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End of Life Management - Hospice and Palliative Medicine 101

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Disclosures:

Speaker has no disclosures and there are no conflicts of interest.

The speaker has attested that their presentation will be free of all commercial bias toward a specific company and its products.

The speaker indicated that the content of the presentation will not include discussion of unapproved or investigational uses of products or devices.

Palliative and Hospice Medicine

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Disclosure

- The speaker has no conflict of interest, financial agreement, or working affiliation with any group or organization.

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Objectives

- Define **what** Palliative medicine and hospice are
- Identify **when** palliative medicine and hospice are needed
- Discuss **why** palliative medicine and hospice are important
- Identify **who** needs palliative medicine and hospice
- Look at **how** palliative care and hospice are provided
- Look more closely at the Hospice Medicare Benefit

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"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."

- Eric Cassell, MD

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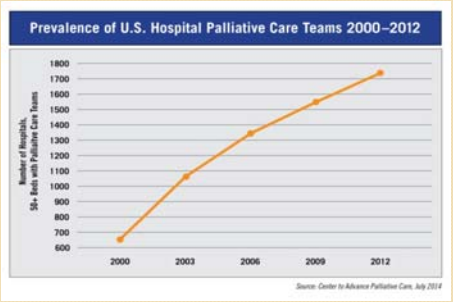
As of 2012,

1734 out of 2844 hospitals with 50 beds or more reported a palliative team.

These teams are serving an estimated

6 million Americans.



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What is Palliative Medicine

- Specialized care for people with serious illness that focuses on improving quality of life for patients and their families. It provides patients of any age with relief from the symptoms, pain and stress of a serious illness-whatever the diagnosis
- Provided by a team of doctors, nurses, and other specialists who work together with a patient's other doctors to provide an extra layer of support.
- Can be provided along with curative treatment

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Key Words/Phrases

- Palliative care is specialized medical care for people with serious illnesses. This type of care is focused on providing patients with relief from the symptoms, pain and stress of 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.

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What is Hospice

- It is a philosophy of care for dying patients and their families. NOT a place
- Care designed to give support to people in the final phase of a terminal illness and focus on comfort and quality of life, rather than cure.
- Care provided by a team of medical disciplines to meet the needs of the dying patient and families

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Key Words/Phrases

- It is a philosophy of care for dying patients and their families. NOT a place
- Care designed to give supportive care to people in the final phase of a terminal illness and focus on comfort and quality of life, rather than cure.
- Care provided by a team of medical disciplines to meet the needs of the dying patient and families

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Palliative Care ≠ Hospice Care

- **Palliative Care**
  - Focus on pain and symptom control
  - Patient does not have to be terminally ill
  - May still seek aggressive (and possibly curative) treatment
- **Hospice Care**
  - Focus on pain and symptom control
  - Patient has a terminal diagnosis with estimated life-expectancy less than six months
  - Not seeking curative treatment

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When is Palliative and Hospice Needed?

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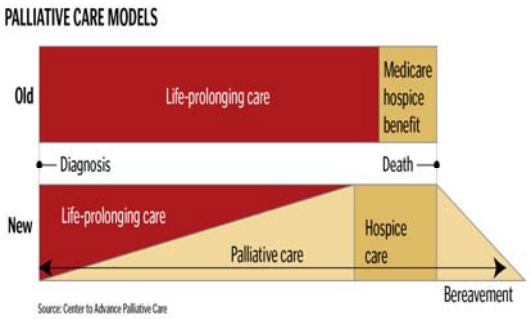
Conceptual Shift for Palliative Care



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How does Palliative Care Differ from Hospice Care?

- "Everyone in hospice gets palliative care but not everyone in palliative gets hospice care."
- NON-Hospice palliative care
  - Appropriate at any point in a serious illness
  - Provided at the same time as life-prolonging treatment
  - No prognostic requirement or need to choose between treatment approaches
- Hospice is a form of palliative care
  - Provides care for those in the last few months of life under Medicare Hospice Benefit
  - Must have 2 physicians certifying prognosis of <6 months
  - Willing to give up insurance coverage for curative/life prolonging treatment

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Practical Reasons to Call Palliative Care

- Assistance with complex symptom management
- Care of complex, severely ill patients over time
- Assistance with medical decision making & determining goals of care
- Questions regarding future planning needs

Strand et al. Top 10 Things Palliative Care Clinicians Wished Everyone Knew About Palliative Care. Mayo Clin Proc. 2013;88(8):859-865.

