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PALLIATIVE CARE: IMPORTANCE AND GROWING DEMAND

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The Changing Face of Serious Illness

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One hundred years ago, serious illness was short-lived, and death came quickly after a brief, acute illness.

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The Changing Face of Serious Illness

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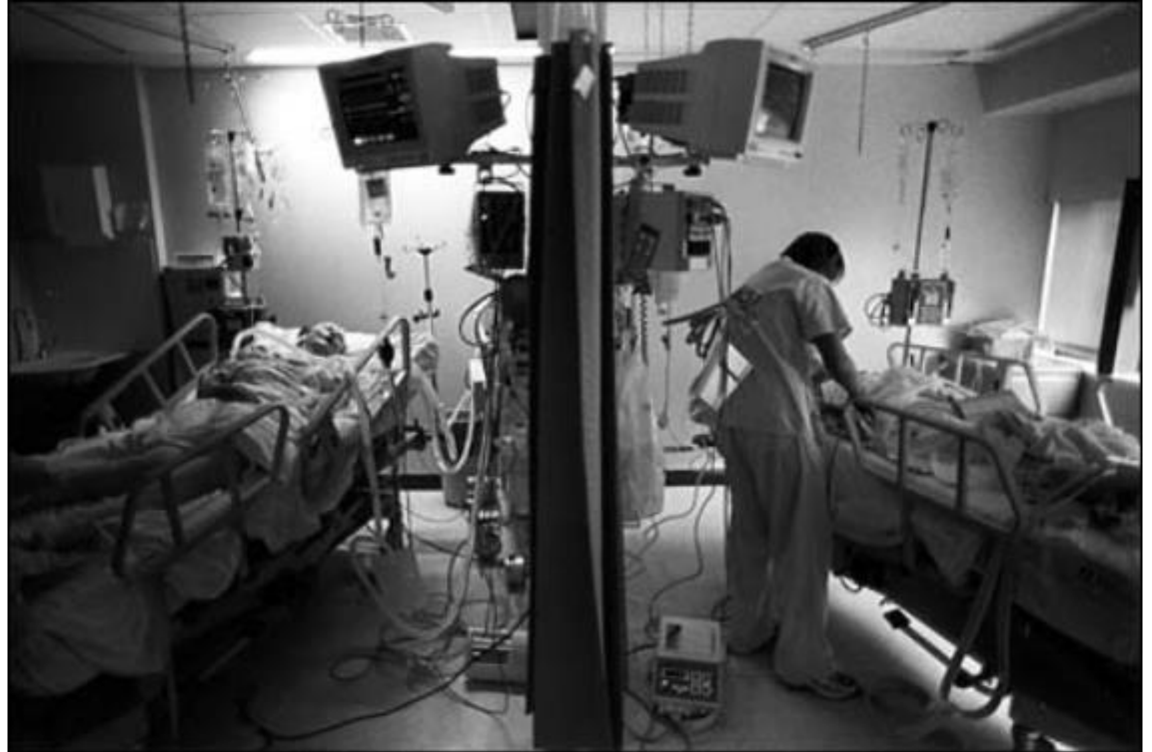
Today, people experience years or decades of serious illness characterized by repeated hospitalization and functional decline that leads to death.



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State of Low-Value Care for the Seriously Ill

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- People receive care:
  - They do *not* want
  - That they cannot benefit from

- People *fail* to receive care:
  - They do want
  - That they will benefit from

Seriously ill people prefer to stay at home, away from the ER, and out of the hospital.

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What is Palliative Care (PC)?

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- Specialized medical care for people living with serious illness.
- Intended to improve quality of life for patient and his/her family.
- Focuses on providing relief from symptoms and stress of serious illness.
- Provided by team of PC doctors, nurses, social workers, etc.

What is PC?

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PC increases quality and lowers costs

