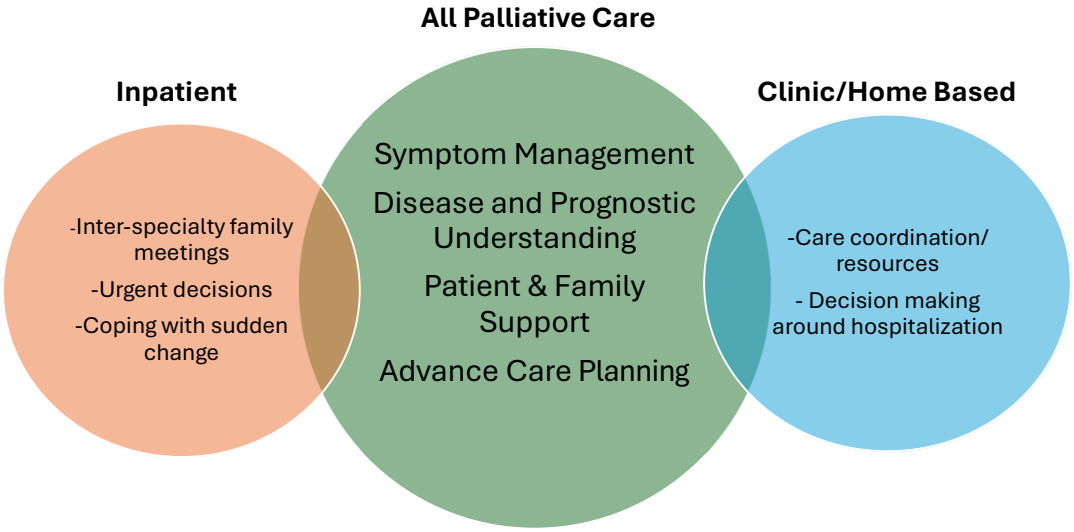
Palliative Care Settings

INPATIENT

CLINIC

HOME BASED

Palliative Care Across Settings



How to introduce specialty palliative care

Palliative Care is Largely Unknown by Public

	Adults, Ages 25+	Adults, Ages 65+
Not Able to Rate	**38%**	**42%**

Meier, D., Morgan, L. **Key Findings on the Perceptions of Palliative Care**. *CAPC Online Pub*. (Aug 2019)

13

Patients and Caregivers are More Familiar

	Adults Age 25+	Adults Age 65+	Patients	Caregivers
Not Able to Rate	38%	42%	**9%**	**10%**

Meier, D., Morgan, L. **Key Findings on the Perceptions of Palliative Care**. *CAPC Online Pub*. (Aug 2019)

14

Evidence-Based Definition of Palliative Care

- *"Palliative care is **specialized medical care** for people living with a **serious illness**. This type of care is focused on **providing relief from the symptoms and stress** of a serious illness. The goal is to **improve quality of life for both the patient and the family**.*
- *Palliative care is provided by a **specially-trained team of doctors, nurses and other specialists** who **work together** with a patient's other doctors to provide an **extra layer of support**. Palliative care is **based on the needs of the patient, not on the patient's prognosis**. This care is **appropriate at any age and at any stage** in a serious illness, and it can be **provided along with curative treatment**."*

Meier, D., Morgan, L. **Key Findings on the Perceptions of Palliative Care**. *CAPC Online Pub*. (Aug 2019)

15

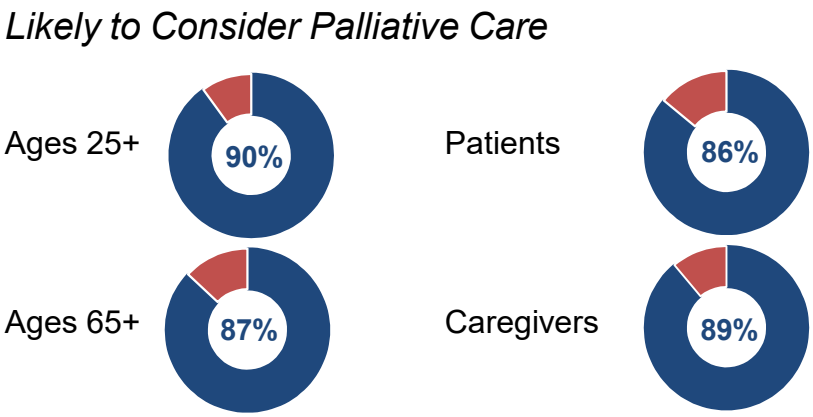
Proper Language Improves Perception of Palliative Care

