

# Better Care and Lower Costs With Proactive Palliative Care

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America's Essential Hospitals

# No relevant financial disclosures

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# What is Palliative Care?

- Palliative care is **specialized medical care** for people with **serious illnesses**. This type of care is focused on providing patients with relief from the symptoms, pain, and **stress** of a serious illness **whatever the diagnosis**.
- The goal is to improve **quality of life** for both the **patient and the family**. Palliative care is provided by a **team** of doctors, nurses, and other specialists who **work with a patient's other doctors** 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**.

# What We All Want





# What We Want vs. What We Get

**70%** prefer to die at home, but too many still die in the hospital.



Percentage who died in hospitals:

California 2003 **34%**

California 2010 **29%**

National Average 2010 **25%**

## PUT IT IN WRITING



**57%** of Californians say it is “extremely important” that their medical care wishes are followed.



However, only **23%** put their wishes in writing.

**67%** prefer a natural death/low-intensity care, but many receive aggressive care at the end of life.



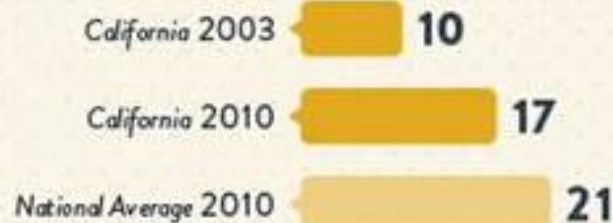
Percentage who saw 10+ doctors in the last 6 months of life:



**66%** say it is “extremely important” to be comfortable and pain-free, but many don’t receive the full benefits of hospice care.

