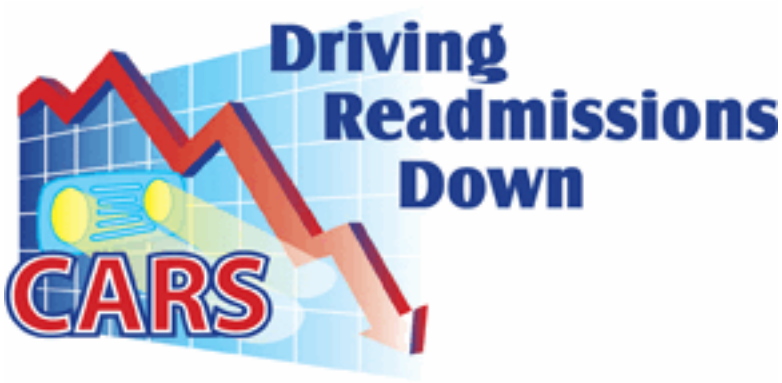

Supporting Providers through Patient Centered, Interdisciplinary Palliative Care

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Putting Patients and Caregivers in the Driver's Seat

October 10, 2013

Palo Alto Medical Foundation
Sutter Health
We Plus You

Palo Alto Medical Foundation

- Top Rated in California
- Not-for-profit
- Multispecialty Physician Medical Group
- More than 900 physicians
- Department of Geriatrics established in 2006 at Camino

Palo Alto Medical Foundation
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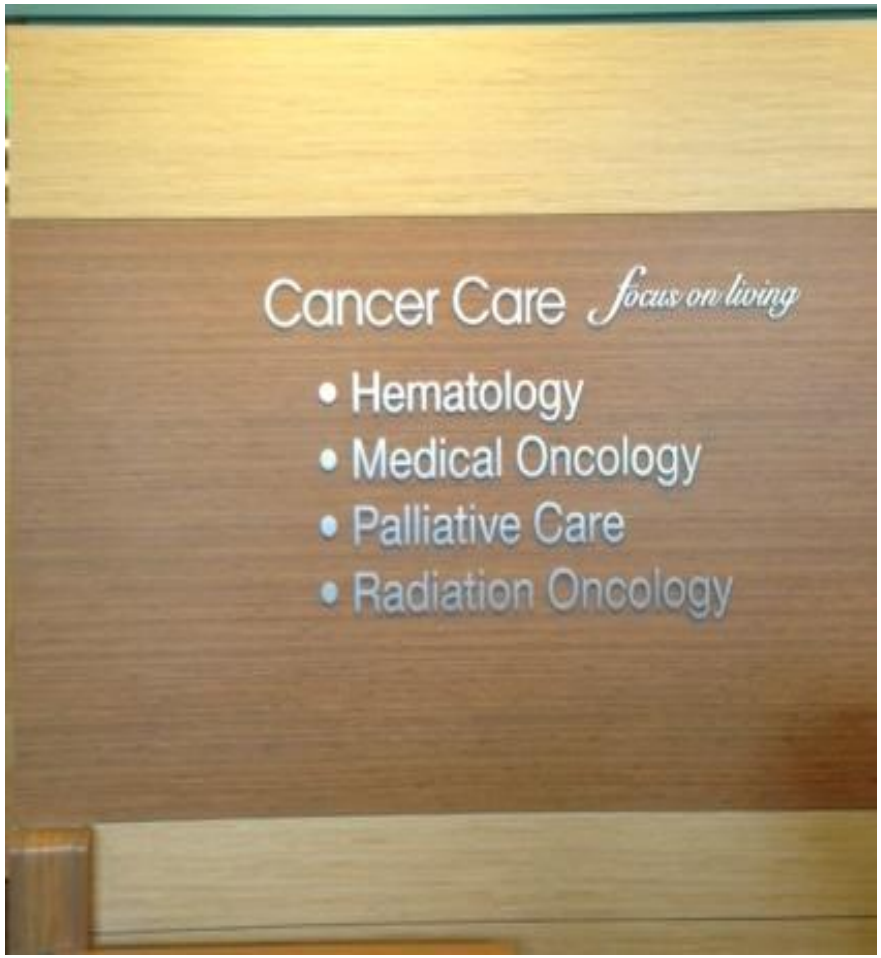
Palliative Care

