

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



cancer

Palliative care sees the person beyond the cancer treatment. It gives the patient control. It brings trained specialists together with doctors and nurses in a team-based approach to manage pain and other symptoms, explain treatment options, and improve quality of life during serious illness. Palliative care is all about treating the patient as well as the disease. It's a big shift in focus for health care delivery—and it works.

 **acscan.org**

Support palliative care legislation (H.R. 1339, S. 641 & H.R. 1666). Bring quality of life and care together for the millions facing cancer.

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*

Temel JD, Greer JA, Muzikansky A, et al. Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer, New England Journal of Medicine, August 19 2010:733-742

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

Weeks JC, Catalano PJ, Cronin A, et al. Patients' expectations about effects of chemotherapy for advanced cancer. N Engl J Med. 2012 Oct 25;367(17):1616-25.

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%)

Scibetta C, Kerr K, Mcguire J, Rabow MW. The costs of waiting: implications of the timing of palliative care consultation among a cohort of decedents at a comprehensive cancer center. Journal of Palliative Medicine, Nov 30, 2015

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

Panattoni L, Fedorenko C, Greenwood-Hickman MA, et al. Characterizing Potentially Preventable Cancer- and Chronic Disease-Related Emergency Department Use in the Year After Treatment Initiation, J Oncol Pract. 2018 Mar;14(3):e176-e185.

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

Sheridan PE, LeBrett WG, Triplett DP, et al. Cost Savings Associated With Palliative Care Among Older Adults With Advanced Cancer. Am J Hosp Palliat Care. 2021 Oct;38(10):1250-1257

Using consultants is the standard of practice in medicine

We already do this . . .

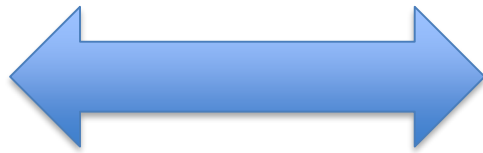


We need to do the same with this . . .



How to provide early concurrent palliative care

Oncology
Team



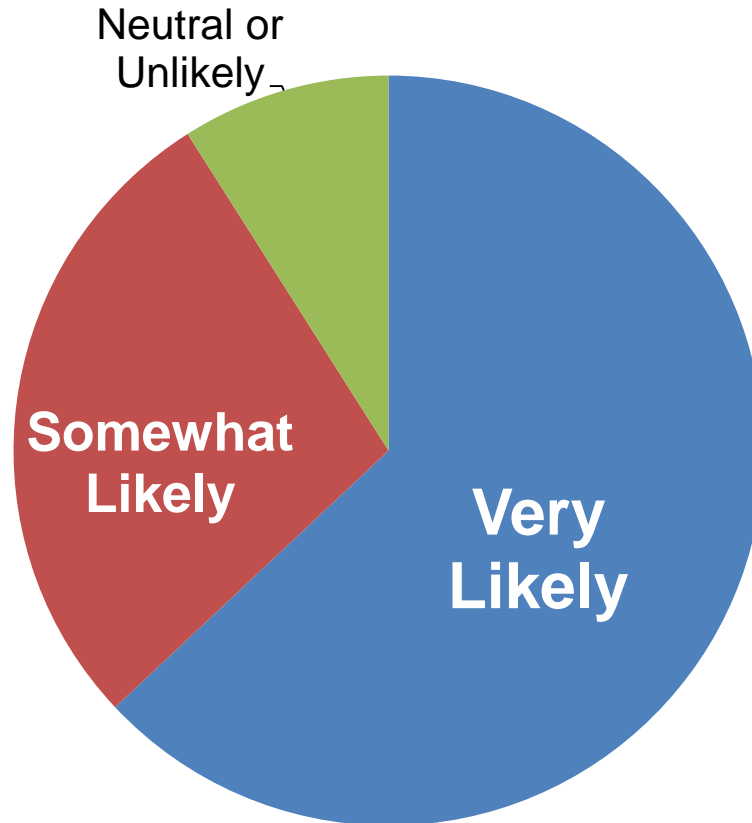
Palliative Care
Specialist Team

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

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 800¹ adults conducted 2019. www.capc.org

ASCO Clinical Practice Guideline, 2016

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.

<https://www.asco.org/practice-guidelines/quality-guidelines/guidelines/supportive-care-and-treatment-related-issues#/9671>

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

