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Hospice and Palliative Care 2023

…A new continuum of end-of-life care

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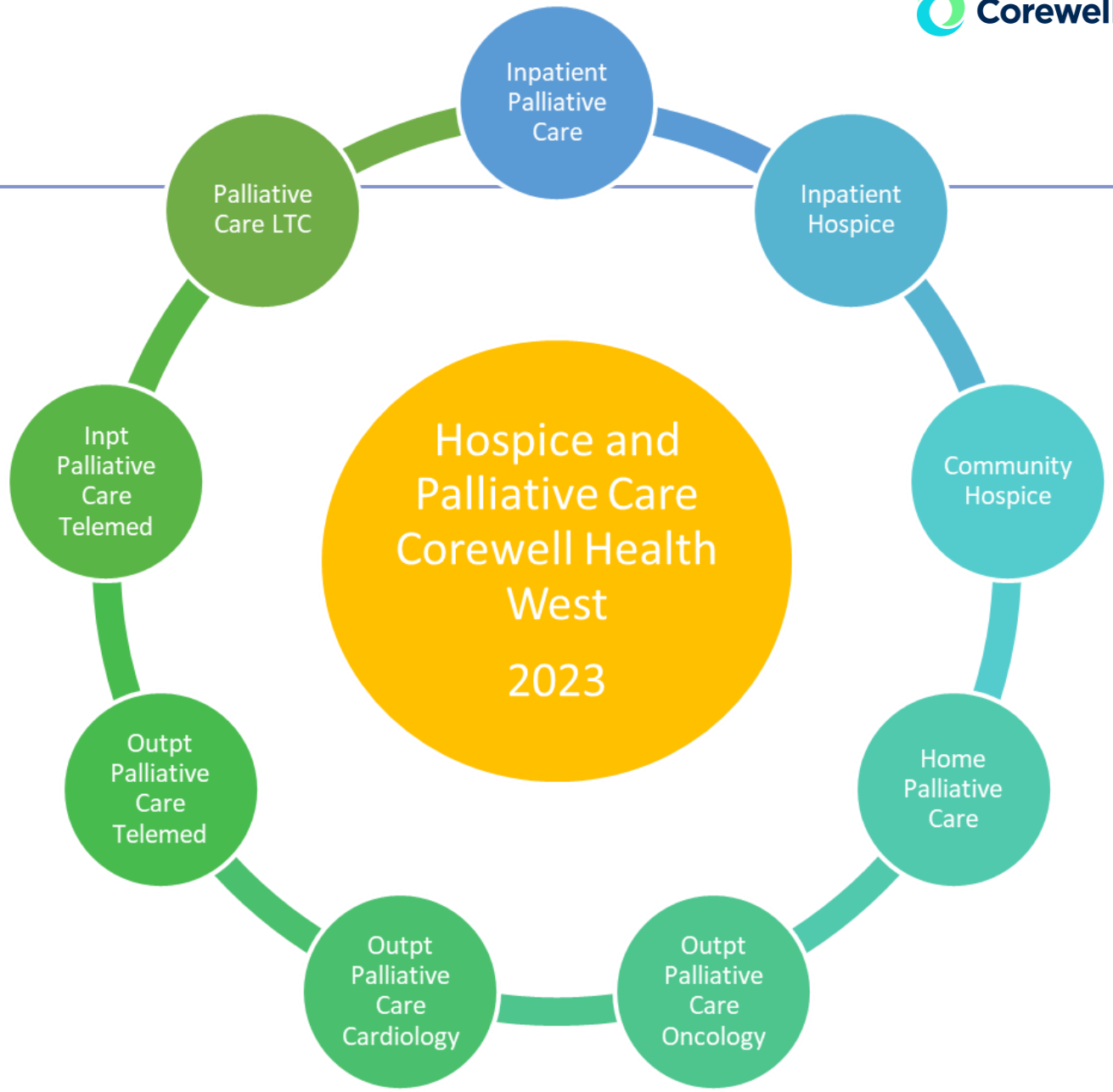
Who We Are…

Spectrum Health Hospice and Palliative Care (2006)

Hospice and Palliative Care

A continuum of services

for the seriously ill…



Palliative Care 2023

Inpatient/ Ambulatory

- **1 Practice Manager**
- **6 RNs**
- **2 PSRs**
- **2 LPN**
- **6 MSWs**
- **4 Chaplains**
- **16 APPs**
- **7 MDs**

