A Population Health Approach to Palliative Care

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Life Expectancy: Good News, Bad News

Death Rate: 100%
“She’s not ready yet”

• Who is not ready?
  – Physician
    • Unfamiliarity with palliative care
    • Worry that patient will lose hope
    • Grief over patient not doing well

• Not ready for what?
Concurrent Palliative Care

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

Per cent focus of care

Curative care

Palliative care

Hospice

Bereavement

Terminal phase

Death

Evolution of US Healthcare in the 21st Century

Volume

Value

Palliative Care

Increases quality and lowers costs for the most seriously ill people

The Hospital as the Center of the Healthcare Universe
The Patient and Family at the Center of the Healthcare Universe

Outpatient Clinics
Hospice
SNF/LTC
Home PC
Hospital
ER

Primary care
Palliative Care
Patient & Family

24/7 access to expertise
Social support services

Simultaneous Care from Time of Diagnosis

• Cancer clinic at an academic medical center
• 151 patients with newly diagnosed metastatic non-small cell lung cancer
• All patients received standard oncology care
• Half of patients randomized to receive simultaneous outpatient Palliative Care by board certified MD and APN following national consensus guidelines

Temel et al, NEJM 2010;363:733-42

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
Kavaleratos et al. JAMA 2016;316:2104-14
El-Jawahri et al. JAMA 2016;316:2094-2103
Outpatient Palliative Care

- UCSF Cancer Center data
- 922 patients who died over 29 months
- Palliative care uncommon
  - 10% early PC: >90 days before death
  - 22% late PC: within 90 days of death
  - 68% no PC
- Most early PC was outpatient

Scibetta et al. AHPM abstract 2015

Outpatient Palliative Care

- Improved satisfaction
- Better symptom control
- Reduced utilization
  - Lower costs

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

Lustbader et al. J Palliat Med 2016 (epub)
Cassel et al. JAGS 2016 (epub)
Brumley et al. JAGS 2007;55:993-1000

Patients Appropriate for Palliative Care

- Serious Illness
  - 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

- Utilization
- Function

“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
- 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”
Hope

- For healing where there is no cure
- For comfort in the face of suffering
- For all that can still be despite all that cannot be

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
Spiritual Screening
Barriers & Opportunities for Improvement

• Clinicians don’t feel responsible
• Physicians don’t feel confident about how to screen
• Inconsistent definition of spiritual screen
• Not a priority
• Spiritual screen isn’t documented
• Concern that screen could reveal thorny issues

Initial Improvement Plans

• Standardized screening questions:
  – “Where do you draw your strength?”
  – “What are the most important issues that have been raised for you by your illness?”
  – “In the past, what has helped you cope during the challenging moments of your life?”
  – “Are there particular beliefs or faith practices that give meaning to your life?”
• Set the stage:
  – “We want to support you in as many ways as we can…”

Monthly Trends
Member Comparison

5 Stages of QI – Kübler-Ross Style

- **Denial** – That can’t be our data
- **Anger** – The measurement strategy must be flawed
- **Bargaining** – OK, but our patients are sicker
- **Depression** – This is hopeless – we will never do better
- **Acceptance** – Let’s make this better

Percent Screened for Spiritual Needs: Monthly Trends
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