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Assistance with Complex Symptom Management

- Managing escalating or refractory symptoms
  - Pain
  - Dyspnea
  - Nausea/vomiting
- Complex pharmacologic management in patients facing a life-limiting illness
  - Opioid infusions
  - Opioid rotations
  - Patient controlled analgesia
  - Methadone initiation
- Addressing complex depression, anxiety, grief & existential, spiritual, or psychosocial distress
- Respite and/or palliative sedation for intractable symptoms

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Care of Complex, Severely Ill Patients Over Time

- New diagnosis with metastatic cancer and/or malignancy with high symptom burden
- Frequent hospital admissions for the same diagnosis of a serious illness
- ICU admission with metastatic cancer
- ICU admission with poor prognosis
- Prolonged ICU stay

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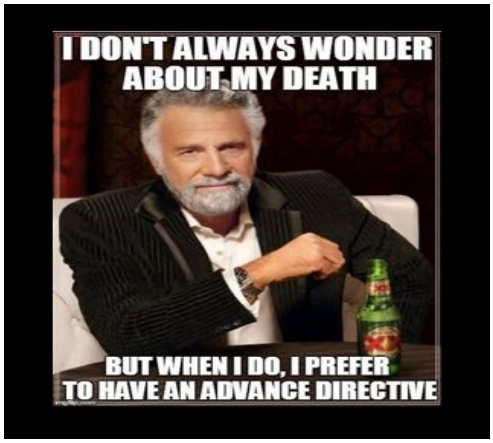

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Assistance with Medical Decision Making & Determining Goals of Care

- Discussing transitions of care
- Complex and/or evolving goals of care discussions
- Assistance with conflict resolution regarding goals or methods of treatment
- Redefining hope, in the setting of complex illness
- Complex code status discussions
- Assistance with managing patient and/or family conflict or complex social issues
- Ethical dilemmas

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Questions Regarding Future Planning Needs

- Determining and discussing prognosis, where desired
- Care and planning in the setting of advanced illness
- Discussing issues pertaining to artificial feeding or hydration
- Determining present and future care needs
- Help with determining hospice eligibility and providing hospice education

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

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Why is Palliative and Hospice Important?

The sickest

10% of the U.S. population

accounts for

64% of health care

expenditures.

Source: Zuvekas SH, Cohen JW. Prescription drugs and the changing concentration of health care expenditures. *Health Affairs*. 2007 Jan-Feb;26(1):249–57.

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CLINICAL INVESTIGATIONS

Do Palliative Consultations Improve Patient Outcomes?

David Casarett, MD, MA, Amy Pickard, BA,* F. Amos Bailey, MD,† Christine Ritchie, MD, MPH,† Christian Furman, MD, MPH,‡ Ken Rosenfeld, MD,§ Scott Shreve, MD, MBA,‖ Zhen Chen, PhD,* and Judy A. Shea, PhD**

J Am Geriatr Soc 56:593–599, 2008

ORIGINAL CONTRIBUTION

Effects of a Palliative Care Intervention on Clinical Outcomes in Patients With Advanced Cancer

The Project ENABLE II Randomized Controlled Trial

Bakitas M et al. JAMA 2009;302(7):741-9

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer

Jennifer S. Temel, M.D., Joseph A. Greer, Ph.D., Alona Muzikansky, M.A., Emily R. Gallagher, R.N., Sonal Admane, M.B., B.S., M.P.H., Vicki A. Jackson, M.D., M.P.H., Constance M. Dahlin, A.P.N., Craig D. Blinderman, M.D., Juliet Jacobsen, M.D., William F. Pirl, M.D., M.P.H., J. Andrew Billings, M.D., and Thomas J. Lynch, M.D.

Temel et al. Early palliative care for patients with non-small-cell lung cancer. NEJM 2010;363:733-42.

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Costs and Outcomes Associated with Hospital Palliative Care Consultation 8-hospital study

	Live Discharges			Hospital Deaths		
Costs	Usual Care	Palliative Care	P	Usual Care	Palliative Care	P
Total Per Day	$1,450	$1,171	<.001	$2,468	$1,918	<.001
Directs Per Admission	$11,1240	$9,445	.004	$22,674	$17,765	.003
Laboratory	$1,227	$803	<.001	$2,765	$1,838	<.001
ICU	$7,096	$1,917	<.001	$15,542	$7,929	<.001
Pharmacy	$2,190	$2,001	.12	$5,625	$4,081	.04
Imaging	$890	$949	.52	$1,673	$1,540	.21
Died in ICU	X	X	X	18%	4%	<.001

Adjusted results, n>20,000 patients
Morrison et al. Arch Internal Med. 2008. 168 (16).

