



## Life Choices

A Program of Palliative Care

Relieves suffering and improves quality of life for patients with advanced illnesses

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## What is Palliative Care?

Medical treatment that aims to relieve suffering and improve quality of life simultaneously with all other appropriate treatment for patients with advanced illness, and their families.

## Palliative?

From the latin word *pallium* -means to cloak or cover, or to moderate the intensity of...(a disease).

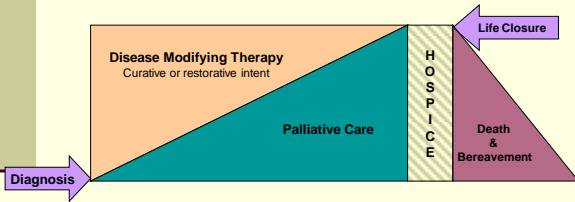
Palliative can refer to any action, or any medical intervention that reduces suffering.

Hospice care is palliative care.

## Palliative care emerged

- Dr. Balfour Mount of Royal Victoria Hospital in Montreal coined the name of the first "palliative care program" to distinguish it from hospice
- Needed by patients before the "six months" allowed by Medicare
- Needed by those actively seeking cure

## Palliative Care Model



## Key Differences

Palliative Care	Hospice
<ul style="list-style-type: none"> <li>■ Program open to all seriously ill patients</li> <li>■ Patients do not have to forgo curative care if this is covered by their insurance.</li> <li>■ Palliative care team works with a variety of health care providers including specialist and primary care physicians to prevent service fragmentation</li> <li>■ New, evolving, resulting in differences in palliative programs</li> </ul>	<ul style="list-style-type: none"> <li>■ Six month prognosis required by Medicare and other payors.</li> <li>■ Coverage includes outpatient medications and supplies but efforts to cure or prolong life are not covered</li> <li>■ Hospice Team coordinates and oversees the plan of care</li> <li>■ The Medicare Benefit Conditions of Participation provides some consistency in program contents</li> </ul>

## Service Provided

Palliative Care	Hospice
<ul style="list-style-type: none"> <li>■ Comprehensive coordinated pain and symptom control</li> <li>■ Care of psychological and spiritual needs, family support</li> <li>■ Team approach—MD, RN, SW, Chaplain, NA, Volunteers</li> <li>■ Assistance in making transitions among care settings and education regarding decisions in choices of care</li> </ul>	<ul style="list-style-type: none"> <li>■ Comprehensive coordinated pain and symptom control</li> <li>■ Care of psychological and spiritual needs, family support</li> <li>■ Team approach—MD, RN, SW, Chaplain, NA, Volunteers</li> <li>■ Assistance in making transitions between care settings and education regarding decisions in choices of care. Bereavement care for survivors</li> </ul>

## Patients Served

Palliative Care	Hospice
Patients of any age, at any stage of advanced and life-threatening illness	Dying patients of any age

## ? Do we need a new program ?



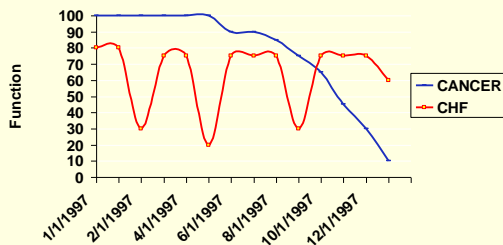
## What Hospice Touch experienced:

- In 2005 to 2006 the average length of stay for Hospice Touch patients was 59 days.
- 29% of these patients died within 7 days of admission and 13% died within 3 days of admit.
- Results in providing crisis intervention to patients and families but not quality end-of-life care.

The Demographic Imperative

## The Reality of the Last Years of Life: Death is not Predictable

(slide courtesy of Joanne Lynn, MD Rand Corp.)



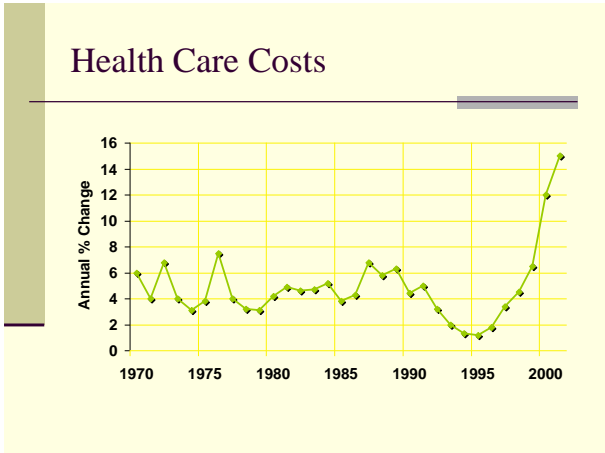
## Advances in Medicine

- More can be done with life-extending treatments
- Sometimes “more” is not better
- Patients choice? Or lack of communication
- Assess the patient’s goals of care
- Honest communication



**The demographic imperative:  
Chronically ill, aging population is growing**

- The 63% of Medicare patients with 2 or more chronic conditions account for **95%** of Medicare spending (CDC)
- The number of people over age 85 will double to 9 million by the year 2030 (CDC)



**Demand for palliative care:  
What patients want from the healthcare system**

- Pain and symptom control
- Avoid inappropriate prolongation of the dying process
- Achieve a sense of control
- Relieve burdens on family
- Strengthen relationships with loved ones

Steinhauser, et al. *Ann Intern Med* 2000; 132: 825-32

## What Do Family Caregivers Want?

### Study of 475 family members 1-2 years after bereavement

- Loved one's wishes honored
- Inclusion in decision processes
- Support/assistance at home
- Practical help (transportation, medicines, equipment)
- Personal care needs (bathing, feeding, toileting)
- Honest information
- 24/7 access
- To be listened to
- Privacy
- To be remembered and contacted after the death

Tolle et al. Oregon report card.1999 www.ohsu.edu/ethics

## The Abiding Desire Not to Be Dead

I don't want to achieve immortality through my work. I'd rather achieve it by not dying.

