Palliative Care, Value-Based Payment and the Patient Experience: A Guide for a Changing World

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Success in value-based care depends on:

➔ **Attention to the Patient Experience**
  – Assessment and treatment of pain, depression, and other symptoms

➔ **Efficient Health Services Utilization**
  – Reduced ED and hospital use
  – Improved hospice utilization and length-of-stay
  – Keeping Costs below Target

*Better Patient Experience at Lower Cost*
Palliative Care = better patient experience at lower cost

Palliative Care is:

➔ Medical care focused on quality of life by providing relief from the symptoms and stresses of serious illness

➔ Appropriate at any age and any stage of illness

➔ Provided along with curative treatment as an added layer of support
Early concurrent palliative care delivers a better patient experience

→ Dramatic reduction in depression (16% vs. 38%)
→ Higher score on FACT-L (quality of life measure: 98.0 vs. 91.5%)
→ Increased survival by 2.7 months

Early concurrent palliative care clarifies patient goals and expectations

Out of 1,193 patients with stage 4 cancer, large majorities believed chemotherapy would cure their cancer:

- 69% of those with lung cancer
- 81% of those with colorectal cancer

Early concurrent palliative care controls utilization

Early versus late referral to palliative care for decedents:

→ Reduced hospital admissions (33% vs. 66%)
→ Reduced ED use (34% vs. 54%)
→ Reduced ICU use (5% vs. 20%)

Early concurrent palliative care addresses the most common reasons for ED visits

➔ 49.8% of ED visits for patients in cancer treatment were for cancer symptoms. For example:
  – 27.2% for pain
  – 6.2% for dyspnea
  – 3.1% for fatigue

➔ Each visit cost, on average, $1,154

Early concurrent palliative care delivers cost savings

→ Oncology decedents with a palliative care consultation had a 25% lower total cost of care compared to decedents without palliative care

→ Savings were greater with earlier consultation
  – 7 days before: $451
  – More than 4 weeks: $4,643

Using consultants is the standard of practice in medicine

We already do this . . .

Uncontrolled Hypertension  Cardiology Consult

We need to do the same with this . . .

Intractable Pain, Compromised Function, or Caregiver Distress  Palliative Care Consult
How to provide early concurrent palliative care

Oncology Team

1. Screen for distress
2. Notice difficulty in decision-making
3. Patient/family conflict
4. Unclear goals of care

Palliative Care Specialist Team

1. Manages symptoms
2. Supports patient and family
   Decision-making in line with goals
3. Consults with Oncologist
Remember that Patients WANT Palliative Care

Once Informed, Consumers Want Palliative Care

Data from CAPC/ACS Public Opinion Strategies national survey of 800 adults conducted 2019. www.capc.org
Inpatients and outpatients with advanced cancer should receive dedicated palliative care services, early in the disease course, concurrent with active treatment. Referral of patients to interdisciplinary palliative care teams is optimal, and services may complement existing programs. Providers may refer family and friend caregivers of patients with early or advanced cancer to palliative care services.

Some cancer centers are embedding palliative care teams into their practice
How does concurrent palliative care work? *Case Study - Jenny*

- Metastasized lung cancer, responding to new treatment
- Oncologist and Palliative Care Specialist co-managed Jenny for more than 2 years as disease progressed
  - Cancer treatments overseen by Oncologist
  - Pain and symptom management overseen by Palliative Care consultant
- When disease progressed, patient entered hospice