Integrating Palliative Care in Oncology Practice: Building Better Bridges to Quality of Life

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Objectives

1) **Define** palliative care and its impact on quality of life and person-centered care delivery

2) **List** key research studies that have demonstrated the benefits of palliative care in oncology

3) **Explain** the value proposition for palliative care in the triple aim context of better health and better care at lower cost

4) **Identify** the critical components of palliative care in delivery of high quality oncology services

5) **Locate** at least three available resources for improving core palliative care competencies that support person-centered care

6) **Describe** at least five action steps that support person-centered and family-focused quality oncology care improvement in this era of value-based reform
Quality is our Context

Modern medicine has helped thousands of seriously ill adults and children live longer lives.

Value-based care demands that we bring the same level of attention to the quality of these longer lives.
Today’s session emphasis

- *Science behind palliative care integration*
- *Words to use and integration approaches in practice*
- *Communication resources available*
- *Advocacy and Action steps we can all pursue*
Pressure Points: Better Patient Experience at Lower Cost

Demand for value-based care is growing. Success depends on:

Attention to the **Patient Experience**
- Assessment and treatment of pain, depression, other symptoms and suffering patients/families identify as important
- Caregiver needs for information and support

Efficient **Health Services Utilization**
- Reduced ED and hospital use
- Keeping costs below target
Amy

“I don’t want longer length of life if it is a bad time. I want a **good time** for as long as possible.”

“**Palliative care is the best friend of the seriously ill.**”

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**Good Health**

**Quality Treatment**

**Good QOL**

Berman A, *Living Life In My Own Way—And Dying That Way As Well* (Health Affairs April 2012)

Berman A, *The Next Chapter: Amy Berman Reflects on ‘Living Life in My Own Way’* (Health Affairs Blog May 2014)
Palliative Care = better quality care

• Medical care focused on quality of life for the patient and family that provides relief from the symptoms and stresses of serious illness

• Appropriate at any age and any stage

• Provided along with curative treatment as an added layer of support

Consumer-tested description from CAPC/ACS public opinion research
What Hospital and Health System Leaders Say

Top Challenges They Face:
• Insurance Reimbursement
• Patient Satisfaction
• Hiring and Maintaining Staff

Benefits of having a PC program:
• Improves QOL and support for patient and family
• Improves doctor and staff satisfaction

Education and resource needs:
• **Patients** need to be made aware that PC exists as an option
• **Providers** need PC training and help understanding that people benefit from PC earlier in treatment than they might think
• **Executives** need to understand the value and benefits of PC for their institution

Source: CAPC 2017 market research among health system leaders across the US about providing care for seriously ill patients
Palliative Care = Triple Aim Solution

• **Improves quality of life**
  ✓ Relieves pain, distress, uncertainty
  ✓ Addresses patient and family goals

• **Strengthens communication**, decision-making and family satisfaction/well-being

• **Coordinates medical and practical needs** across care settings and care transitions

• **Reduces resource utilization and costs** by matching treatment to patient and family goals

• Makes it more likely that adults, children and families have **fun and meaning**
Early palliative care delivers a better patient experience

- Dramatic reduction in depression (16% vs. 38%)
- Higher quality of life score (98.0% vs. 91.5%)
- Increased survival by 2.7 months


Also shown to improve caregiver experience


What’s in the syringe?

Three elements of PC visit focus associated with improved patient outcomes:

- **Coping**: Improved QOL and reduced depression symptoms
- **Treatment Decisions**: Reduced chemotherapy initiation and hospitalization in 60 days before death
- **Advance Care Planning**: Increased likelihood of using hospice

These are key elements of early PC to enable dissemination of the integrated care model.

