A Population Health Approach to Palliative Care

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Life Expectancy: Good News, Bad News

Death Rate: 100%
Palliative Care is medical care focused on improving quality of life for people with serious illness.
Concurrent Palliative Care

“Live as well as possible for as long as possible”

% focus of care

100

Palliative care

Curative care

Time

Terminal phase

Death

Hospice

Bereavement
Evolution of US Healthcare in the 21st Century

Palliative Care
Increases quality and lowers costs for the most seriously ill people
The Hospital as the Center of the Healthcare Universe

- Hospice
- Clinics
- Patient and family
- SNF
- LTC
The Patient and Family at the Center of the Healthcare Universe

- ER
- Outpatient Clinics
- Hospice
- SNF/LTC
- Home PC
- Hospital
- Primary care
- Palliative Care

24/7 access to expertise
Social support services
Live Well and Long with Palliative Care

• Better quality of life
• Improved symptoms
• Better mood
• Less likely to get invasive care at end of life
• Better outcomes for loved ones
• Higher satisfaction
• No difference in length of life

Temel et al. *NEJM* 2010;363:733-42
Kavalieratos et al. *JAMA* 2016;316:2104-14
Palliative Care

- Hospital
- Acute Illness
- Palliative Care teams
- Clinic/Outpatient
- Home
- SNF/LTC
- Home End of Life Hospice
Home-based Palliative Care Programs

- Home visits
- Telehealth
- 24/7 availability
- Nurse, social worker, chaplain, physician

Patients
  - Serious illness
  - Utilization
  - Functional limitations

Lustbader et al. J Palliat Med 2016 (epub)
Cassel et al. JAGS 2016 (epub)
Home-based Palliative Care

• High satisfaction
• Lower Utilization
• More and longer hospice use
• Lower Costs

Cassel et al. *JAGS* 2016 (epub)
Brumley et al. *JAGS* 2007;55:993-1000
Patients Appropriate for Palliative Care

- Serious illness
- Utilization
- Function

- Metastatic cancer
- Heart failure, COPD, ESRD, Cirrhosis and two admissions or ED visits in a year
- Stroke
- Dementia and aspiration pneumonia
- Anyone on a transplant list

“Would I be surprised if this patient died in the next year?”
Vision for PC

To provide integrated, comprehensive, high quality, interdisciplinary, person-centered palliative care in all settings of care
Continuity of Care for the Seriously Ill

Palliative Care Program
Division of Hospital Medicine
Division of General Internal Medicine
Division of Geriatrics
Office of Population Health
School of Nursing
Department of Family Medicine
Population Health Approach to Addressing Palliative Care Needs

- Advance care planning
- + Primary Palliative Care
- + Consultative PC
- + PC as primary focus of care

Intensity of PC needs

Advance care planning

Time
Population Health

• Proactive
• Case finding
• Targeted
  – Colonoscopy screening
  – Mammograms
  – Flu shots
  – Blood pressure checks
  – Palliative care
Challenge of Care for the Seriously Ill: What We Say

- “She’s not ready yet”
- “She will lose hope”
Most Important Issues at End of Life

Making sure family not burdened financially by my care: 67%

Being comfortable and without pain: 66%

Being at peace spiritually: 61%

Making sure my family is not burdened by tough decisions about my care: 60%

Living as long as possible: 36%
Golden Questions

• “When you think about the future, what do you hope for?”

• “When you think about what lies ahead, what worries you the most?”
PCQN Spiritual Screening QI Project

• Increasing evidence for the benefits of spiritual care
• Alignment with MWM / national QI trends
• Interest among PCQN members
• Wide range of clinical practice
• Data shows room for improvement
Palliative Care Quality Network

To transform healthcare by defining and promoting quality palliative care

1. Data Collection & Reporting System
2. Education & Community Building
3. Financial Analysis
4. QI Collaborative
Components of PCQN QI Collaborative

Interactive didactic sessions to teach QI methods

Monthly calls to review data, discuss stumbling blocks, learn from best performers

Ongoing support
Monthly Trends

Screened - Spiritual Needs

Year/Month

Screened - Spiritual Needs

UCSF Palliative Care Program
PCQN Palliative Care Quality Network
Member Comparison

Screened - Spiritual Needs
07/01/2016 - 12/31/2016

Report Data Last Updated on Jan 25, 2017 at 11:05 Excludes patients with non-applicable status for chosen variable. Excludes members with N < 5
Percent Screened for Spiritual Needs: Monthly Trends

PCQN

Spiritual Screen Collaborative

July  August  September  October  November  December

0%  10%  20%  30%  40%  50%  60%  70%  80%  90%
Challenge of Care for the Seriously Ill: What We Say

- “She’s not ready yet”
- “She will lose hope”
- “There is nothing more we can do”
  - Simply not true
  - Feels like abandonment
Better Words to Say

• “There is nothing more we can do”
  “I wish there was something we could do to make your heart stronger.”

• “Would you like us to do everything possible?”
  “How were you hoping we could help?”

Pantilat JAMA 2009;301:1279-81
A Population Health Approach to Palliative Care

• Screen people with serious illness for palliative care needs
• Address palliative care needs for people with serious illness
• Educate all clinicians in basic palliative care including communication about goals
• Establish specialty Palliative Care Services in every setting of care
For people with serious illness, their loved ones, their healthcare providers and everyone else who cares for them

www.lifeafterthediagnosis.com

life after the diagnosis

Expert Advice on Living Well with Serious Illness for Patients and Caregivers

Steven Z. Pantilat, MD

UCSF Palliative Care Program