# An Overview of Concepts in Palliative Care

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# Palliative Care

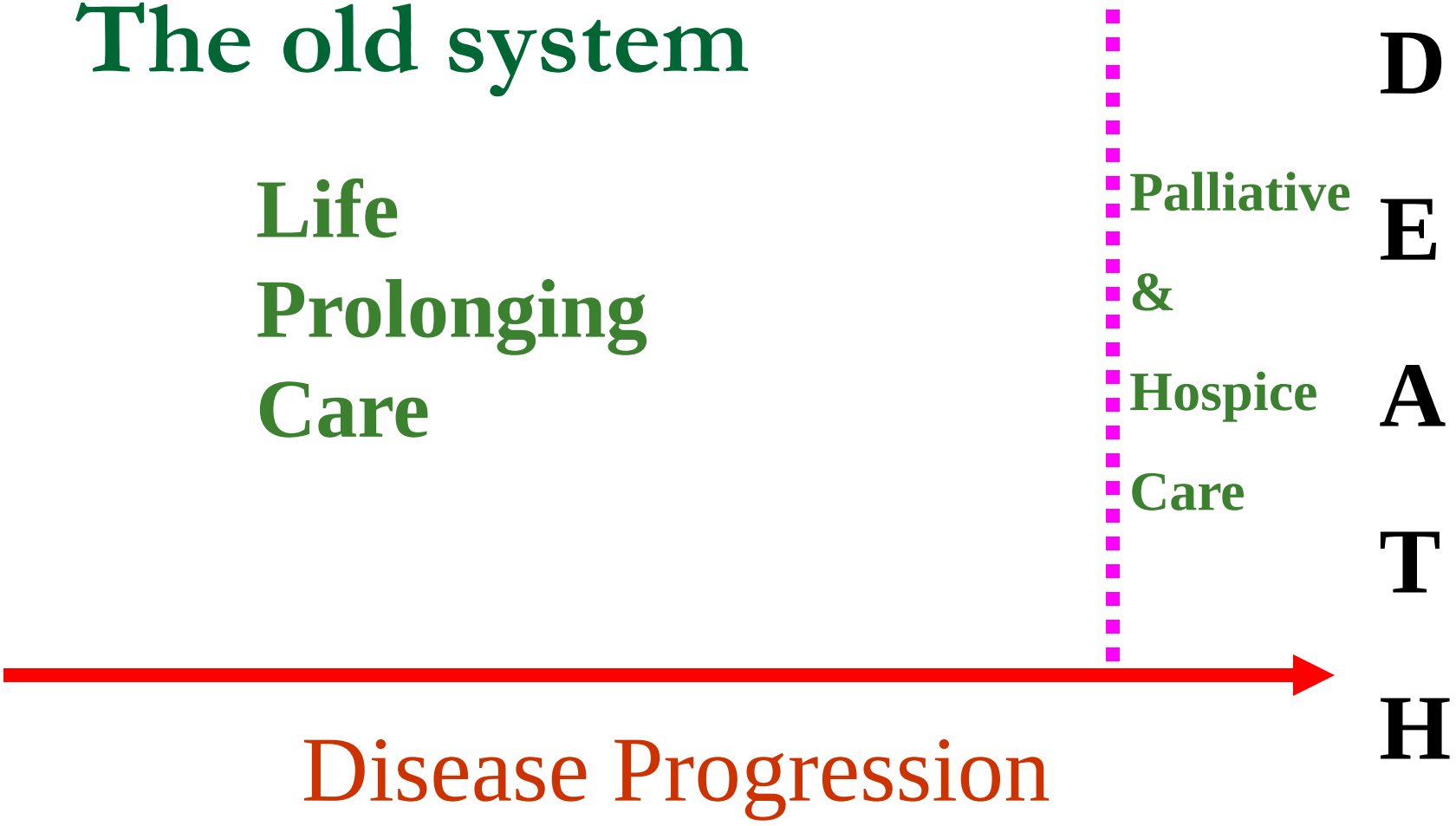
- *Interdisciplinary care that aims to relieve suffering and improve quality of life for patients with advanced illness and their families.*
- *It is offered simultaneously with all other appropriate medical treatment.*

