



# **Advance Care Planning and Palliative Care: What are the economic implications?**

**J. Randall Curtis, MD, MPH**

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# Outline: Three Questions

- **What are palliative care and advance care planning?**
- **Are palliative care and ACP effective?**
- **Do palliative care and ACP reduce costs and is that important?**

# Definition of Palliative Care

Specialized care for people with **serious illnesses**...  
focused on providing relief from the symptoms and stress  
of a serious illness - whatever the diagnosis

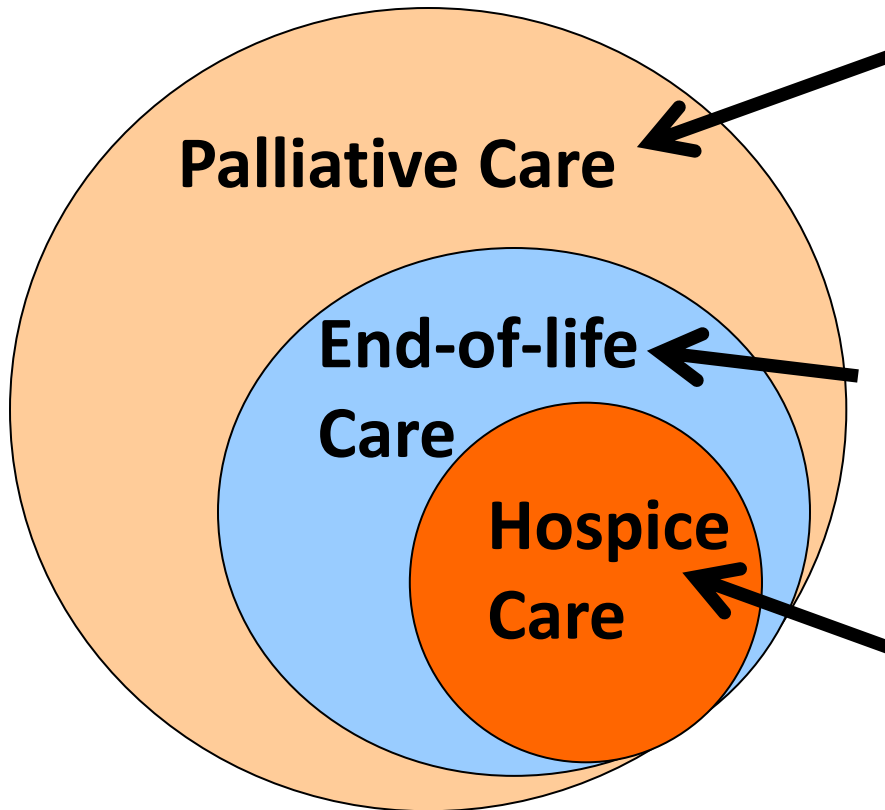
Goal is to **improve quality of life** for both the patient and  
family... to provide an **extra layer of support**

Palliative care is appropriate at any age and at any stage  
in a serious illness, and can be **provided together with  
curative treatment**

**Center to Advance Palliative Care 2011**



# Understanding the Words



- **Palliative care:** Improving quality of life for patients with serious illness
- **End-of-life care:** For those who are entering the last phase of life
- **Terminal home care:** A model for delivery of end-of-life care



# Outdated Model: Restorative versus Palliative

Curative / life-prolonging therapy



Presentation

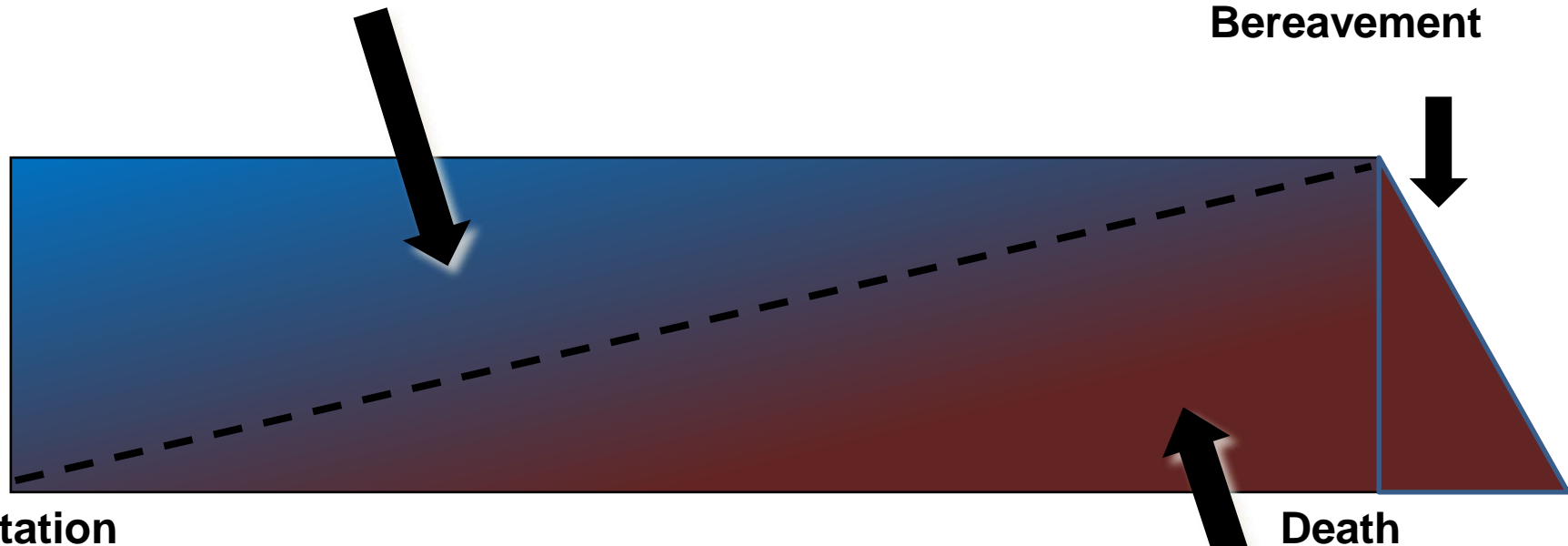
Death

Palliative care



# New Model: Restorative and Palliative

Curative / life-prolonging therapy



Palliative care



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# Advance Care Planning

- **A discussion between a clinician and a patient and/or family**
  - Patient’s values for the care they want
  - Patient’s goals of care
  - Patient’s treatment preferences
- **Inform “in the moment” decision making**