- Palliate – is to make less severe
- Specialized medical care for people with serious illness
- Goal is to improve quality of life for patient and family
- Pursue curative treatment along with palliation (unlike hospice)

Palliative Care at PAMF

- Innovative outpatient palliative care program
- Started at Camino Division, in January 2013
- Integrated with oncology and primary care
- Privilege of establishing Geriatrics at PAMF, and Palliative Care at Camino



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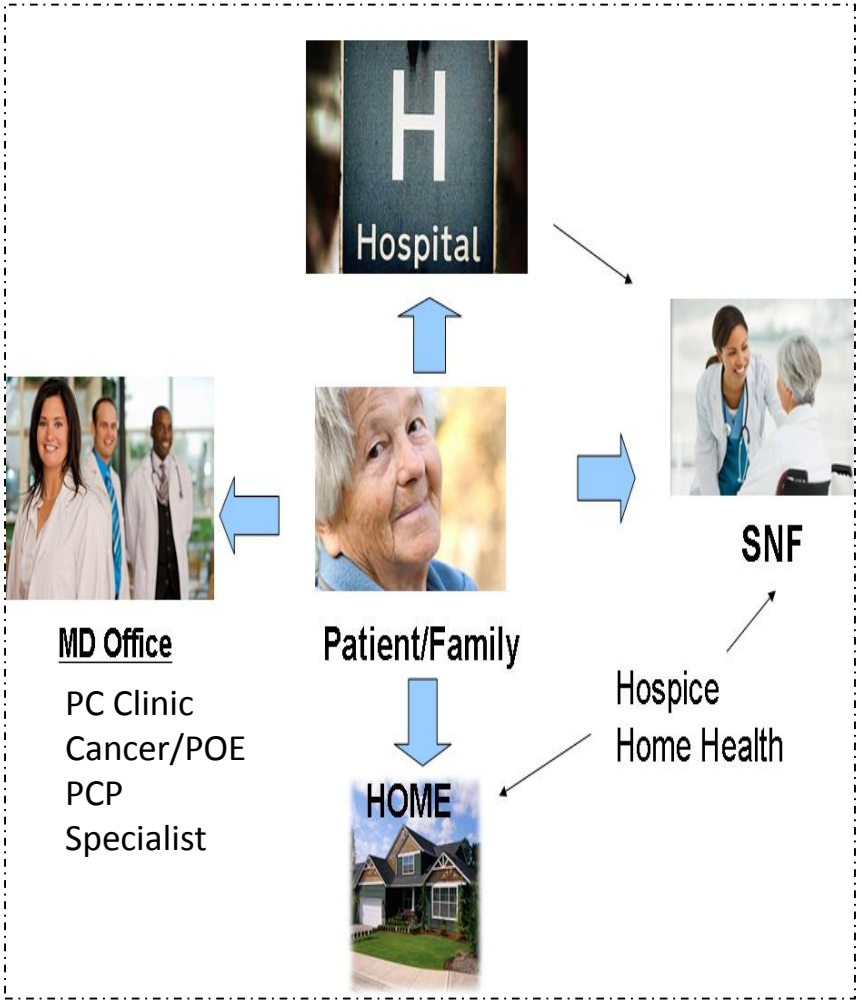
Palliative Care at PAMF

- Patient and family are unit of care
- Palliative care team sees the patient at home, nursing home or Clinic
- Palliative care team interacts closely with the in hospital palliative care and transition team (at El Camino Hospital)
- Team consists of 2 doctors, 1NP, Social worker, RN, and care coordinator



Focus of Palliative Care

- Symptom control
- Functional Status Assessment
- Psychosocial Assessment
- Advance Care Planning
- Care Coordination with home health agencies, and hospice
- Consultation Model

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Focus of Palliative Care

- Symptom Control
  - Pain (81% of oncology patients)
  - Depression (69% of oncology patients)
  - Fatigue (56% of oncology patients)