Home Palliative Care

1 Manager

3 MDs

3 PSRs

4 RNs

4 MSWs

1 Chaplain

12 APPs

Spectrum Health Hospice and Palliative Care

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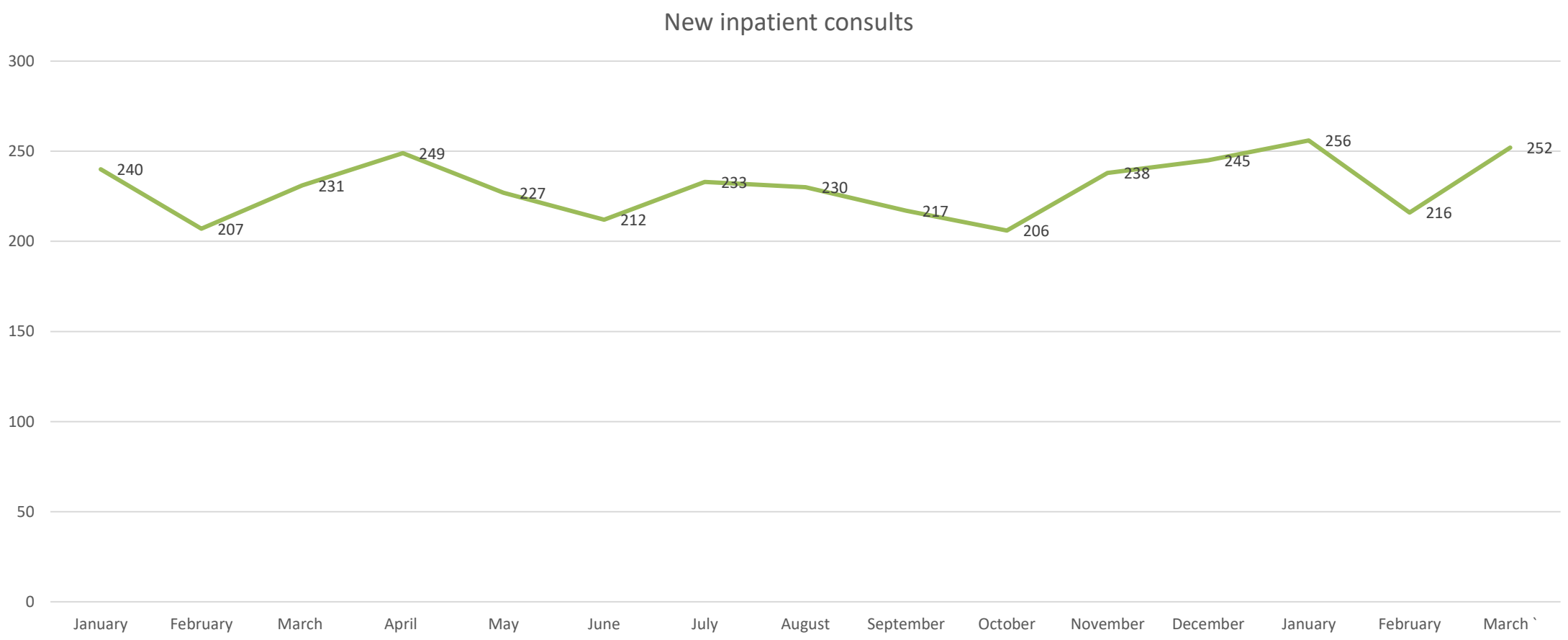
Value add of the interdisciplinary team:

"right person, right place, right time"

- Physician Leadership
- Midlevel Case Management
- Nursing Navigation
- Social Work Systems Support
- Spiritual Care
- Home Health Aides

Palliative Care Inpatient Consults



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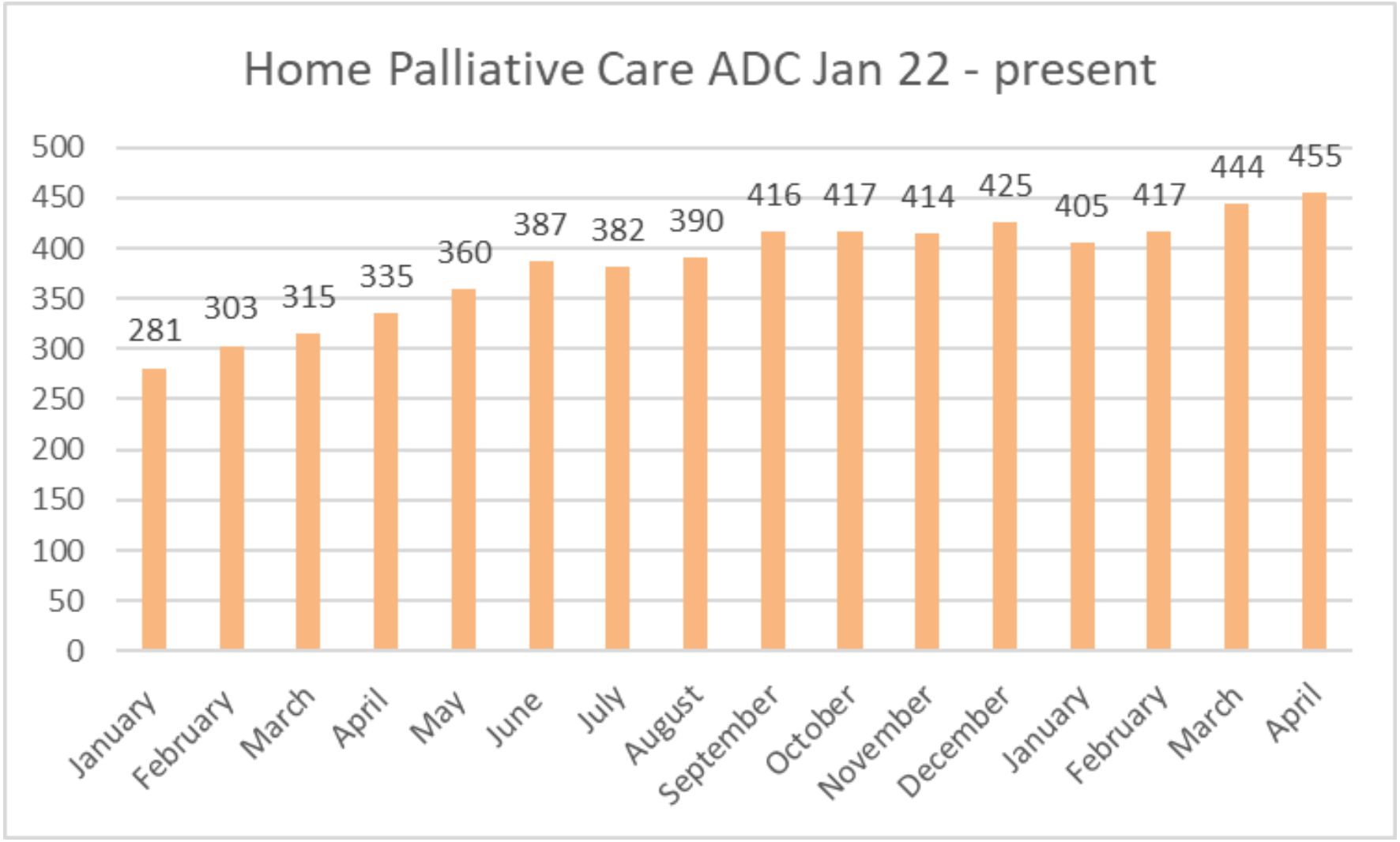
Palliative Care Outpatient Clinic

