Cuidados Paliativos Geriátricos

Nathan Goldstein, MD
Assistant Professor
Hertzberg Palliative Care Institute
Brookdale Department of Geriatrics and Palliative Medicine
Mount Sinai School of Medicine
James J. Peters Veterans Affairs Medical Center
New York, NY

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MOUNT SINAI SCHOOL OF MEDICINE

VA MEDICAL CENTER
BRONX, NEW YORK

Learning Objectives

After attending this presentation, the learner will be able to better understand:

- The definition of palliative care, and how it is both similar to and different than geriatrics
- Five reasons why palliative care can improve care for older adults with chronic disease
- Ways to better communicate with older patients and their families about the goals of care

Palliative Care

Interdisciplinary care that aims to relieve suffering and improve quality of life for patients with advanced illness and their families.

It is offered *simultaneously* with all other appropriate medical treatment.

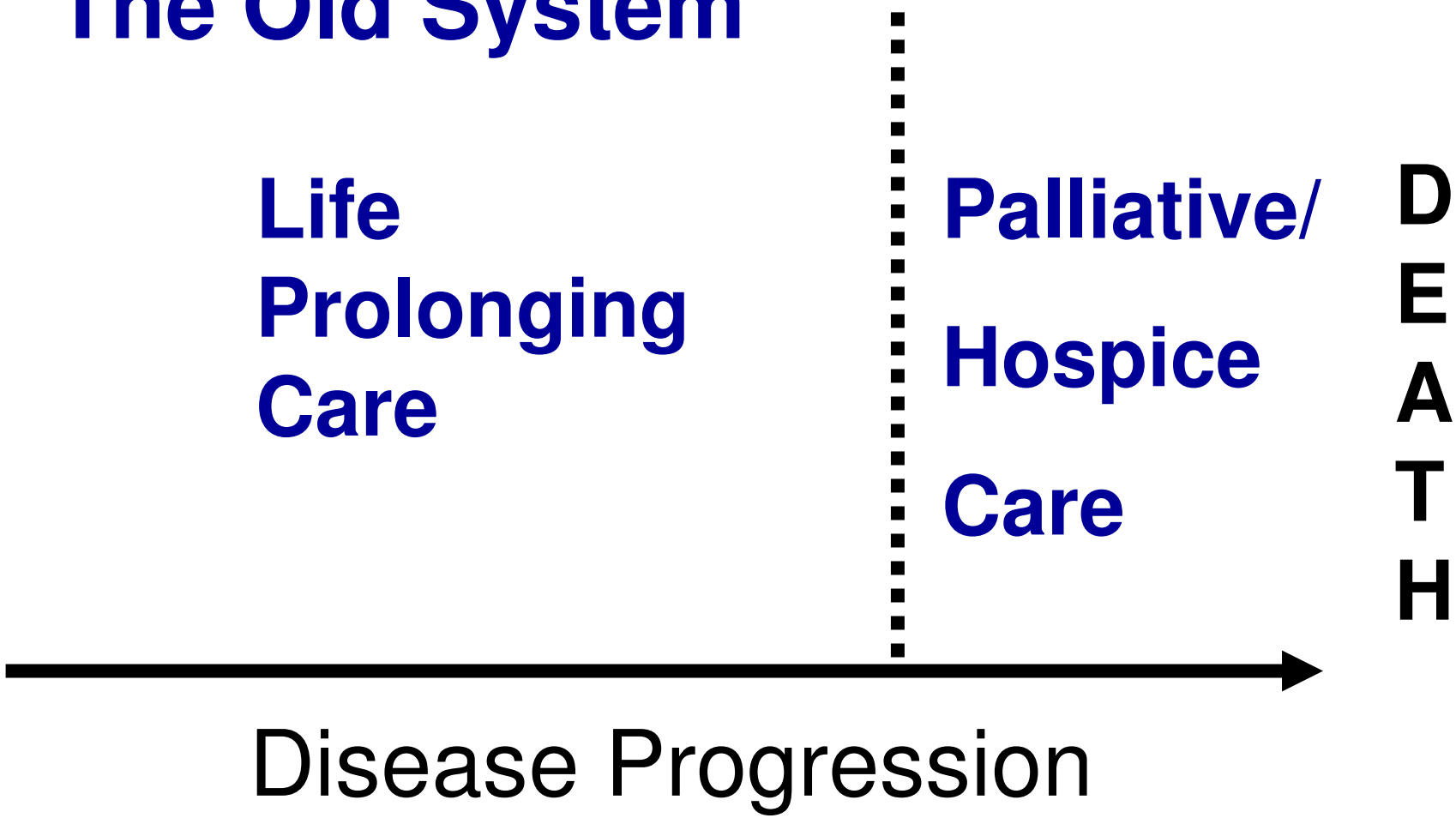
Mount Sinai Palliative Care Service

- Team made up of:
  - 2 Attending Physicians (pool of 12)
  - 2 Nurse Practitioners (pool of 4)
  - 1 RN (triage nurse)
  - 1 Social Worker
  - 4 Fellows (pall care, geriatrics, heme-onc)
  - Chaplain
  - Massage Therapist(s), Yoga Therapist
  - 2-3 Third Year Medical Students
  - 1-2 Other Rotators
- ~ 90 new patients per month
- Over 1200 patients and their families in 2009
- Acts primarily as a consult service

