

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

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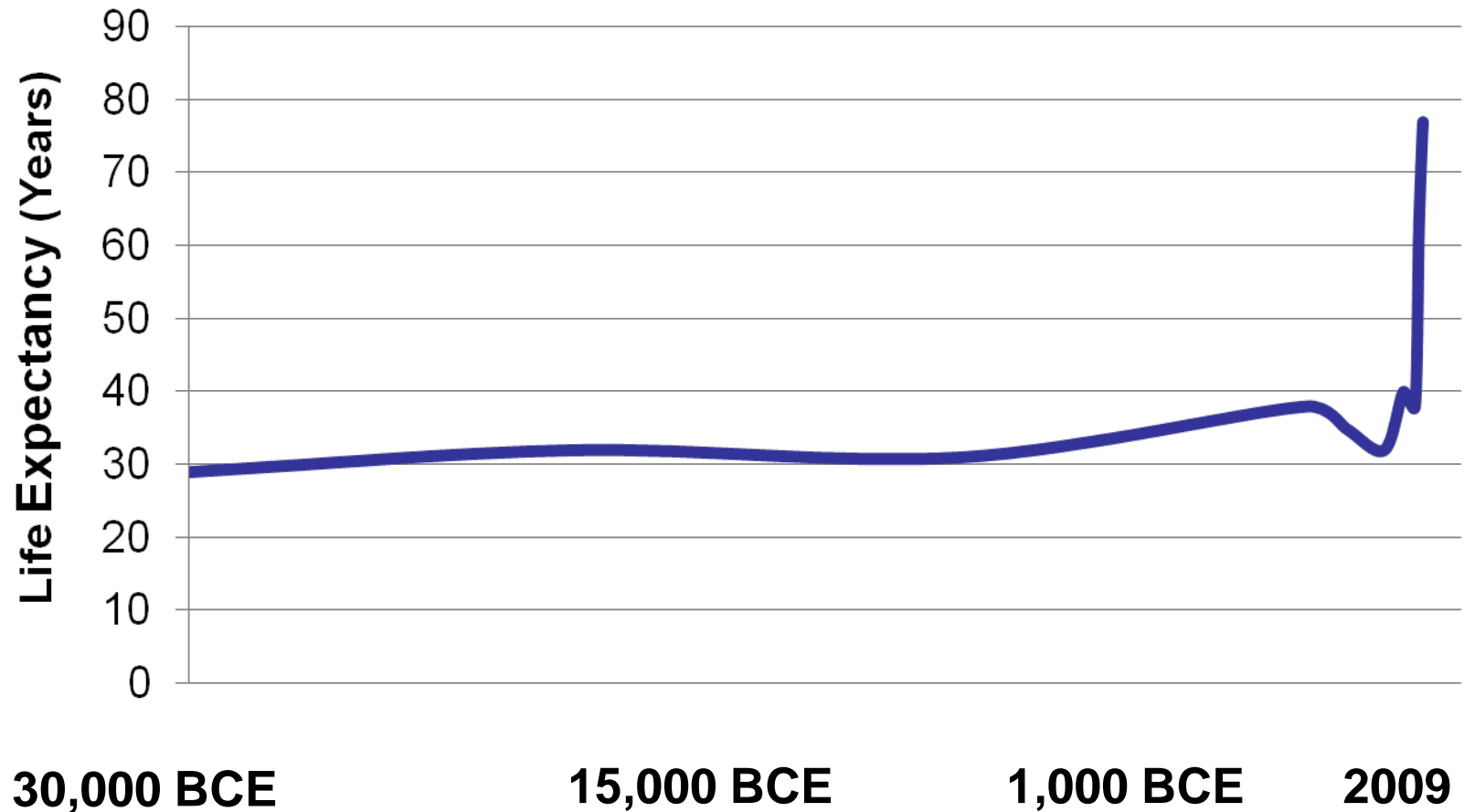
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[www.getpalliativecare.org](http://www.getpalliativecare.org)