*Journal of Clinical Oncology* 36, no. 11 (April 2018) 1096-1102
Early palliative care delivers cost savings

• Early palliative care shifts expenditures from inpatient to outpatient and hospice

• Over $2,500 saved per case

Early palliative care

controls utilization

Early versus late referral to palliative care for decedents:

• Reduced hospital admissions (33% vs. 66%)
• Reduced ED use (34% vs. 54%)
• Reduced ICU use (5% vs. 20%)

People WANT Palliative Care

Once Informed, People Are:

- Very Likely to Want Palliative Care
- Somewhat Likely to Want Palliative Care
- Neutral or Unlikely

Key consumer research takeaways:

- Palliative care is a relative unknown among consumers (92% really don’t know what it is)
- People understand and want palliative care if we use their words to define & describe it
- Use consistent QOL messages proven to work and they will stick

Palliative care = quality care

“It’s like when you’re filling in concrete. The transplanters are the people who put the layer down, then palliative care are the people who go after and fill the holes, so the whole thing doesn’t start to crumble. But if it does start to crumble they’re the people who actually go with the hard hats and fix it.”

- Gwen Lorimer, The New Yorker Jan 2014

“If you ever have any doubt about the value of this program, believe me, there are families that I’ve met, and two minutes into that conversation, for you to say there’s not value in palliative care would be impossible.”

- Akron Children’s Hospital CEO Bill Considine
Palliative care improves:

- **Quality of life** and the quality of how people are *living*
- **Care coordination** over the course of illness
- **Communication** about what matters most to patients and families that helps match treatment with their values
- **Quality of care** that helps patients and families avoid 911 calls, ED visits, repeated lengthy hospitalizations
Who delivers it? All Clinicians

Palliative Care Specialists
Specialized team consultation/co-management:
- High ED use
- Complex decisions
- Challenging symptoms
- Poor Adherence
- High caregiver distress

Generalist palliative care: Everyone
Basic symptom management, communication and coordination to align treatment with goals and support quality of life

These are the patients that would benefit from palliative care consults and/or co-management

Evidence-based skills training is readily available for all oncology clinicians

Payment for palliative care services

Two palliative care APMs recently recommended by PTAC advisory panel to HHS

In the meantime...

- **Hospitals** bill for inpatient days under traditional Medicare/Medicaid or commercial insurance
- **Physicians** (and APNs in some states) bill for consultation services under Medicare Part B and commercial insurance
- **Direct funds** and **philanthropy** cover the gaps
- **Medicare** has 2 advance care planning codes

The Oncology Care Model

OCM participation means oncology teams must conduct:

- Expert and effective pain and symptom management (the #1 reason for 911 calls);
- Skilled communication about achievable and affordable priorities for care
- **Coordination** over time and across settings

OCM “enhanced services” require 13-point care plan that communicates:

- Treatment benefits and harms, toxicities, short term and late effects
- QOL and likely experience with treatment
- Who will take responsibility for specific aspects of patient’s care

Palliative care integration in oncology is essential for improved quality care.
Many practices already have access to palliative care specialists

www.getpalliativecare.org
Some cancer centers are embedding palliative care teams into their practice.
Palliative Care Improves Value

Improves Quality

- Symptoms
- Quality of life
- Family satisfaction
- Family bereavement outcomes
- Clinician satisfaction
- May improve length of life

Shrinks avoidable spending

- Need for hospital, ICU, ED
- Hospital costs
- 30 day readmissions
- Hospitality mortality
- Labs, imaging, pharmaceuticals
Even cancer patients with relatively good prognoses have **significant symptom burdens** in physical, emotional, and existential domains.

Palliative care needs of *all adults and children* confronting cancer must be assessed and addressed in all care settings – regardless of disease stage or prognosis.
Optimize longevity and well-being

Extend survival with high quality of life

**Disease-directed cancer therapies**

- Palliative care
- Psychosocial support
- Impairment driven rehab
- Other integrative therapies for wellness

**SKILLED COMMUNICATION**


Cancer rehabilitation and palliative care: critical components in the delivery of high-quality oncology services. Silver J, Raj V, Fu J, Wisotzky E, Robinson Smith S, Kirch R. *Supportive Care in Cancer* 2015
Consensus on quality care elements

Institute of Medicine Quality Cancer Care Report: Charting a New Course for a Health System in Crisis (2013)
Inpatients and outpatients with advanced cancer should receive dedicated palliative care services early in the disease course concurrent with active treatment.

Referral of patients to interdisciplinary palliative care teams is optimal and services may complement existing programs.

Providers may refer family and friend caregivers of patients with early or advanced cancer to palliative care services.

AAP Policy Statement 2013 also called for pediatric palliative care as an essential aspect of providing optimal treatment from diagnosis and continuing along course of care

But...