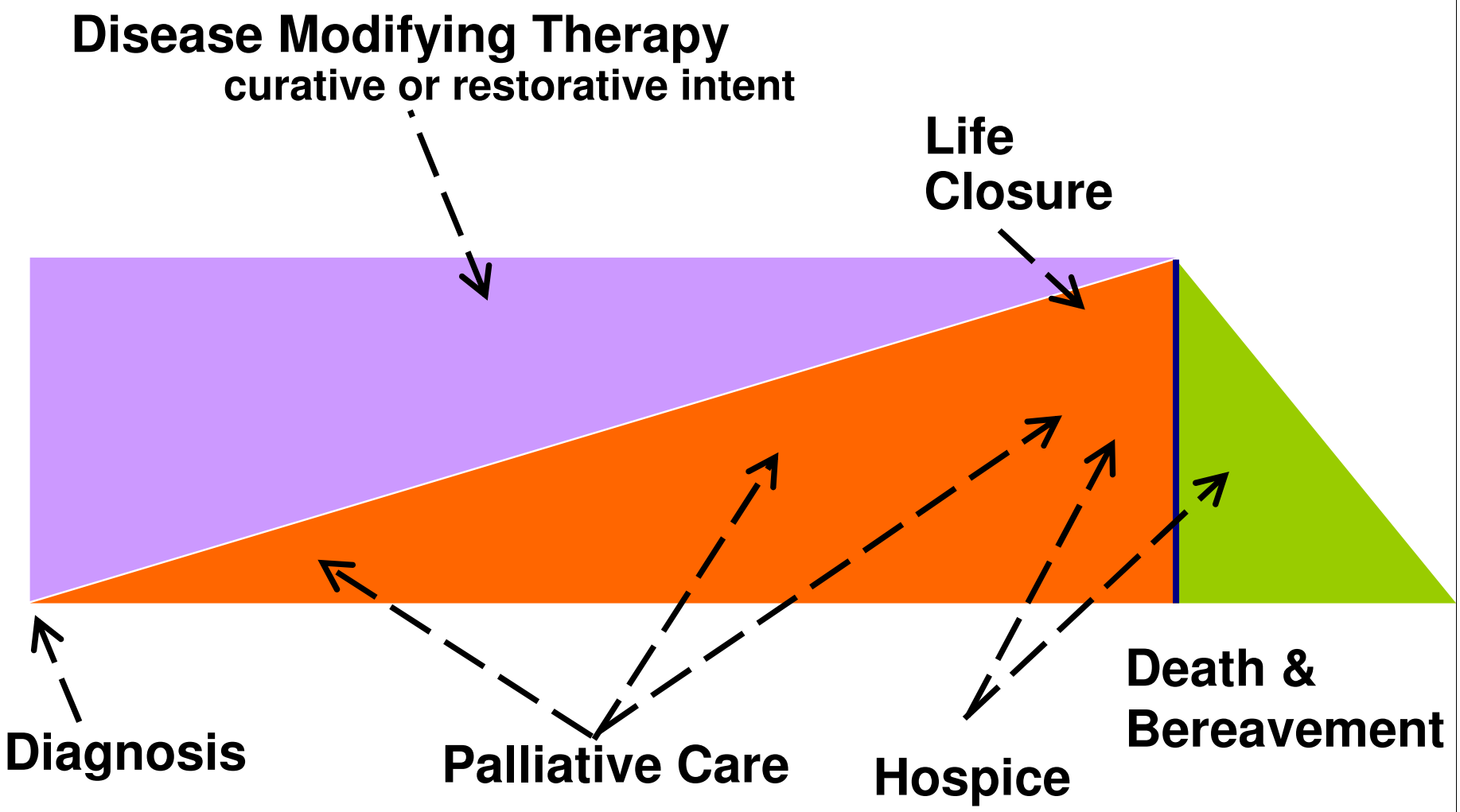
Palliative Care in Practice

- Expert control of pain and symptoms
- Uses the crisis of the hospitalization to facilitate communication and decisions about goals of care with patient and family
- Coordinates care and transitions across fragmented medical system
- Provides practical support for family and other caregivers (+ clinicians)

The Cure - Care Model: The Old System



A New Vision of Care



The NEW ENGLAND JOURNAL of MEDICINE

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.

Aug 19 2010;363(8):733-42.

