

Rethinking Care for the Seriously Ill

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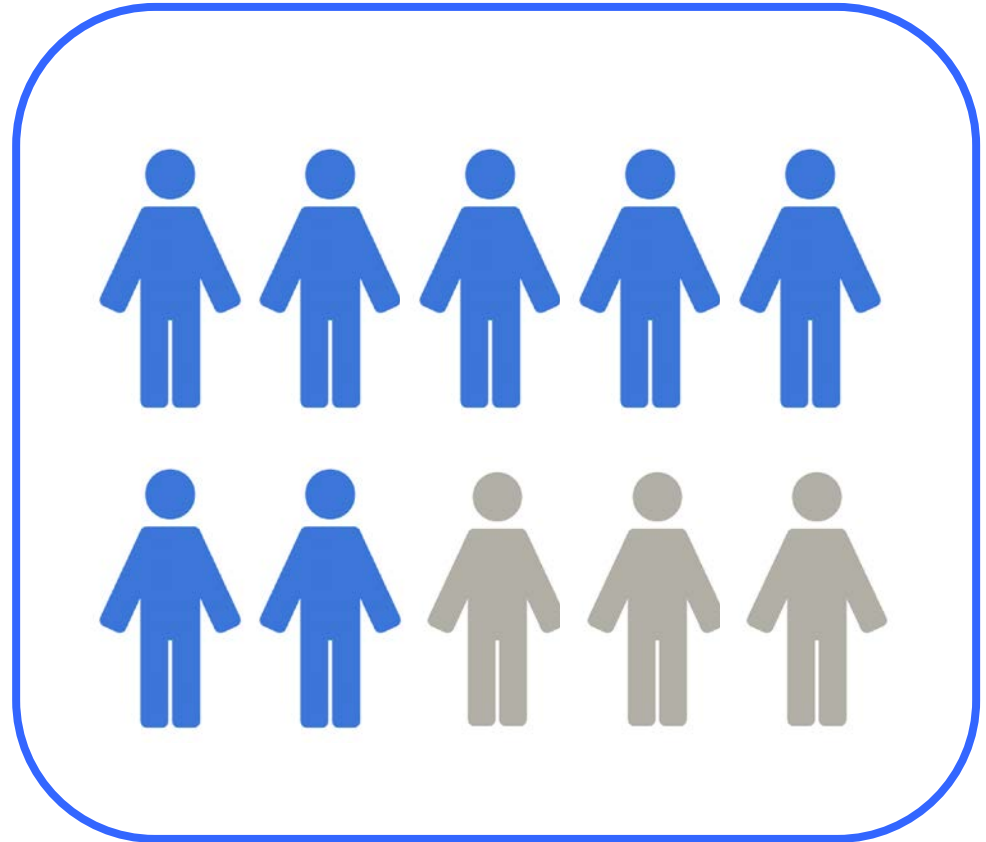
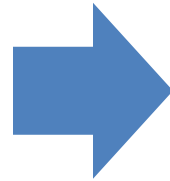
*Funded by Patient Centered Outcomes Research Institute
(PCORI)*

Agenda

- Brief background on current trends in palliative and end-of-life (EOL) experience and care
- Gaps in palliative care
- Home-based palliative care
 - Evidence
 - Barriers to widespread replication
 - Opportunities for advancing
- PCORI study aims and design

