To prevent and relieve suffering, and promote quality of life at every stage of life.

www.palliativemed.org

The Business Case for Palliative Care

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Agenda

• What is Palliative Care?
  ▪ The Impact
  ▪ The Challenges
• Palliative Care for Rural Access Hospitals
  ▪ The Business Case
  ▪ Resources
  ▪ Realistic Options
What is Palliative Care?
Advanced management of the symptoms of serious and chronic illness, focusing on prevention and relief of suffering and ensuring the best possible quality of life for patients and their families.

What is Palliative Care?
• Attention to:
  • Communication about individual goals for care and quality of life
  • Management of pain and other physical symptoms
  • Management of psychological, spiritual and practical needs
What is Palliative Care?

• A medical sub-specialty
• Interdisciplinary care team
• Opportunity for collaboration and service integration
  - Within a facility
  - Across care settings in a community

What Palliative Care is Not...

• Hospice
  - Only end-of-life care
• Geriatrics
  - Only the elderly and frail
• Case management
  - All patients with complex care needs

Palliative Care . . .
The Impact of Palliative Care

• Improves
   Patient care
    - Pain scores reduced by 86%¹
    - Dyspnea scores reduced by 64%¹
    - Secretion scores reduced by 87%¹


The Impact of Palliative Care

• Increases
   Patient and family satisfaction
    - Improves communication and care planning
    - Higher satisfaction with both hospital care and care providers⁴

⁴ Gade G, Venohr I, Conner D, McGrady K, Beane J, Richardson R, Williams MP, Liberson M, Blum M, Della Penna R: Impact of an Inpatient Palliative Care Team: A Randomized Controlled Trial; J Palliat Med, 2008; 11; 180-190

The Impact of Palliative Care

• Improves
   Management of “outlier” patients
    - Facilitates care in the right setting, at the right time
The Impact of Palliative Care

• Improves
  ▪ Utilization of primary care physicians
  ▪ Facilitates time-intensive goals of care conversations
  ▪ Provides expertise in challenging symptoms
  ▪ Supports the plan of care

The Impact of Palliative Care

• Improves resource utilization
  ▪ Inpatient bed days
    ▪ 30% reduction in LOS (17% in ALOS) over those not receiving PC consult¹
  ▪ ICU days³
    ▪ 42% less likely to be admitted to the ICU
    ▪ ICU Mean LOS reduced by 50%


The Impact of Palliative Care

• Increases
  ▪ Job satisfaction
  ▪ Staff retention
The Impact of Palliative Care

• Reduces
  ▪ Costs … without compromise to survival
  ▪ Mean daily costs reduced by 14.5%/estimated annual savings of $2.2M
  ▪ Savings of $250+/patient per day
  ▪ Communication leads to more conservative choices by patients and families; better decisions by physicians


Another Impact... of Palliative Care

• The Opportunity for Community Collaboration on Care
  ▪ Hospice
  ▪ Skilled Nursing Facilities
  ▪ Other community resources

Palliative Care: The Challenges
Palliative Care: The Challenges

• Aging Population = Increase Demand
  • Nationally
    • In 2003, 12% of the population over 65
    • By 2030, projected to be 20% or 72 M
  • California
    • 40% of adults/75% over 65 have 1 or more chronic conditions requiring on-going care
    • By 2030, 18% of population over 65

Palliative Care: The Challenges

• Absence of Programs
  • Only 53% of hospitals with 50 or more beds have programs
  • California
    • 56% across all hospitals
    • 37% sole community provider hospitals
    • 24% of small hospitals

Palliative Care: The Challenges

• Shortage of Palliative Care Physicians
  • 4,394 estimated total practitioners
  • Between 1,700 and 3,300 FTEs
  • With 3,389 Medicare-certified hospices and 1,299 hospital palliative care programs
  • Current Need = 4,500 to 11,000 FTEs

1 America’s Care of Serious Illness: A State by State Report Card on Access to Palliative Care in Our Nation’s Hospitals
2 American Academy of Hospice and Palliative Medicine, 2010
Palliative Care for Rural Access Hospitals

What does YOUR Community and your Board want from your hospital?

What resources do you have? What resources exist in your community?
Options

• Develop your own program
• Collaboration with local hospice
• Additional specialized training for current physician(s) and staff

Options

• Consult Service
  • Physician Only
  • Interdisciplinary Team
• Unit or Scattered Beds
• Inpatient only or Outpatient, too

The Business Case

The Business Case is unique to your hospital

BUT

The process of developing the Business Case is not
The Business Case

• What are your needs?
  ▪ Pain and symptom management
  ▪ Patient and family satisfaction
  ▪ Pharmacy costs, outlier costs
  ▪ Fragmented care, ER needs
  ▪ Staff retention and satisfaction
  ▪ Physician time demands
  ▪ Bed capacity, ICU Costs, LOS
  ▪ Opportunity for community partnerships

The Business Case

• What are your existing resources?
  ▪ Organizational focus on one of the needs
  ▪ MDs or RNs with interest in palliative care
  ▪ Existing hospice relationships
  ▪ Chaplaincy, Case Management, Discharge Planning programs
  ▪ Personal experience with palliative care
    ▪ Leadership, Board, Community

Resources

• Center to Advance Palliative Care (CAPC) - www.capc.org
  ▪ Resources for program planning
  ▪ Training programs
  ▪ Research
  ▪ Regional PC Leadership Centers
    ▪ Palliative Care Program at UCSF
Resources

- The Institute for Palliative Medicine
  - Physician Fellowship Program
  - Education and Visitor Programs
  - Research
  - International Palliative Care Leadership Initiative
  - PAL-MED CONNECT
    - www.palliativemed.org

California Rural Hospital Option

- Develop your own program
- Collaboration with local hospice
- Additional specialized training for current physician(s)
  - IPM Visitor Program
  - IPM Mid-Career Physician Program

with 24/7 support from PAL-MED CONNECT
QUESTIONS??

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