Exploring the Benefits of Both Palliative and Hospice Care

David Mandelbaum, M.D.
Director, Palliative Care Services
Co-Medical Director, Hospice Services
Franciscan Health, Indianapolis, Mooresville, Carmel
Goals and Objectives

• Define palliative care and hospice care, and describe the differences between the two

• Discuss the benefits of early palliative intervention in patients with chronic illness

• List criteria for admission to and initiation of hospice care for patients with terminal illness

• Describe the current status of both the palliative care service and hospice service at Franciscan Health Indianapolis and the plans for the future
Personal Motive
Origin of the word “Palliative”

- Romans called a cloak worn in ancient Greece a “pallium.” In the 15th century, English speakers modified the Latin term to, “palliatus” which then took on a figurative meaning of “a cloak of protection.”
Palliative Care (PC) – Definition

Specialized medical care for patients with serious illnesses. It focuses on providing relief from the symptoms, pain and stress of a serious illness---whatever the diagnosis. The goal is to improve the quality of life for both the patient and the family.

PC is provided by a team of doctors, nurses and other specialists who work together with the patient’s other doctors to provide an extra layer of support. It is appropriate at any age and at any stage in a serious illness and can be used in conjunction with curative treatment.
Focus Changes from Cure to Care

Palliative Care Constitutes a Change in Focus from Usual Care

<table>
<thead>
<tr>
<th>Usual Care</th>
<th>Palliative Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goals of Care:</td>
<td>Delayed until end of life is near</td>
</tr>
<tr>
<td>Treatment Strategy:</td>
<td>Includes primarily curative treatments</td>
</tr>
<tr>
<td>Service Utilization:</td>
<td>Pursues curative treatments even when low-yield, high-cost, and burdensome for patient</td>
</tr>
</tbody>
</table>
Hospice – Origin and Definition

- Term hospice, from same linguistic root as “hospitality”, can be traced back to medieval times when it referred to a place of shelter and rest for weary or ill travelers on a long journey.

- Defined as: Team oriented approach to medical care, symptom management, and emotional and spiritual support tailored to the needs of a patient with a terminal illness or injury.

- Eligibility for Medicare Benefit: Patient is eligible for hospice care if two MD’s (One should be a Hospice MD) determine the patient has a prognosis of six months or less.
Further Definition of Palliative & Hospice Care

• Both Palliative Care and Hospice Care provide symptom management, enhance quality of life and respect patient’s desires and preferences. Hospice care is specifically devoted to End of Life care.

• So, ALL Hospice Care is also Palliative Care, but NOT ALL Palliative Care is also Hospice Care.
Current & Future State

• Inpatient Palliative Service
• Outpatient Hospice Program
• Hospice House for Hospice Inpatients

Pilot Project Underway
• Outpatient Palliative Program

Future Expansion
• Increase Availability in Hospice House
• Further Outreach of Outpatient Palliative Program
FH-Indianapolis IP Palliative Service

• Team Members: MD, NP’s, RN’s, Social Worker, Chaplain

• Mostly Consultative but may be Admitting and/or Attending

• 2015 Stats -- Over 1800 inpatient palliative consults completed

• 27% expired while in the hospital
• 26% resulted in a referral to hospice post-discharge
• 26% were transferred to ECF without specific follow up plan
• 7% were referred to Home Health support
• 5% were discharged home without added services or specific follow-up plan
Roles for IP Palliative Care Team

1. Discussion of Code Status Designation

2. Completion of Advance Directives

3. Goals of Care Discussion
   **Patient Treatment Preferences Documentation**

4. Completion of OOH DNR, POST at discharge when appropriate

5. Collaboration with Attending Service for Symptom Management
## Benefits of Palliative Care

<table>
<thead>
<tr>
<th>PC Impact on Patient/Family</th>
<th>Secondary Outcome</th>
<th>Best Published Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>More communication, greater comfort, preferences met</td>
<td>Greater patient / family satisfaction</td>
<td>Casarett Arch Int Med 2011; 171:649-655</td>
</tr>
<tr>
<td>Goals of care clarified, and often changed</td>
<td>Lower costs per day</td>
<td>Morrison Arch Int Med 2008; 168:1783-90</td>
</tr>
<tr>
<td>Goals of care clarified, and often changed</td>
<td>Shorter ICU length of stay</td>
<td>Norton Crit Care Med 2007; 35:1530-35</td>
</tr>
<tr>
<td>Greater comfort, access to hospice</td>
<td>Shorter hospital length of stay among survivors</td>
<td>Wu J Palliat Med. 2013 Nov;16(11):1362-7</td>
</tr>
</tbody>
</table>
Hospice Care in the United States

Number of Patients
– 2010 - Approx. 1.38 million
– 2014 - Approx. 1.65 million → An increase of 19.5% in four years

Diagnoses
– Cancer 36%
– Dementia 15%
– Heart Disease 15%
– Lung Disease 9%
– Stroke, Coma 6%

Length of Stay in Hospice
– Median 17.4 days
– Average 71.3 days
Outpatient Hospice Service at FSFH

Care Plan
– Symptom Management
– Quality of Life for Remaining Time
– Curative Therapy is No Longer Being Pursued