CLINIC VOLUMES	Jan	Feb	March	April	May	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Heart Failure	5	4	2	4	3	3	4	3	5	5	6	5	5	6
Telehealth	17	28	39	34	38	39	38	42	39	35	50	35	39	53
Transplant	8	7	9	10	10	2	2	10	10	8	6	5	4	7
Oncology	102	84	129	114	102	119	103	127	125	113	107	110	124	123
Virtual	20	11	15	16	14	14	10	14	10	12	15	10	19	22
Total Clinic Consults	**152**	**134**	**194**	**178**	**167**	**177**	**157**	**196**	**189**	**173**	**184**	**165**	**191**	**211**

Home Palliative Care



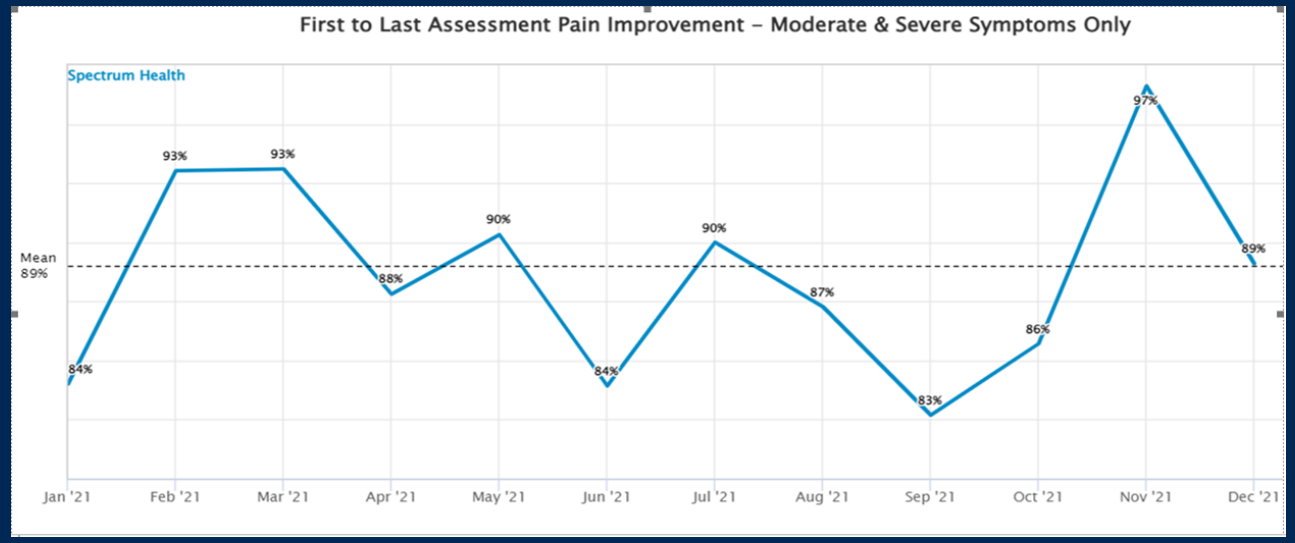
Telling the story…

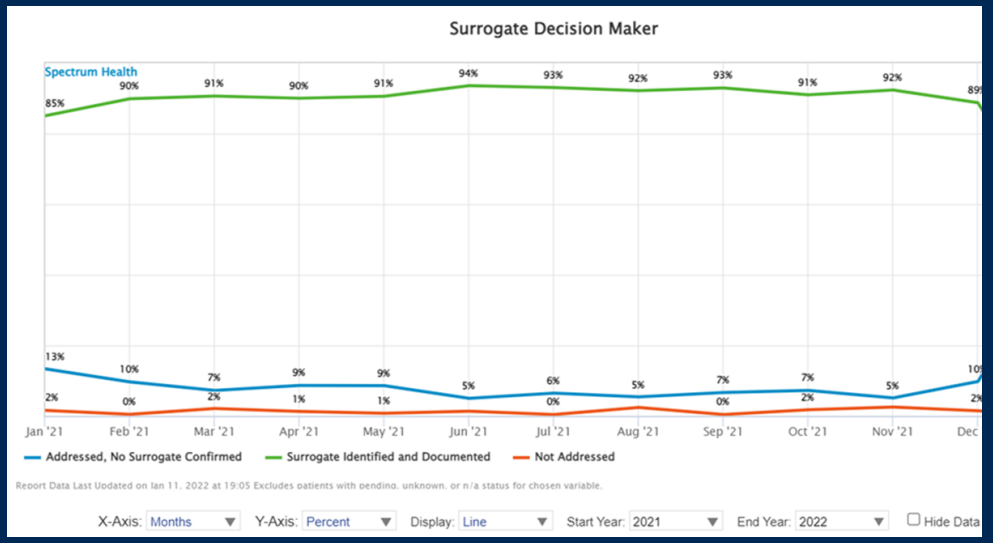