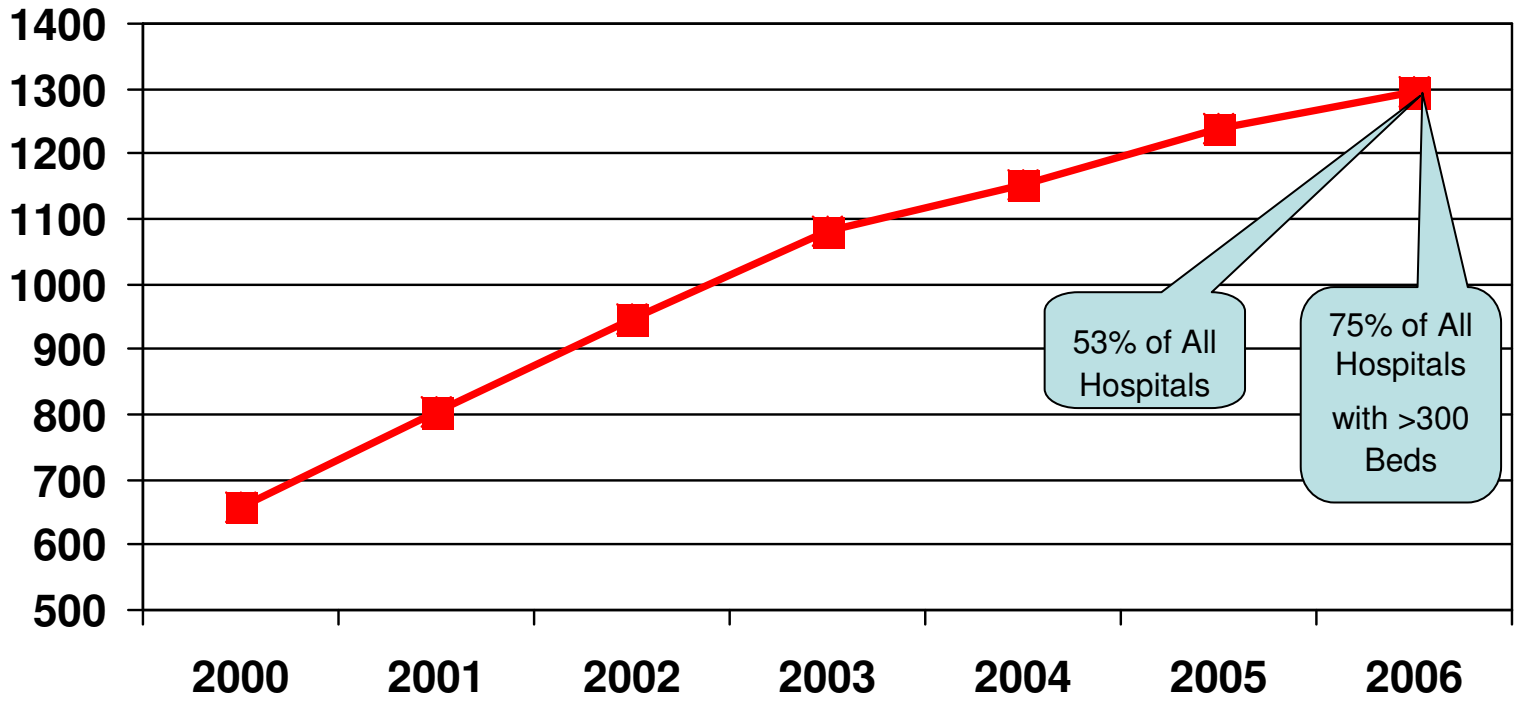
Palliative Care Is

- ✓ Excellent, evidence-based medical treatment
- ✓ Vigorous care of pain and symptoms throughout illness
- ✓ Care that patients want *at the same time* as efforts to cure or prolong life

Palliative Care Is NOT

- ✗ Not “giving up” on a patient
- ✗ Not in place of curative or life-prolonging care
- ✗ Not the same as end-of-life care

Growth of Palliative Care Program in Hospitals (>50 Beds) in the U.S.



Goldsmith et al. 2008 Jnl Pall Med. 11(8).

Why is hospital palliative care growing so rapidly?

Geriatric Palliative Care: The 5 Main Arguments

1. Clinical Quality
2. Patient and Family Preferences
3. Demographics
4. Education
5. Financial

Why palliative care?

1. The Clinical Imperative

Everybody with serious illness in the United States spends at least some time in a hospital...

- 98% of Medicare decedents spent *at least some time* in a hospital in the year before death.

- 15-55% of decedents had *at least one stay* in an ICU in the 6 months before death. Average length of stay in the ICU is 2-11 days.

Dartmouth Atlas of Health Care 1999 & 2006

But ICU Care *Decreases* Satisfaction

- Bereaved family members (n=778) of patients who died in regions of highest vs. lowest ICU intensity deciles surveyed re quality of eol care.

- Higher ICU care regions associated with family reports of:
  - *Not enough* life sustaining treatment was given.
  - Inadequate emotional support
  - Inadequate shared decision-making
  - Inadequate information on what to expect
  - Lack of respect
  - Lower overall satisfaction

Teno et al. JAGS 2005;53:1905-11.

Symptom Burden of Patients Hospitalized With Serious Illness at 5 U.S. Academic Medical Centers