# Median Life Expectancy in Years



# 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

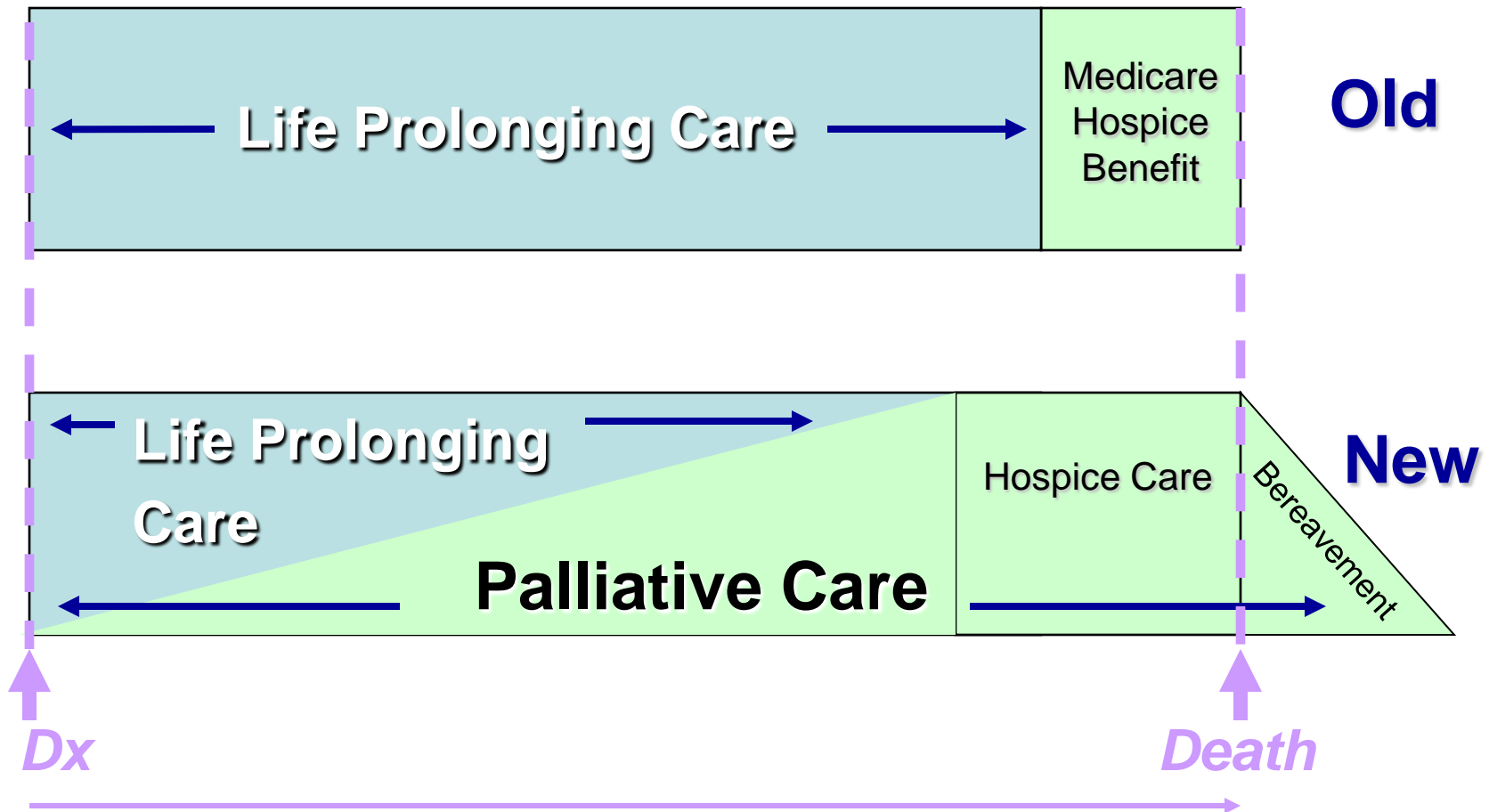


Interdisciplinary specialty that aims to ***improve quality of life*** for patients with advanced illness and their families.