# Provision of Palliative Care

- **Primary palliative care**
  - Care provided by all clinicians caring for patients with serious illness
- **Specialty palliative care**
  - Care provided by palliative care specialists





# The 2015 Quality of Death Index

## Ranking palliative care across the world

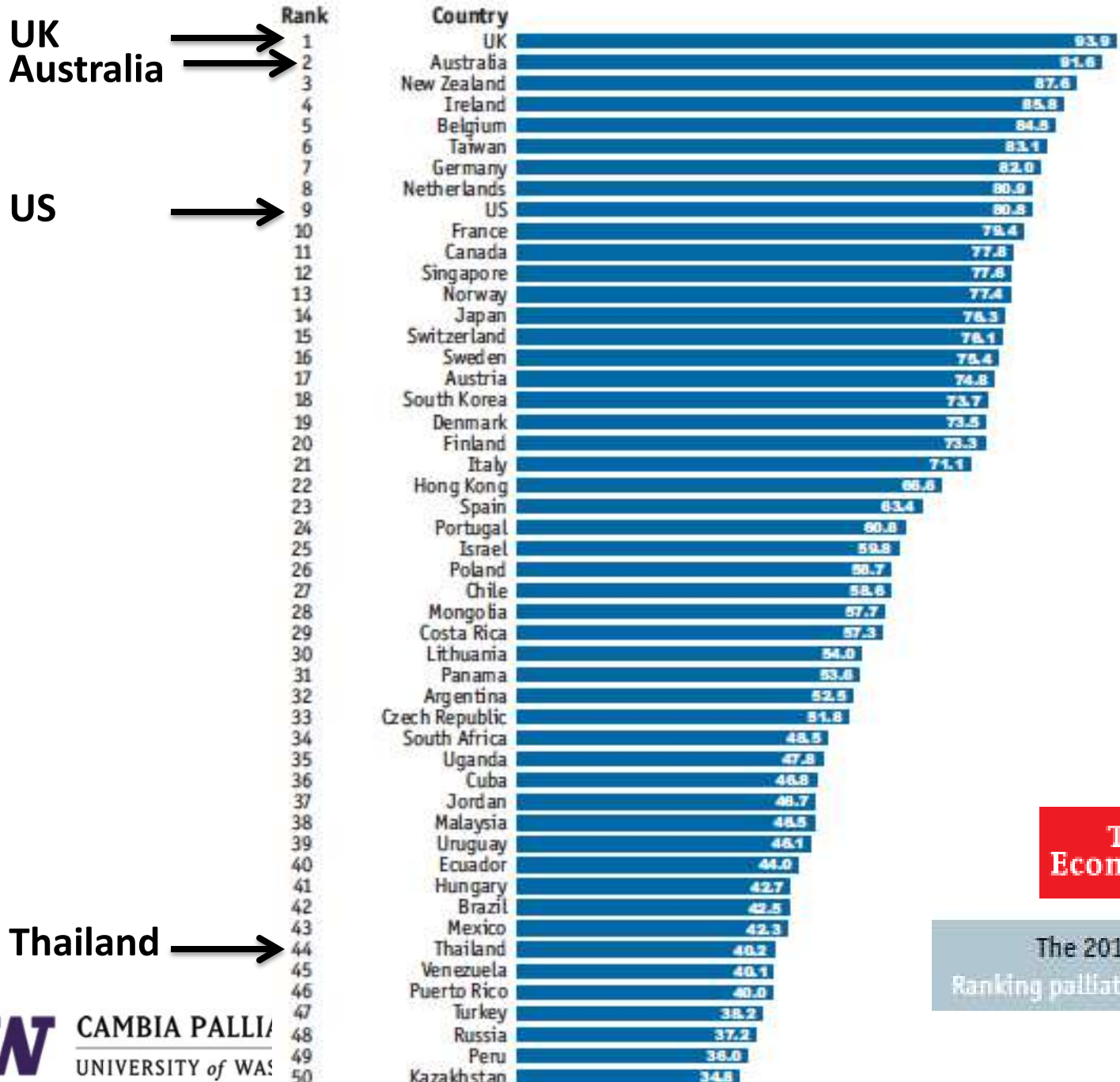
A report by The Economist Intelligence Unit