	Adults Aged 25+		Adults Aged 65+		Patients		Caregivers	
	% 80-100	Mean	% 80-100	Mean	% 80-100	Mean	% 80-100	Mean
Initial	19%	60	21%	62	29%	59	24%	57
Informed	49%	72	51%	74	51%	73	51%	73
Net % Difference	+30	+12	+30	+12	+22	+14	+27	+16

Meier, D., Morgan, L. **Key Findings on the Perceptions of Palliative Care**. *CAPC Online Pub*. (Aug 2019)

16

After hearing the definition, more than eight in ten said they would be likely to consider palliative care for themselves or a loved one



17

Step-by-step process to introduce palliative care

- **Step 1:** Ask what the patient knows about palliative care.
  - **Step 1b:** If the patient has a negative/emotional reaction, acknowledge & respond to the emotion
- **Step 2:** Ask permission to define palliative care
- **Step 3:** Provide definition & explain benefits
- **Step 4:** Recommend palliative care

18

STEP 1:

Ask what the patient knows about palliative care

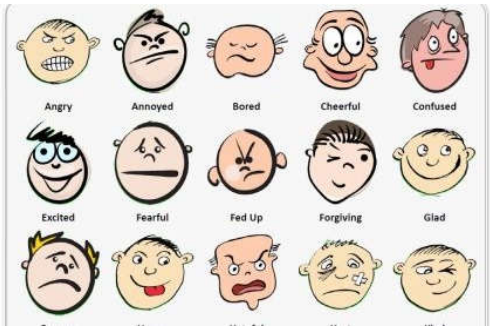
Eg: *Have you heard of palliative care?*

Tip: Don't assume they have a negative impression!

STEP 1b:

If the patient has a negative / emotional reaction → acknowledge & respond to the emotion

Eg: *It sounds like it was really scary to have me bring up palliative care.*



N	**Naming**
U	**Understanding**
R	**Respecting**
S	**Supporting**
E	**Exploring**

N	**Naming:**	"It seems like this was really scary to hear"
U	**Understanding:**	"I can only imagine how hard this must be."
R	**Respecting:**	"I am impressed by all you've done to manage your illness."
S	**Supporting**	"Our team will be here to support you."
E	**Exploring**	"Can you tell me more about what you're thinking?"

STEP 2:

Ask Permission to Define Palliative Care

Eg: *Is it okay with you if I share **my understanding** of what specialty palliative care is?*

STEP 3:

Provide Definition & Explain Benefits

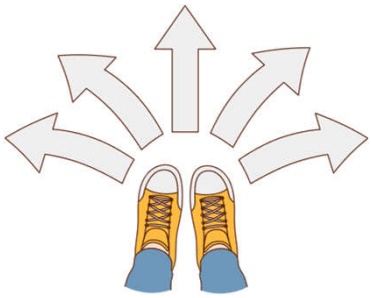
- Palliative Care focuses on providing **relief from symptoms and stress of serious illness**.
- The goal is to **improve quality of life for both the patient and the caregiver**.
- It helps at **any** age and at **any** stage of illness

STEP 4:

Recommend Palliative Care

- I think you will benefit from palliative care.
- We will **work with** the palliative care team to help you live as fully as possible.
- You know better than I do that living with your medical problems can be tricky. **I want to make sure we are doing everything we can to help you have the best quality of life possible. Palliative Care will help us do that.**

Messaging Principles



Improves QOL & helps with stress & symptoms

Matches treatment to YOUR goals

Has helped my other patients

Pediatric specific tweaks to introduction

- Step 1 is same
- Focus definition as “an add’l layer of support for families navigating complex or serious illness”