University of Rochester Medical Center — Center for Ethics, Humanities and Palliative Care

Palliative Care Consultation Teams Cut Hospital Costs For Medicaid Beneficiaries

R. Sean Morrison, Jessica Dietrich, Susan Ladwig, Timothy Quill, Joseph Sacco, John Tangeman, Diane E. Meier

Health Affairs 2011;30:454-453

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On average, palliative care consultation is associated with

reductions of $1,700 per admission

for live discharges and

reductions of $4,900 per admission

for patients who died in the hospital.

This means savings of more than

$1.3 million for a 300-bed community hospital

and more than

$2.5 million for the average academic medical center.

How Palliative Care Reduces Length of Stay and Cost

- **Palliative care:**
  - Clarifies goals of care with patients and families
  - Helps families to select medical treatments and care settings that meet their goals
  - Assists with decisions to leave the hospital, or to withhold or withdraw death-prolonging treatments that don't help to meet their goals

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Hospice Enrollment Saves Money For Medicare And Improves Care Quality Across A Number Of Different Lengths-Of-Stay

Health Aff (Millwood). 2013 Mar; 32(3): 552–561.
Doi: 10.1377/hlthaff.2012.0851

Hospice Use Saves Money for Medicare, Duke Study Finds

Hospice reduced Medicare spending by an average of $2,309 per person compared to normal care.

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Who Should Get Palliative Care?

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JOURNAL OF PALLIATIVE MEDICINE
Volume 14, Number 1, 2011

DOI: 10.1089/jpm.2010.0347

Special Report

Identifying Patients in Need of a Palliative Care Assessment in the Hospital Setting

A Consensus Report from the Center to Advance Palliative Care

David E. Weissman, M.D.[1] and Diane E. Meier, M.D.[2]

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Patients with…..

- A potentially life-limiting or threatening condition
  - Life-limiting
    - Dementia
    - COPD
    - Chronic Renal Failure
    - Metastatic Cancer
    - Muscular dystrophy
    - Cystic Fibrosis

Weissman et al: Identifying Patients in Need of a Palliative Care Assessment in the Hospital Setting. A Consensus Report from CAPC. J. Palliat Med

Patients with…….

- A potentially life-threatening condition
  - high chance of leading to death
    - Sepsis
    - Multi-organ failure
    - Major trauma
    - Complex congenital heart disease

Weissman et al: Identifying Patients in Need of a Palliative Care Assessment in the Hospital Setting. A Consensus Report from CAPC. J.

Criteria at the time of Admission to the Hospital

- Primary Criteria
  - Answer no to the "surprise question"
    - Would I be surprised if the patient died within 12 months
  - Frequent admissions
    - More than one admission for the same condition within several months
  - Admission prompted by difficult to control physical or psychological symptoms
    - Moderate to severe symptom intensity for 24-48hours
  - Complex care requirements
    - Functional dependency, complex home support for ventilator/antibiotics/feeding
  - Decline in function, feeding intolerance, or unintended decline in weight (failure to thrive)

Criteria at the time of Admission to the Hospital

- Secondary Criteria
  - Admission from long-term facility or medical foster home
  - Elderly patient, cognitively impaired, with acute hip fracture
  - Metastatic or locally advanced incurable cancer
  - Chronic home O2 use
  - Out of hospital cardiac arrest
  - Current or past hospice program enrollment
  - Limited social support
  - No history of completing and advance care planning discussion/document

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Criteria during each Hospital Day

- A potentially life-limiting or threatening condition and….
  - Answer no to the surprise question
  - Difficult to control physical or psychological symptoms
  - ICU length of stay ≥ 7 days
  - Lack of goals of care clarity and documentation
  - Disagreements or uncertainty among the patient, staff, and/or family
    - Medical treatment decisions
    - Resuscitation preferences

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Criteria during each Hospital Day

- Awaiting or deemed ineligible for solid organ transplant
- Patient/family/surrogate emotional, spiritual, or relational distress
- Patient/family/surrogate request
- Patient is potential candidate or medical team considering patient for…
  - Feeding tube
  - Tracheostomy
  - Initiation of dialysis
  - Ethics concerns
  - LVAD or AICD placement
  - LTAC hospital or medical foster home disposition
  - Bone marrow transplantation in high risk patient

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Who Should Get Hospice Care?

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HOSPICE IS A PHILOSOPHY OF CARE THAT VALUES LIFE FROM THE MOMENT IT BEGINS TO THE MOMENT IT ENDS

~Cicely Saunders

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Hospice Eligibility

- Physician certified prognosis of less than 6 months assuming "the terminal illness runs its natural course"
- Treatment goals are palliative rather than curative
- A physician willing to be the physician of record
- Does not require DNR status

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Hospice Eligibility

- Local Coverage Determinations (LCDs) in the hospice's geographic area are used as guidelines to help a physician determine hospice eligibility and are specific for each disease process
- In general….
  - Weight loss
  - Progressive loss of function (ADLs)
  - Increasing use of medical resources with no improvement in function (ER visits/clinic visits/hospitalizations)

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How is Palliative Care Provided?