- Functional Assessment
  - Assessment for ability to do ADL's and IADL's
  - Karnofsky/ECOG scale for oncology patients
  - History of Falls, (more than 1 in last 3 months)
  - Gait and balance assessment

Focus of Palliative Care

- Psychosocial Assessment
  - Assess for depression, symptoms, and PHQ2
  - Needs assessment for Caregiver
  - Assessment of current caregiver support available
  - Assessment for caregiver burden

- Advance Care Planning
  - Review existing advance health care directive
  - Discuss goals of care and POLST
  - Scan into EPIC

Focus of Palliative Care

- Elicit goals of care
  - What defines quality of life for you
  - What is meaningful for you
  - What gives you strength to deal with the health challenges?

- Care Coordination
  - With primary care physicians, and consultants
  - With home health agencies, hospice agencies
  - With community agencies, adult day health, etc

Who is appropriate for palliative care

- Adults over the age of 18
- Those with a serious illness (life limiting illness)
  - Cancer (advanced stages)
  - Congestive Heart Failure (advanced stages)
  - Dementia and other neurodegenerative disease (advanced)
  - End stage renal, liver, lung disease
  - Advanced Debility
- Recurrent hospitalizations

- Referral made by PAMF physician
  - Answer question, ‘Is the patient likely to die in next year?’

Value of Palliative Care

- Good evidence that Palliative Care
  - Improves symptom control
  - Maximizes quality of life
  - Prolongs life, in patients with Non Small Cell Lung Cancer

- Reduces cost of care for hospitals and Health Care Systems

Stories

- Story of BG – 79 year old white male, practiced as a dentist for many years, diagnosed with metastatic recurrent bladder cancer, with ureteral stents and ostomy
- Getting palliative chemo
- Recurrent hospitalizations due to recurrent florid UTI
- We were consulted by oncology, due to high caregiver stress and recurrent hospitalizations
- Weekly visits, patient decided to forgo palliative chemo
- It was imp for patient to be independent and not have too much stress on wife
- On hospice, wife and he have gotten closer

Stories

- Patient BN , 80 year old female, with COPD, on oxygen at home.
- Recurrent hospitalizations following falls
- Husband very frail and high caregiver burden
- Palliative team followed patient at home closely
- Many open honest discussions about trajectory of disease, and CPR
- Patient died at home. Family refused CPR.
- Husband and rest of family very grateful

Camino Palliative Care Population

- Demographics
- Total number of patients seen – 90, by end of July, 115 by end August
- **Age** Youngest 45, Oldest 97. 88% of population above age 65.
- 75% patients above age 75 years
- **Sex** - 65% of population is female
- **Diagnosis –** equal number of patients referred for advanced cancer, advanced end organ disease, advanced dementia, and Debility
- **Payor's** – 34 patients were HMO's, 50 patients medicare
- 4 patients blue shield ppo, 1 self pay
- **Ethnicity** – Hispanic, Chinese, Filipino, Burmese, Russian, German (immigrants), Caucasian, Vietnamese

Metrics – Camino Team

- Process Metrics:
  - Number of patient's enrolled – 110 by end of August
  - Percentage of goals of care documentation – 94%
  - Completion of POLST and AHCD – 62%

- Outcome Metrics:
  - Hospice Length of Stay – 53 days
  - Percent of Deaths on Hospice – 56%
  - Reduction in Hospital Readmissions – 84 %
    - Compare 90days pre and post enrollment into pall care

Barriers to establishing the program

- Get buy in from primary care physicians and subspecialists in terms of value that palliative care can provide
- Get buy in from patients to let us come in and help with care
- Stigma associated with hospice
- Care Coordination between un integrated agencies, and health care organizations
- Portability of POLST
- Lack of Cultural competence

Take Home Points

- Innovative new program – meet the patient where they are
- Consider patient and family one unit
- If caregiver /systems fail, patient fails
- So assessing for caregiver burnout, and care giver needs very important
- Assessing for function is very important as it is a marker of prognosis, and for identifying where support is needed
- Team based program, everyone on the team works together to take care of patients

I slept and dreamt that life was joy. I awoke and saw that life was service. I acted and behold, service was joy.

Rabindranath Tagore