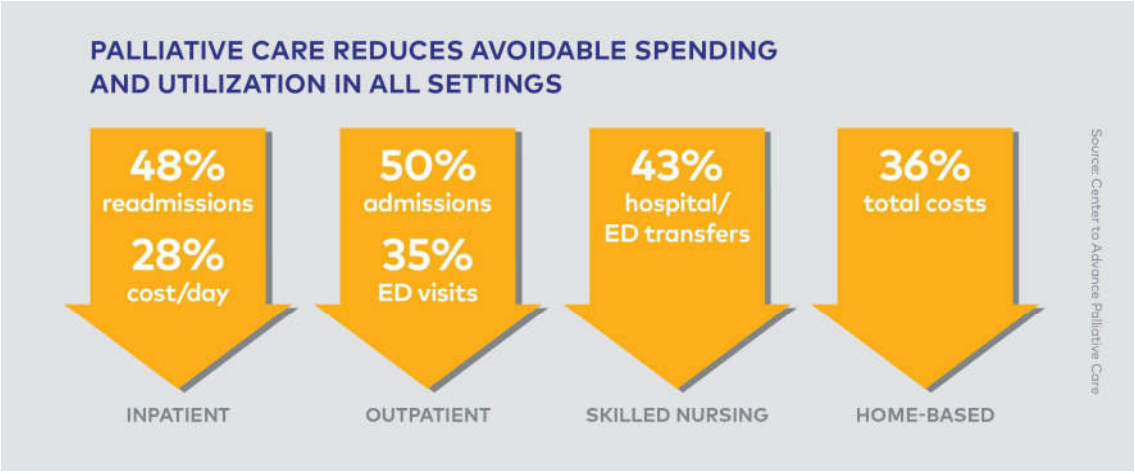
Let’s Practice!

Finances of Palliative Care

Palliative Care coverage is same as other medical specialties

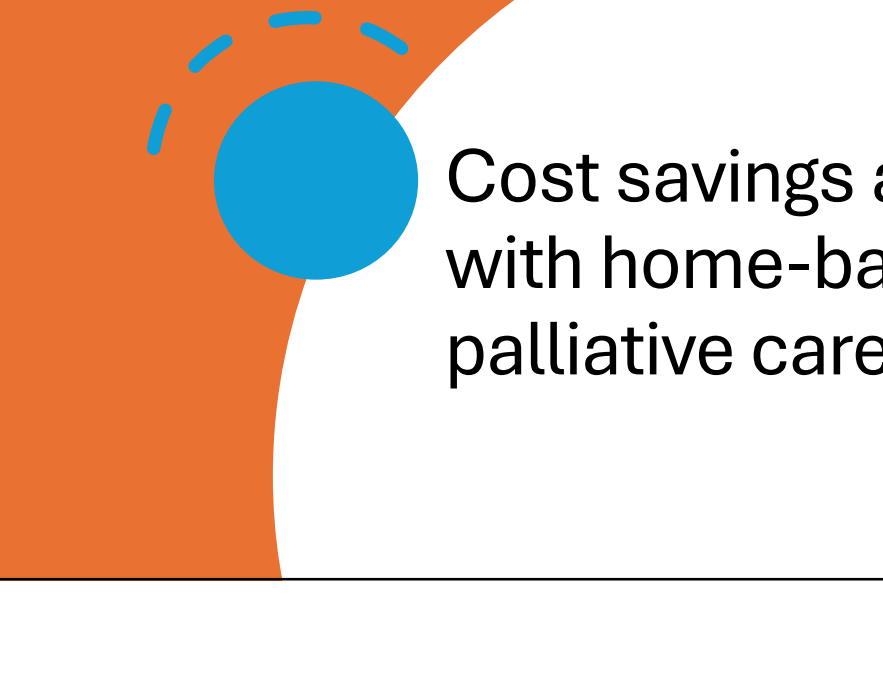
Financial Challenges for Palliative Care in Traditional Fee-for-Service Medical Care

Palliative Care reduces costs



32

Cost savings associated with home-based palliative care



Key findings for patients enrolled in palliative care during the last 6 months of life:

- 5.5 more days at home
- 1/3rd number of deaths in a hospital (9% died in hospital)
- Half as many ICU days
- 42% fewer hospitalizations
- Total cost of care reduced by >$10K

- Karthik, Rao MD et al, Effects of primary care-led, integrated palliative care for Medicare patients in a value-based model. *Journal of Pain and Symptom Management* (Nov 2023)

34

JOURNAL OF PALLIATIVE MEDICINE
Volume 20, Number 1, 2017
Mary Ann Liebert, Inc.
DOI: 10.1089/jpm.2016.0265

The Impact of a Home-Based Palliative Care Program in an Accountable Care Organization