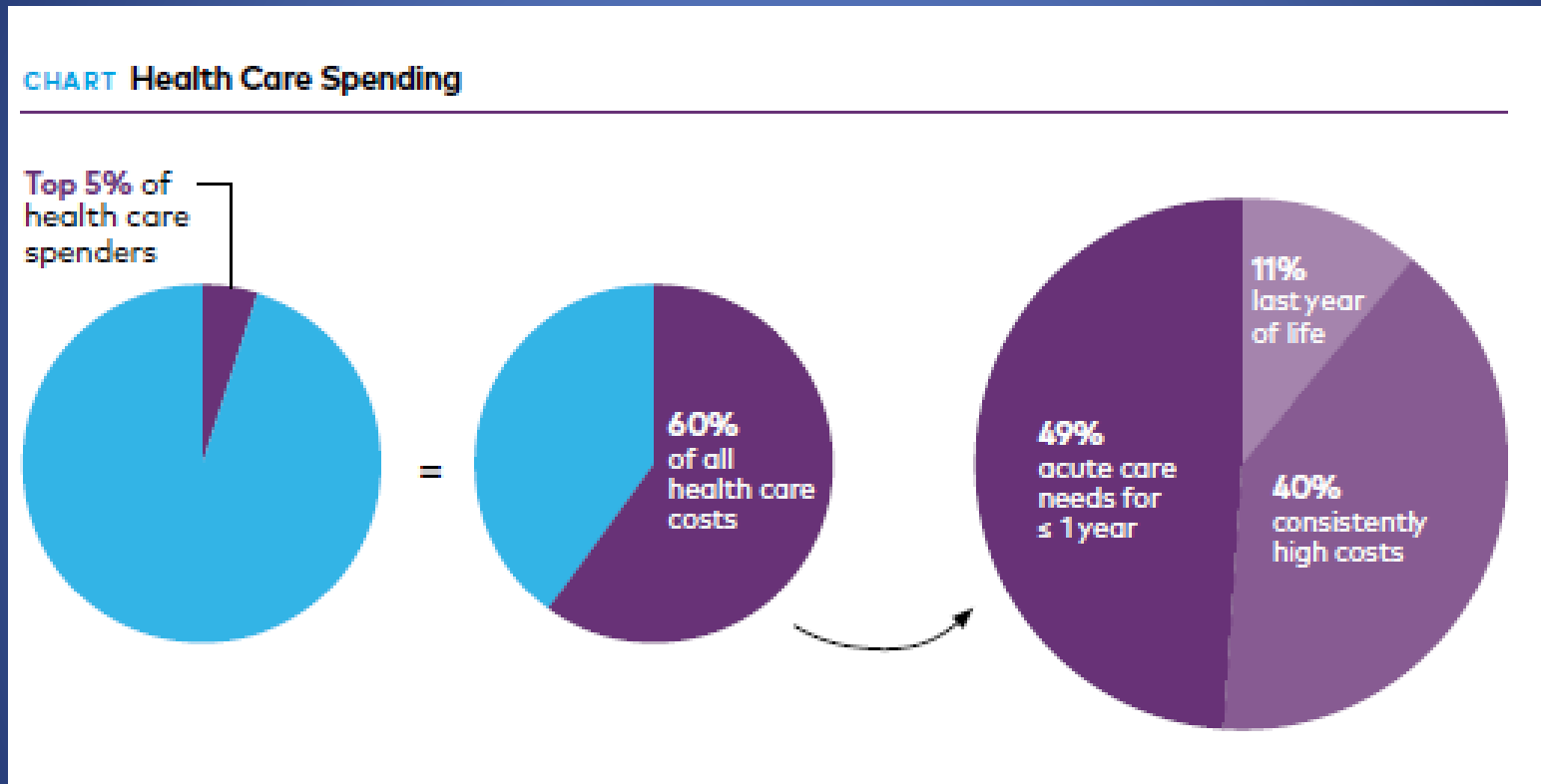


Number of days in hospice care:



**In 2011, 63% of patients got hospice for less than 30 days**

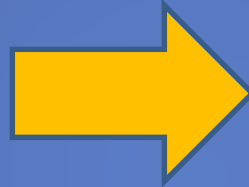
# Unwanted Care is Expensive



**32% of all Medicare spending goes to care for beneficiaries in the last two years of life**

Center to Advance Palliative Care, 2014  
Dartmouth Atlas of Health Care, 2015

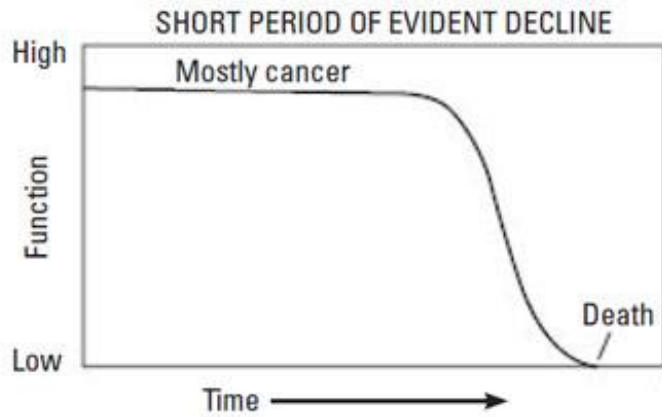




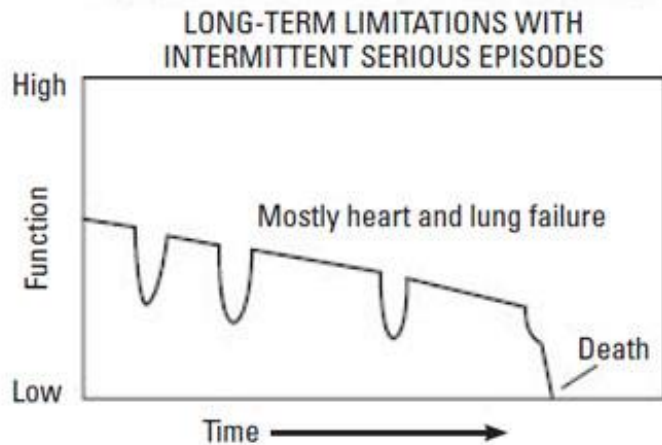


# Pattern of Decline in Different Chronic Illnesses

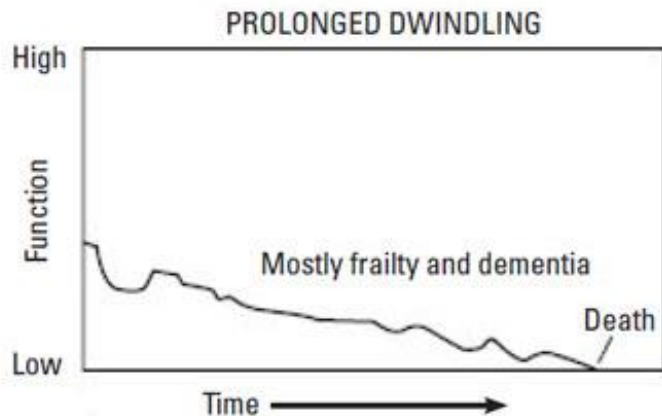
Cancer



Organ failure



Dementia/frailty

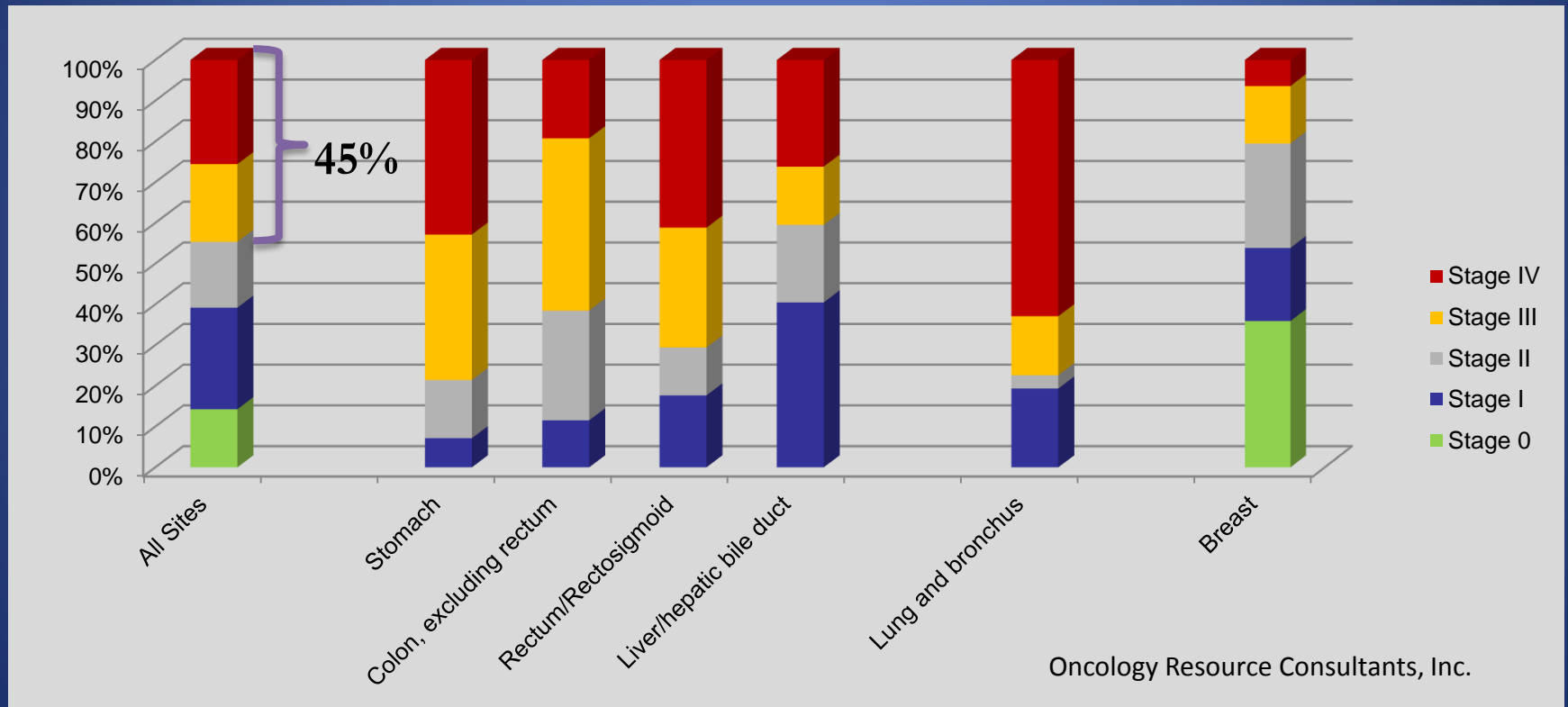


What are Mr. Lee's options?