Palliative Care: Quality Outcomes

Part 1 - Day1 & Day 2 | Part 2 - First & Second Assessment within 72 hours | Part 3 - First & Last Assessment

First to Last Assessment Score Improvement: Patients with moderate to severe symptoms (excludes day 1 scores of 0 and 1; excludes all scores of 7 and 9)

Pain			Anxiety			Nausea/Vomiting			Dyspnea			Bowel Movement
N	Improved	%	N	Improved	%	N	Improved	%	N	Improved	%	
60	54	90.0%	36	30	83.3%	8	8	100%	7	7	100%	NA





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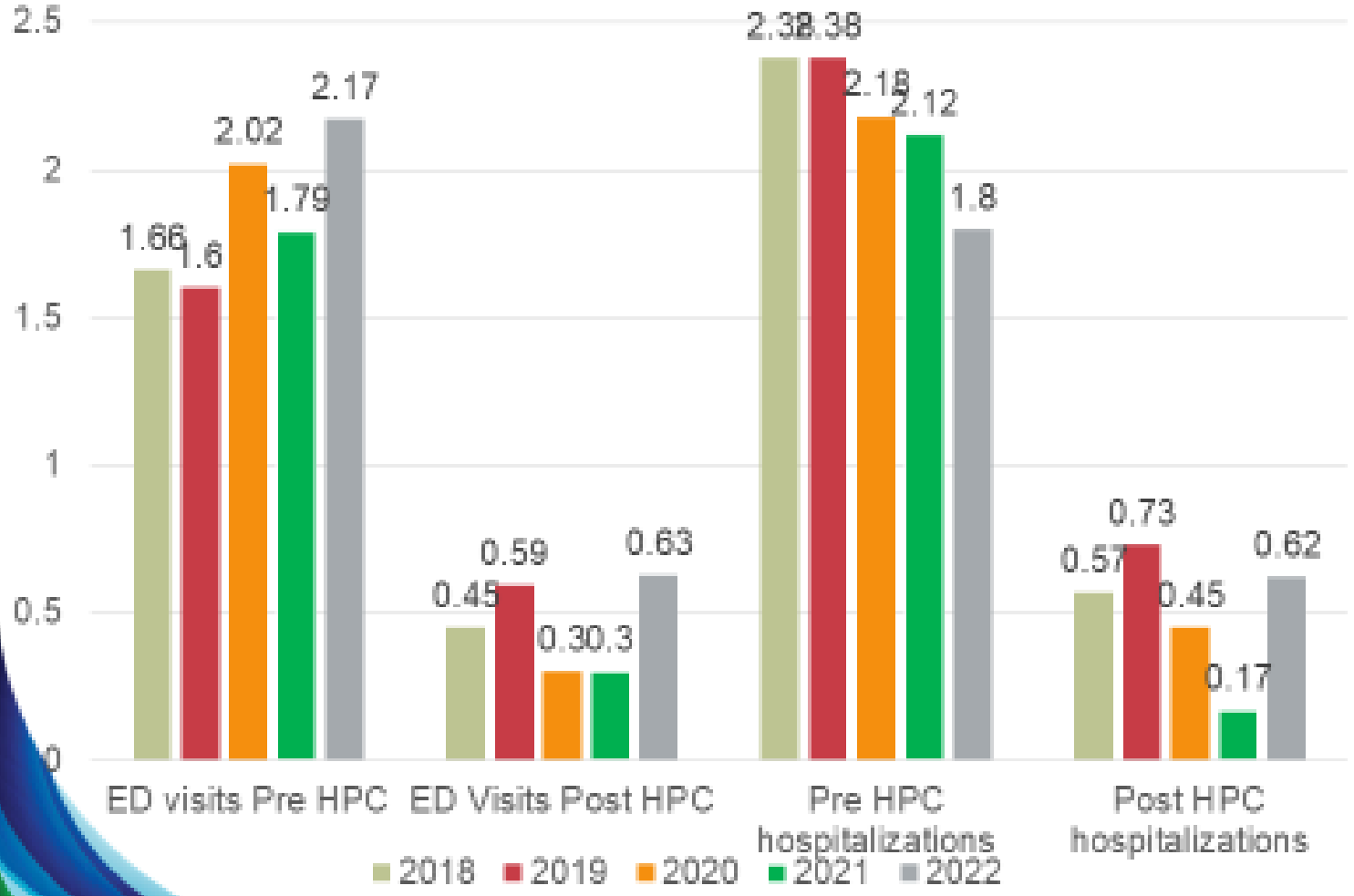
Corewell Health Home Palliative Care