**The Economist** Intelligence Unit

The 2015 Quality of Death Index  
Ranking palliative care across the world

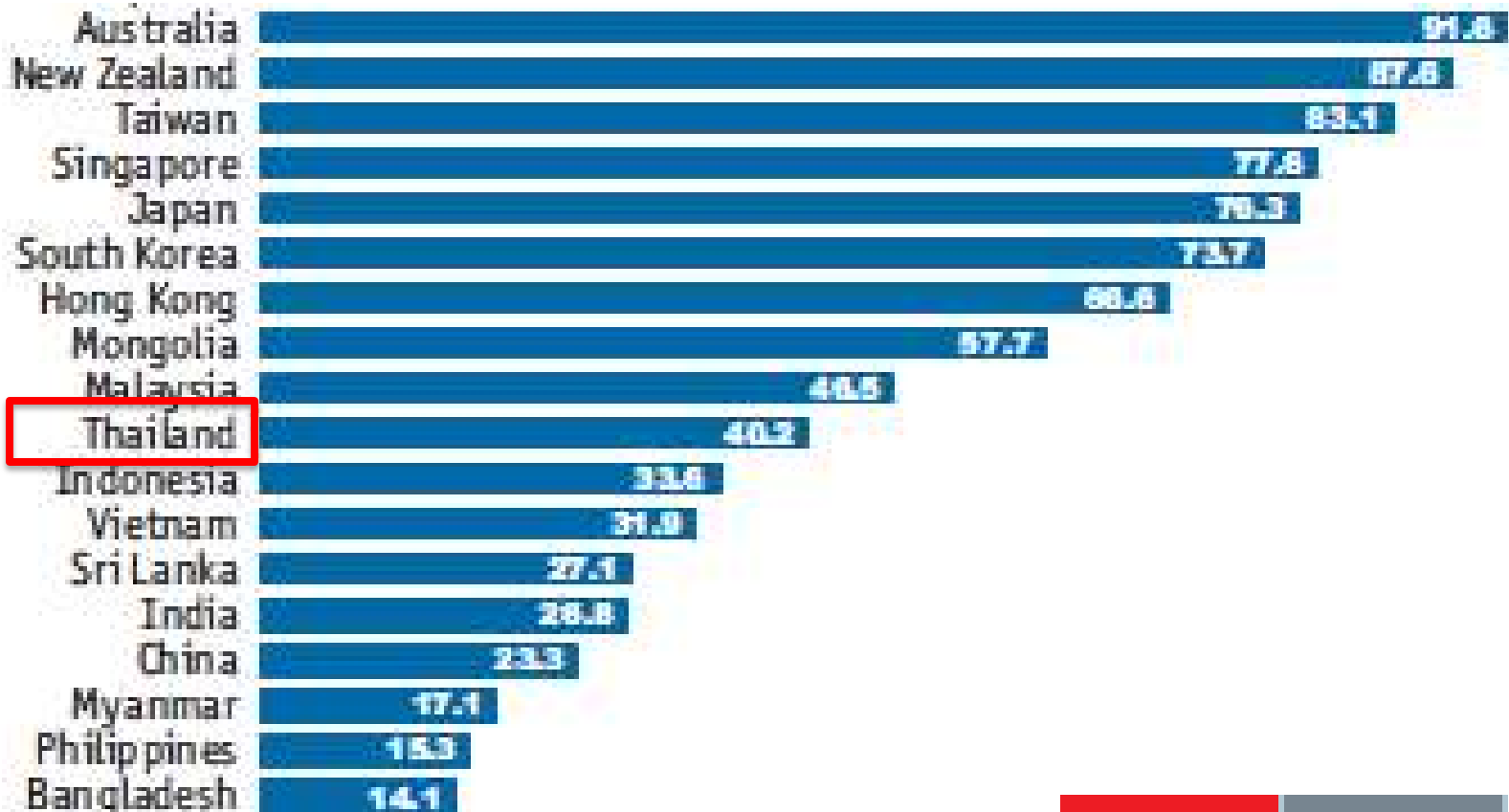
# 2015 Quality of Death Index—Overall scores