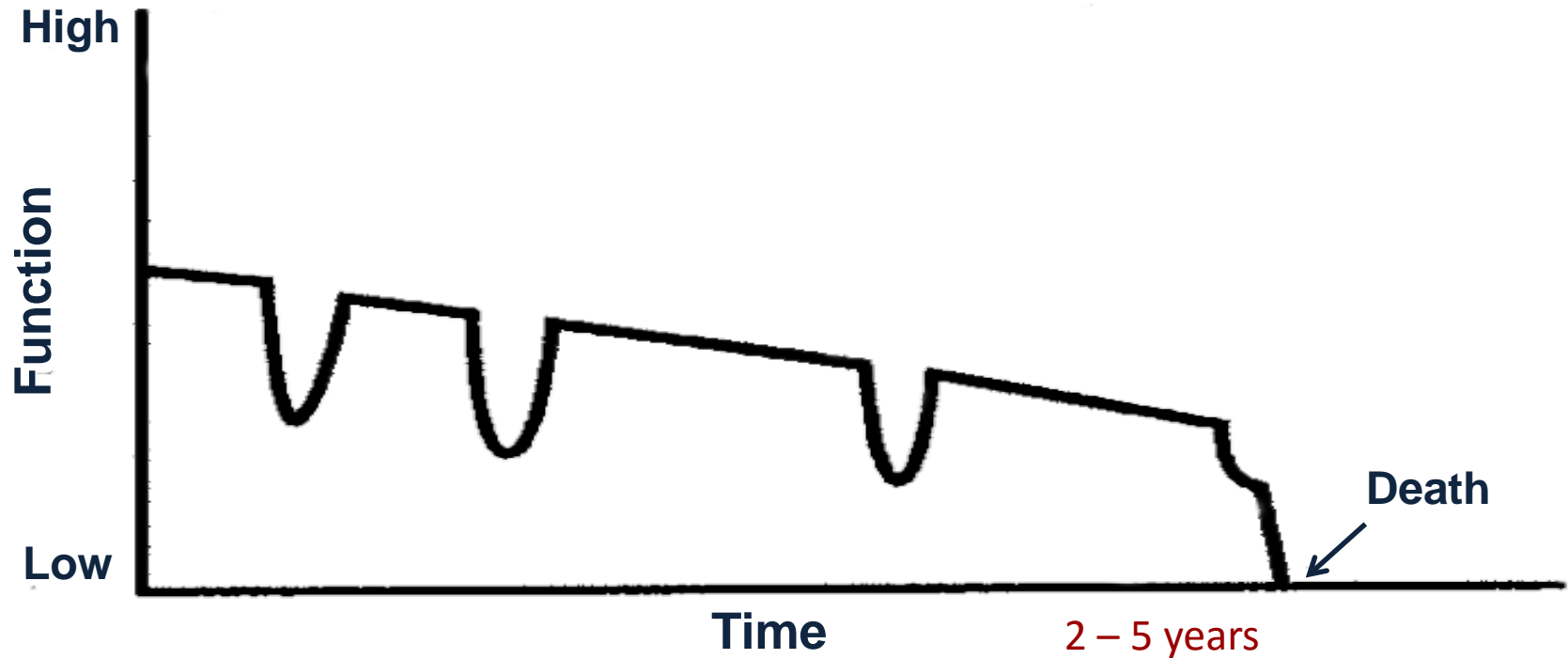
Background: Chronic Disease

90 Million



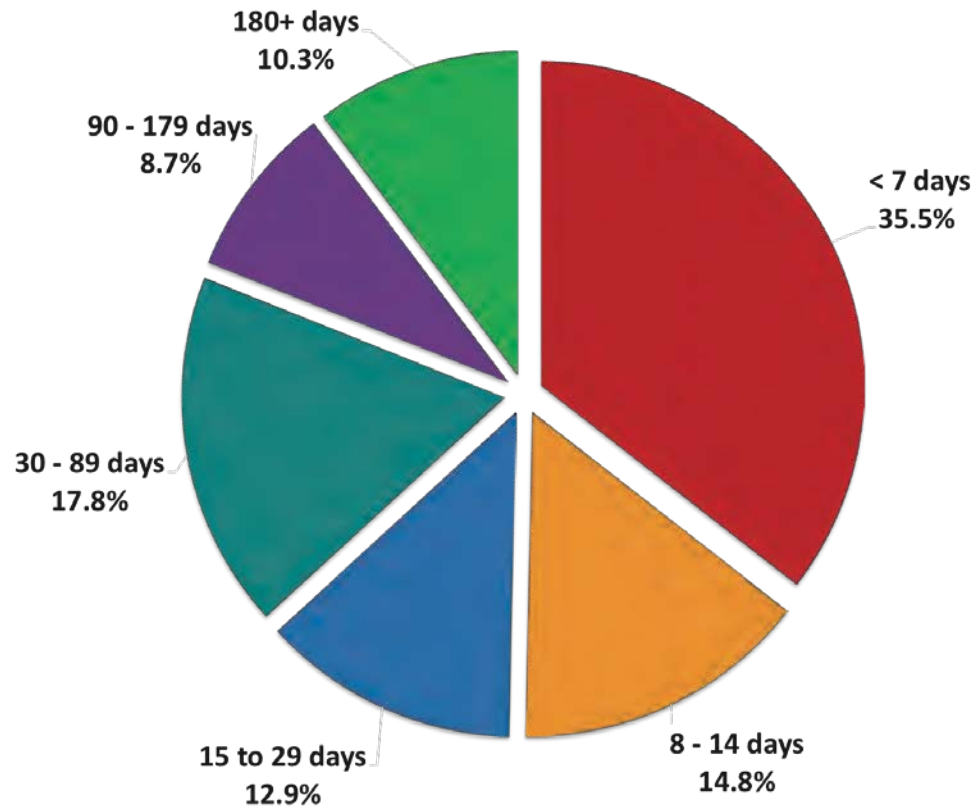
Disease Trajectories: Organ Failure

(Lynn & Adamson, 2003)