# The Difference between Hospice and Palliative Care….

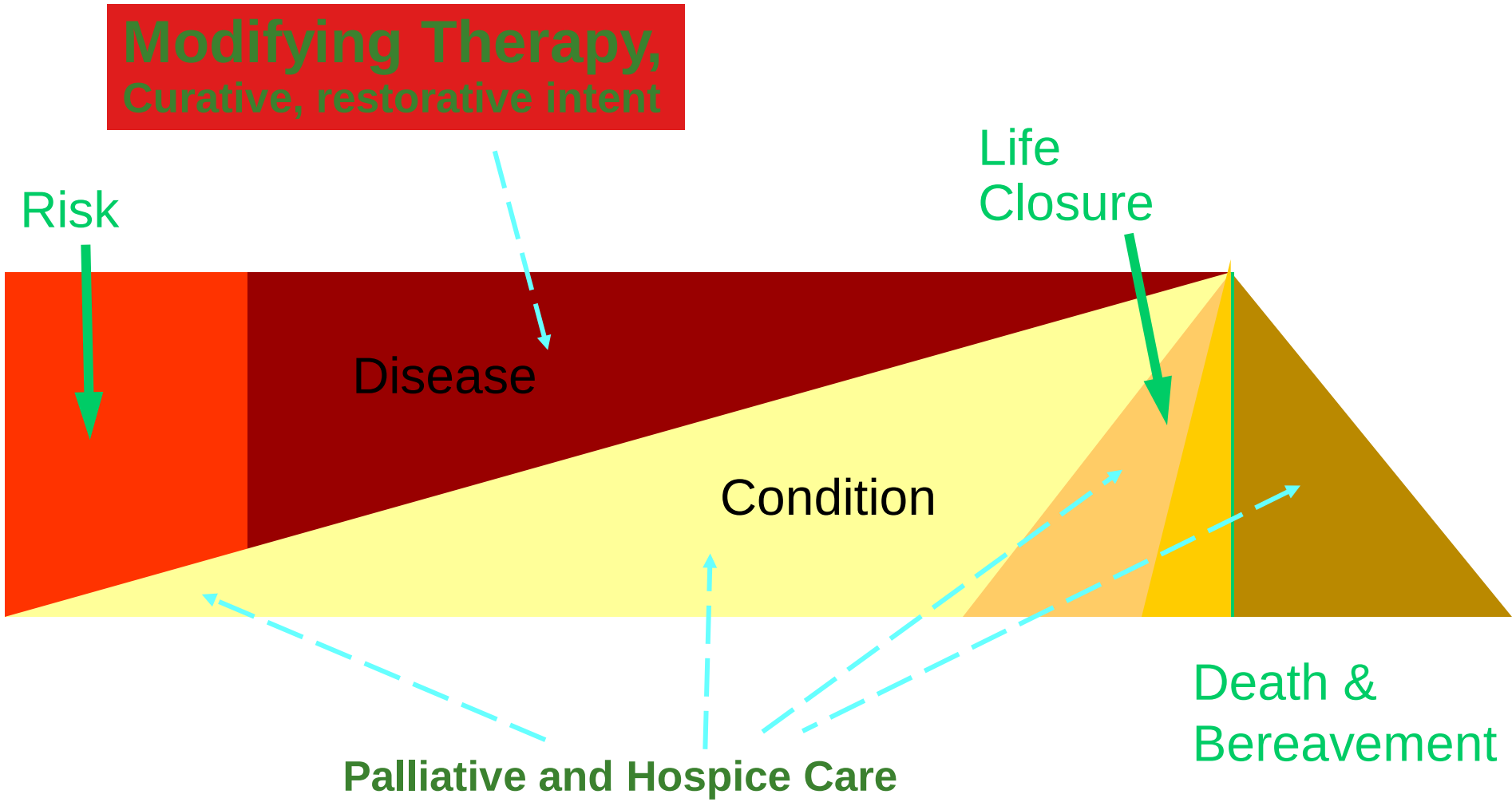
# Eligibility for hospice care is usually determined by Medicare criteria:

- Have Medicare Part A
- Be certified by 2 physicians (usually the patient's attending physician and the hospice medical director) to have a prognosis of six months or less if the disease runs it usual course
- Sign a statement choosing hospice care for the terminal illness using the Medicare Hospice Benefit, rather than curative treatment and standard Medicare covered benefits for the terminal illness

# The Cure - Care Model:
# The old system



# Palliative and Hospice Care




NHWG; Adapted from work of the Canadian Palliative Care Association & Frank Ferris, MD

# Imperatives for Palliative Care

1. Clinical Imperatives
2. Patient Imperatives
3. Demographic Imperatives
4. Fiscal Imperatives

# 1. Clinical Imperative:

- Uncertain quality of the care that is given to persons with serious and complex illnesses
- New technology offers targeted interventions and change in philosophy of care for catastrophic illness

# Site of Death

| | 1989 | 1997 | 2001 |
|---|---|---|---|
| Hospitals | 63.4% | 51.7% | 49.2% |
| Nursing Homes | 17.7% | 23.0% | 23.7% |
| Home | 16.2% | 22.5% | 23.2% |

Teno et al, www.chcr.brown.edu/factsondying.htm
(using 2001 statistics, updated in 2004)

# *The Nature of Suffering and the Goals of Medicine* - Eric J. Cassell NEJM 1982

The relief of suffering and the cure of disease must be seen as twin obligations of a medical profession that is truly dedicated to the care of the sick. Physicians' failure to understand the nature of suffering can result in medical intervention that (though technically adequate) not only fails to relieve suffering but becomes a source of suffering itself.

# 2. Patient and Family Wishes Imperative

- What is the impact of serious illness on patients' families?
- What do persons with serious illness say they want from our healthcare system?

# 3. The Demographic Imperative

- Society needs palliative care to effectively treat the growing number of persons with serious and complex chronic illnesses.

# Chronically Ill and Aging Population Is Growing

- The number of people over age 85 will double to 10 million by the year 2030.
- The 5% of enrollees with most serious and complex illness account for 30% of Medicare costs.
- The 63% of Medicare patients with 2 or more chronic conditions account for 95% of Medicare spending.

US Census Bureau, CDC, 2002.

# 4. The Fiscal Imperative

- Population aging, growth in numbers of patients in need and in effective technologies, and antiquated payment system= financial crisis for healthcare

# Summary: Care for Serious Illness at the Turn of this Century

- Unprecedented gains in life expectancy: exponential rise in number and needs of the chronically ill and frail elderly
- Cause of death shifted from acute sudden illness to chronic episodic disease
- Untreated physical symptoms
- Unmet patient/family needs
- Future doctors and nurses untrained
- Fragmentation, poor coordination and an unresponsive health care and payment system despite enormous expenditure

# *Better Care Needed From the Day of Diagnosis of Any Serious Illness*

- People need better care throughout the **multi-year** course of advanced illness.
- Many hospice providers are working hard to create broad access to services for patients and families; however, barriers to health care results in very short stays.
- The creation of an inclusive continuum of palliative and hospice care is needed to provide for the growing number of persons with chronic, progressive illness, years to live, and with the potential for benefiting from disease modifying therapies.