**The Economist** Intelligence Unit

The 2015 Quality of Death Index  
Ranking palliative care across the world

# 2105 Quality of Death Index – Asia-Pacific Region



Asia-Pacific

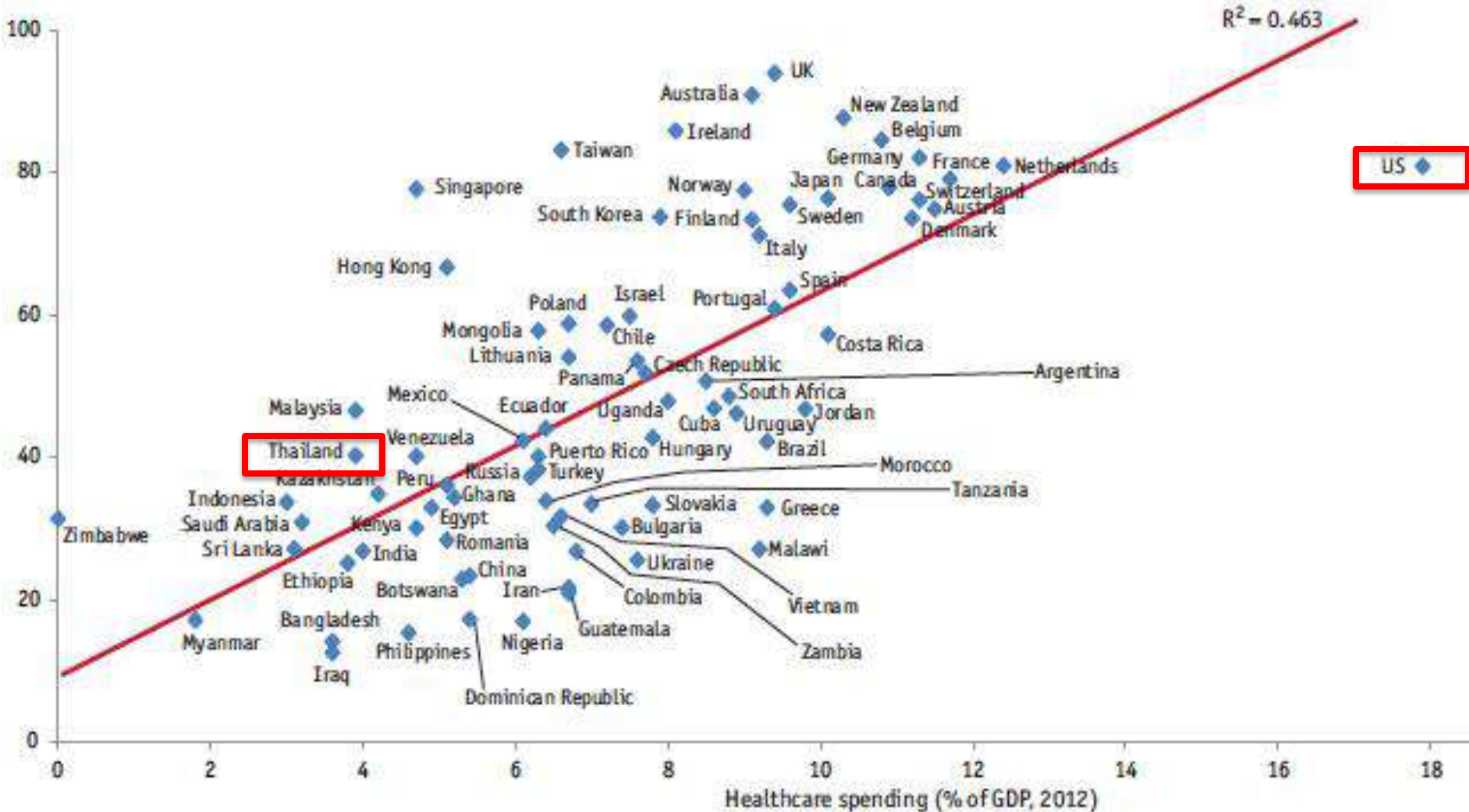
The Economist Intelligence Unit

The 2015 Quality of Death Index  
Ranking palliative care across the world

# Correlation with spending on healthcare

(% of GDP, 2012)

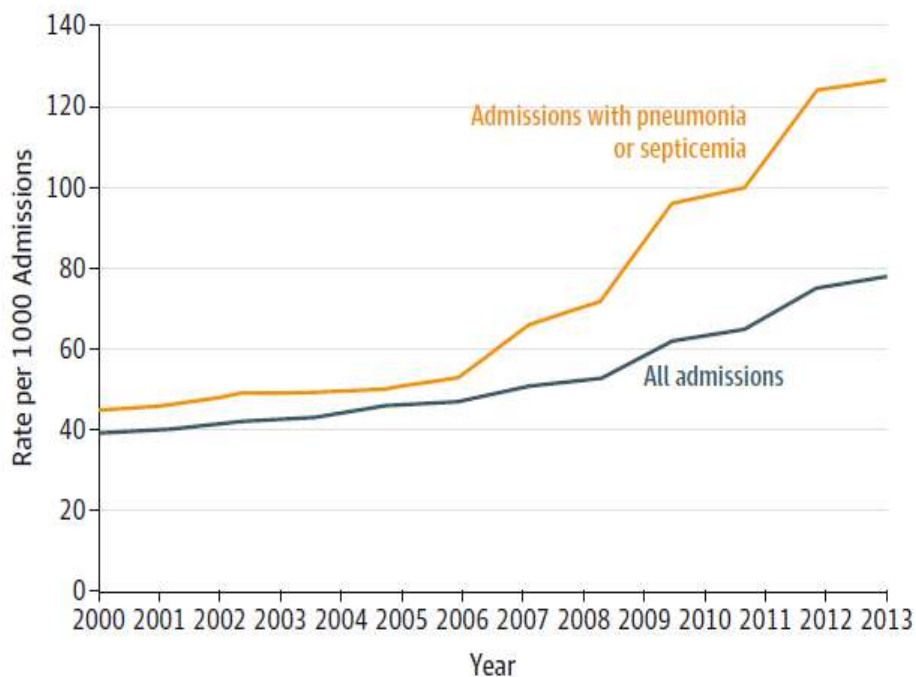
Quality of Death overall score (100=best)



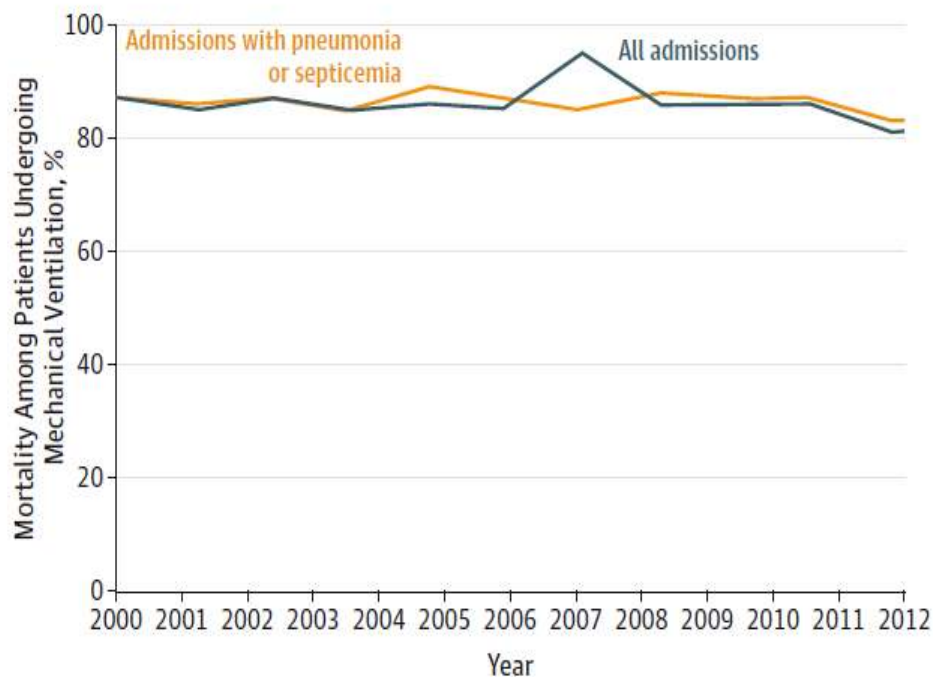
# Association of Increasing Use of Mechanical Ventilation Among Nursing Home Residents With Advanced Dementia and Intensive Care Unit Beds