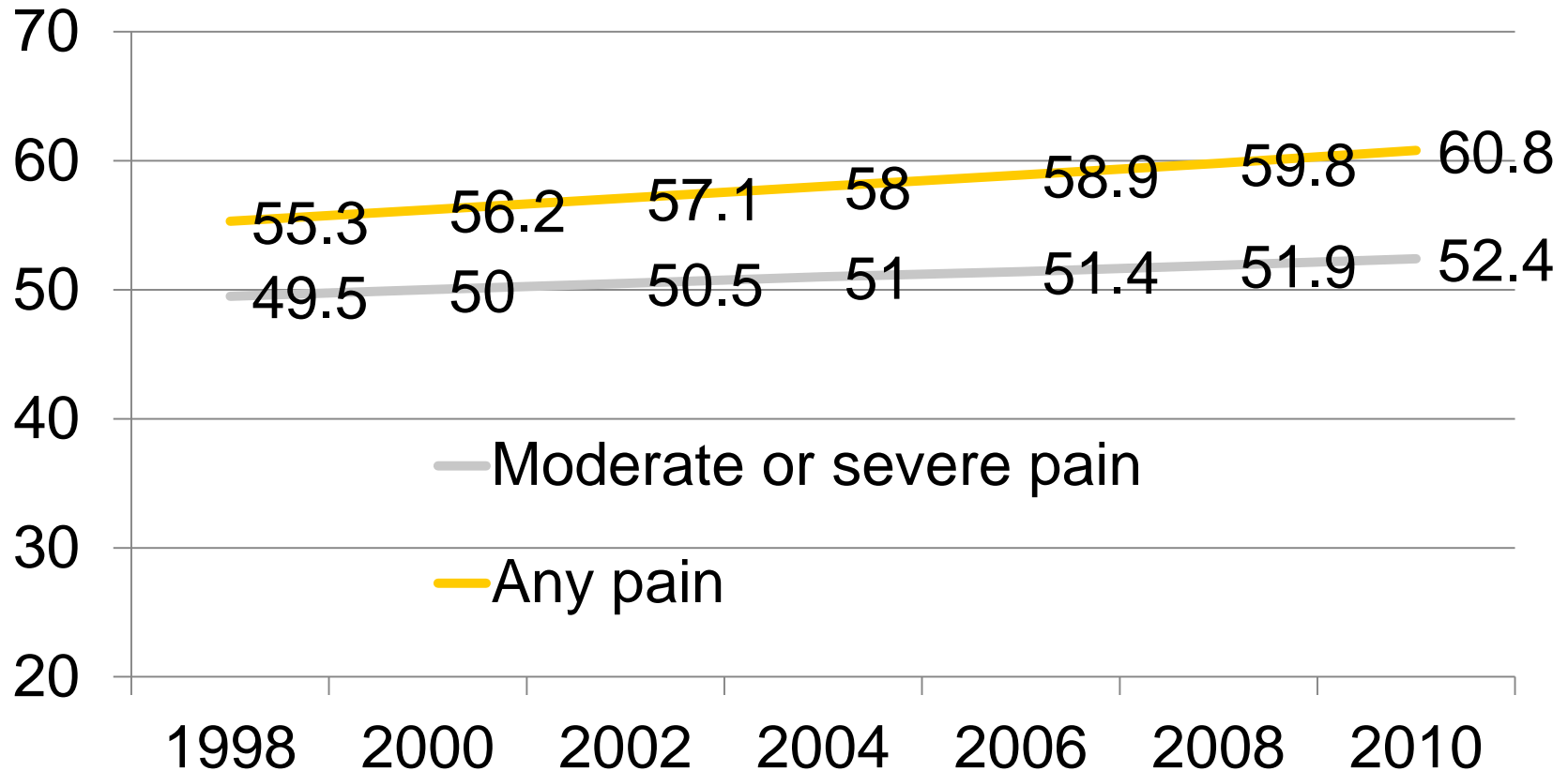
Hospice Survival

(NHPCO 2015)



Background: EOL Pain Trends

(Singer et al., 2015)



What is Palliative Care?

Extra layer of support in addition to usual medical care.

Palliative Care Definition:

“Palliative care is specialized medical care for people living with serious illness. It focuses on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family.”

(Center to Advance Palliative Care, 2017)

Hospice

Palliative Care

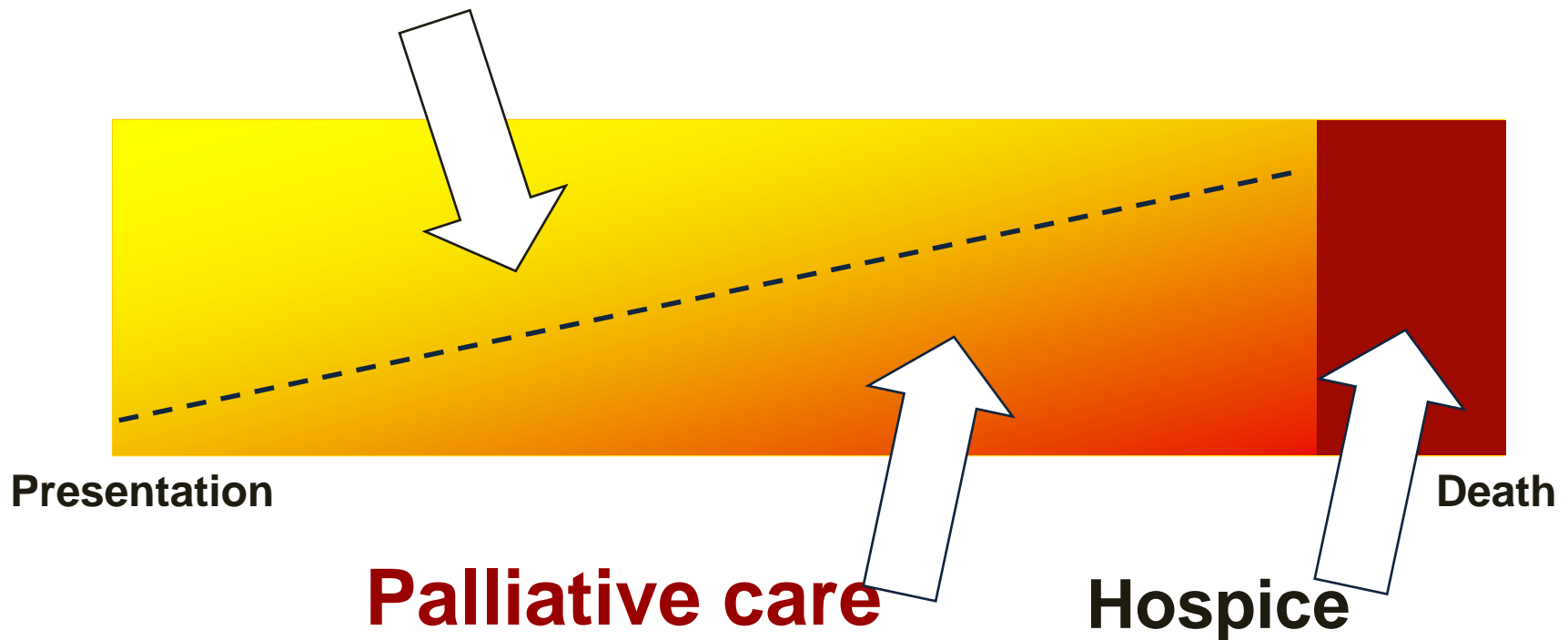


- MDs not required to give a 6 month prognosis
- Patients do not have to forego curative care