% of 5176 patients reporting moderate to severe pain between days 8-12 of admission

Colon Cancer	60%
Liver Failure	60%
Lung Cancer	57%
COPD	44%
CHF	43%

Desbiens & Wu. JAGS 2000;48:S183-186.

Why palliative care?

2. Concordance with patient and family wishes

What Do Patients with Serious Illness Want?

- Pain and symptom control
- Avoid inappropriate prolongation of the dying process
- Achieve a sense of control
- Relieve burdens on family
- Strengthen relationships with loved ones

Singer et al. *JAMA* 1999;281(2):163-168.

What Do Patients with Serious Illness Want?

- Pain and symptom control ←**LEAST IMPORTANT**
- Avoid inappropriate prolongation of the dying process
- Achieve a sense of control
- Relieve burdens on family
- Strengthen relationships with loved ones

Singer et al. *JAMA* 1999;281(2):163-168.

"Difficult" Conversations Improve Outcomes

- Multisite, longitudinal study of 332 patient-family dyads
- 37% of patients reported having prognosis discussion at baseline
- These patients had lower use of aggressive treatments, better quality of life, and longer hospice stays
- Family after-death interviews showed better psychological coping for those with conversations as compared to those without

Wright et al. JAMA 2008 300(14):1665-1673.

What Do Family Caregivers Want?

Study of 475 family members 1-2 years after bereavement

- Loved one's wishes honored
- Inclusion in decision processes
- Support/assistance at home
- Practical help (transportation, medicines, equipment)
- Personal care needs (bathing, feeding, toileting)
- Honest information
- 24/7 access
- To be listened to
- Privacy
- To be remembered and contacted after the death