- **Only 58%** of COG member institutions have a pediatric palliative care service
- **Nearly one-third** of children’s hospitals still don’t have a palliative care program
- **Most** pediatric palliative care programs are understaffed

(Feudtner et al. Pediatrics 2013)
ASCO and AAHPM Joint Statement

Guidance on Defining and Providing High-Quality Palliative Care Services in Oncology

**Oncologists: All Patients**
- Assess and manage symptom burden
- Explain prognosis
- Ask about what’s most important
- Review all treatment options

**Palliative Care Consults: Complex Patients**
- Co-manage complex or intractable symptoms
- Help clarify priorities for care
- Address caregiver distress, social challenges
- Maximize quality of life

**Hospice Referral**
- Discuss when disease progresses despite treatment

Mission Critical: Quality of Life and Person-Centered Communication

“With the doctors there was not really much balance as far as quality of life.

They were very concerned with curing - it was his cancer they wanted to treat and not him.

The nurses, *they saw my dad*. And they saw a family who was grieving and needed help.

“I think it is very important for everybody to be honest with families, to tell you what is going to happen. *This is how you can prepare.*

Then your *hope can change* along with the circumstances.”


Patient Advocate Foundation Roadmap to Consumer Clarity Report Case Study 2017. www.npaf.org
Patient and Family Priorities

What people want (n=1068 adults):

- **Listen** to me
- **Tell full truth**
- **Tell about risks**
- **Explain impact on QOL**
- **Understand my goals and concerns**

IOM 2013 Quality Cancer Care report: Charting a New Course for a System in Crisis


Making Person-Centered Care Happen

Knowing what’s important to patients and caregivers is paramount.

They want:

• Understandable, accurate health care information
• Family-focused care that uses skilled communication to engage them as partners
• Care and services aligned with their priorities and preferences

What matters to them is essential expertise they must be invited to bring to the table continuously.

Patient Advocate Foundation’s 2017 Roadmap to Consumer Clarity on Health Care Decision Making

What is the Road Map to Consumer Clarity?
The Roadmap to Consumer Clarity in Health Care Decision Making proposes actionable models to drive person-centered care at key decision points for people facing or living with serious illnesses.

VIEW ROADMAP REPORT AT https://www.npaf.org/roadmap/
Rebalancing the Health System

WHAT’S THE MATTER

• Diagnosis
• Disease-directed treatment
• Manage side effects
• Coordinate care and transitions
• Evaluate outcomes

WHAT MATTERS

• Support QOL and function
• Minimize burdens on family
• Address concerns about role changes and illness stigma
• Acknowledge uncertainty, hopes, fears, and spiritual concerns

Person-centered and Family-focused Care

Skilled Communication
Person-Centered Communication is Palliative Care’s Core Competency

**QOL Conversation Cues:**

1. Tell me about you as a person
2. How do you like to get medical information?
3. What is your understanding of your situation now?
4. **What is important to you?**
5. What are you hoping for and what are your worries?
6. Where do you find your strength and comfort?
**Consensus Now**: QOL communication is essential in quality care planning and treatment

**Recommendation**: Provide understandable information about cancer prognosis, treatment benefits and harms, palliative care, psychosocial support, and costs

**Recommendation**: Professional education for cancer programs should *prioritize formal clinical communication skills development training*
Explainaholicism

Empathy

Expect Emotion.
TIP: If you feel compelled to respond with a fact, hit your pause button

Launch of the Communication Skills Pathfinder (Open to All)
Thursday, April 19, from 1:00 - 2:00pm ET

Register at www.capc.org
Practicing empathy works!

Good communicators draw on a large repertoire of learned skills to collect essential **person-centered data about their patient’s values, goals and concerns.**

*These skills take practice to master.*

Good communication promotes **patient trust** plus professional resilience that **prevents burnout.**

**Rx:** This book is a superb starter course to hone clinical communication skills for handling tough conversations.
High-quality, evidence based communication training is ready

✓ Talking maps and podcasts vitaltalk.org
✓ iPhone/Android APPS VitalTalk and VitalTips
✓ Online course and in-person training vitaltalk.org/courses
✓ VitalTALK online communication curriculum is also available through CAPC Central at capc.org
Center to Advance Palliative Care (CAPC)

CAPC provides hospitals, health systems, hospices, payers, and other health care organizations with the tools, training, technical assistance, and metrics needed to support the successful implementation of palliative care.