# Safety Net Providers See Cancer Patients Late...

SFGH Oncology: New Diagnosis Cancer Site and Stage 2011



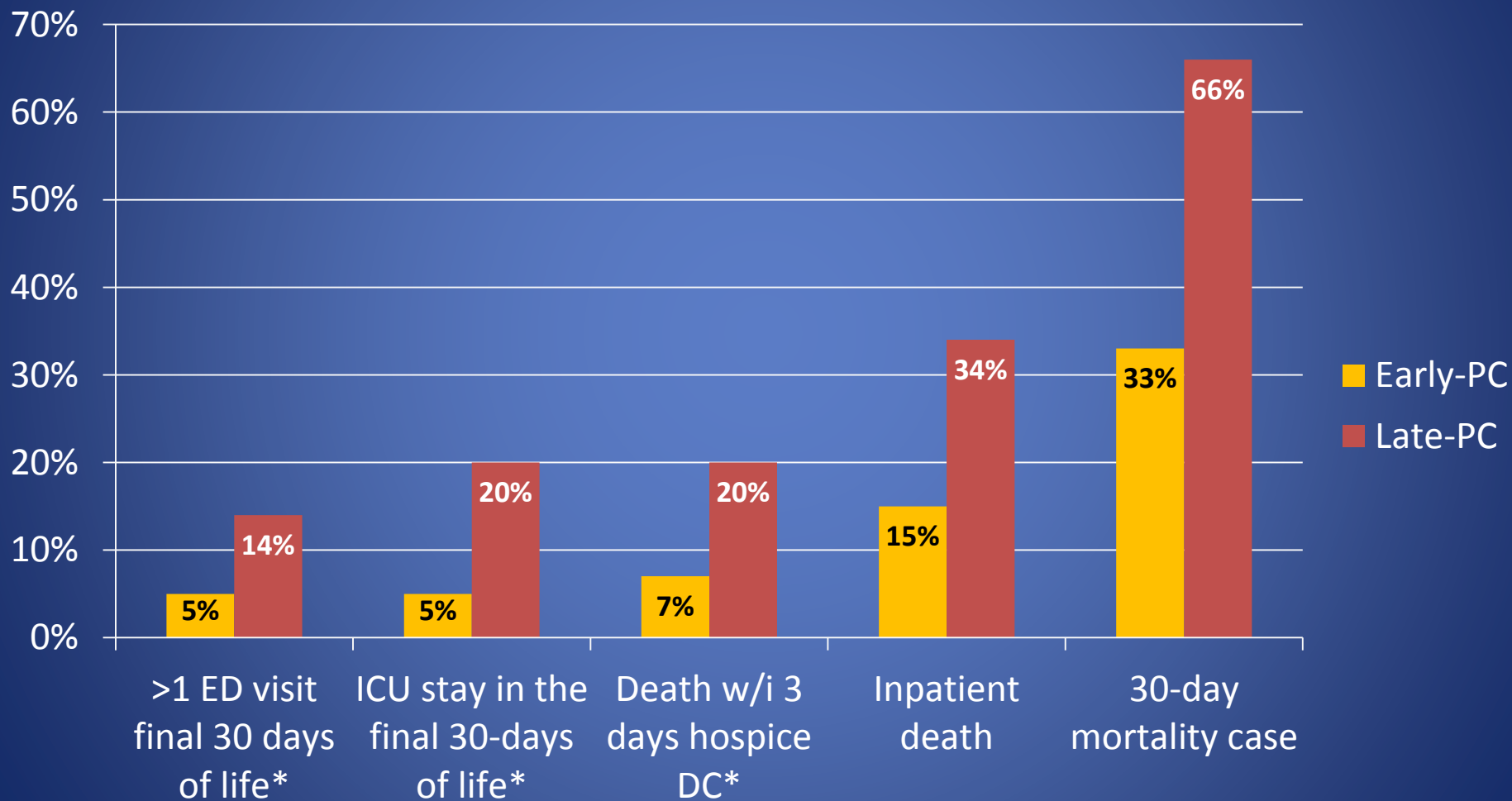
**45% of patients present with Stage III or IV disease**

# What “Early” Palliative Care Can Do

- Multiple studies demonstrating impact
  - Improved quality of life
  - Increased satisfaction with care
  - Fewer hospitalizations, ED visits
- Landmark study in lung cancer patients
  - Less depression
  - More advance directive completion
  - Fewer end of life hospitalizations
  - Longer survival



