



CENTER
TO
ADVANCE
PALLIATIVE
CARE

A national initiative supported by
The Robert Wood Johnson
Foundation with direction and
technical assistance provided by
Mount Sinai School of Medicine.

The Case for Hospital-Based Palliative Care

**Why leading hospitals are starting
palliative care programs to provide
high-quality, effective management
of advanced illness**

What is a palliative care program?

Palliative care aims to relieve suffering and improve quality of life for patients with advanced illness, and their families. Palliative care is provided by an interdisciplinary team and offered in conjunction with all other appropriate forms of medical treatment.

Palliative care programs structure a variety of hospital resources medical and nursing specialists, social workers, clergy to effectively deliver the highest quality of care to patients with advanced illness. Vigorous pain and symptom control is integrated into all stages of treatment.

The palliative care approach decreases length of hospital and ICU stays and eases patient transitions between care settings, resulting in increased patient and family satisfaction and compliance with hospital care quality standards. Successful palliative care programs have used an array of delivery systems, from consultative services to inpatient units.

Why more and more hospitals are starting palliative care programs

The number of academic, community, and faith-based hospitals offering palliative care services is growing rapidly. The American Hospital Association reports 22% of all U.S. hospitals have palliative care programs.

Forward-thinking hospitals are turning to palliative care

From urban teaching centers in large cities to community hospitals in rural areas, palliative care programs are flourishing. Why?

Because hospitals with palliative care programs excel at:

- Integrating vigorous pain and symptom management with all other appropriate treatment to achieve the highest quality of patient care.
- Building the necessary systems to care for the growing number of persons with serious, advanced, and complex illnesses.
- Providing patient-centered care, which increases patient and family satisfaction with hospital services and builds loyalty to the institution.
- Helping patients transition to appropriate settings.
- Easing case management burdens on primary physicians and other staff, thus strengthening staff satisfaction and nurse retention.
- Maintaining high quality of care while increasing capacity and reducing costs through shorter lengths of stay and lower ancillary and pharmacy costs.
- Assuring compliance with JCAHO quality and pain accreditation standards.

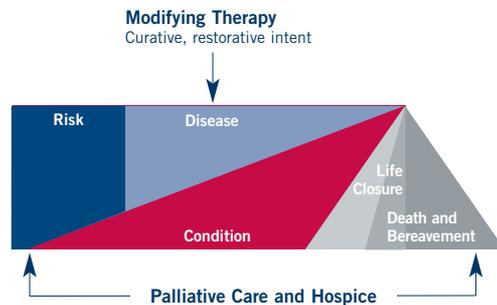
Palliative care programs link diverse hospital departments and services for effective and efficient use of resources. This approach results in higher quality, well-planned treatment that anticipates future care needs. Palliative care helps patients understand the nature of their illness and make timely, informed decisions about their care together with their families. Because seriously ill patients benefit from palliative care at any stage of their illness, palliative care should be considered a key component of medical care along with all other appropriate treatments.

Flexible programs support the primary care physician

Palliative care programs help leading hospitals address the challenges of caring for the seriously ill by focusing on supporting the primary physician and nurse responsible for the care of these patients.

Palliative care teams provide:

- Care coordination and time-intensive patient-family communication about the goals of care.
- Expertise in pain and symptom management, particularly for complicated cases where relief of symptoms is hard to achieve.
- Support for the plan of care by helping coordinate the treating physician's orders, including safe and effective discharge planning.
- Improved patient satisfaction with the hospital, overall medical treatment, physicians, and health care team.



A NEW VISION OF PALLIATIVE CARE

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

Palliative care programs are needed in all settings. But because hospitals provide medical care to the sickest patients in the United States, hospitals are the single most important place for patients to access palliative care.

Why turn to hospitals first for palliative care?

Hospitals are where the most severely ill patients are.

In the United States, 53% of patients die in hospitals, and 24% die in nursing homes. Many patients need palliative care to complement their life-prolonging or curative treatments in the hospital. Seriously ill hospital patients are highly likely to need pain and symptom control, coordination among their providers, and assistance in transitioning between care settings.

