Palliative Care

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Objectives

▫ Define Palliative Care and its relationship with Hospice and acute care

▫ Identify barriers and hurdles faced by palliative care programs, physicians and clients

▫ Explore changing trends in palliative medicine utilization and palliative patient characteristics
Subtext

▫ Quality of Care
  Outcomes - life expectancy, symptom mgnt.,
  physician satisfaction, pt/family satisfaction

▫ Palliative Care and System Design

▫ Palliative Care as Disruptive Innovation

Palliative Care ≠ Hospice
Hospice

Dame Cicely Saunders

? End of Life Care ?

Hospice

…philosophy that affirms life and exists to provide support and care for terminally ill persons with the aim of alleviating suffering and augmenting quality of life.
Palliative Care

- Symptom Management
  Physical, Emotional, Existential, Spiritual
- Prognostication
- Goals of Care: “A.C.E.”
  Advocacy, Conversation, Empower > \textbf{CHOICE}
- End of Life
- Hospice
Thus…

EOL = Palliative Care

Hospice = Palliative Care

But, once again…

Palliative Care ≠ End of Life

Palliative Care ≠ Hospice
Palliative Care

...provides comprehensive, interdisciplinary care for patients with life limiting, or potentially life limiting, illnesses through an expertise in symptom management, communication and prognostication. The emphasis is on quality of life and the relief of suffering. Palliative Care is provided throughout the trajectory of a disease process without regard to prognosis and can be provided in concert with curative care, as well as near end of life. The Palliative Care Team works with patients in conjunction with their primary care physician to address any physical, psycho-social, emotional or spiritual issues the patient and their families / caregivers may experience.
Remember, it is not….

- Discharge planning
- Specifically chronic disease management
- A means of dealing with difficult patients / families
- Strictly End-of-life care

Resources

- American Association of Hospice and Palliative Medicine
- Hospice and Palliative Care Association of Iowa
- End of Life / Palliative Education Resource Center
- Center for Advancement of Palliative Care
- The Joint Commission
- Growth House
- National Consensus Project for Quality Palliative Care
Difficulties Part I

Perception

- Palliative Care Physicians
- Other Physicians
- Public / Media – “Death Panels”
- Political Arena
Difficulties Part II

Economics

- Revenue vs. Cost Avoidance
- Third Party Payers
- Fee For Service Business Model
- Medicine Business Model

Difficulties Part III

Measurements

- Metrics
  - Subjective / Objective
  - Consistency with other specialties
- Lack of Randomized Controlled Studies
Difficulties Part IV

Access

- Lack of Accredited Programs*
  Joint Commission Standards
- Urban vs. Rural
- Lack of Outpatient Programs

Difficulties Part VI

Healthcare System Design

- Acute Care
- Emergency access – 911
- High tech medicine – Radiology
- Procedures
  - Surgery – transplantation
  - Cardiology
  - Gastroenterology
So what?

Life’s End is Invisible

- Medical Ward Attending – April 2004
- Interns admitted 56 patients during the month
- June 2006
  - 45% dead (25) – 30% (17) within one year
  - 55% alive (31)
    - 7 lost to follow up after discharge
    - 61% (19) with AD documentation
…every other patient admitted by an intern will be dead before finishing residency!
Challenges

- Vulnerable populations
- Loss of autonomy
- Unable to advocate
- Can’t choose
- Language/culture
- Youth oriented/death denying
- Winners/losers
- Chronicity in an acute care system
- Best, immediately, free

A Century of Change

<table>
<thead>
<tr>
<th></th>
<th>1900</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Age</td>
<td>46 years</td>
<td>78 years</td>
</tr>
<tr>
<td>Causes</td>
<td>Infection, Accident, Childbirth</td>
<td>Cancer, Heart Disease, Stroke/Dementia</td>
</tr>
<tr>
<td>Disability</td>
<td>Not usually</td>
<td>Median &gt;4 years</td>
</tr>
<tr>
<td>Place of Death</td>
<td>Home</td>
<td>Hospital/Nursing Home</td>
</tr>
<tr>
<td>Financing</td>
<td>Private, minor expense</td>
<td>Public- 75% Medicare ~1/4 to 1/3 Medicare in final illness</td>
</tr>
</tbody>
</table>
Ideal Flow

Reality…
Logistics

- ED
- Broaden Scope
- Inpatient Palliative Care
- Outpatient Palliative Care
- Home Care Services
- Hospice

Disruptive Innovation

A innovation that creates a new (and unexpected) market by applying a different set of values.

Thank You

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