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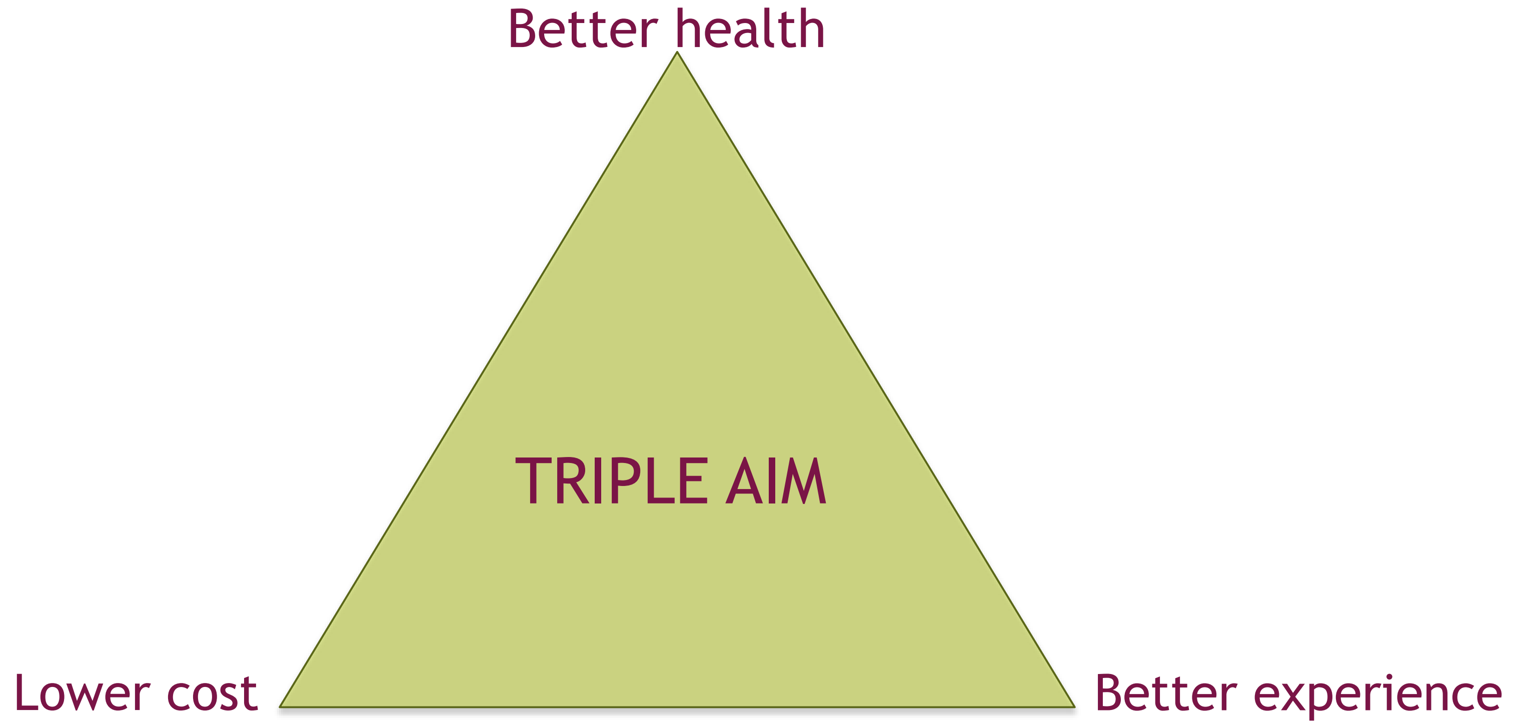

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Specific Benefits of PC

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- Less likely to get invasive care at end-of-life
- Better outcomes for loved ones
- Better quality of life
- Improved symptoms
- Less depression
- Higher satisfaction
- Longer life (avg. 2.7 mos.)

Sources: Temel, et al., *NEJM* 2010;363:733-42 and Gade, et al., *J Palliat Med* 2008;11:180-90

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PC is Patient- and Family-Centered