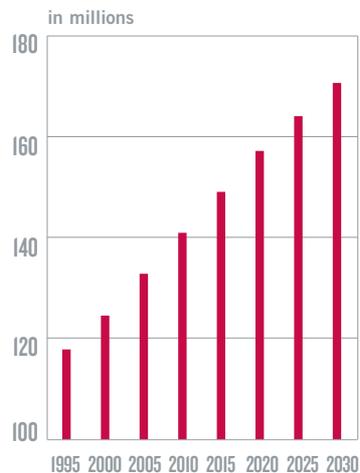
Hospitals are where the most money is being spent.

Nearly all Medicare beneficiaries spend at least some time in a hospital during their last year of life. In 2004, inpatient hospital Medicare expenditures were \$136 billion and represented 44% of total Medicare spending for health care costs vs. \$93 billion or 39% in 2001. As the population ages, hospitals are using a growing proportion of their resources caring for complex illness; this trend highlights the need to provide care that is patient centered, high quality, and fiscally responsible.

Hospitals are the best place to plan for the next phase in the care continuum.

Most patients are in the hospital due to a health crisis. This crisis forces them to confront the reality of illness and the decisions they need to make about their care. The hallmarks of palliative care — communication and coordination, combined with excellent medical care — ensure that hospital patients have smooth transitions between the hospital and appropriate services, such as home care, nursing homes, or hospice.

Meeting the needs of an aging population



THE NUMBER OF PEOPLE
WITH CHRONIC CONDITIONS
IS INCREASING RAPIDLY

Source: Shin-Yi and Green,
RAND, October 2000.

Hospitals are filling rapidly with seriously ill and frail adults. By 2030, the number of people in the U.S. over the age of 85 is expected to double to 8.5 million. To meet the needs of these patients, the hospital of the future must successfully deliver high-quality care for its most complex patients while remaining fiscally viable. Palliative care is essential to achieving the goal of excellent and cost-effective care for the growing population of people living with advanced illness.

Palliative care: a better paradigm for managing advanced illness

Thanks to modern medicine, people are living longer with chronic and advanced illness. Palliative care provides continuity of care and a level of coordination that responds to the episodic and long-term nature of these illnesses.

These seriously ill patients:

- Deal with multiple chronic illnesses with which they will live for years, including heart and lung disease, diabetes, cancer, and Alzheimer's disease.
- Face a complex medical system, and struggle to coordinate their care among the host of doctors and specialists who treat them.
- Want to stay as independent and healthy as possible, and need help making decisions, communicating with their health care providers, controlling pain, and receiving treatments to maximize their independence.
- Need practical support for their personal care needs at home, including help for family caregivers and referrals to resources in their communities.

Palliative Care in Action:

a case study

CASE STUDY 1

A composite portrait
of real patients

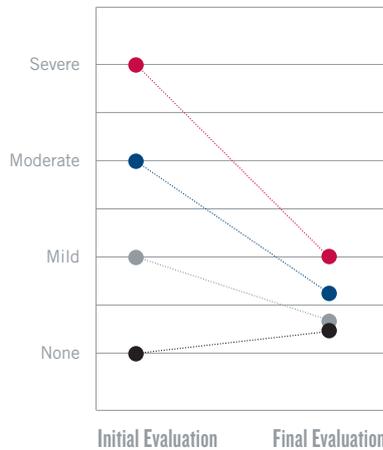
Annie Jones is an 82-year-old Medicare beneficiary living with hypertension, diabetes, heart failure, macular degeneration, osteoporosis, and a history of falls.

One day, Mrs. Jones fell in her home and broke her hip. After hip replacement surgery, she was in too much pain to participate in rehabilitation and developed complications, necessitating a week's stay in the ICU and three weeks more in the hospital before she could return home. Four months later, homebound and unable to visit her doctor, she developed pneumonia, heart problems, and further complications. She was again admitted to the hospital and stayed three weeks, including 10 days in the ICU. Mrs. Jones returned home but short on money, she skipped some medications. Exhausted, she did not eat enough. She soon developed breathing problems and called 911. She returned to the hospital for the third time in nine months.