Tolle et al. Oregon report card.1999 www.ohsu.edu/ethics

Families Want to Talk About Prognosis

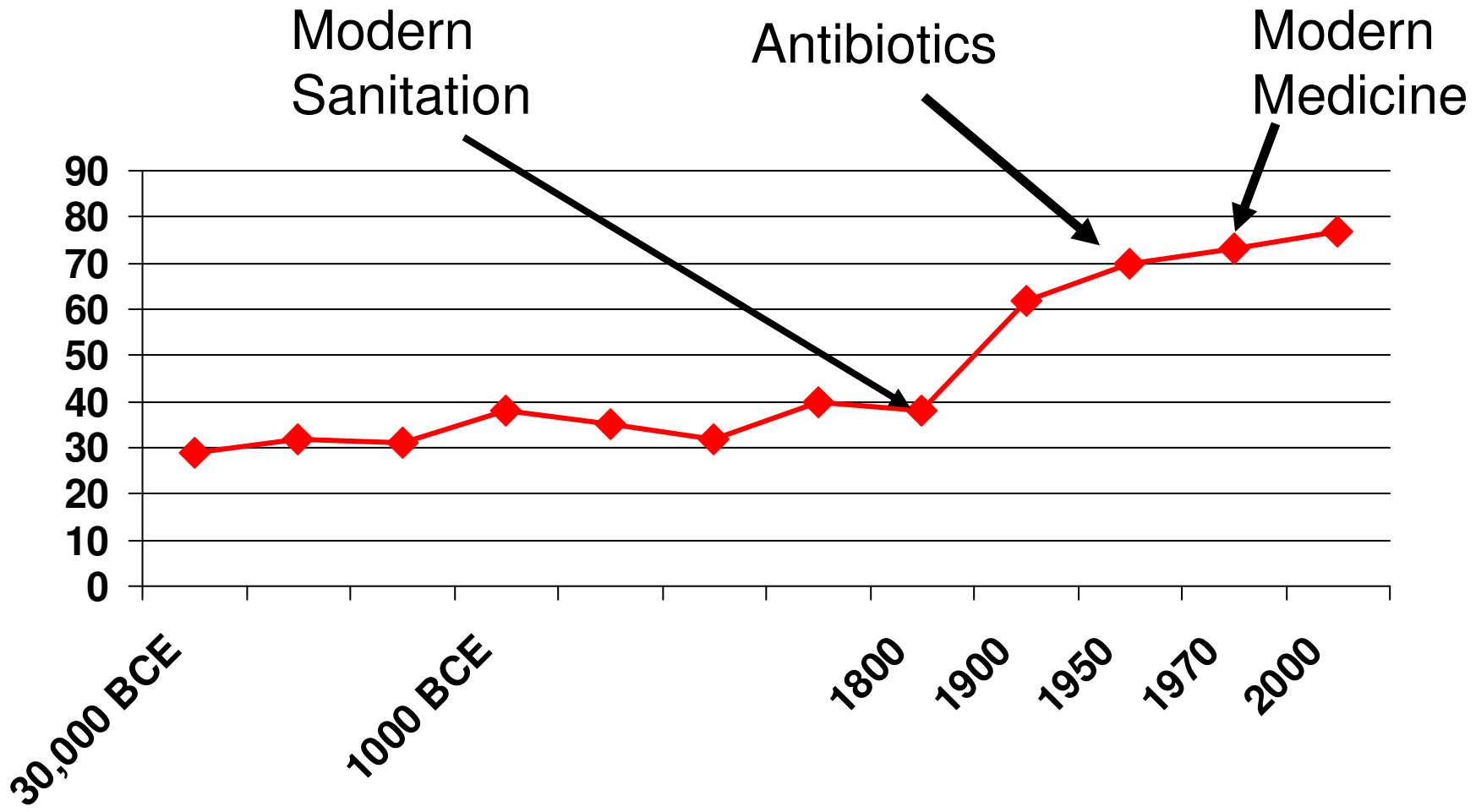
- Qualitative interviews with 179 surrogate decision makers of ICU patients
- 93% of surrogates felt that avoiding discussions about prognosis is an unacceptable way to maintain hope
- Information is essential to allow family members to prepare emotionally and logistically for the possibility of a patient's death.
- Other themes:
  - moral aversion to the idea of false hope
  - surrogates look to physicians primarily for truth and seek hope elsewhere