Joan Teno, MD, MS; Pedro Gozalo, PhD; Nita Khandelwal, MD, MS; J. Randall Curtis, MD, MPH; David Meltzer, MD, PhD; Ruth Engelberg, PhD; Vincent Mor, PhD

**A** Use of mechanical ventilation



**B** 1-year mortality



Teno, JAMA IM, 2016; 176:1809



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ORIGINAL ARTICLE

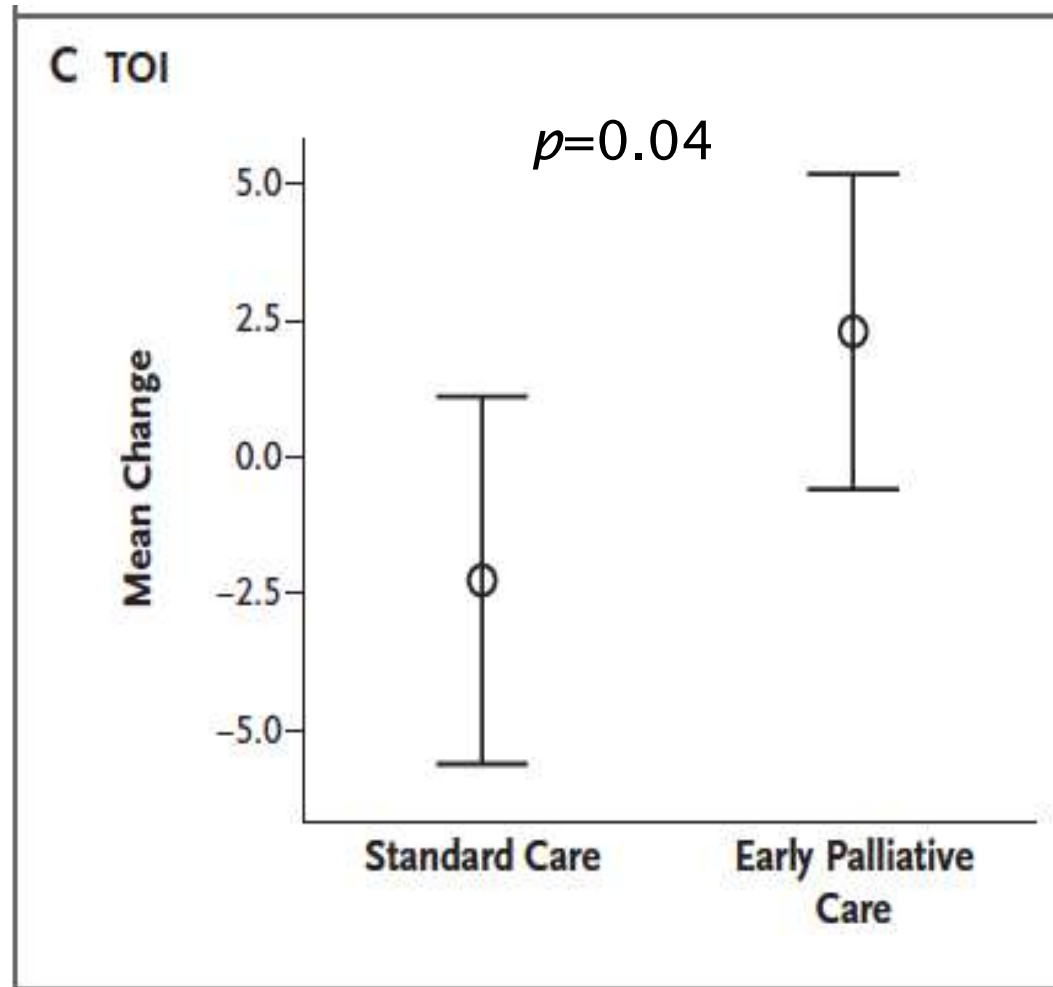
# Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer

Jennifer S. Temel, M.D., Joseph A. Greer, Ph.D., Alona Muzikansky, M.A.,  
Emily R. Gallagher, R.N., Sonal Admane, M.B., B.S., M.P.H.,  
Vicki A. Jackson, M.D., M.P.H., Constance M. Dahlin, A.P.N.,  
Craig D. Blinderman, M.D., Juliet Jacobsen, M.D., William F. Pirl, M.D., M.P.H.,  
J. Andrew Billings, M.D., and Thomas J. Lynch, M.D.