Team based care.

Provided simultaneously with all other disease-directed and curative treatments.

# Palliative care *at the same time* as curative care



# **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**



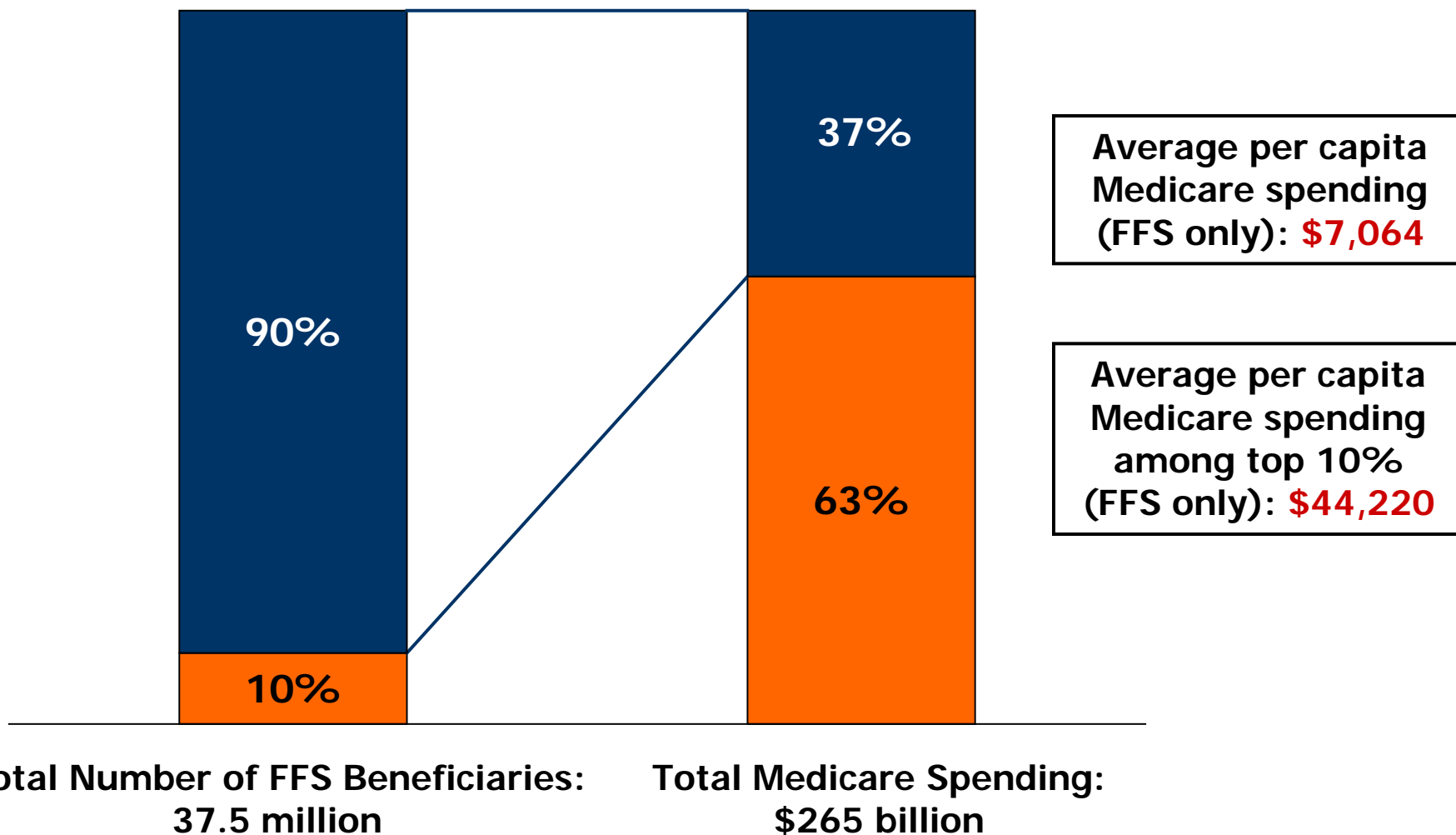
*"There's no easy way I can tell you this, so I'm sending you to someone who can."*