Care Trajectory

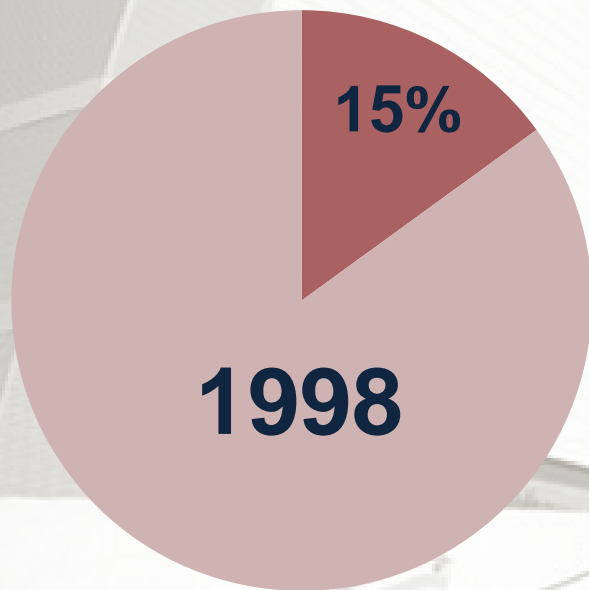
(Adapted from Lynn and Adamson, 2003)

Curative / Remissive Therapy



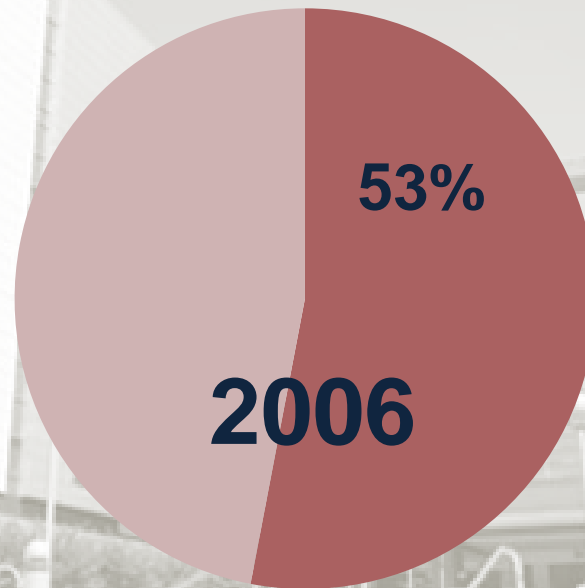
Inpatient Palliative Care

(Pan, Morrison, Meier, et al., 2001)



Inpatient Palliative Care

(Goldsmith, Dietrich, Du, Morrison, 2008)



Inpatient Palliative Care

(Dumanovsky, Augustin, Rogers, et al., 2015)



Extensive Evidence of Palliative Care Effectiveness

- Fewer ICU days at readmission
- More days on hospice
- Lower costs of care
- Reduced pain and symptoms

(Gade et al., 2007; Ciemins et al., 2007; Morrison et al., 2008)

Limitations of Palliative Care

- Episodic
- Limited, if any, follow-up
- Lack of continuity of palliative care post-discharge

Home-based Palliative Care Studies



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Effectiveness of a Home-Based Palliative Care Program for End-of-Life

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and DAVID A. CHERIN, Ph.D.^{2,4}

Increased Satisfaction with Care and Lower Costs: Results of a Randomized Trial of In-Home Palliative Care

Richard Brumley, MD,* Susan Enguidanos, PhD, MPH,[†] Paula Jamison, BA,[†] Rae Seitz, MD,[‡]
Nora Morgenstern, MD,[§] Sherry Saito, MD,[‡] Jan McIlwaine, MSW,[§] Kristine Hillary, RNP,* and
Jorge Gonzalez, BA[†]

OBJECTIVES: To determine whether an in-home palliative care intervention for terminally ill patients can improve patient satisfaction, reduce medical care costs, and increase the proportion of patients dying at home.
DESIGN: A randomized, controlled trial.
SETTING: Two health maintenance organizations in two

for reforming end-of-life care. *J Am Geriatr Soc* 55: 993-1000, 2007.
Key words: palliative care; in-home services; patient satisfaction; end-of-life care