**Temel, N Engl J Med, 2010; 363:763**



# Early PC Improves Quality of Life

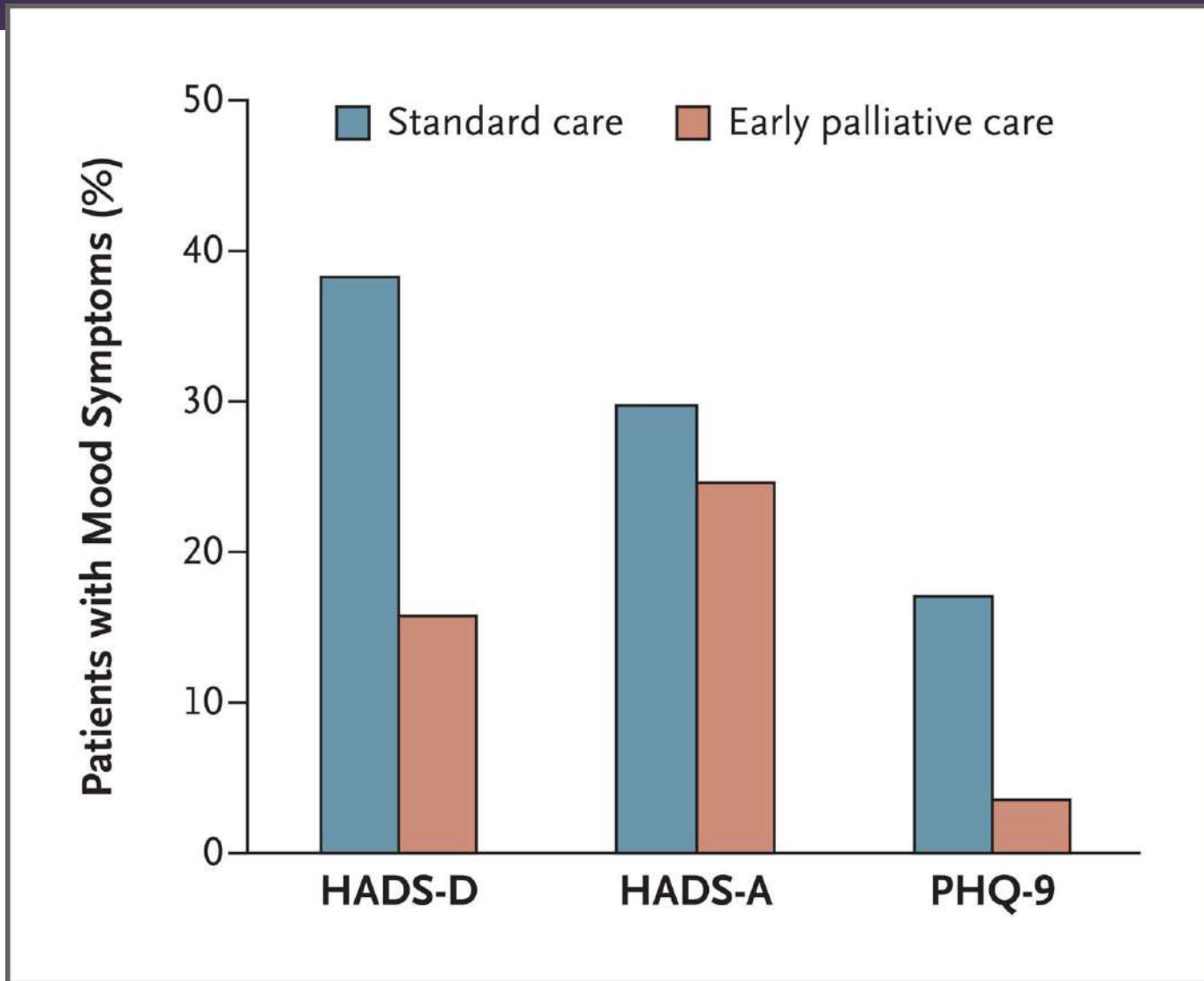


Temel,  
NEJM,  
2010;  
363:763

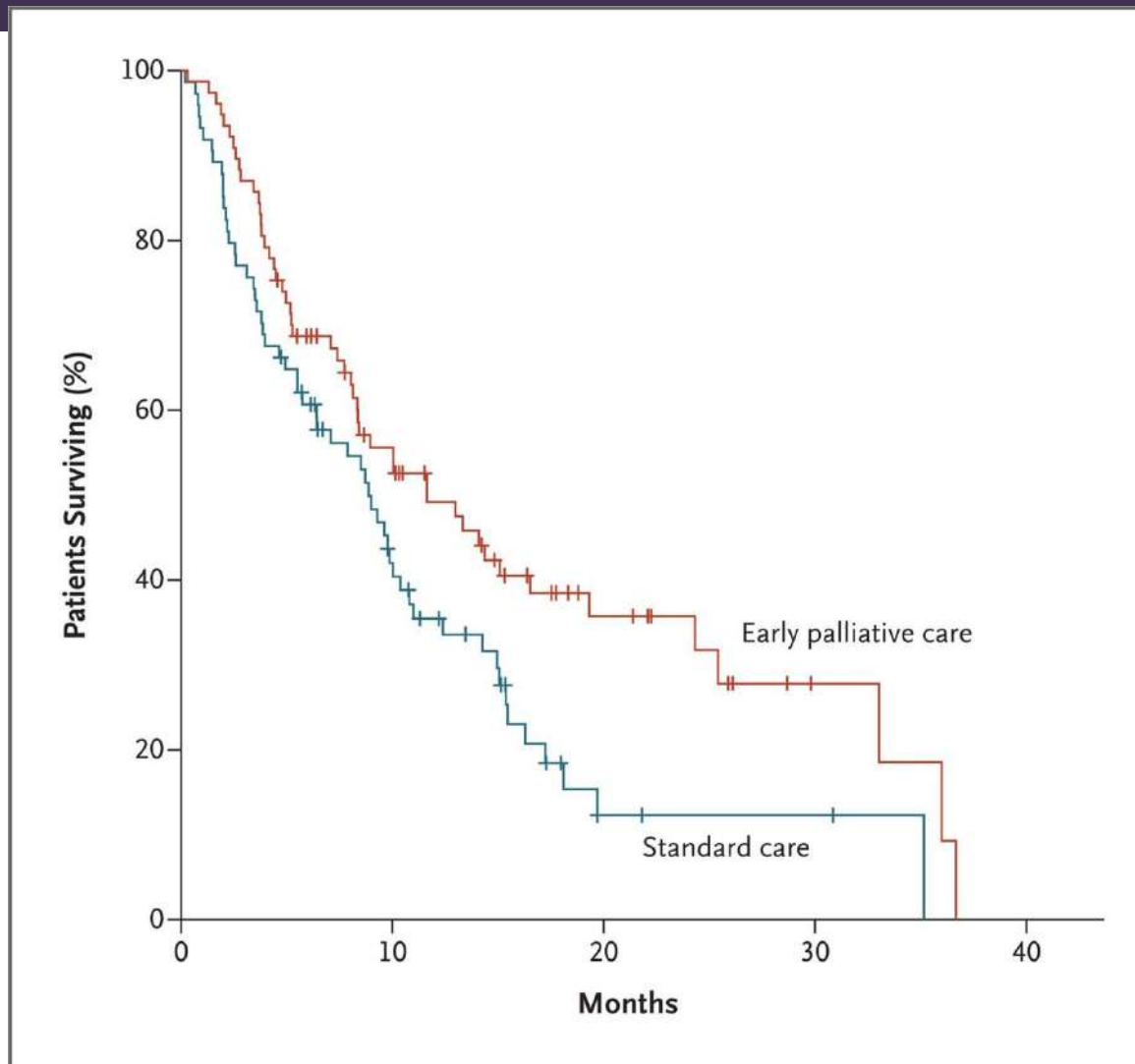




# ...Reduces Symptoms



# ...Improves Survival



# Early Palliative Care

## *A Qualitative Study*

Jaclyn Yoong, MBBS, FRACP; Elyse R. Park, PhD  
Emily R. Gallagher, RN; William F. Pirl, MD, M

- **Content analyses of palliative care clinical notes**
- **Randomly selected 20 patients from randomized trial**

### 7 Key Elements

Relationship and rapport building  
 Addressing symptoms  
   Symptom assessment and review  
   Symptom management  
 Addressing coping  
   Ability to cope  
   Spirituality and faith  
   Emotional status  
   Referral to social work, psychiatry, or psychology  
 Establishing illness understanding  
   Information preference  
   Prognostic awareness  
   Current illness status  
 Discussing cancer treatments  
   Effect of cancer treatments  
   Decision making about cancer treatment  
 End-of-life planning  
   Resuscitation preferences  
   Hospice discussion or referral  
   Practical or personal plans  
   Health care proxy  
 Engaging family members



# Randomized Trial of Advance Care Planning Among 309 Elderly

- Hospitalized patients age >80 randomized to ACP by trained facilitator vs. usual care
- 81% received ACP; 56% completed AD
  - Facilitator used “Respecting Patient Choices”
  - ACP in collaboration with physician
  - Families present for 72%
  - Sessions took median 60 minutes

Detering, Br Med J, 2010; 340:c1345



# Randomized Trial of Advance Care Planning Among 309 Elderly

<u>Outcome (%)</u>	<u>ACP</u>	<u>Control</u>	<u>p value</u>
Death in ICU	0	14	0.03
PTSD in family	0	14	0.03
Depression in family	0	30	0.002
Anxiety in family	0	19	0.02
Satisfied with death	80	68	0.02
Satisfied with care	93	65	0.001