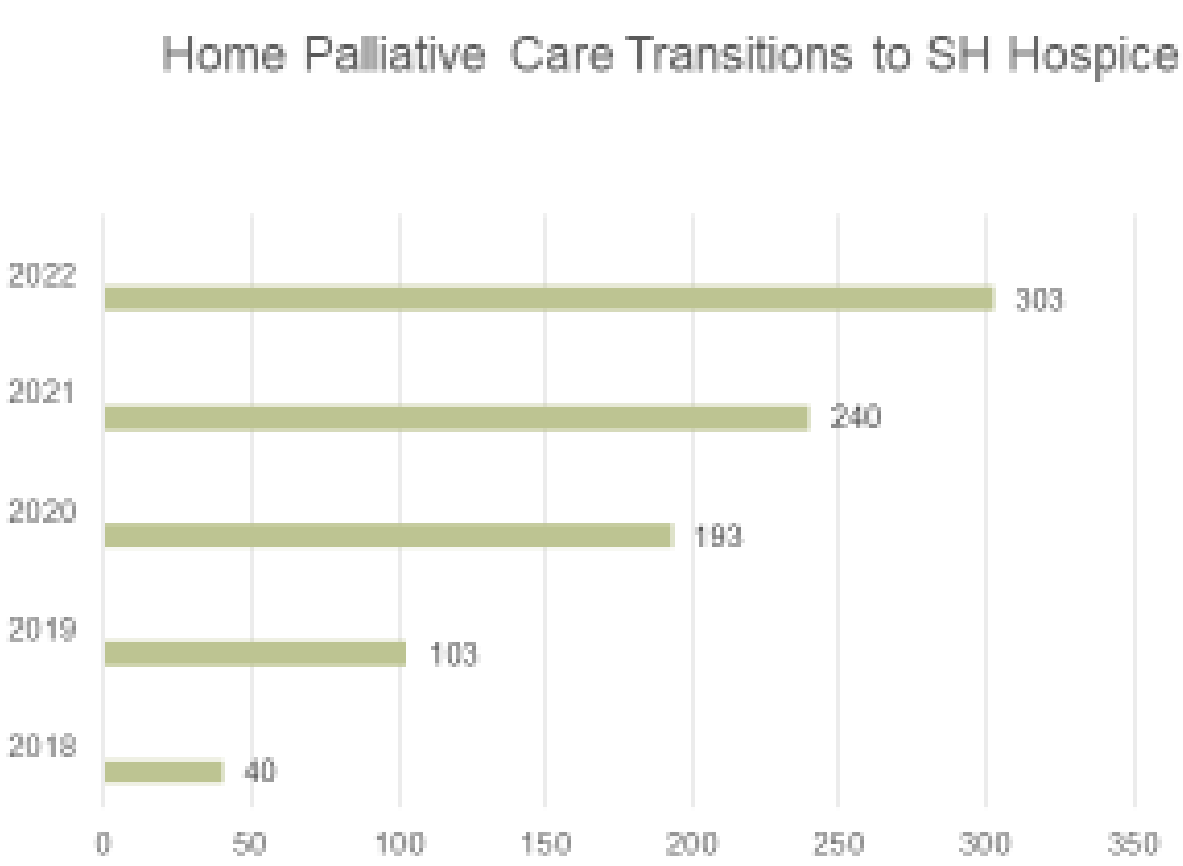
Average ED and Rehospitalizations Pre & Post Home Palliative Care Admission