Over 1,000 hospitals and health systems are members and all staff have access to CAPC resources

- Communication skills
- Pain Management
- Symptom Management

www.capc.org
Professional Webinar Series 2017

**Palliative Care, Value-Based Payment and the Patient Experience: A Guide for a Changing World**
Featuring Diane Meier, MD, Director, Center to Advance Palliative Care

**Matching Treatments to Values: Sharpening Person-Centered Communication Skills and Strategies**
Featuring Anthony Back, MD, Professor of Medicine at the University of Washington and Fred Hutchinson Cancer Research Center

**Solutions in a Time of Crisis: Ensuring Safe and Effective Pain Relief through Good Policy and Practice**
Featuring Judith Paice, PhD, RN of Northwestern University and Robert H Lurie Comprehensive Cancer Center and Robert Twillman, PhD, FAPM of the Academy of Integrative Pain Management

Recordings available at: www.npaf.org/our-work/webinars/
Tools for your patients

Online patient decision support tool at: prepareforyourcare.org

Online video library and tools at: courageousparentsnetwork.org

Consumer-oriented information at: getpalliativecare.org
Give **People** the Words to Use

**Rx:** Playing this game creates a safe place to talk about what’s important to people, transforming anxiety about dying into **conversations about living**

Good Conversations
Start with “**Hello**”...
- Patients
- Clinicians/staff
- Community Education

Access info at http://www.commonpractice.com/hello
Trending: Palliative Care as Standard of Practice

“Palliative care is the entity that comes forward and asks the right questions. I’m not saying other staff won’t come to the fore and make everything ok, but boy, **palliative care is an insurance policy and I don’t know how a hospital would meet their mission without having that service.**”

– CEO Bill Considine, Akron Children’s Hospital

“There’s a strong rationale for hospital investment in PPC because it fosters effective communication, enhances quality care, and improves the patient and family experience – **this really is an investment in delivering high quality care.**”

– CHOP Physician-in-Chief Joe St. Geme

“Regardless of whether it generates a lot of revenue, it’s just mission critical. Families need it, critically ill children, children with chronic disease, children with complex medical problems, they all need it. It’s absolutely essential to their recovery, to their health, in some cases to death with dignity. It’s one of those ‘gotta do’ things. **It’s not optional. It’s mandatory.**”

– Texas Children’s Department Chair Mark Kline
National Strategy for Boosting PC Access
What will it take?

- **Increase awareness** of PC benefits for public, professionals and policymakers
- **Expand education** for health care workforce
- **Provide adequate training** and support for care team - including family caregivers
- **Align reimbursement** and insurance design to match patient/family needs
- **Improve accountability** for quality
- **Boost research investment** to build the evidence base

Treating the person beyond the disease
Patient QOL Coalition Activity
Palliative Care National Legislative Agenda

Palliative Care & Hospice Education and Training Act (PCHETA) H.R. 1676 & S. 693
• Promote education and research
• Increase public awareness
• Support development of faculty careers in academic palliative medicine
• Increase palliative care faculty in medical, nursing, social work schools

State palliative care legislation
• State expert advisory council
• Information and resources for consumers and clinicians
Achievable Actions to Deliver Real Value

- **Ask what matters to patients and caregivers** at key points and document those priorities so they get the quality care they want.

- **Talk about palliative care as standard of practice** for all audiences – it’s an added layer of support for maximizing QOL and quality care.

- **Get to know palliative care colleagues** at your institution.

- **Check out the noted resources** and tell colleagues about them to help boost person-centered communication skills and care.

- **Prioritize person-centered communication** and practice empathy – try the “Always Ask” tattoo.

- **Commit to skills development training**
  - Register for the 4/19 Communication Skills Pathfinder webinar
  - Find out if your institution has a CAPC membership to access online curricula
  - Subscribe to VITALtalk
  - Play “Hello” with your family/friends/team
Some day, we will all die, Snoopy!

True, but on all the other days, we will not.