# Who is the Target Population for Palliative Care?



## Distribution of Medicare Beneficiaries and Spending

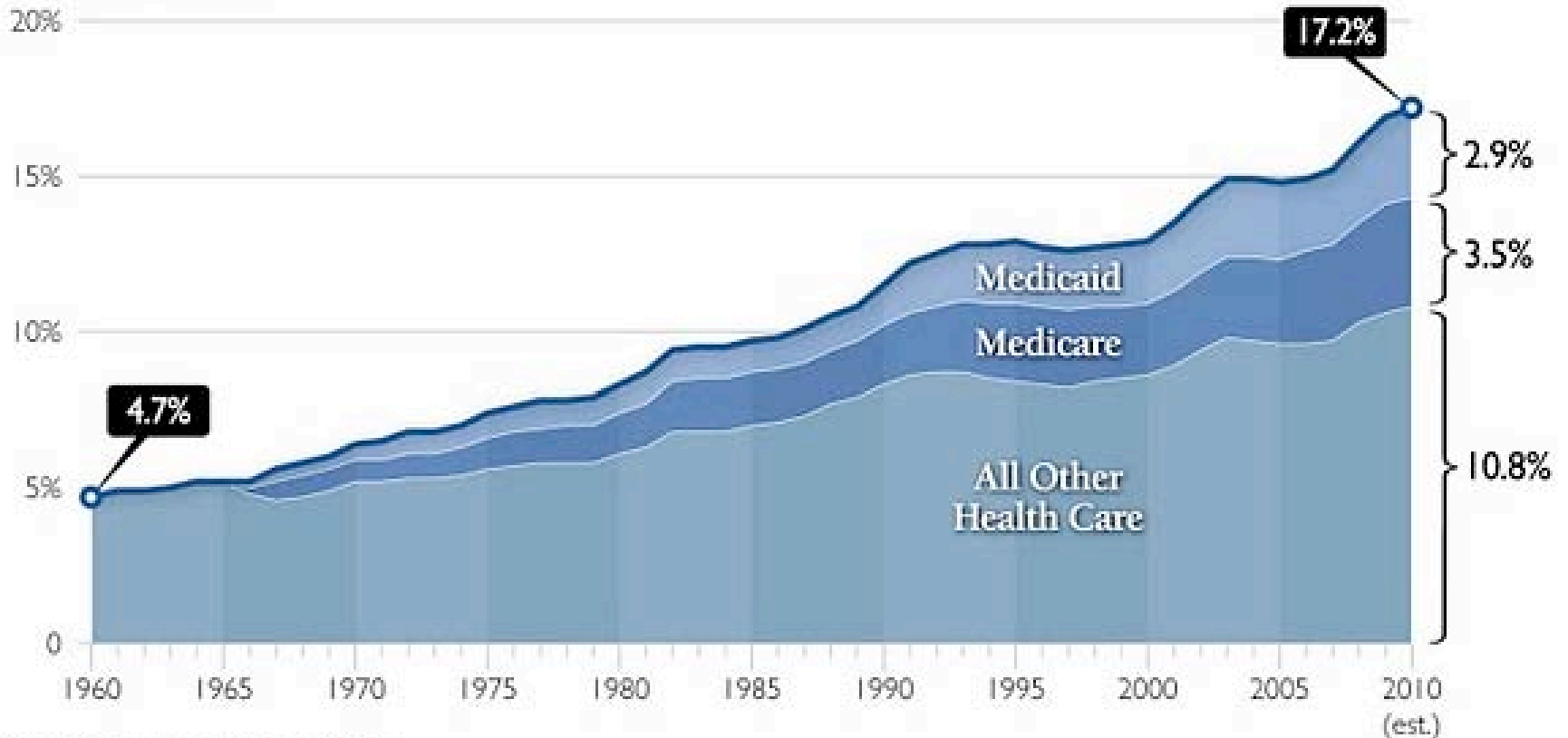


NOTE: FFS is fee-for-service. Includes noninstitutionalized and institutionalized Medicare fee-for-service beneficiaries, excluding Medicare managed care enrollees.

SOURCE: Kaiser Family Foundation analysis of the CMS Medicare Current Beneficiary Survey Cost & Use file, 2005.