Woody Allen

Studies of patients with serious illness report *increasing* desire for aggressive therapies as health status declines.

Fried et al. Arch Intern Med 2006;166:890-895.

## THE WALL STREET JOURNAL.

### Final Days

### Unlikely Way to Cut Hospital Costs: Comfort the Dying

Palliative-Care Unit Offers Painkillers and Support, Fewer Tests, Treatments



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

## How to Communicate

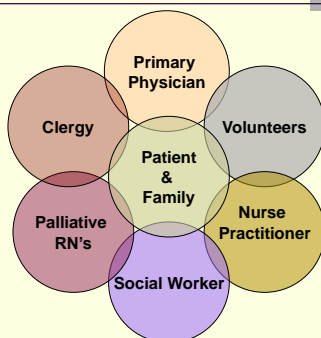
- Establish realistic, attainable goals of care
  - Help patients and families understand scope of illness and likely progression
  - Identify relevant values and goals
  - Define “acceptable” and “unacceptable” quality of life
  - Define choices to be made and their benefits and burdens
  - Help with decision-making
  - Develop care plans that maximize chances that goals will be achieved

## The Epiphany



- Progressive hospices have accepted the challenge of leveraging what we know how to do: interdisciplinary palliative care services (or whatever term you prefer) for a patient population whose needs/preferences extend beyond the boundaries imposed by the Medicare Hospice Benefit.

## Life Choices Palliative Care Team



### **Life Choices patients may have one or more of the following issues:**

- A persistent or recurring condition that adversely affects their daily functioning or will predictably reduce life expectancy
- Multiple health problems
- Frequent readmissions to hospital
- A need for more help or services
- A need for emotional support
- Are at a point where discussions of options and goals may be beneficial

## Life Choice Services

### What type of Service?

- ❑ Consultation Service (Advanced Practice RN consult made at Physician request, to assist with discussion of options and recommendations of care)
- ❑ Primary Service (patient admitted to palliative care program, access to 24/7 RN on-call, Advanced Practice RN/Clinical SW visit in home or office)
- ❑ Referral to Physician, Chaplain, Social Worker and any area and community resources
- ❑ Offer community patient and caregiver support groups

## It's a Journey



### Premise

- 12-2007 \$40,000 grant to start program cooperatively with Mile Bluff Medical Center in Mauston.
- 3-2008 Hired Part-time NP and ads out for Clinical SW.

### Learned

- Need to start somewhere and get it right before you expand.
- Part Time NP doesn't stretch far; neither does \$40,000.
- Clinical SW is not what we needed.

## You can't be all things to all people

Life Choices Palliative Care Program provides services to individuals who have a potentially life limiting illness and who need active interventions to control symptoms (physical, emotional, or spiritual) that they can not get met through other service providers.



## Hang on; it can be a wild ride

### Premise

- 6-2008 Tomah Memorial hospital would do the billing for NP visits; private pay RN, SW, NA, Chaplain.
- Use the same forms as hospice, modified.

### Learned

- Credentialing is a lengthy process. (3mos)
- Billing is complicated, very frequent meetings with billers to get it incorporated into hospital system.
- People do not want to pay for SW or Chaplain visits.
- No one, including insurance programs, knows what palliative care really is.
- Need for tools to explain and solicit referrals.

## More lessons learned

### Premise

- Palliative care should incorporate well with the current hospice team, ie hospice is palliative care.

### Learned

- Very complicated patients; heavy-duty symptom management.
- Much wider focus and goals of care
- 12-2008 Another SW hired.
- 3-2009 RN Palliative Care Coordinator position.
- 9-2009 Full time NP hired.

## YES!

- No more “NO”
- If patient's don't meet hospice criteria, you have something to offer them—palliative care—expert pain and symptom management.
- If patient is having curative treatment, yes we can help you!
- If the patient improves and must be signed off hospice they are continued to be helped with palliative care.
- Improved patient, family, and staff satisfaction.

## The current process is:

- Referral from physician, family, patient
- Order for pc from physician with symptom to be palliated
- Insurance check done
- Telephone contact with patient; appt. for consult
- Consult done by Nurse Practitioner
- If appropriate for palliative care program, NP asks if interested in Life Choices program
- SW makes appt. to explain program, gets information for sliding fee scale, and papers are signed if patient desires services.

## Services provided are:

- SW does complete assessment and helps identify patient needs and goals of care and community resources and interventions.
- SW does follow-up visits until needs are stabilized. Then calls monthly; visits as needed.
- Volunteer is offered if needed; also chaplain, and nursing assistant.
- NP visits every one to two months; more frequent based on need.
- Patient/family call if they have problems or questions. After hours hospice on-call staff field calls.
- Team patients minimally every two weeks after hospice Team; and as needed.

## Why palliative care?

- You don't have to say "NO"
- It's a good thing! The right thing to do.
- Patient autonomy and choice and goals honored.
- Futile care and unnecessary suffering prevented.
- Patient/family/physician/hospital satisfaction with symptom management and improved quality of care and life
- You can say "Yes" we can help you!

## Challenges:



- Palliative care is not a Medicare Benefit and rarely recognized by insurances.
- Need for highly skilled practitioners; patients are complex.
- Palliative care state surveys will be done with hospice, home care, nursing home surveys.
- JCAHO will soon have a PC survey.
- These patients may be on program for years.
- Few comparative programs for community palliative care.
- Comparative data hard to find.



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

Helen Keller  
*Optimism* 1903