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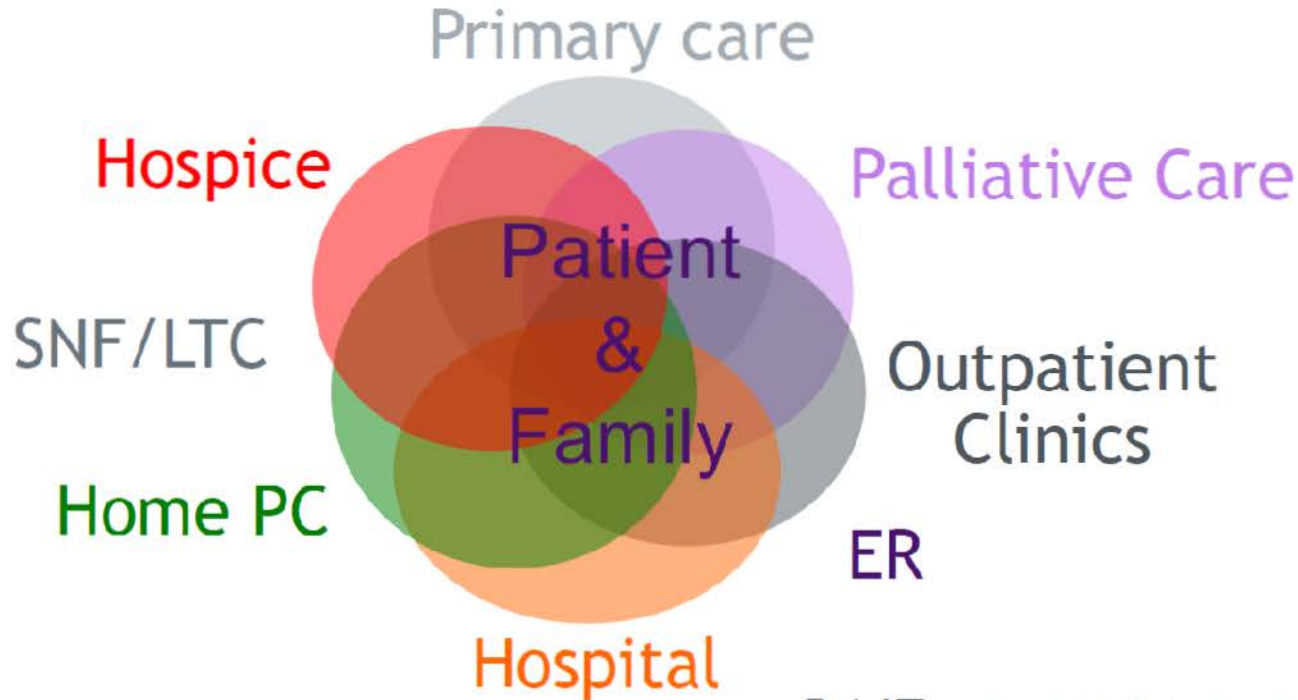

24/7 access to expertise
Social support services

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Title

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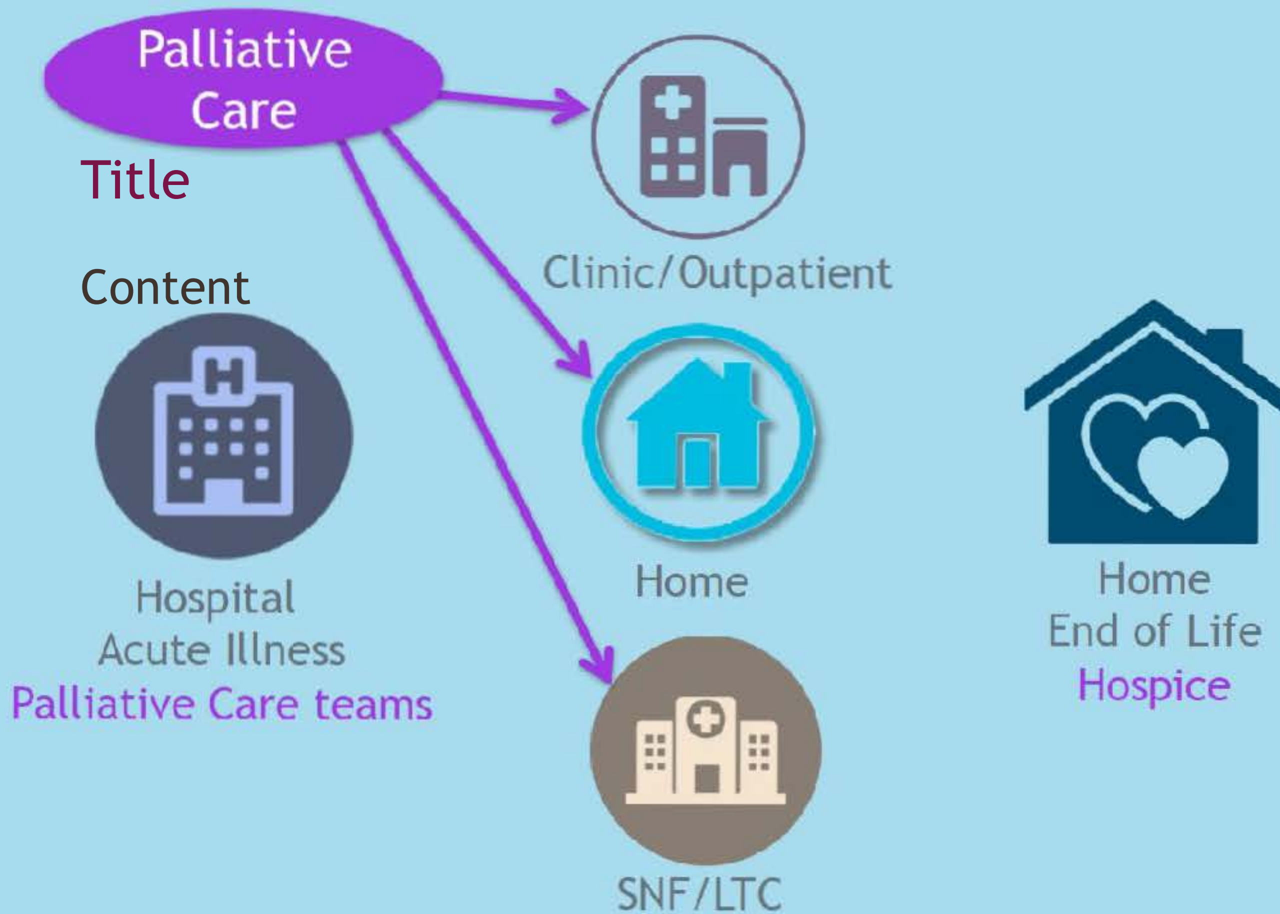