During her last hospital stay, Mrs. Jones' doctor requested a palliative care consultation. The palliative care team:

- Treated Mrs. Jones' pain and breathlessness so she could participate in rehabilitation. Five days later she was able to return home.
- Initiated discussions with Mrs. Jones and her daughter about the goals of her care and developed a plan for her treatment.
- Referred her to support services in the community, in addition to the short-term professional home care services provided by Medicare.
- Referred her to a hospice program of her choosing when she was ready. The hospital further coordinated her care with the hospice.

Providing quality care that patients demand



IMPROVEMENT OF PAIN
FOR 3707 PATIENTS FOLLOWED
BY THE MOUNT SINAI HOSPITAL
PALLIATIVE CARE SERVICE

June 1997 – December 2004

Health consumers are demanding high standards of care and an active role in their treatment. Increasingly, hospitals are expected to deliver this level of care in the areas of pain and symptom management. In its annual ranking of hospitals, *U.S. News & World Report* now includes the presence of palliative care services in its evaluation criteria.

Numerous studies of people with serious illness show they want the types of services that palliative care provides:

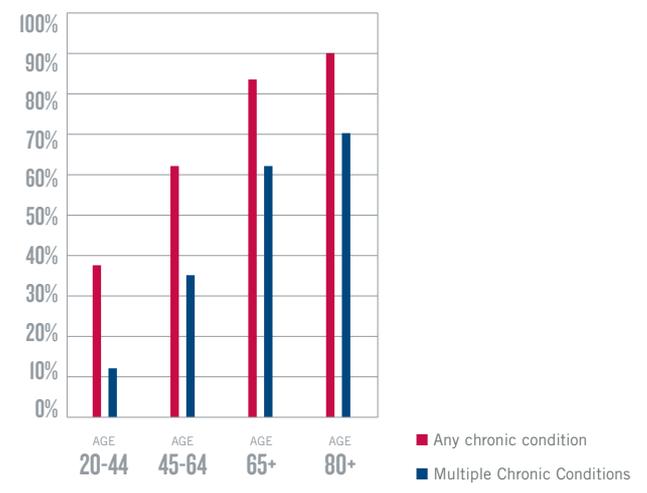
- **Patients want vigorous treatment of their pain and symptoms.**
Pain is the most common and widely feared symptom of hospital patients. Untreated pain results in medical complications, increased length of hospital stay, unnecessary suffering, increased use of health care resources, and decreased patient satisfaction. Over 90% of pain episodes and other symptoms can be effectively treated with standard analgesic therapies provided and closely monitored by a palliative care program.
- **Patients want relief from worry, anxiety, and depression.**
A leading symptom of patients with advanced illness is anxiety and depression. These sources of suffering can be effectively treated to promote the best possible quality of life for patients and their families.
- **Patients want communication about their care over time.**
Patients want a voice in their care and clear, ongoing communication with their physicians and other health care providers about what to expect and how to plan for their treatment and their future.
- **Patients want coordinated care throughout the multiple-year course of an illness.**
As patients live with advanced illness, they need help navigating the medical system and coordinating among their health care providers and care settings.
- **Patients want support for family caregivers.**
Seriously ill patients are anxious to reduce burdens on their loved ones and want help involving their family in care decisions.

Palliative Care and JCAHO Pain Standards

The cornerstone of palliative care is to ensure that patients do not suffer from uncontrolled symptoms. Accredited hospitals are committed to meeting national standards for effective pain treatment. Palliative care programs help hospitals meet pain and other quality standards developed by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

- **Patients want practical support.**
Patients and families need help locating and accessing home health services, aides, nutrition support, and transportation.
- **Patients want a sense of safety in the health care system.**
Recent surveys show concern among patients about the possibility of medical errors and lack of coordination of their care during their hospital stays. Palliative care patients report feeling their care is closely monitored and well communicated.