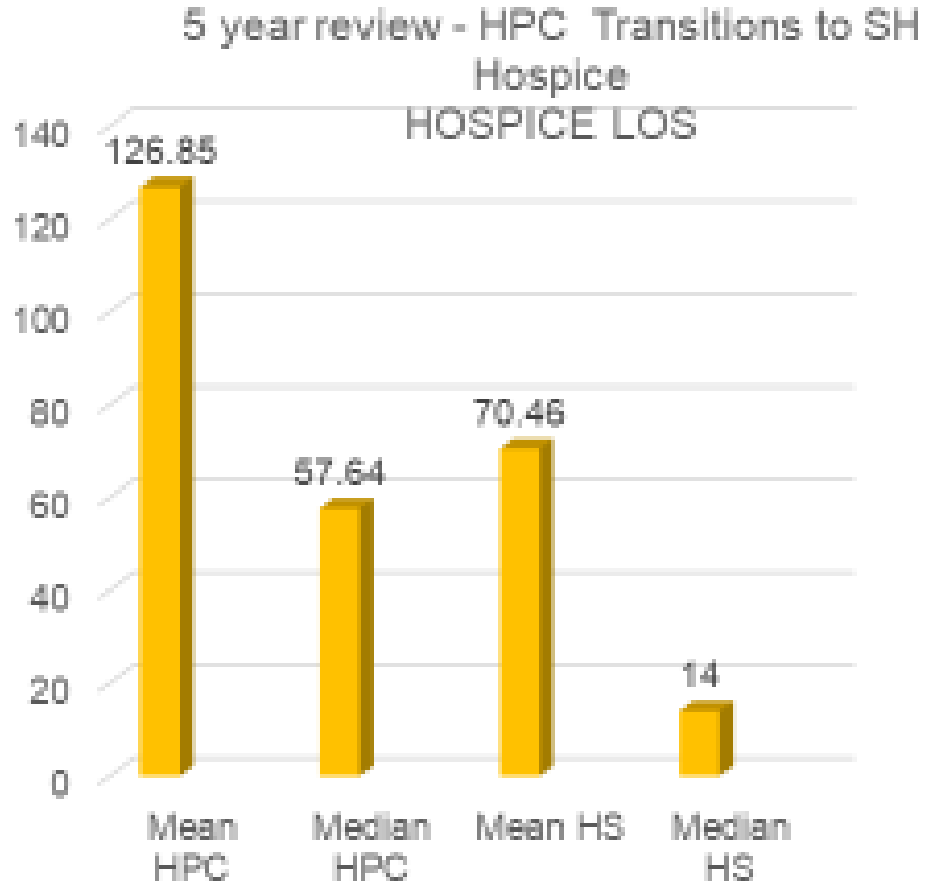


ED Cost Savings	after HPC Admit
2022	$1,100,595
2021	$708,786
2020	$359,913
2019	$102,625
2018	$55, 906

Hospitalization Cost Savings	after HPC Admit
2022	$6,125,504
2021	$7,797,901
2020	$3,312,092
2019	$1,459,935
2018	$737, 458

Home Palliative Care comparison 2018 – 2022





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Home Palliative Care

…reduces cost by reducing ED visits and re-hospitalizations

- But its not just about the numbers…..

- Keeps patients at home where they want to be
- Provide real time, in home, assessment and intervention in collaboration with the PCP
- Provides services where there were previously none
- Allows for timely conversation about options and accurate information
- Superpowers of the hospice team moved further upstream
- Less crises, less patient suffering

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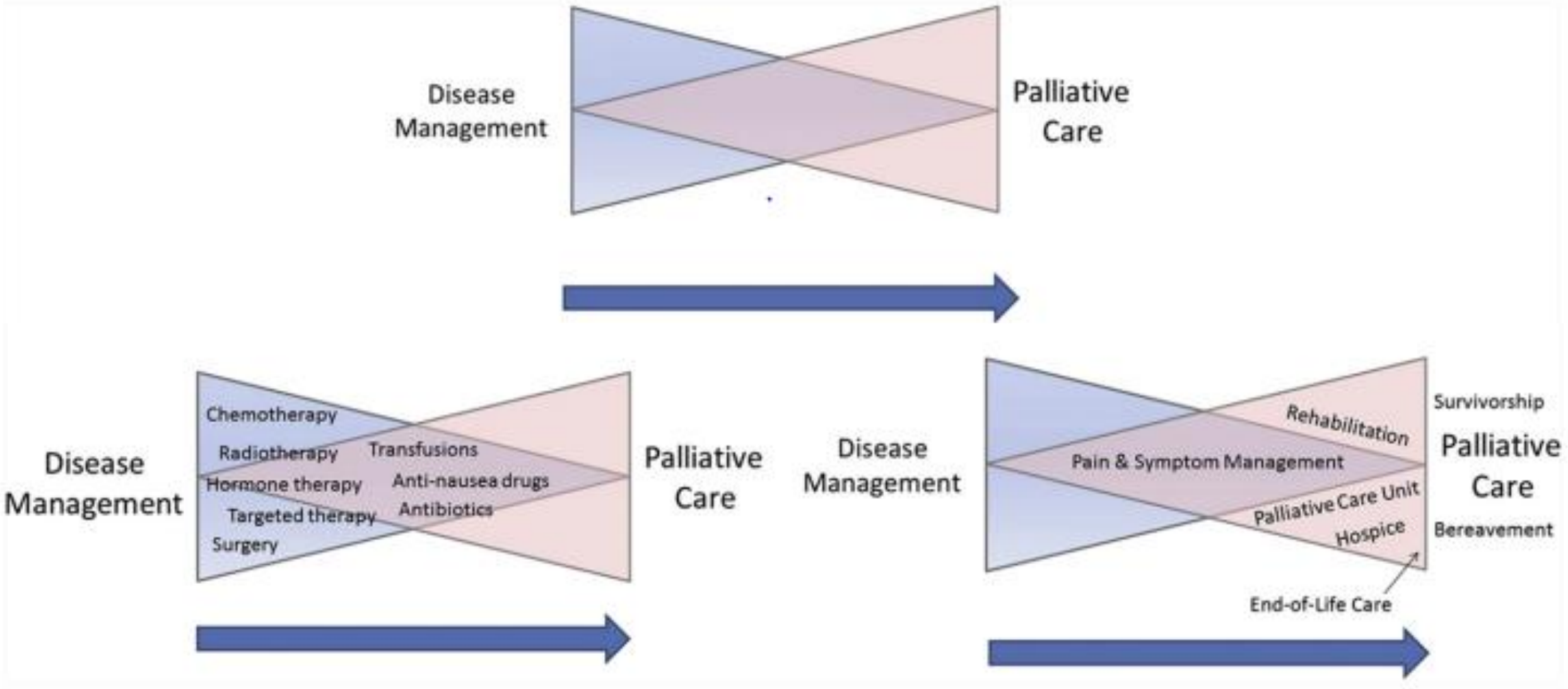
Palliative Care and Oncology