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Benefits of Outpatient PC

- Lower utilization
  - Fewer ED visits in last 30 days of life
  - Fewer ICU stays in last 30 days of life
  - Fewer people die in the hospital
- Lower costs
  - $5,000/patient

Source: Scibetta, et al., *J Palliat Med* 2016;19:69-75.

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Home-Based PC Programs

- Home visits
- Nurse, social worker, chaplain, physician
- Telehealth
- 24/7 availability
- Patients
  - Serious illness
  - Utilization
  - Functional limitations

Source: Scibetta, et al., *J Palliat Med* 2016;19:69-75

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Home-Based PC Programs

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- High satisfaction
- Lower utilization
  - Lower 30-day readmission rate
  - Fewer people die in hospital
  - Fewer ED visits
  - Fewer ICU stays
- More and longer hospice use
- Lower costs

Sources: Lustbader, et al., *J Palliat Med* 2016 (epub); Cassel, et al., *JAGS* 2016 (epub); and Brumley, et al., *JAGS* 2007;55:993-1000.

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PC Workforce - Definition

Complex

- Interdisciplinary
- Best when integrated into local care framework
- Not every program staffed same way
- Primary care professionals need to be aware, engaged

PC Workforce – Current Situation

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Shortage of trained specialists

- Need to expand training programs for medical, nursing, postgraduate
- Access to certification limited by geography, quantity, flexibility

PC Workforce - Shortages

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More severe in rural areas

- 55% of small MN hospitals lack PC programs
- Due to lower patient volume, staff cannot specialize in PC

"For most rural communities, external resources and support are necessary to support community-based palliative care services."

-- Stratis Health

PC Workforce - Growth

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- Palliative care is the fastest-growing medical subspecialty in the United States
- For *current* needs, moderate estimates call for:
  - 6,000+ FTEs
  - 8,000 -10,000 PC physicians (***double* the current number)**
- Estimated that by 2020, a physician shortage is projected at 85,000 - 200,000.

Sources:
http://aahpm.org/uploads/advocacy/2014_HPM_Workforce_Flyer.pdf;
http://www.acscan.org/content/wp-content/uploads/2013/06/Workforce-Briefing-Paper.pdf;
http://www.stratishealth.org/documents/Stratis-Health-Palliative-Care-Impact-Report-2016.pdf

Policy Initiatives

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Palliative Care and Hospice Education and Training Act (**PCHETA**): H.R. 3119 / S. 2748

- Increase federal research on PC and pain and symptom management
- Enhance training for nurses, doctors, etc.
- Establish a national public education and awareness campaign for patients, health care providers

- Co-sponsored by 225 House members and 18 Senators, including all but one member of MN Congressional delegation
- Received hearing in the House in Sept.; expected to be reintroduced in next session

State Legislation

- 13 states passed legislation to create advisory committees on PC and hospice issues
- 20 states and the D.C. working to pass similar legislation in 2017

Establishing a Palliative Statewide Expert Advisory Council

- Passed ACS CAN model legislation or similar legislation with main components of model legislation
- Formally introduced ACS CAN model legislation but not yet passed and signed into law
- Action yet to be taken to introduce ACS CAN model legislation in state legislature

How Do You Measure Up?

Source: ACS CAN
As of May 31, 2016

*DE, NY, PA, VT have not passed the model legislation but have statewide programs in place that closely align with the main tenets of the model legislation

What's Happening in Minnesota

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- MNHPC working with ACS CAN and professionals from other organizations

- An advisory committee valuable and cost-effective tool for lawmakers to improve PC access and quality in MN

- When PCHETA becomes law, states with advisory committees in place will be better positioned to apply for PCHETA-related grants

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Learn more! Check out our site today!

MNHPC.ORG