- Consultation model
  - Inpatient and outpatient models
  - In-home models
  - Long-term facility models
- Interdisciplinary team
  - Physician, APRN, SW, chaplain
- Focus on 3 domains
  - Relieve physical and emotional suffering
  - Improve patient-physician-family communication and decision making
  - Strengthen transition management and continuity of care across settings

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Representative Skill Sets for Primary and Specialty Palliative Care

Representative Skill Sets for Primary and Specialty Palliative Care.

Primary Palliative Care
- Basic management of pain and symptoms
- Basic management of depression and anxiety
- Basic discussions about
  - Prognosis
  - Goals of treatment
  - Suffering
  - Code status

Specialty Palliative Care
- Management of refractory pain or other symptoms
- Management of more complex depression, anxiety, grief, and existential distress
- Assistance with conflict resolution regarding goals or methods of treatment
  - Within families
  - Between staff and families
  - Among treatment teams
- Assistance in addressing cases of near futility

The NEW ENGLAND JOURNAL of MEDICINE

Quill TE, Abernethy AP - Generalist plus Specialist Palliative Care-Creating a More Sustainable Model. N Engl J Med 2013; 368:1173-1175

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How is Hospice Provided?

- Provided in any setting: home, skilled nursing facility, personal care facility, where ever the patient calls "home"
- Focus on….
  - Controlling distressing physical symptoms
  - Maximizing quality of life
  - Psychological and spiritual support for patient and family
  - Bereavement care
- Core team consists of
  - Hospice physician medical director
  - Skilled nurse
  - Social worker
  - Chaplain
  - Volunteer program coordinator
  - Bereavement program coordinator

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The Hospice Medicare Benefit

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- Hospice movement started in 1948 with Dame Cicely Saunders started her work in London
- 1963 Saunders introduced the idea of specialized care for the dying to the United States during visit at Yale University
- 1982 Hospice Medicare Benefit is part of the Tax Equity and Fiscal Responsibility Act

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- Required services that must be available to all patients under the Medicare Hospice Benefit
  - Skilled nursing
  - Physician medical director
  - Home health aid service
  - -Psychological counseling
  - -Chaplain support
- Patient elects to "go on the Medicare Hospice Benefit" and consequently sign off their Medicare Part A but only for charges relating to their terminal illness.
- The hospice agency becomes responsible for the plan of care
  - Hospice core team is responsible for coordinating medical care in conjunction of PCP related to terminal illness.

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Finances

- Per diem reimbursement covers
  - Home health aids and skilled nursing visits
  - All drugs related to terminal diagnosis
  - All durable medical equipment
  - Other medical services approved by the hospice team
    - OT/ST/PT/RT
    - Palliative radiation/chemotherapy
    - Non-oral feedings, antibiotics
- Rate
  - $185/day for the first 60 days
  - $145/day for all days starting with day 61
  - Service intensity "add-on" in the last week of life

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Benefit Periods

- 2 90 day periods followed by successive 60 day periods
  - The hospice medical director and PCP must certify terminal condition at the start of hospice election
  - Subsequent certifications only require the hospice medical director
- Patients may elect to go off the Medicare hospice benefit and go back to Medicare Part A at any time. They can also re-enroll in hospice

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"He's our new Palliative Specialist!"

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Top 10 Things We Wished Everyone Knew About Palliative Care

- 1. Can help address the multifaceted aspects of care for patients facing a serious illness
- 2. Is appropriate at any stage of serious illness
- 3. Early integration is becoming the new standard of care for patients with advanced cancer
- 4. Can be beneficial for many chronic diseases (moving beyond Cancer)
- 5. Manage total pain

Strand et al. Top 10 Things Palliative Care Clinicians Wished Everyone Knew About Palliative Care. Mayo Clin Proc. 2013;88(8):859-865.

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Top 10 Things We Wished Everyone Knew About Palliative Care

- 6. Can help address many symptoms patients with a serious illness have
- 7. Can help address the emotional impact of serious illness on patients and their families
- 8. Assist in complex communication interactions
- 9. Patients' hopes and values equate to more than a cure: in addressing the barriers to Palliative Care involvement
- 10. Enhances health care value

Strand et al. Top 10 Things Palliative Care Clinicians Wished Everyone Knew About Palliative Care. Mayo Clin Proc. 2013;88(8):859-865.

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QUESTIONS?

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