The Bow Tie Model of Palliative Care



Hawley et al. The Bow Tie Model of 21st Century Palliative Care. Journal oof Pain and Symptom Management. 2014; 47 (1): E2-E5

Benefits of <u>early</u> palliative care involvement

- Relationship building with patients, family and caregivers
- Symptom Management – anticipating/preventing/treating
- Exploration of understanding around prognosis, treatment goals, values
- Advanced care planning
- Coordination of care

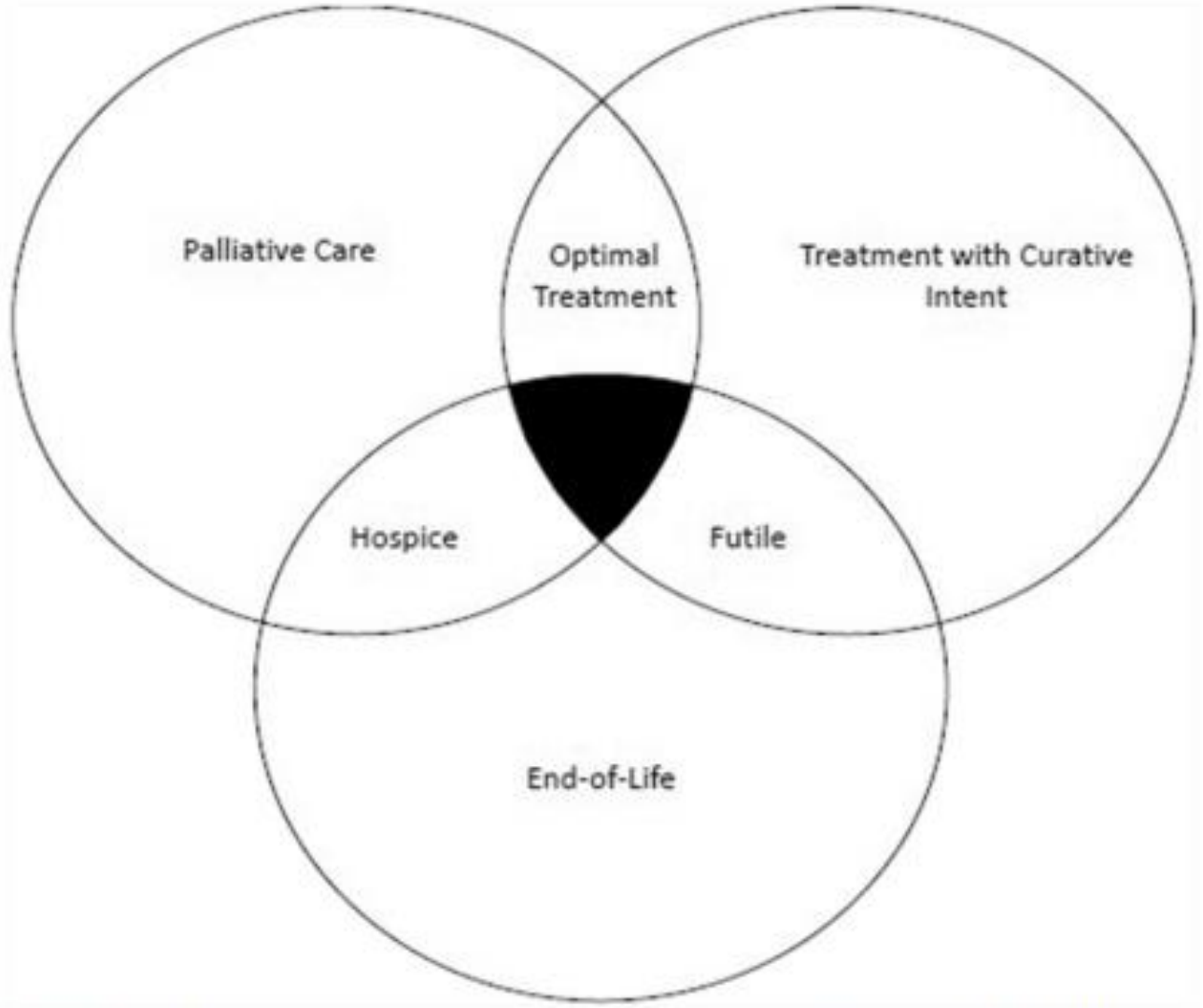


Fig. 1. Integration of palliative care into treatment with curative intent and end-of-life care.