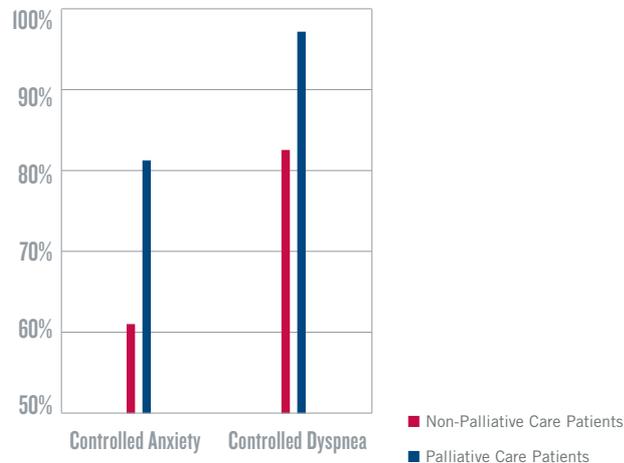
Many patients need palliative care services during treatment. In addition, experience shows that for patients nearing the last months of life, hospice may be a very good option. Palliative care programs work in tandem with hospice programs to coordinate care.



OLDER INDIVIDUALS ARE MORE LIKELY TO HAVE MULTIPLE CHRONIC ILLNESS

Source: Shin-Yi and Green, RAND, October 2000.

Proof that palliative care improves clinical outcomes



IMPACT OF PALLIATIVE CARE PROGRAM AT NORTH KANSAS CITY HOSPITAL

Source: The Advisory Board Company interviews and analysis.

Outcomes of palliative care:

- Palliative care relieves pain and distressing symptoms.**
 Palliative care programs significantly reduce pain levels and increase patient satisfaction with pain management. Numerous studies also show palliative care controls fatigue, anxiety, breathlessness, nausea, depression, constipation, and other sources of symptom distress.
- Palliative care helps with difficult decision making.**
 Palliative care teams meet with patients and their families to discuss goals of care and develop treatment plans. This intensive communication results in a high level of patient and family satisfaction and smooth coordination of care between settings.
- Palliative care helps patients complete prescribed treatments.**
 Pain and other symptoms result in complications and slower recovery for patients. Studies show that cancer patients receiving palliative care during their chemotherapy are more likely to complete their cycle of treatment, stay in clinical trials, and report a higher quality of life than similar patients who did not receive palliative care.
- Palliative care boosts patient and family satisfaction.**
 Patients and families who receive palliative care report extremely high levels of satisfaction with their hospital care.
- Palliative care increases the ease of referral to other appropriate care settings.**
 Palliative care programs transition patients from the hospital to the most appropriate services or care settings. For example, studies show palliative care programs can double or triple hospice referral rates for willing patients whose disease is non-responsive to curative intervention or who determine that the burdens of treatment outweigh their benefits. In addition, palliative care programs facilitate communication about the most appropriate care setting to achieve the goals of care, resulting in reduced hospital and ICU length of stay.

Palliative Care in Action:

a case study

CASE STUDY 2

A composite portrait
of real patients

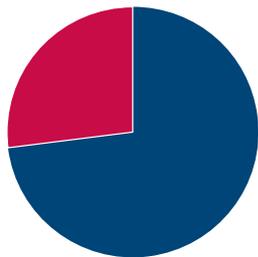
Joan Clark is an 87-year-old woman who was admitted to the hospital with advanced dementia, a stage IV pressure ulcer, and fever. She received surgical debridement of her ulcer, but she suffered from persistent fever and the ulcer progressed. Mrs. Clark was treated with repeated courses of broad-spectrum antibiotics. She was moaning and agitated.

On day 45 of her hospitalization, her nurse case manager called for a palliative care consultation. The palliative care team met with the patient's two daughters, who were her health care proxies. It became clear that her daughters were unaware of the severity of their mother's Alzheimer's disease and the decline in her general condition. After two family meetings, the team worked with the daughters and the patient's granddaughter to develop a plan of care that focused on maximizing Mrs. Clark's comfort and sense of security.

The plan included transfer back to her nursing home, withdrawal of antibiotics, initiation of morphine treatment for Mrs. Clark's pain from her ulcers, spoon feeding for comfort, and a "do not resuscitate" order.