HBPC: Core Components

Interdisciplinary Team: MD, RN, SW, Chaplain

Physical, medical, psychological, social & spiritual support

Patient & Family Education & Training

Develop plan of care

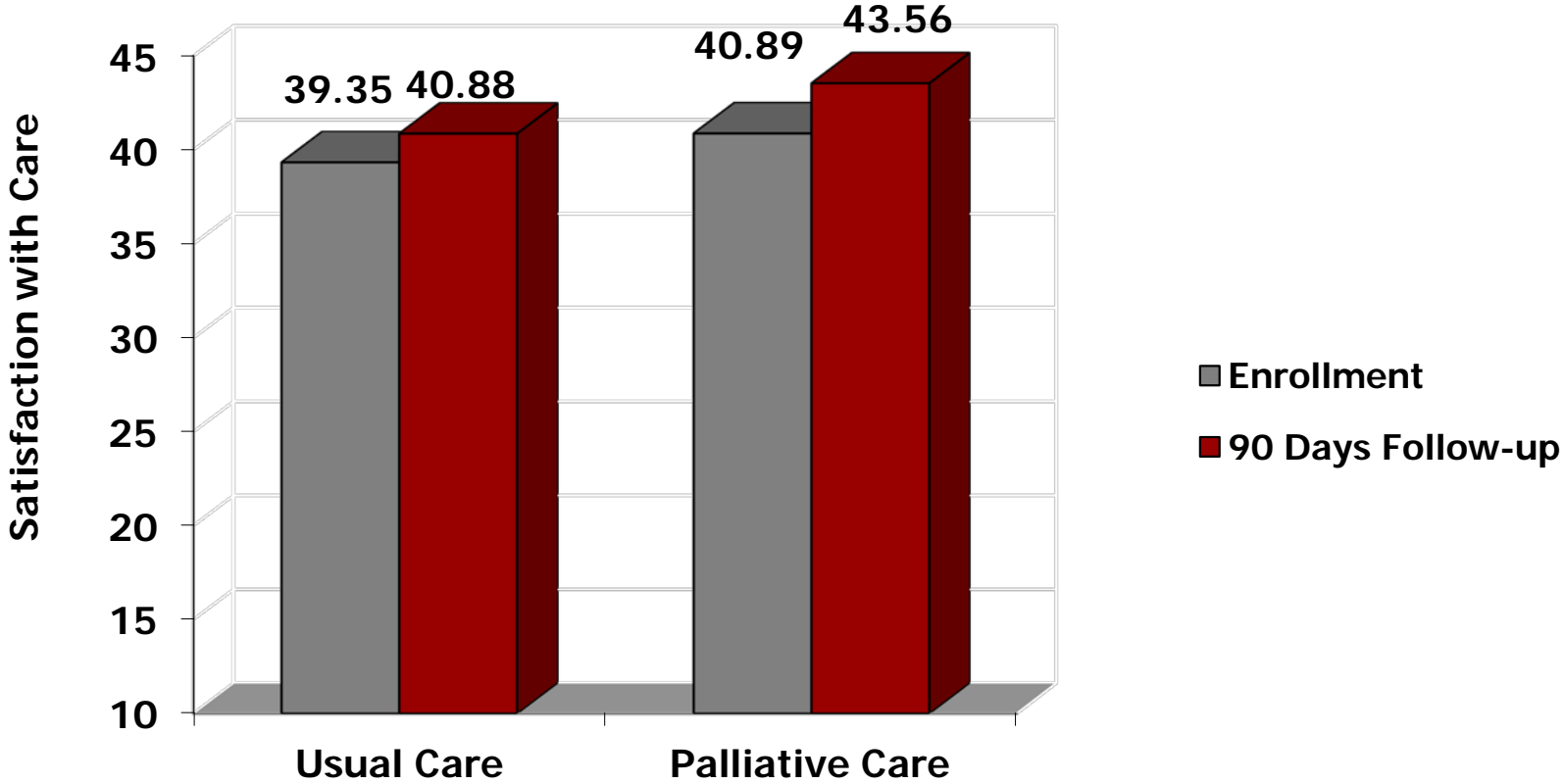
Coordinated, Patient-centered Care

Pain & Symptom Management

Facilitates Transfer To Hospice If Appropriate

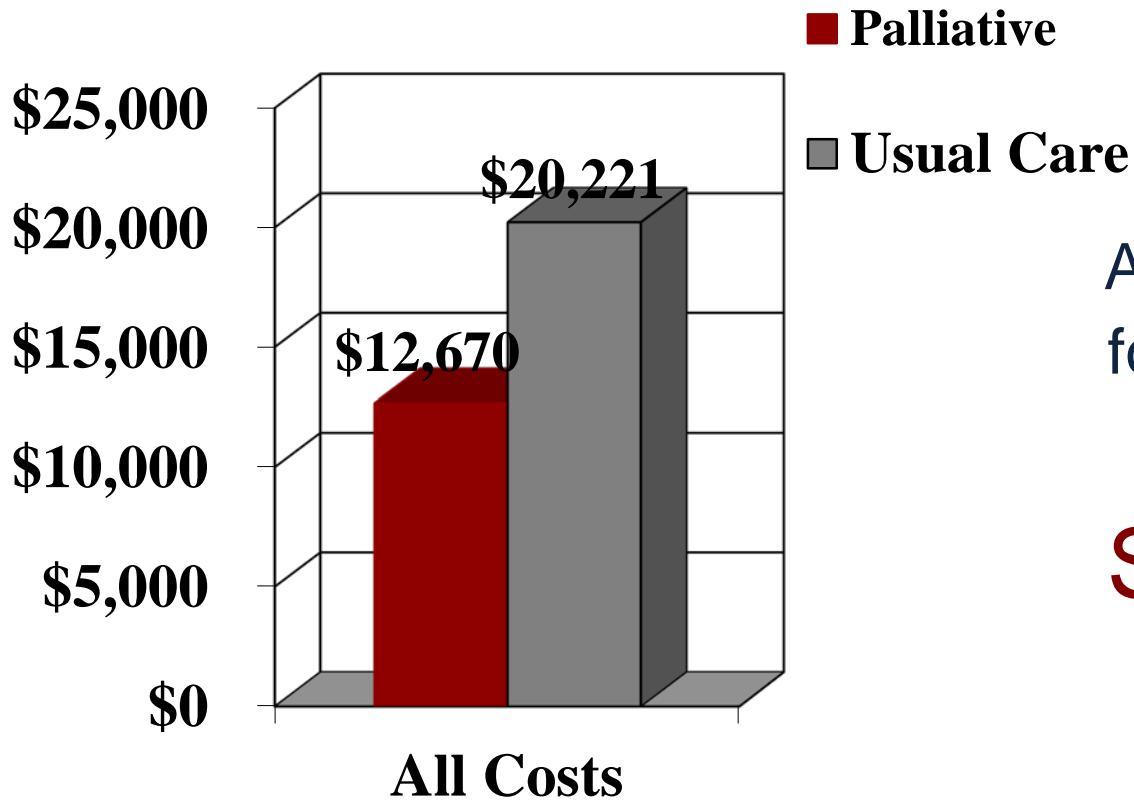
24/7 Nurse Call Line

HBPC Results: Patient Satisfaction



(Brumley, Enguidanos, Jamison et al., 2007)