Where, By Whom
– Private Residences, Assisted Living Facilities, SNF’s
– Case Managers (RN’s), Social Workers, Chaplains
– Staffed with Hospice Medical Directors
– Face to Face Visits
FSFH Outpatient Hospice Service: Our Data

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions</td>
<td>632</td>
<td>197 (788 Annualized)</td>
</tr>
<tr>
<td>Average LOS (days)</td>
<td>69</td>
<td>73</td>
</tr>
<tr>
<td>Median LOS (days)</td>
<td>14</td>
<td>14</td>
</tr>
</tbody>
</table>
Inpatient Hospice Care: Franciscan Hospice House

Structure:
- 12 rooms total; 5 currently in use
- Chapel
- Kitchen
- Whirlpool and Massage Room

Staff:
- Full Time RN’s, CNA’s
- Social Workers, Chaplains
- MD’s
Franciscan Hospice House

Levels of Care, Admission Criteria

– GIP
  – Approx. 5% of pts. nationally
  – Uncontrollable symptoms
  – Covered by Medicare Benefit

Respite

– Approx. 1% of pts. nationally
  – Care giver fatigue
  – Covered by Medicare Benefit

Routine

– Approx. 94% of pts. nationally
  – No other viable options
  – Room and Board is NOT covered
Outpatient Palliative Care

Why?

– Aging Population—10,000 individuals turn 65 each day in US

– Increasing incidence of serious, chronic illness

– High cost of inpatient care, need for collaboration with ACO, other “managed care” payors

– Continuation of care for patients identified in the inpatient setting
Current State – Concepts in Place

- Inpatient Palliative Care
- Home Health
  - VNS
  - Hospice House
  - Outpt
  - Hospice

GAP
Outpatient Palliative Care Program

Hallmarks
– Discussions of Advance Directives, Goals of Care with Patients
– Collaboration and Communication with ACO, PCP’s, Specialists

Models
– Free Standing Clinic
– Imbedded Clinic
– Care in the Residence
Array of Support Strategies to Meet Patient Needs

Models of Generalist Palliative Care Collaboration

<table>
<thead>
<tr>
<th>Greater Role for Generalist</th>
<th>Greater Role for Palliative Care Team</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Generalist Palliative Care</strong></td>
<td><strong>Consultative Palliative Care</strong></td>
</tr>
<tr>
<td>Discusses palliative care and goals of treatment</td>
<td>Discusses palliative care and goals of treatment</td>
</tr>
<tr>
<td>Provides high-quality care, including basic pain and symptom management</td>
<td>Provides palliative care to patient after consulting with the palliative care team</td>
</tr>
<tr>
<td><strong>Comanaged Palliative Care</strong></td>
<td><strong>Inpatient Palliative Care Unit</strong></td>
</tr>
<tr>
<td>Comanages patient’s palliative care needs along with the palliative care team</td>
<td>Releases patient oversight to palliative care team</td>
</tr>
</tbody>
</table>

Role of Generalist/Admitting Physician
- Supports generalist with education as needed
- Provides one-time consultation to generalist
- Answers further questions as needed
- Works with generalist to manage palliative care needs
- Takes on time-intensive, complex conversations
- Takes on full care of patients whose care goals are palliative in nature

Source: Physician Executive Council interviews and analysis.
Outpatient Palliative Care

Predicted Benefits

– Decrease in hospitalizations/readmissions
– Decrease in ED visits
– Decrease in deaths in acute care facilities
– Decrease in total costs of care
– Increase in hospice utilization
– Increase in hospice length of service
## Outpatient Palliative Care: Positive Outcomes

<table>
<thead>
<tr>
<th>PC Impact on Patient/Family</th>
<th>Secondary Outcome</th>
<th>Best Published Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>More communication, greater comfort, preferences met</td>
<td>Patients live longer and with higher QoL</td>
<td>Temel NEJM 2010; 363:733-742</td>
</tr>
<tr>
<td>Better symptom management with in-home PC</td>
<td>Fewer ED visits and hospital admissions</td>
<td>Brumley JPM 2003; 6:715-724</td>
</tr>
<tr>
<td>Better symptom management with in-home PC</td>
<td>Fewer hospital admissions and inpatient deaths</td>
<td>Brumley JAGS 2007; 57:993-1000</td>
</tr>
<tr>
<td>Better symptom management with home care or hospice</td>
<td>Fewer 30-day re-admissions</td>
<td>Enguidanos JPM 2012;15(12):1356-1361; Ranganathan JPM 2013 16(10):1290-1293.</td>
</tr>
</tbody>
</table>
Outpatient Palliative Experience
(since July, 2016)

• Current census (total): 33 patients

• Kindred Southpointe: 16 patients

• Total since inception: 55-60 patients
Conclusion

• Why should we ALL be practicing palliative care?

• Palliative Care
  – Is patient and family centered
  – Is team based
  – Is an holistic approach, treating patients, not diseases
  – Empowers patients to express desires, make decisions

• Dr. Zubin Damania aka “ZDogg” performs music videos, parodies, etc. related to contemporary medical topics
  – Made reference at recent AAHPM national assembly to “Enemies of Suffering”
Exploring the Benefits of Both Palliative and Hospice Care

Comments and Questions