Mrs. Clark was discharged two days later to a nursing home with hospice support. Two months later she was interactive and comfortable. Her family expressed tremendous satisfaction with the resolution of her hospitalization, and they visit Mrs. Clark daily in the nursing home.

Proof that palliative care maximizes hospital efficiency



● Non-critical care direct cost savings
\$85,272

● Critical care direct cost savings
\$230,643

Direct Cost saved per patient:

- Cost prior to palliative care
- Less cost after start of palliative care
- Equals total cost savings

Total savings, 197 patients: **\$315,915**

Average Savings/Patient: **\$1,604**

October 2000 – April 2002

AVERAGE SAVINGS COMPARING
DIRECT COSTS BEFORE
AND AFTER ADMISSION TO
PALLIATIVE CARE SERVICE
St. John's Regional Medical Center,
Joplin, MO.

Palliative care is a systematic and rational approach to caring for the most complex patients in the hospital setting. It lowers costs for both patients and payers. Palliative care improves staff retention and morale by supporting doctors and nurses in this difficult work and helping them deliver the best possible care to their patients. This approach uses resources effectively: futile and burdensome interventions are avoided, and care plans reflect the specific needs and preferences of the patient.

Lower costs for hospitals and payers

Developing palliative care programs in hospitals requires a relatively low start-up investment and can have an immediate impact on “outlier cases,” overall resource use, and ICU utilization. Direct program costs are more than offset by the financial benefit to the hospital system.

Hospitals with palliative care programs find that:

- Patients are transitioned to appropriate levels of care.
This transition often reduces length of stay, especially in the ICU.
- Proactive care plans expedite treatment.
Hospitals can better plan daily resource use by following the agreed-upon care approach, often reducing costs for redundant, unnecessary, or ineffective tests and pharmaceuticals.

A systematic approach to caring for outlier patients

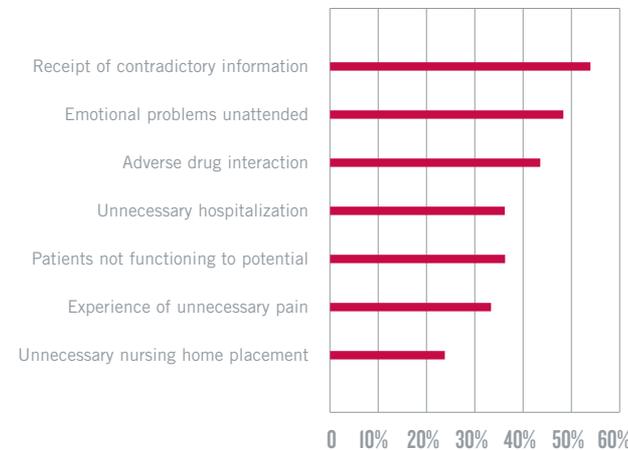
Palliative care programs provide a systematic approach to care for “outliers,” patients with the highest intensity needs within an inpatient population. After referral of these special-needs patients, a palliative care program helps the hospital match patient needs with appropriate health care resources. Palliative care programs also help transition patients to optimal care settings at the patient’s own pace and when medically advisable.

Easing of burdens on staff, increased retention

Given the complexities and fragmentation of today's health care system and the growing medical needs of the chronically ill, provision of well-communicated and highly coordinated care requires tremendous staff time and effort. Palliative care programs have been shown to help hospital staff provide this level of coordinated care for their patients, thus increasing staff job satisfaction and retention.

Palliative care programs assist staff by:

- Providing patient-family case management and coordination.
- Ensuring safe and effective management of complex and changing symptoms.
- Supporting and assisting physicians, nurses, and social workers in their efforts to provide the highest quality bedside care to patients and their families.