HBPC Results: Costs of Care

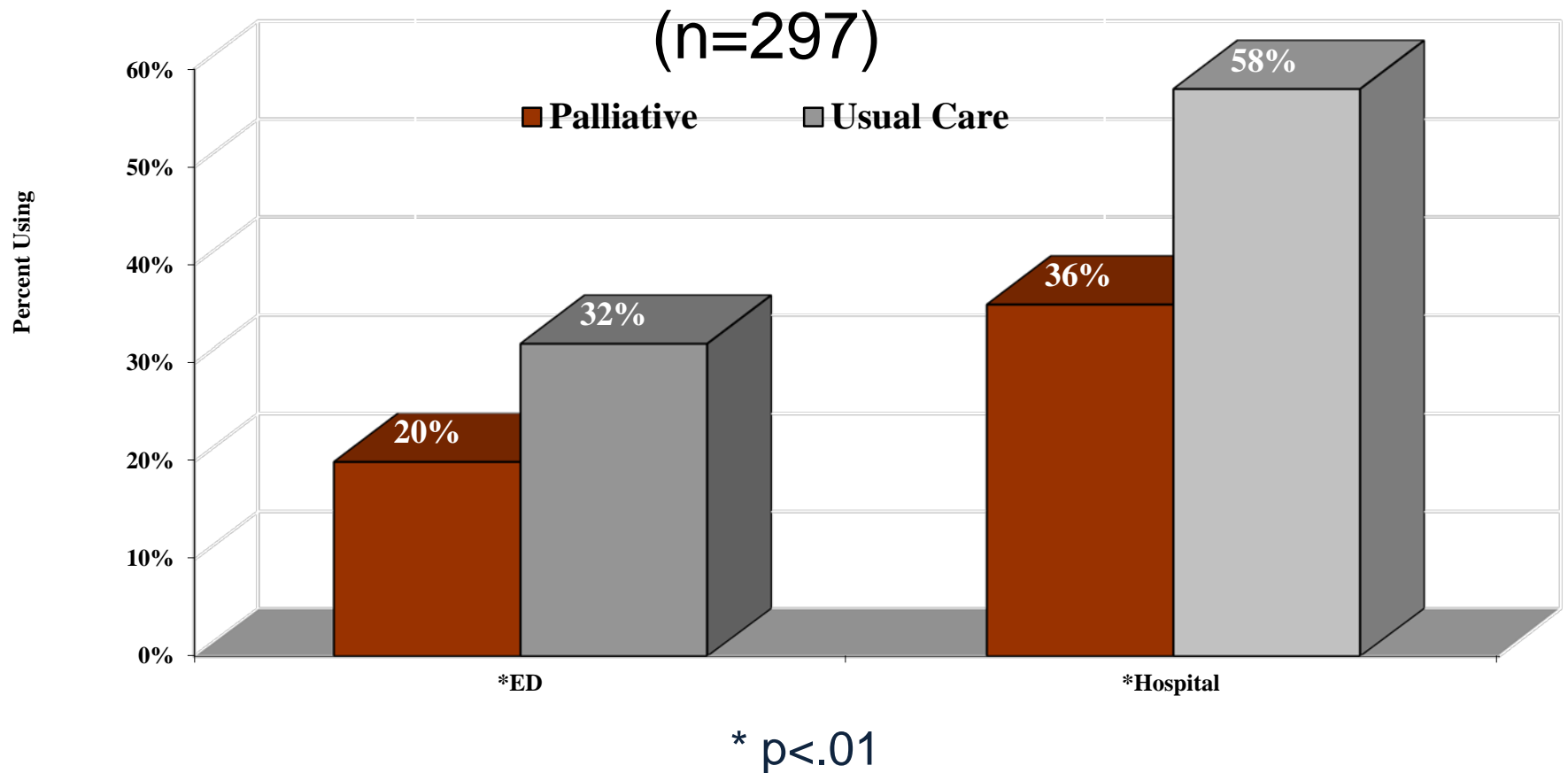


Adjusted costs of care
for PC patients 32.6%
less than UC

Saves \$7,551*

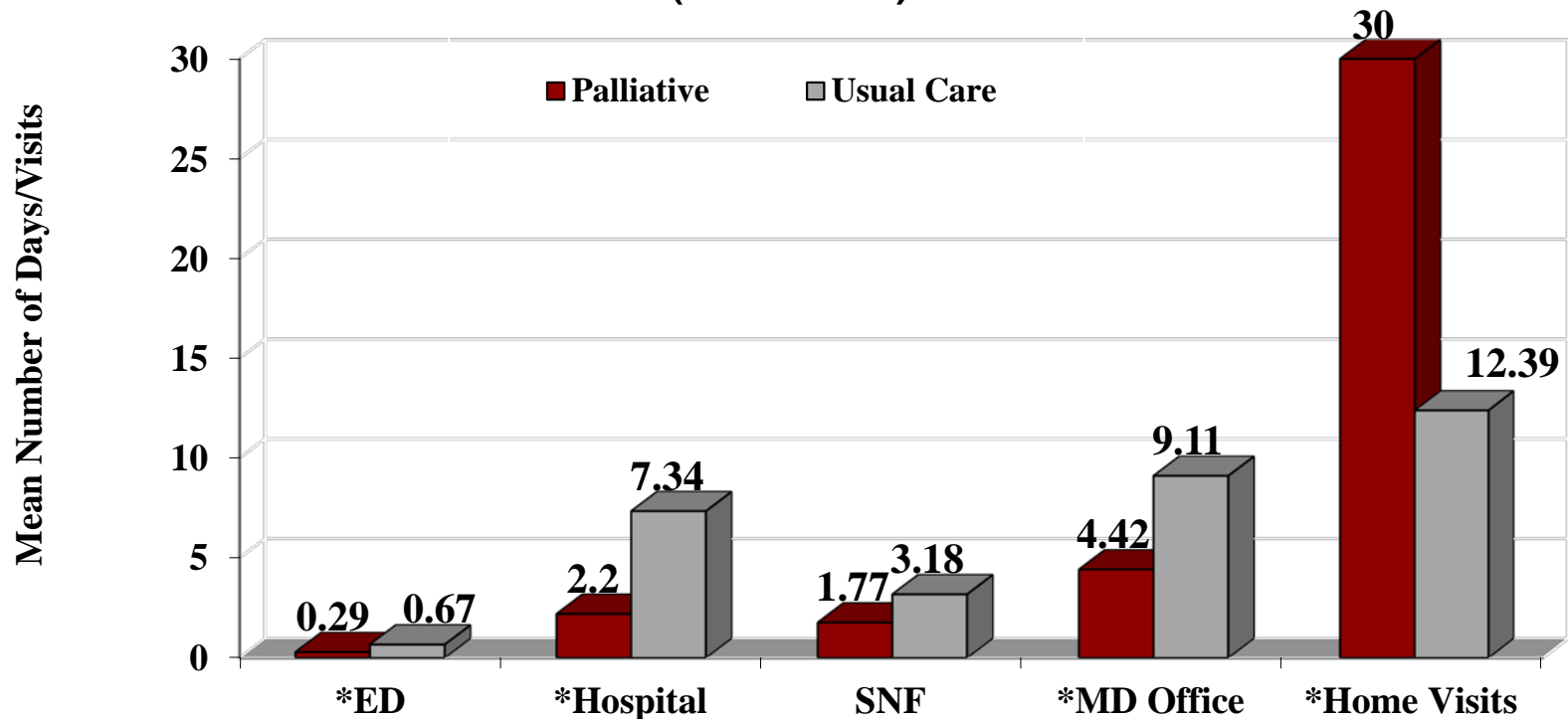
(Brumley, Enguidanos, Jamison et al., 2007) *2007 Dollars

HBPC Results: Acute Care Service Use



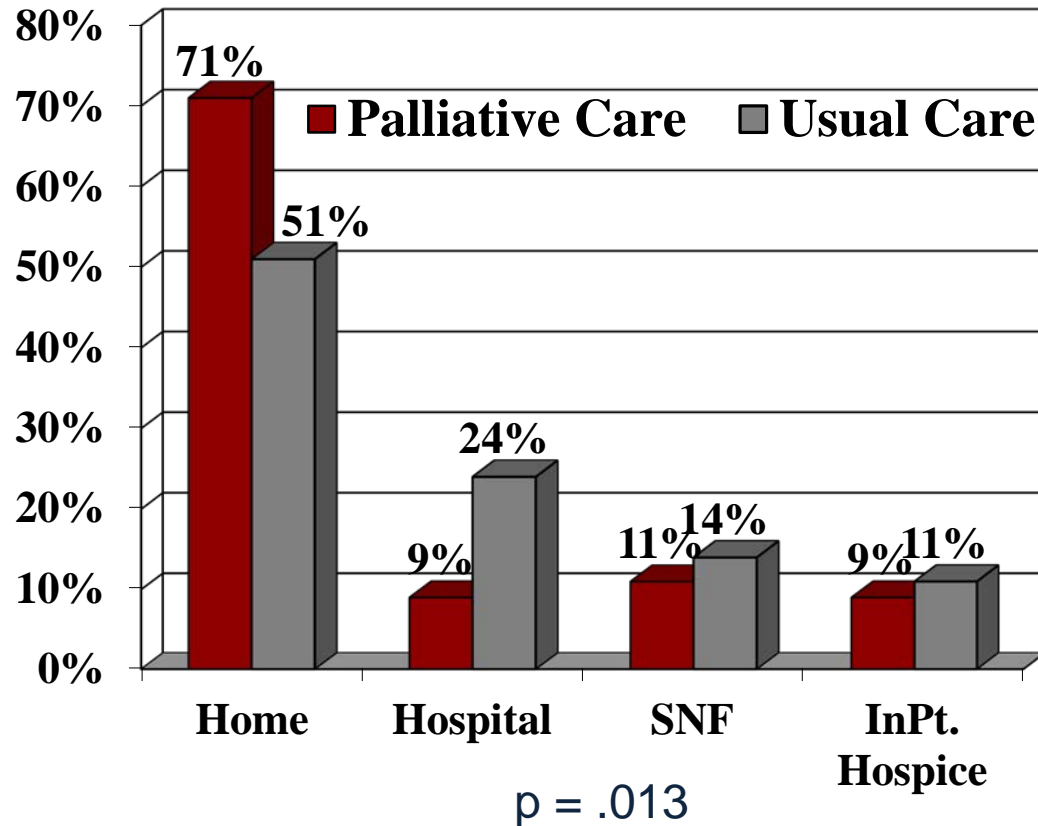
HBPC Results: Unadjusted Medical Service Use

(n=297)



* p<.01

HBPC Results: Site of Death



- Studies show that most people prefer to die at home*
- Palliative Care patients more likely to die at home (Brumley, Enguidanos, Jamison et al., 2007)

*(Townsend, Frank, Fermont, et al., 1990; Karlsen & Addington-Hall, 1998; Hays et al., 2001)

HBPC: Barriers to Replication

- Reimbursement
 - No benefit structure outside MCO/VA
- Replication
 - MD/RNP only
 - Blend of in-person and telephone management
 - Not evidence-based