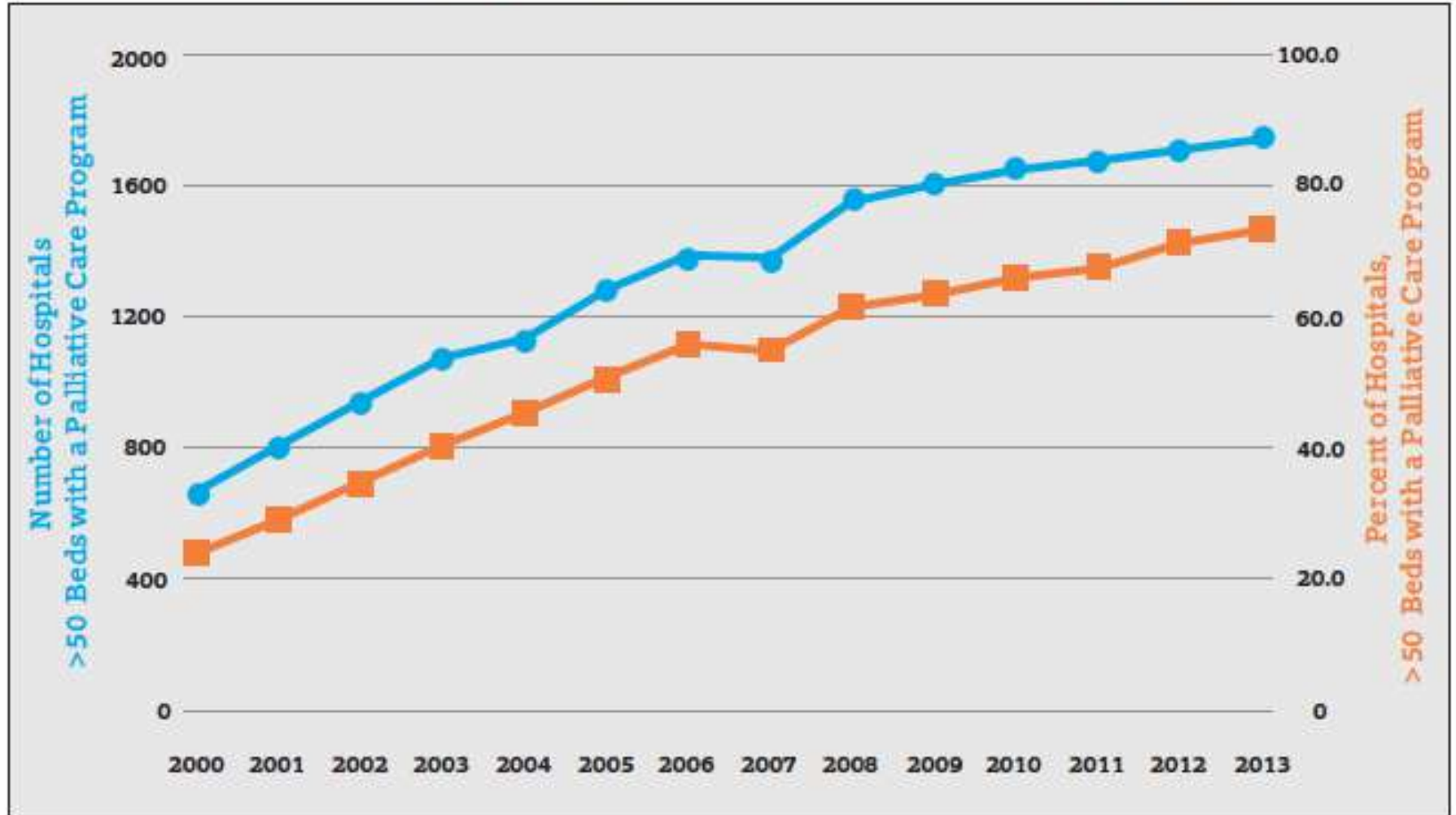
Detering, Br Med J, 2010; 340:c1345



# PALLIATIVE CARE IN U.S. HOSPITALS

with 50 or more beds, 2000–2013

Count of Hospitals with a Palliative Care Program      Percent of Hospitals with a Palliative Care Program



Source: Center to Advance Palliative Care, April 2015



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# Economic Impact of Hospital Inpatient Palliative Care Consultation: Review of Current Evidence and Directions for Future Research

Peter May, MSc,<sup>1,2</sup> Charles Normand, PhD,<sup>1,3</sup> and R. Sean Morrison, MD<sup>2,4</sup>

- **Meta-review of 8 systematic reviews**
- **10 good studies demonstrate a “clear pattern of cost savings” from inpatient palliative care consultation**

JOURNAL OF PALLIATIVE MEDICINE  
Volume 17, Number 9, 2014





# Cost Savings Vary by Length of Stay for Inpatients Receiving Palliative Care Consultation Services

Helene Starks, PhD, MPH,<sup>1,2</sup> Song Wang, PhD,<sup>2</sup> Stuart Farber, MD,<sup>1,3</sup>  
Darrell A. Owens, DNP, PhD,<sup>4</sup> and J. Randall Curtis, MD, MPH<sup>1,5</sup>

## UW and HMC inpatient palliative care:

- **Analysis of patients with palliative care consult compared to similar patients without consult**
- **Costs reduced for patients seen by palliative care service, especially when PC involved early:**
  - **Days 1-7: Costs reduced 13% (\$2141)**
  - **Days 8-30: Costs reduced 5% (\$2870)**
  - **Days > 30: No cost reduction**



# Is Reducing Costs Important?

- **Saving money is not the goal**
- **Goal: improving the quality of care for patients and family; match care to patient's informed goals**
- **Palliative care will only reduce costs if patients are getting more aggressive care than they want**
  - **This is the reality in 2018**



# How do we get where we need to go?

- **Understand current quality of care and opportunities for improvement**
- **Develop primary palliative care education and specialty palliative care programs**



# Temporal Trends Between 2010 and 2015 in Intensity of Care at End-of-Life for Patients With Chronic Illness: Influence of Age Under vs. Over 65 Years

Seelwan Sathitrataneewin, MD, Ruth A. Engelberg, PhD, Lois Downey, MA, Robert Y. Lee, MD, James A. Fausto, MD, Helene Starks, PhD, MPH, Ben Dunlap, MPH, James Sibley, BSc, William Lober, MD, Elizabeth T. Loggers, MD, PhD, Nita Khandelwal, MD, and I. Randall Curtis, MD, MPH

*Journal of Pain and Symptom Management*

*Vol. 55 No. 1 January 2018*

## Using Electronic Health Records for Quality Measurement and Accountability in Care of the Seriously Ill: Opportunities and Challenges

J. Randall Curtis, MD, MPH,<sup>1-3</sup> Seelwan Sathitrataneewin, MD,<sup>1,2</sup> Helene Starks, PhD, MPH,<sup>1,3,4</sup> Robert Y. Lee, MD,<sup>1,2</sup> Erin K. Kross, MD,<sup>1,2</sup> Lois Downey, MA,<sup>1,2</sup> James Sibley, BA,<sup>1,5</sup> William Lober, MD,<sup>1,5</sup> Elizabeth T. Loggers, MD,<sup>1,6,7</sup> James A. Fausto, MD,<sup>1,4</sup> Charlotta Lindvall, MD,<sup>8</sup> and Ruth A. Engelberg, PhD<sup>1,2</sup>

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Volume 21, Number S2, 2018



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# Summary

- **Palliative care and advance care planning are gaining momentum: communication is a central piece**
- **Quality of care for patients with serious illness is often inconsistent**
- **Palliative care and advance care planning offer opportunity for improvement**
  - **Can help transform healthcare in the next decade**