% OF PHYSICIANS WHO FIND POOR COORDINATION IS THE CAUSE OF ADVERSE OUTCOMES

**PHYSICIANS BELIEVE THAT
POOR CARE COORDINATION
PRODUCES BAD OUTCOMES**

Source: Mathematica Policy Research Survey, 2001

Creating Successful Palliative Care Programs

The Center to Advance Palliative Care (CAPC) is the #1 resource for health care providers building palliative care programs. Thousands of professionals have already turned to CAPC for training, technical assistance, tools, and educational materials. We provide a complementary set of resources covering the operational aspects of starting and sustaining successful programs:

- **CAPC Seminar:**
Comprehensive, practical overview of the financial and operational tools essential to building a successful palliative care program.
- **Palliative Care Leadership Centers:**
Intensive training and mentoring program by national experts at leading palliative care programs across the U.S. Hands-on guidance in developing your program's financial analyses, business plans, and operational structures.
- **A Guide to Building a Hospital-Based Palliative Care Program:**
A detailed reference guide presenting concrete steps for creating palliative care programs, with customizable worksheets, marketing materials, and clinical, management, and administrative tools.
- **www.capc.org:**
Premier on-line resource for palliative care professionals with updated news from the field, downloadable clinical, financial, and administrative tools and an on-line store for purchasing materials or registering for trainings and events.

To learn how you can take advantage of CAPC Seminars, Leadership Training Centers and the *Guide to Building a Hospital-Based Palliative Care Program* visit: **www.capc.org** or call **212.201.2671**.



Interview with Diane E. Meier, MD

Diane E. Meier, MD

Director

Center to Advance
Palliative Care

Director

Hertzberg Palliative
Care Institute,
Mount Sinai School
of Medicine**Carol E. Sieger, JD**

Deputy Director

Center to Advance
Palliative Care**How did you become interested in palliative care?**

After years of working as a geriatrician in a teaching hospital in New York City, I witnessed patients with serious and advanced illness try in vain to navigate the complexities of our health care system. I saw the physical and emotional toll it took on them and their families, and I saw stress in doctors and other health care staff who just did not have time to provide all the help these patients needed. At the same time, the field of palliative care began achieving national attention, providing me with a constructive means of response to the problems I was seeing.

What types of services do you provide?

Palliative care teams provide consultation services to physicians who manage highly complicated patients in a very time-pressured setting. We also make sure that the patient gets meticulous attention to pain and symptom issues throughout the day in the hospital. We spend a great deal of time ensuring good communication with everyone – the patient, the family, the primary doctor and nurse, all the consulting physicians, and the rest of the health care interdisciplinary team. This level of communication is absolutely necessary to provide quality, coordinated care.

How do you work with a patient's primary care physician in the hospital?

The primary care team is our client. We're not here to take over care of the patient, but rather we aim to support the primary attending physician. We serve as the eyes, ears, and hands of physicians who work all day in their own practices, but who nevertheless have patients who are very sick and in the hospital. This means helping them coordinate care and often conducting repeated, lengthy family meetings to help patients and families discuss their situation and arrive at important care decisions.

What special skills do palliative care professionals need?

Quite frankly, palliative care requires skills that are not always taught in medical school but are crucial to working with patients with advanced, chronic illness. Most important, palliative care professionals need rigorous training in symptom identification and management. They also need training on how to communicate difficult information under very painful circumstances. This is hard for all of us, and is therefore often avoided, but patients need a very clear understanding of what is going on with their body and the implications for their care. Lastly, palliative care professionals must have a genuine ability to work on a team that typically includes a doctor, nurse, social worker, and a member of the clergy. The team approach ensures that the stresses and responsibilities of this work are shared.

How is palliative care paid for?

Physicians bill for their services under Medicare Part B and other health insurance policies. Hospitals continue to bill under appropriate DRGs. Our institution also has been very pleased by the documented impact on cost avoidance as well as philanthropic gifts and expressions of gratitude from families who received good palliative care.

How do patients view palliative care programs?

Patients embrace these programs when they understand that palliative care is about maximizing their quality of life during advanced illness. Patients often have years to live after diagnosis, and they are so appreciative of programs that address their enormous symptom distress, family caregiver burden, and difficulty navigating the health care system over the course of their treatment.

www.capc.org

Center to Advance Palliative Care

1255 Fifth Avenue, Suite C-2, New York, NY 10029

Phone: 212.201.2670 | Fax: 212.426.1369

www.capc.org | Email: capc@mssm.edu