New PCORI Grant

**Expanding Access to Home-based
Palliative Care through Primary Care
Medical Groups**

PCORI: Reimbursement Flow



PMPM

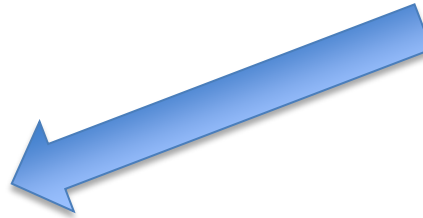


**HBPC
Team**

PMPM



Accountable
Care
Organizations



PCORI: Specific Study Aims

- #1 - Determine if HBPC yields improvement in patient physical and psychological wellbeing. *Pain, symptoms, anxiety, depression, hope.*
- #2 - Determine if HBPC results in increased survival time.
- #3 - Determine if HBPC reduces emergency room visits and hospital episodes.
- #4 - Determine if HBPC improves communication between patients and health care providers.
- #5 - Determine differences in improvement on psychosocial outcomes between caregivers of patients receiving HBPC and those receiving EUC. *Depression, anxiety, burden, post-death distress.*

PCORI: Eligibility Criteria

Inclusion:

- 18 years of age or older;
- Diagnosis of HF, COPD, or advanced cancer;
- Two or more hospitalizations or ED visits in the previous year;
- Palliative Performance Scale score of <70%;
- English- or Spanish-speaking; and
- PCP assessment that he/she “would not be surprised” if the patient died within a year.

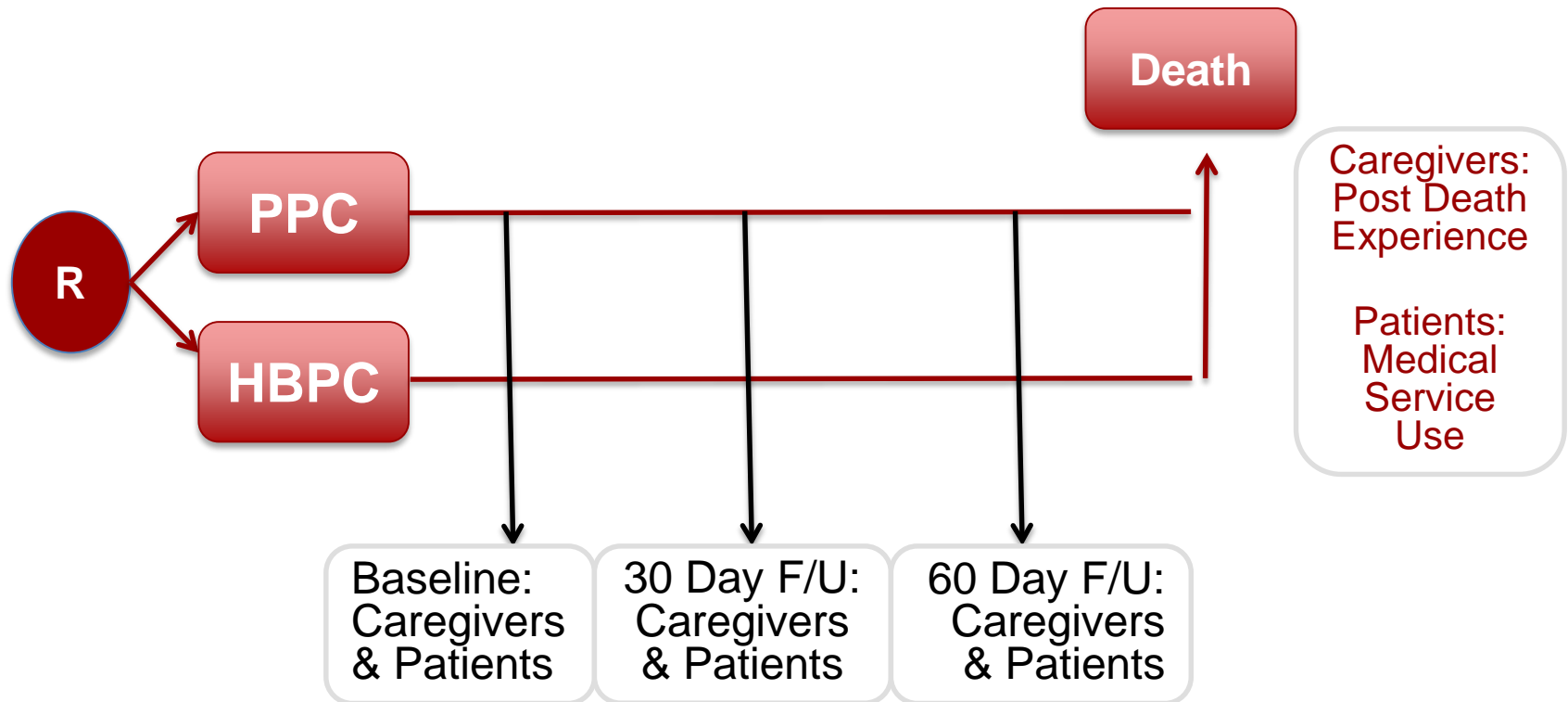
Exclusion:

- Is receiving hospice care;
- Has end-stage renal disease; and/or
- Lives in a nursing or assisted living facility, or a group home

PCORI: Study Overview

- Randomization
 - Patient or physician level
 - Compare HBPC with palliative trained PCPs
- Targeted sample size:
 - 1,155 patients, 884 caregivers
- Five year study
- Three point data collection; four for caregivers

PCORI: Design



Policy & Replication Implication

- Largest palliative care study to-date
- Findings applicable to ACO's, Medicare Advantage across the country
 - >17 million patients in Medicare Advantage;
 - 6 million Medicare beneficiaries in ACO;
 - About 800 organizations are part of an ACO serving nearly 24 million Americans, estimated to increase to 176 million Americans by 2020.
- Potential to transform care for seriously ill



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