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

# The Right Care for the Right Patient in the Right Time and the Right Place

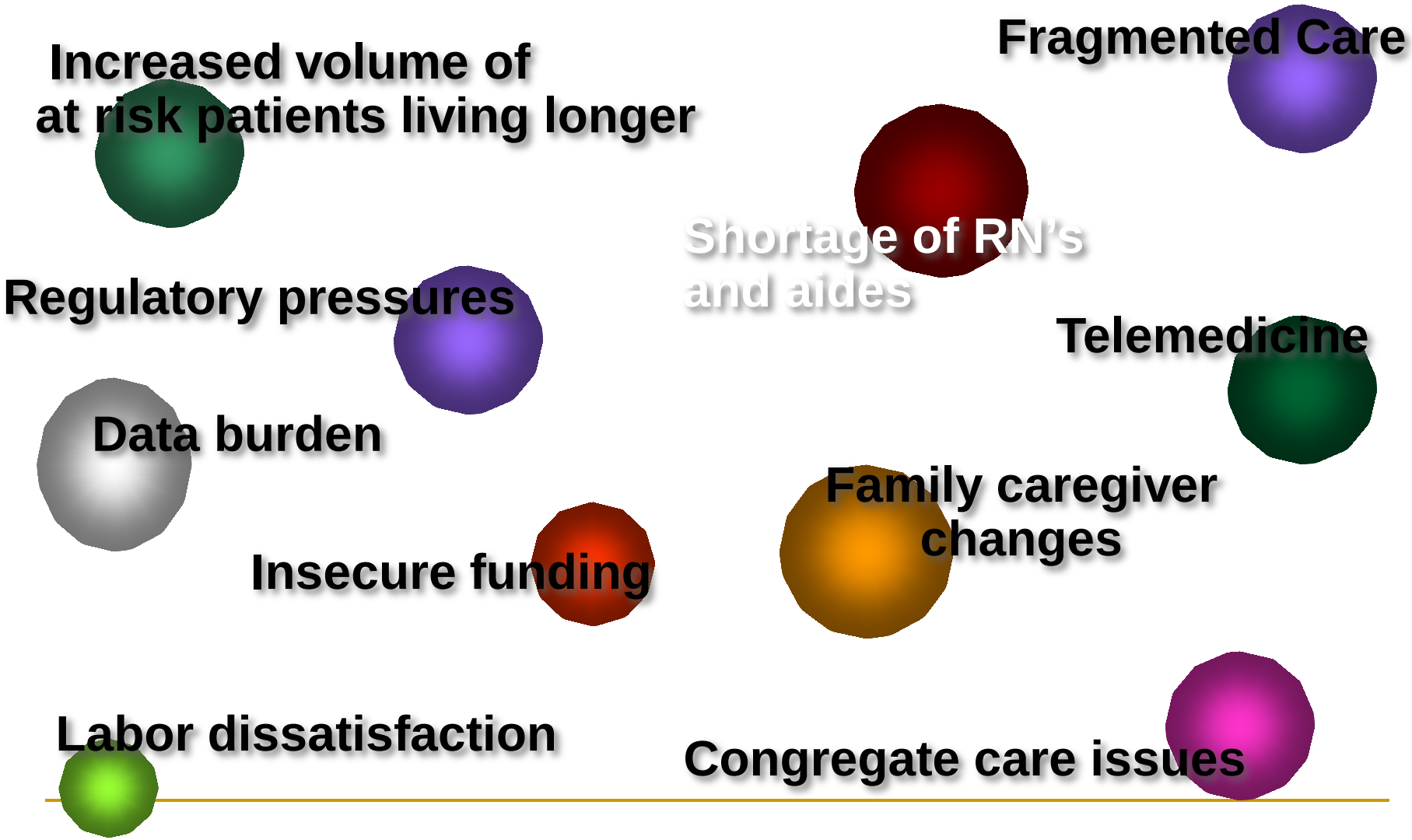
Palliative care aims to:

- Relieve physical and emotional suffering
- Support family caregivers
- Train future health professionals
- Meet the needs of the growing population of elderly with complex and advanced illness
- Coordinate and rationalize care-

# Clinical Benefits of Palliative Care: The Evidence Base

- *Reduction in symptom burden*
- *Improved patient and family satisfaction*
- *Reduced costs*
- *Coordination of Services*

# Who's Connecting the Dots?



# Summary: *Making the case*

- Palliative care improves quality of care for our sickest and most vulnerable patients and families.
- Palliative care speaks to the universal human experience and universal health professional obligation.

***Although the world is full of suffering, it is also full of the overcoming of it.***

Helen Keller
*Optimism* 1903