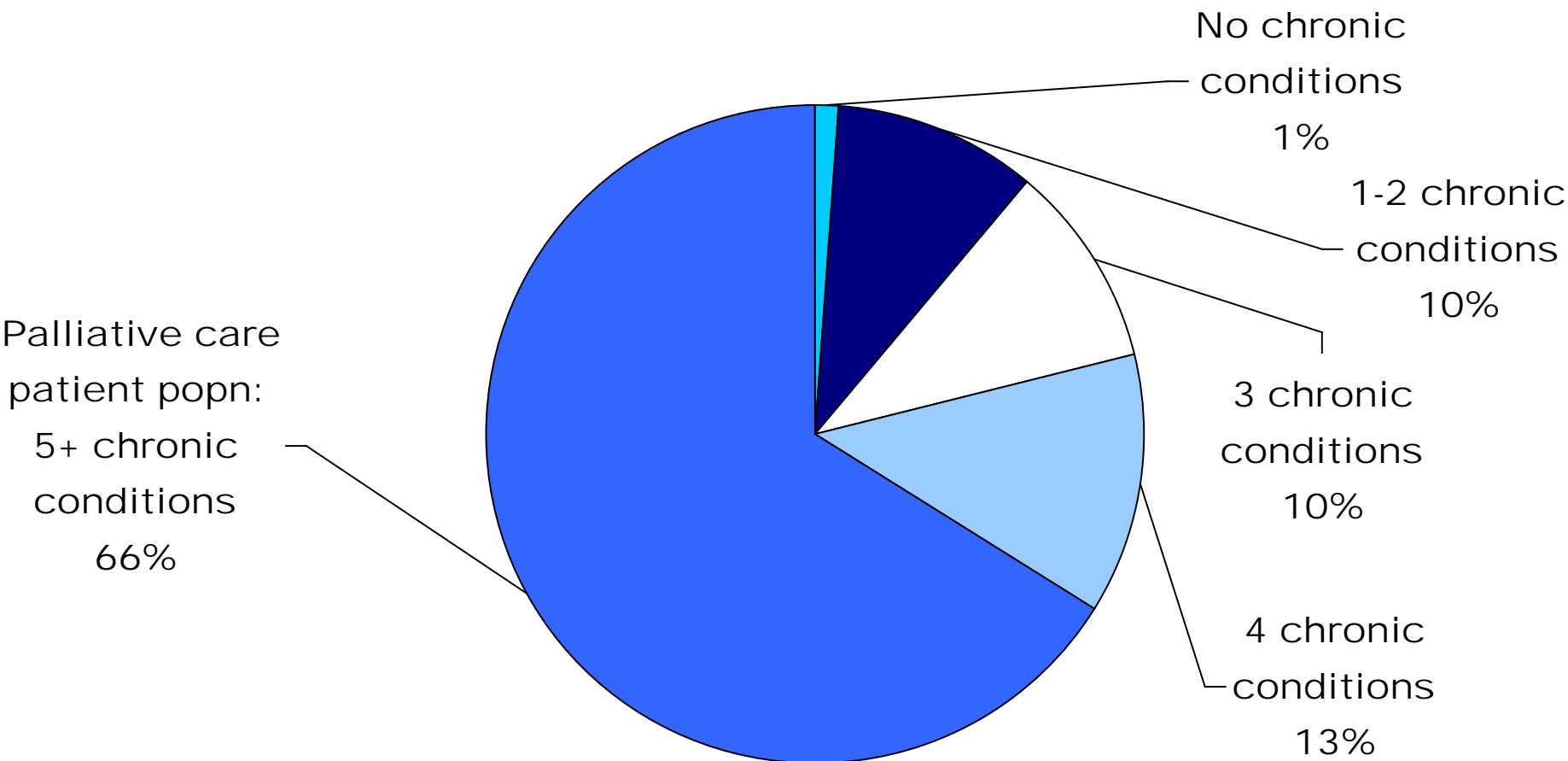
# Growth of Healthcare Spending

PERCENTAGE OF GDP



Source: Congressional Budget Office.

# The 10% of Medicare Beneficiaries Driving 2/3rds of Medicare Spending are Those with $\geq 5$ Chronic Conditions



# 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 21<sup>st</sup> 