Apatira et al. *Ann Intern Med.* 2008;149(12):861-8

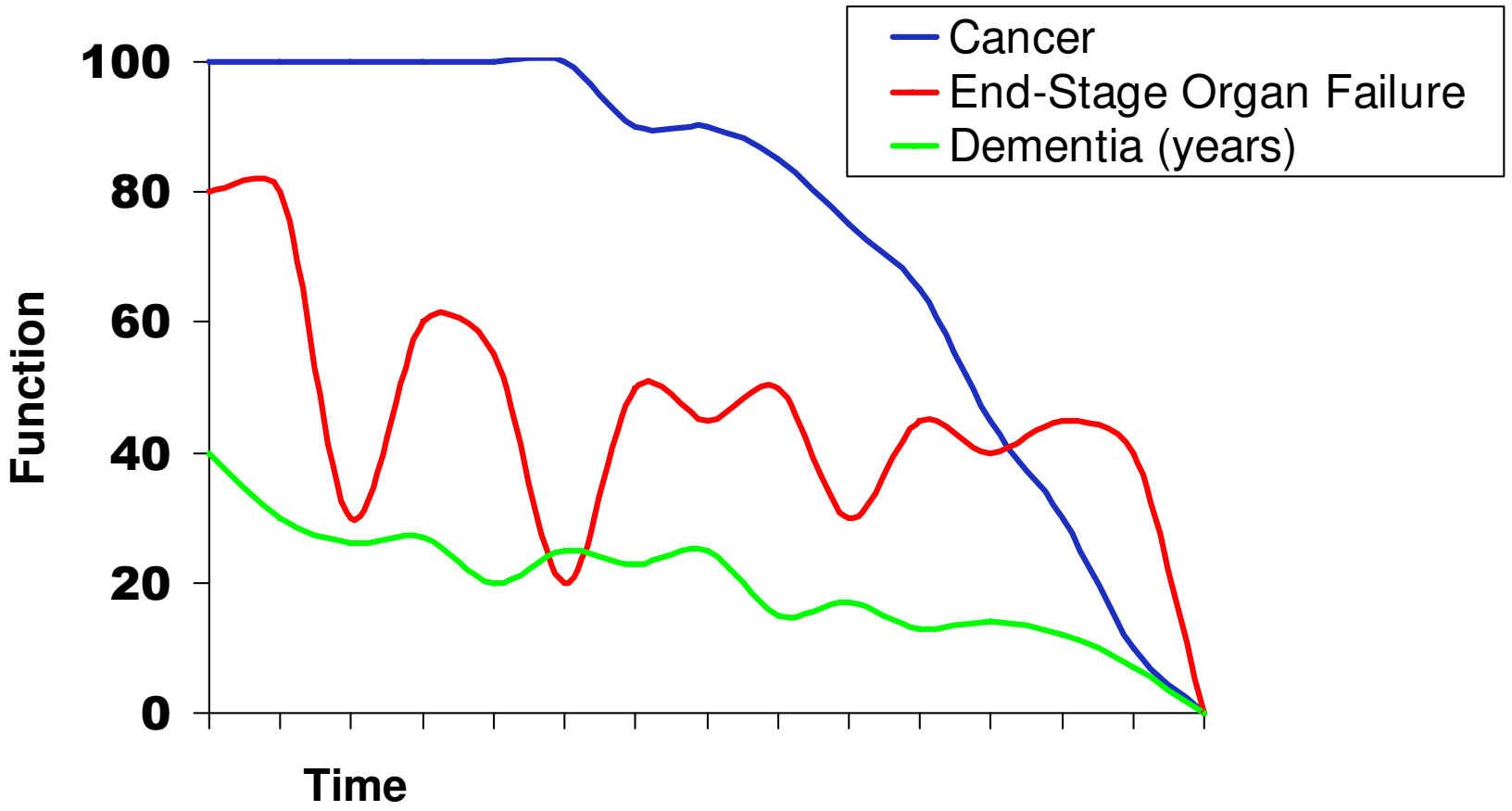
Why palliative care?

3. The demographic imperative

Median Life Expectancy in Years



The Reality of the Last Years of Life: Death Is Not Predictable



(slide adapted from Joanne Lynn, MD, Rand Health/CMS)

Why palliative care?

4. The educational imperative

Every clinician* in-training learns palliative care in the hospital.

*physician, nurse, social-worker, psychologist, physical therapist, speech therapist, chaplain…

Teaching Hospitals and Palliative Care in the U.S.

