Caring for Patients with Advanced and Serious Illnesses: Changing Medical Practice and Patient Expectations

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Median Life Expectancy in Years

Life Expectancy (Years)

30,000 BCE 15,000 BCE 1,000 BCE 2009

30,000 BCE
15,000 BCE
1,000 BCE
2009
Care for the Seriously Ill at the Turn of the Century (2000)

- Unprecedented numbers of Americans w/ advanced + chronic disease
- Untreated symptoms
- Unmet patient/family needs
- Societal and family impoverishment from health care costs
- Inadequately prepared health professionals
- A fee-for-service health care system facing enormous and increasing expenditures
“It is thornlike in appearance, but I need to order a battery of tests.”
Palliative Care Defined

Interdisciplinary specialty that aims to improve quality of life for patients with advanced illness and their families.

Team based care.

Provided simultaneously with all other disease-directed and curative treatments.
Palliative care at the same time as curative care

Old

<table>
<thead>
<tr>
<th>Life Prolonging Care</th>
<th>Medicare Hospice Benefit</th>
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New

<table>
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<tr>
<th>Life Prolonging Care</th>
<th>Palliative Care</th>
<th>Hospice Care</th>
<th>Bereavement</th>
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Dx  

Death
Palliative Care Teams Address 3 Domains

1. Physical, emotional, and spiritual distress

2. Patient-family-professional communication and decision-making

3. Coordinated, communicated, continuity of care and support for practical needs of both patients and families across settings
“There’s no easy way I can tell you this, so I’m sending you to someone who can.”
Who is the Target Population for Palliative Care?

Distribution of Medicare Beneficiaries and Spending

Total Number of FFS Beneficiaries: 37.5 million

Total Medicare Spending: $265 billion


Average per capita Medicare spending (FFS only): $7,064

Average per capita Medicare spending among top 10% (FFS only): $44,220
Growth of Healthcare Spending

Source: Congressional Budget Office.
The 10% of Medicare Beneficiaries Driving 2/3rds of Medicare Spending are Those with >= 5 Chronic Conditions

Palliative care patient popn:
5+ chronic conditions 66%

No chronic conditions 1%
1-2 chronic conditions 10%
3 chronic conditions 10%
4 chronic conditions 13%

Healthcare in the United States

“The American health care delivery system is in need of fundamental change….Health care today harms too frequently and routinely fails to deliver its potential benefits...Quality problems are everywhere, affecting many patients. Between the health care we have and the care we could have lies not just a gap, but a chasm.”

IOM: Crossing the Quality Chasm: A New Health System for the 21st Century.
Why is Palliative Care Important?

- Improves patient quality/length of life
  - Reduces pain and other symptoms; prolongs life
- Improves family satisfaction and well-being
- Reduces resource utilization and costs

….and does so for the sickest 5%-10% of Medicare and Medicaid beneficiaries driving over half of total government healthcare costs.
Palliative Care Improves Quality

Randomized controlled trial of simultaneous standard cancer care along with palliative care co-management from time of diagnosis versus a control group receiving best cancer care only:

Palliative care group had:

- Improved Quality of Life \( (p<0.03) \)
- Reduced Depression \( (p<0.01) \)
- Reduced ‘aggressive’ treatment in last 2 weeks of life; more hospice; earlier hospice \( (p<0.05) \)
- Improved Survival \( (+3 \text{ months, } p<0.02) \)

Palliative Care Shifts Care to the Home

Service Use Among Patients with heart failure, emphysema, or cancer
Randomized Controlled Trial of Palliative Home Care versus Usual Home Care

Growth of Hospital Palliative Care Teams in the U.S.

>60% of All Hospitals

>80% of All Hospitals with >300 Beds

AHA Annual Hospital Survey, 2010
How Did We Get Here?

A clear body of evidence that demonstrated palliative care:

– Improves clinical quality
– Determines and then honors patient and family preferences
– Assists physicians with their most complex patients
– Matches healthcare resources to person-and family-centered goals, leads to more care at home, and lower costs.
Where Do We Go Next?

2020 goals for palliative care

- All patients and families will know to request palliative care in the setting of serious and advanced illness = *public awareness*

- All healthcare professionals will have the knowledge and skills to provide palliative care = *training*

- All healthcare institutions and professionals in the U.S. will be able to support and deliver high quality palliative care = *regulatory requirements*
In addition to investment in workforce and public awareness, we need expansion of palliative care models beyond the hospital...

Examples of creative approaches to person-centered palliative care, launched and proven effective by the private sector
Examples of Payer Activity
## Private Payer Led Initiatives, Examples

<table>
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<tr>
<th>Initiative</th>
<th>Details</th>
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<tbody>
<tr>
<td></td>
<td>▪ Up to 10 consultative/supportive visits</td>
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<td></td>
<td>▪ Providers = contracted hospices</td>
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<tr>
<td></td>
<td>▪ Case Managers involved; social workers often provide care</td>
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<td></td>
<td>▪ Concurrent care; homebound not required</td>
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<td></td>
<td>▪ Physician attestation that it “would be no surprise if the patient died within the year.” CPT II code 1150F</td>
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<td><strong>BCBS - Michigan</strong></td>
<td>2011 “Physician Group Incentive Program” quality metrics for palliative care</td>
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<tr>
<td></td>
<td>▪ Part of P4P incentive payments</td>
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<td></td>
<td>▪ Focus on commercial population</td>
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<td></td>
<td>▪ Coordination with CMS demonstration projects</td>
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<td></td>
<td>▪ Concurrent statewide Advance Care Planning initiative with MI AMA</td>
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<td><strong>AETNA – Nationwide</strong></td>
<td>Compassionate Care Program introduced 9/1/2009</td>
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<td></td>
<td>▪ Enhanced hospice benefit, given at same time as curative treatments</td>
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<td></td>
<td>▪ 12 month prognosis (vs. 6)</td>
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<td></td>
<td>▪ Elimination of limits on hospice</td>
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Policy Implications

• Best opportunity for better quality and reduced costs is targeting services to meet the needs of the highest risk patients based on their need + diagnoses + utilization criteria

• Palliative care improves quality, lengthens life, and reduces costs. Private payers are using new delivery + payment models to incentivize providers to implement palliative care. Government should follow suit.