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:**

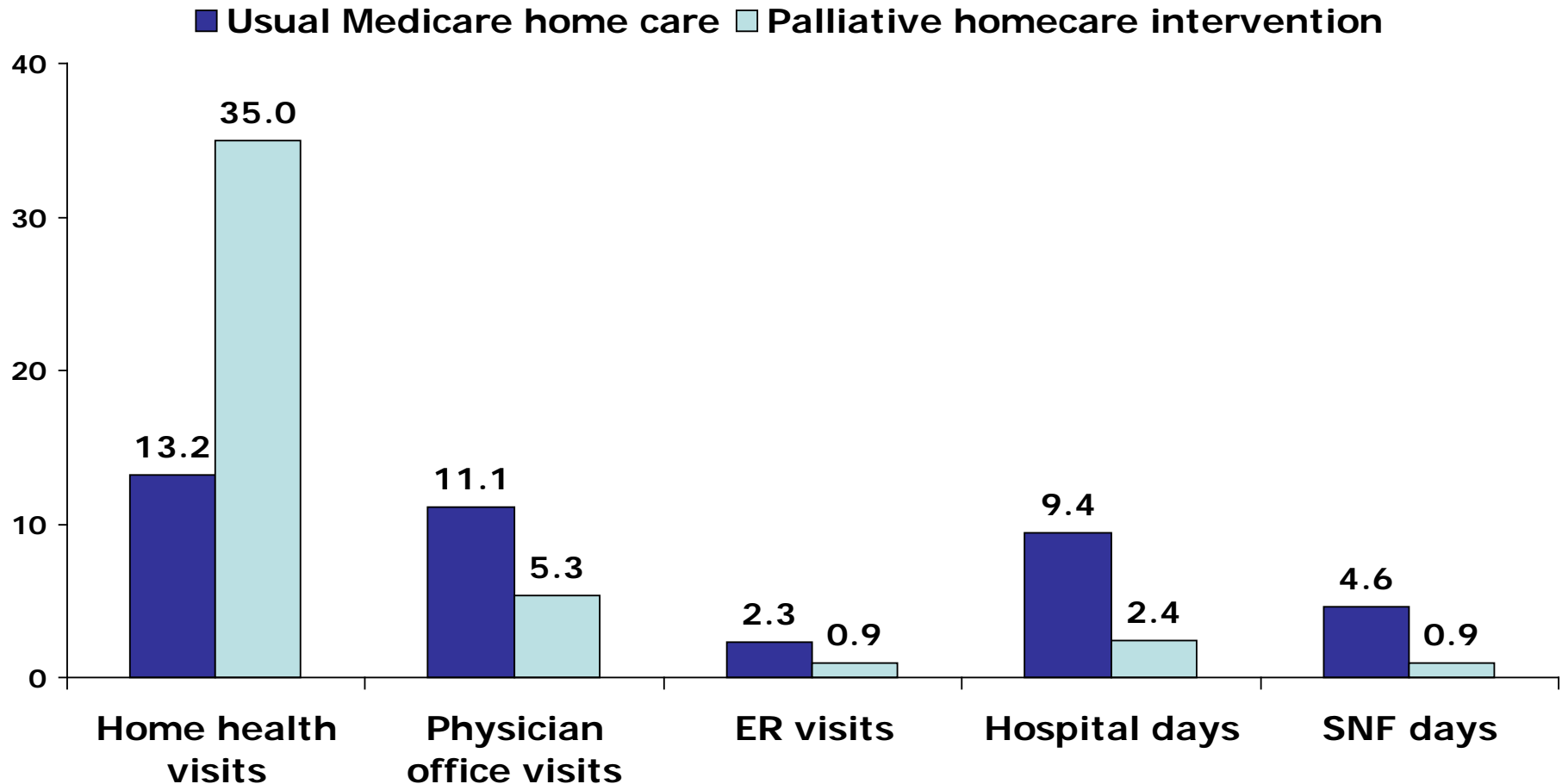
- **Improved Quality of Life** ( $p < 0.03$ )
- **Reduced Depression** ( $p < 0.01$ )
- **Reduced ‘aggressive’ treatment** in last 2 weeks of life; more hospice; earlier hospice ( $p < 0.05$ )
- ***Improved Survival*** (+3 months,  $p < 0.02$ )