- 88% of private medical schools affiliated with hospital palliative care program

- 82% state-funded medical schools affiliated with hospital palliative care program

Goldsmith et al. Jnl Pall Med. 2008. 11(8).

Moving to Goal-Based Decision Making

- Instead of focusing on treatments, focus on outcomes and overall goals
  - What is the desired outcome?
  - What is the “fate worse than death”?
- Some common goals
  - Be able to interact with family in meaningful way
  - Be free of pain
  - Live as long as possible

Tailor Treatments to Goals

- Once have established goals, can make treatment decisions
  - Physician helps patient and family by guiding them through treatment options
  - “If goal is to be able to interact with family, then perhaps putting you on a ventilator may not get you back to that goal.”
- Clinicians may not always agree with goals, but easier to determine treatment decisions

Steps to Negotiate Goals

- Create the right setting
- Determine what the patient / family know
- Explore what they are expecting or hoping for
- Suggest realistic goals
- Respond appropriately to emotions
- Make a plan
- Review and revise periodically

Advances in Hospice and Palliative Medicine Recognition

- To be an expert in communication and symptom management takes time…..
- Hospice and Palliative Medicine now approved by American Board of Medical Specialties
  - Co-sponsored by 10 specialty boards
- Jan 2010 – 73 ACGME approved fellowships

Why palliative care?

5. The fiscal imperative

How Palliative Care Reduces Length of Stay and Cost

Palliative care:

- Clarifies goals of care with patients and families
- Helps families to select medical treatments and care settings that meet their goals
- Assists with decisions to leave the hospital, or withhold or withdraw treatments that don't meet goals
- Lowers costs (for hospitals and payers) by reducing hospital costs and length of stay

Lilly et al, Am J Med, 2000; Dowdy et al, Crit Care Med, 1998; Carlson et al, JAMA, 1988; Campbell et al, Heart Lung, 1991; Campbell et al, Crit Care Med, 1997; Bruera et al, J Pall Med, 2000; Finn et al, ASCO, 2002; Goldstein et al, Sup Care Cancer, 1996; Advisory Board 2002; Project Safe Conduct 2002, Smeenk et al Pat Educ Couns 2000; Von Gunten JAMA 2002; Schneiderman et al JAMA 2003; Campbell and Guzman, Chest 2003; Smith et al. JPM 2003; Smith, Hillner JCO 2002; Gilmer et al. Health Affairs 2005. Campbell et al. Ann Int Med.2004.Morrison et al. Arch Int Med 2008; Wright et al JAMA 2008. www.capc.org.

Costs and Outcomes Associated with Hospital Palliative Care Consultation 8-hospital study

	Live Discharges			Hospital Deaths		
Costs	**Usual Care**	**Palliative Care**	**P**	**Usual Care**	**Palliative Care**	**P**
Total Per Day	$1,450	$1,171	<.001	$2,468	$1,918	<.001
Directs Per Admission	$11,1240	$9,445	.004	$22,674	$17,765	.003
Laboratory	$1,227	$803	<.001	$2,765	$1,838	<.001
ICU	$7,096	$1,917	<.001	$15,542	$7,929	<.001
Pharmacy	$2,190	$2,001	.12	$5,625	$4,081	.04
Imaging	$890	$949	.52	$1,673	$1,540	.21
Died in ICU	X	X	X	18%	4%	<.001

Adjusted results, n>20,000 patients

Morrison et al. Arch Internal Med. 2008. 168 (16).

What Does All this Mean?

For patients, palliative care

- Relieves symptom distress; Helps patients/families clarify goals of care and choose appropriate treatments; Allows palliation of suffering while providing treatment

For clinicians, palliative care

- Helps save time; Provides expert symptom control; Promotes satisfaction

For hospitals, palliative care

- Helps to effectively treat the growing number of people with complex advanced illness; Increases patient and family satisfaction; Improve staff satisfaction and retention; Increase bed/ICU capacity, reduce costs

Summary: *Making the Case*

- Palliative care improves quality of care for our sickest and most vulnerable patients and families.

- Serious illness is a universal human experience and palliation is a universal health professional obligation.

Although the world is full of suffering, it is also full of the overcoming of it.

-Helen Keller

***Optimism* 1903**

Nathan.Goldstein@mssm.edu