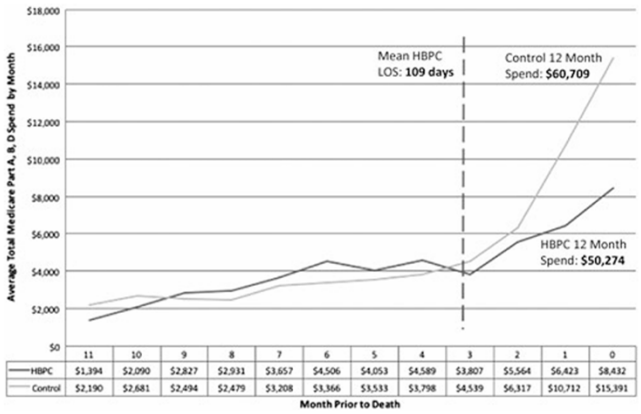
Dana Lustbader, MD, FAAHPM,[1] Mitchell Mudra, MBA,[2] Carole Romano, BA,[3] Ed Lukoski, BS,[3] Andy Chang, BS,[3] James Mittelberger, MD,[2] Terry Scherr, BS,[4] and David Cooper, MD[5]

- Cost per patient during the final three months of life was $12,000 lower with palliative care than with usual care ($20,420 vs $32,420)
- Palliative care reduced hospital admits 34%
- Cost savings $2,100 PMPM for non decedents

35

The Impact of a Home-Based Palliative Care Program in an Accountable Care Organization

Dana Lustbader, MD, FAAHPM,[1] Mitchell Mudra, MBA,[2] Carole Romano, BA,[3] Ed Lukoski, BS,[3] Andy Chang, BS,[3] James Mittelberger, MD,[2] Terry Scherr, BS,[4] and David Cooper, MD[5]



	11	10	9	8	7	6	5	4	3	2	1	0
HBPC	$1,394	$2,090	$2,827	$2,931	$3,657	$4,506	$4,053	$4,589	$3,807	$5,564	$6,423	$8,432
Control	$2,190	$2,681	$2,494	$2,479	$3,208	$3,366	$3,533	$3,798	$4,539	$6,317	$10,712	$15,391

FIG. 1. Average Medicare Part A, B, D spending by month before death (home-based palliative care vs. control).

$12,000 savings per patient

Cost savings associated with clinic-based palliative care

Published in final edited form as:
Am J Hosp Palliat Care. 2021 October ; 38(10): 1250–1257. doi:10.1177/1049909120986800.

Cost savings associated with palliative care among older adults with advanced cancer

Paige E Sheridan, PhDc, MPH[1,*], Wendi G LeBrett, MD[1,*], Daniel P Triplett, MPH[1], Eric J Roeland, MD[2], Andrew R Bruggeman, MD[1], Heidi N Yeung, MD[3], James D Murphy, MD, MS[1]
[1]Department of Radiation Medicine and Applied Science, Moores Cancer Center, University of California San Diego, La Jolla, CA

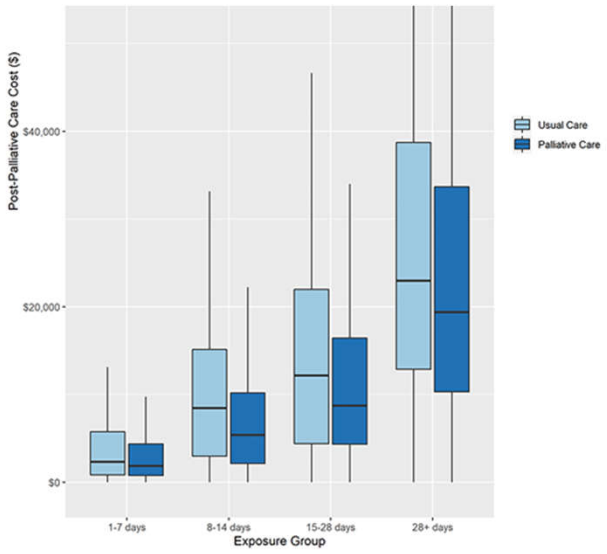
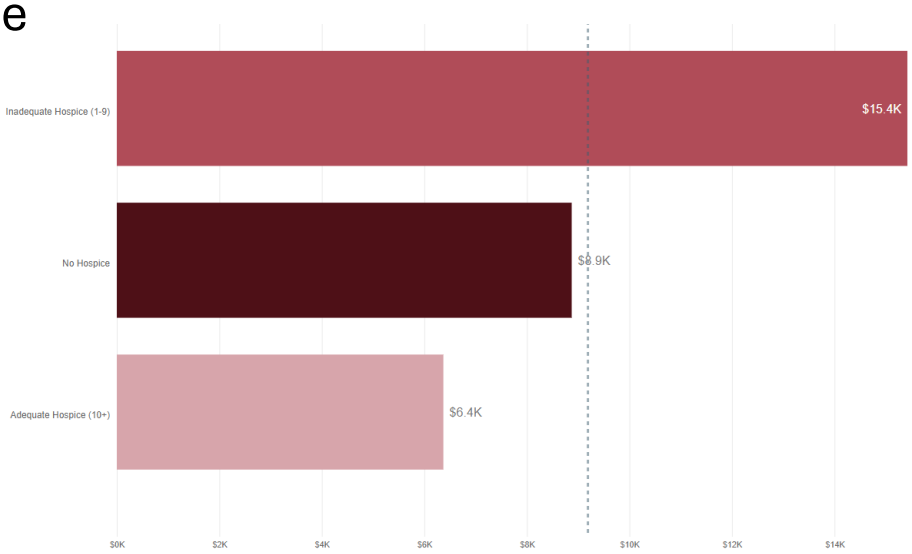