Temel et al. Early palliative care for patients with non-small-cell lung cancer  
NEJM2010;363:733-42.

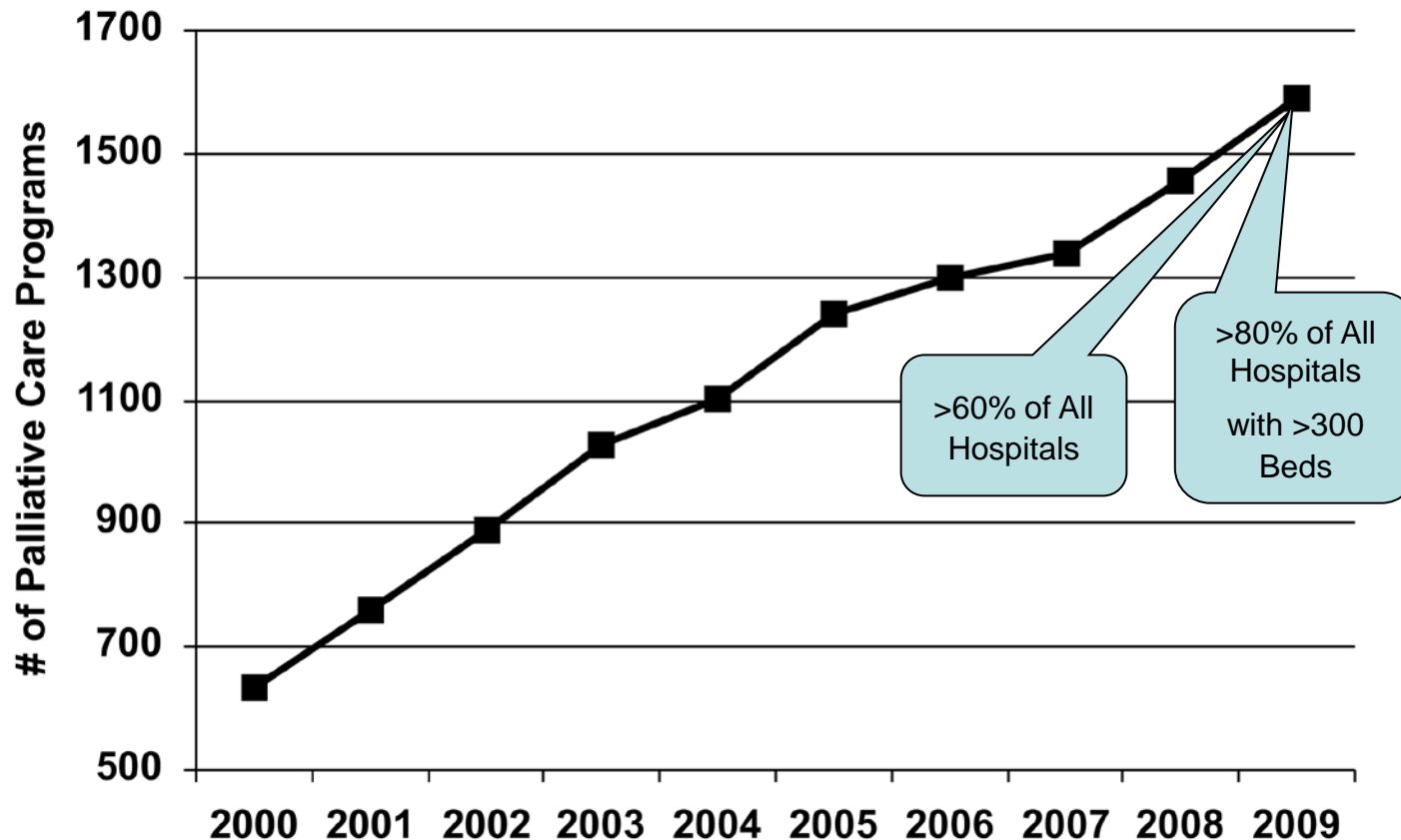
# Palliative Care Shifts Care to the Home