Mullen M, et al. Palliative Care in Gynecologic Oncology Obstet Gynecol Clin N Am 2019;46:179–197

Impact of Palliative Care Involvement on Quality Measures for Gynecologic Cancer Patients

End-of-Life Quality Indicators (final 30 days of life)

- Emergency Department (ED) use
- Hospital or Intensive Care Unit (ICU) admission
- Chemotherapy administered ≤14 days of death
- Death in hospital

Aggressive care defined as ≥1 of the following within the last 30 days of life:

- ≥2 ER visits
- ≥2 new hospitalizations
- ≥1 ICU admission

Mah S. et al. Trends in quality indicators of end-of-life care for women with gynecologic malignancies in Ontario, Canada. Gynecologic Oncology 2022; 167: 247-255

Impact of Palliative Care Involvement on Quality Measures for Gynecologic Cancer Patients

Compared to those who received **late** palliative care, those with **early** palliative care were:

- 25% less likely to receive aggressive care at EOL
- 40% more likely to access supportive care services at EOL
- 30% less likely to be admitted to ICU in the last 30 days of life
- 30% less likely to die in the hospital
- 35% less likely to receive late chemotherapy (if very early palliative care)

Compared to those who received **late** palliative care, those with **no** palliative care were:

- 2.5 times more likely to receive late chemotherapy
- 6 times more likely to be admitted to the ICU in the final 30 days of life
- Equally likely to die in the hospital or receive aggressive end-of-life care

Mah S. et al. Trends in quality indicators of end-of-life care for women with gynecologic malignancies in Ontario, Canada. Gynecologic Oncology 2022; 167: 247-255

Our story of relationship building:

Palliative Care and Gynecologic Oncology

1. Intentional discussions between providers
   How can we help? Barriers?
2. Involvement at tumor board discussions
3. Inpatient consults
   Palliative Care Clinic follow up for continuity
4. Palliative Complex Pain Panel

What makes a successful partnership between Gyn Onc and Palliative?

- Buy-in from all members of the Gyn Onc Team
  (nurses, MSW, APPs, physicians, etc)
- Consulting **early** in the course of advanced cancer diagnosis
- The providers sell the referral to their patients and share quality data "live longer and better"
- Discussing survival expectations at diagnosis and again at recurrence so patients are well prepared when meeting with the palliative team
- Palliative care involved both inpatient, ambulatory space, and in the home

Present Barriers and Obstacles

1.) Late referrals

2.) Common misconceptions persist within the medical community and with patients

- "palliative is essentially hospice"
- "palliative cannot coexist with aggressive treatment"
- "palliative will always talk with the patient about hospice"
- "palliative is just for the very end of life"

"We discussed ongoing options including continued medical management versus palliative/withdrawal of care"
– quote from a provider

3.) Availability of palliative care services / Response time for urgent consults

Box 1
Barriers to the integration of palliative care into standard gynecologic oncology care

Physician Factors

Optimistic view of patient's life expectancy

Lack of awareness of palliative care/lack of training

Fear of upsetting patient

Admission of failure

Patient Factors

Optimistic view of patient's life expectancy

Lack of understanding of the meaning of palliative care

Fear of upsetting the physician

Institutional Factors

Inadequate resources

Poor reimbursement for palliative care services

Minimal formal training in palliative care for physicians

Late palliative care referrals

Mullen M, et al. Palliative Care in Gynecologic Oncology Obstet Gynecol Clin N Am 2019;46:179–197

Example of Palliative Care Triggers: In the setting of a life limiting illness (patient does not need to meet all of the below)

- Repeat Hospitalizations (1 or more admission or ED visit in last 12 months?)
- Frequent Infections, increase in fall OR general patient decline
- Goals of care discussion needed with family/ decision makers
- Complex medical treatment decisions to be made
- Significant symptom management concerns related to serious illness
- Complex social determinants impacting care
- Surprise question: Would you be surprised if patient died in the next 12 months?

Communication

The language we use matters

“Goals of Care” – what are we really talking about

What is often heard:

- “we will have “the talk” with the patient with the most favorable outcome being a signed DNR and hospice referral”

What Palliative Care means:

- We will collaborate with YOU and then connect with the patient and family as much as needed to ensure:
- they understand their illness and treatment options fully
- we know what’s most important to them
- care aligns with what the patient and family want.

How to talk about palliative care with your patients

- “There will be several members of our team who will be involved with your care and one of our partners is the palliative care.
- Palliative care specializes in symptom management and works with us to ensure your optimal comfort.
- The palliative team is also helpful in decision making as there are often several decisions throughout the course of your treatment that you will need to make.
- The palliative team works with us to help clarify your goals so that what’s important to you is clear to our team.
- In summary: “Palliative care partners with us to ensure you are comfortable, are informed about your illness and treatment options and receive the care and treatment you want.”

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- Excellence in care and timely response is a must
- Interdisciplinary team is critical - invest in that!
- Leadership team matters: dyad, leaders who have done that work
- TOP two priorities: patient care, team member care
- You have to do the math and show them the value-add
- Learn to tell your story to your executives:
  - The patient story
  - The metrics – they do matter
  - Excellent end of life care is the exclamation mark on the pt/family experience
- Doing the right thing for patients will ALWAYS drives the metrics

Outcomes of Timely Use of Palliative Care

- Improve Quality of Life and pt experience
- Better patient and family coping
- Increase in patient satisfaction
- More consistent care with patient goals
- Reduction in inpatient mortality rates
- Reduction in ED visits and unnecessary rehospitalizations
- Lower cost of care
- Increased provider satisfaction and less emotional distress
- Increase in equity of care
- Social determinants of health addressed

Thank you

Contact

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