Figure 2.
Distribution of cost reduction associated with palliative care by time interval between palliative care consultation and death (1-7 days, 8-14 days, 15-28 days, 28+ days).

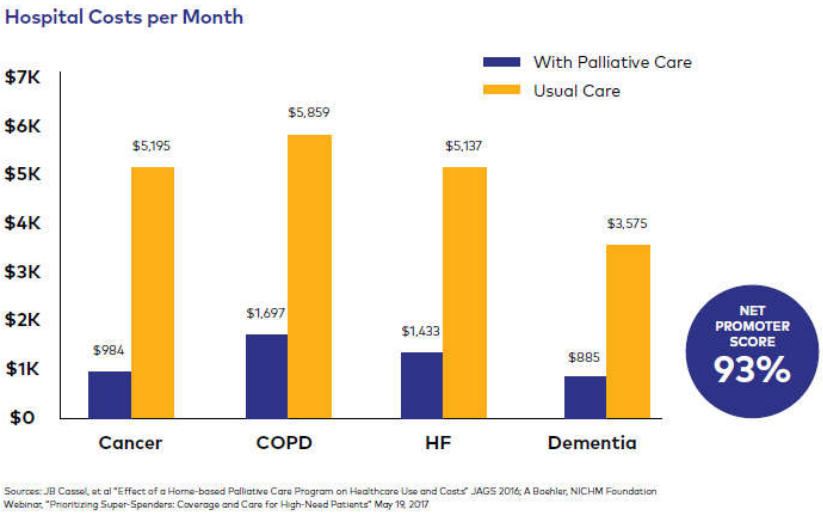
Average TCOC Highest for Patients with < 10 Days Hospice



MaineHealth

PATIENT-CENTERED RESPECT INTEGRITY EXCELLENCE OWNERSHIP INNOVATION 39

Cost savings associated with inpatient palliative care



Sources: JB Cassel, et al "Effect of a Home-based Palliative Care Program on Healthcare Use and Costs" JAGS 2016; A Boehler, NICHM Foundation Webinar, "Prioritizing Super-Spenders: Coverage and Care for High-Need Patients" May 19, 2017

41

JAMA Internal Medicine | Original Investigation

Economics of Palliative Care for Hospitalized Adults With Serious Illness
A Meta-analysis

Peter May, PhD; Charles Normand, DPhil; J. Brian Cassel, PhD; Egidio Del Fabbro, MD; Robert L. Fine, MD; Reagan Menz; Corey A. Morrison; Joan D. Penrod, PhD; Chessie Robinson, MA; R. Sean Morrison, MD

Diagnosis Group, Elixhauser Index	Pooled Sample Size			Pooled Estimated ATET, $ (95% CI)
	UC Group (n = 121 943)	PC Group (n = 4580)[b]	All (N = 126 523)	
All				
≤1	34 755	1028	35 783	−2041 (−2425 to −1658)
2	28 697	968	29 665	−2524 (−3186 to −1862)
3	24 983	950	25 933	−3745 (−4401 to −3089)
≥4	33 508	1634	35 142	−4865 (−5553 to −4177)
Primary cancer				
≤1	21 568	717	22 285	−2673 (−3169 to −2177)
2	12 279	590	12 869	−3701 (−4421 to −2981)
3	8256	527	8783	−5013 (−5825 to −4200)
≥4	8495	787	9282	−5806 (−6760 to −4851)
Primary noncancer				
≤1	13 187	311	13 498	−1130 (−1738 to −522)
2	16 418	378	16 796	−1697 (−2948 to −446)
3	16 727	423	17 150	−2350 (−3435 to −1266)
≥4	25 013	847	25 860	−3838 (−4859 to −2818)

All patients → $-3237 per patient
Cancer pts → $-4251 per patient
Noncancer → $-2105 per patient

Sicker the patient → higher the cost savings

Conclusion