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.





# 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



Highmark Introduces  
**Advanced Illness Services Program**



Beginning Jan. 1, 2011, Highmark will offer the Advanced Illness Services (AIS) program as part of its Medicare Advantage plans. The program will provide 100 percent coverage for as many as 10 outpatient care visits by AIS network hospice and/or palliative care providers to promote quality of care for members with progressive, life-limiting illness.

 **End of Life Care**

Aetna Compassionate Care SM Program

Health & Wellness  
Products & Services


How the Program Works | [Support for You](#) | [Important Documents](#) | [End of Life Care](#)



 **Compassion and Support at the End of Life**

 **Patients & Families**  
[CLICK HERE](#)

**Public Service Announcements on End-of-Life Care Earn Bronze Telly**

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**QUALITY  
UPDATE**

**RURAL PALLIATIVE CARE EMERGING AS A HEALTH CARE PRIORITY**

# Private Payer Led Initiatives, Examples



|  |  |   |
|--|--|---|
| <b>Highmark – BCBS in Pennsylvania</b> | Jan 1, 2011 New Program, “Advanced Illness Service” for Medicare Advantage   | <ul style="list-style-type: none"><li>▪ Up to 10 consultative/supportive visits</li><li>▪ Providers = contracted hospices</li><li>▪ Case Managers involved; social workers often provide care</li><li>▪ Concurrent care; homebound not required</li><li>▪ Physician attestation that it “would be no surprise if the patient died within the year.” CPT II code 1150F</li></ul> |
| <b>BCBS - Michigan</b>                 | 2011 “Physician Group Incentive Program” quality metrics for palliative care | <ul style="list-style-type: none"><li>▪ Part of P4P incentive payments</li><li>▪ Focus on commercial population</li><li>▪ Coordination with CMS demonstration projects</li><li>▪ Concurrent statewide Advance Care Planning initiative with MI AMA</li></ul>  |
| <b>AETNA – Nationwide</b>              | Compassionate Care Program introduced 9/1/2009                               | <ul style="list-style-type: none"><li>▪ Enhanced hospice benefit, given at same time as curative treatments</li><li>▪ 12 month prognosis (vs. 6)</li><li>▪ Elimination of limits on hospice</li></ul>   |

# 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.