# Early-PC associated with better performance on EOL quality measures

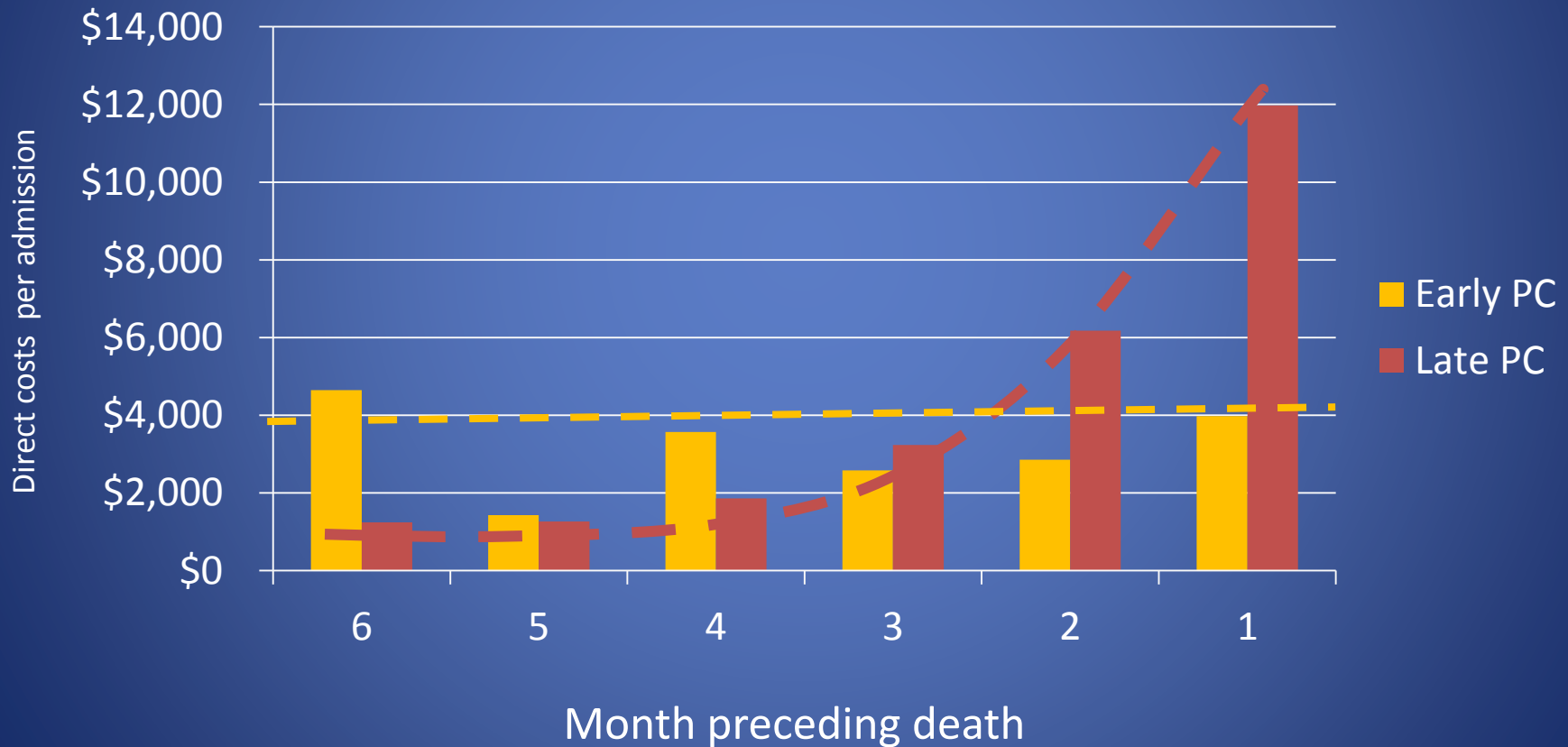


\*NQF measures

Scibetta, Kerr, McGuire, Rabow, 2015

# Early-PC = less escalation in utilization

**Average direct cost per inpatient admission by month, final 6 months of life; 290 solid tumor cancer patients**



# SFGH Motivation:

## Getting the right care for our patients

- Inpatient palliative care team well-established, able to impact patients near end of life, in crisis
- Cancer patients who receive “early” palliative care have better outcomes and avoid unnecessary costs
- In order to have greater impact on QOL and utilization patterns, patients need access to palliative care in the community

# Feasibility Study: Community-Based Palliative Care for Cancer Patients

- **GOAL:** Determine potential impact and feasibility of Community-Based Palliative Care (CBPC) services for oncology patients
- **METHOD:** Retrospective study of cancer patients' utilization of services in last 6 months of life
- **QUESTIONS:**
  - Would CBPC be able to impact utilization?
  - What could we expect in terms of financial impact?

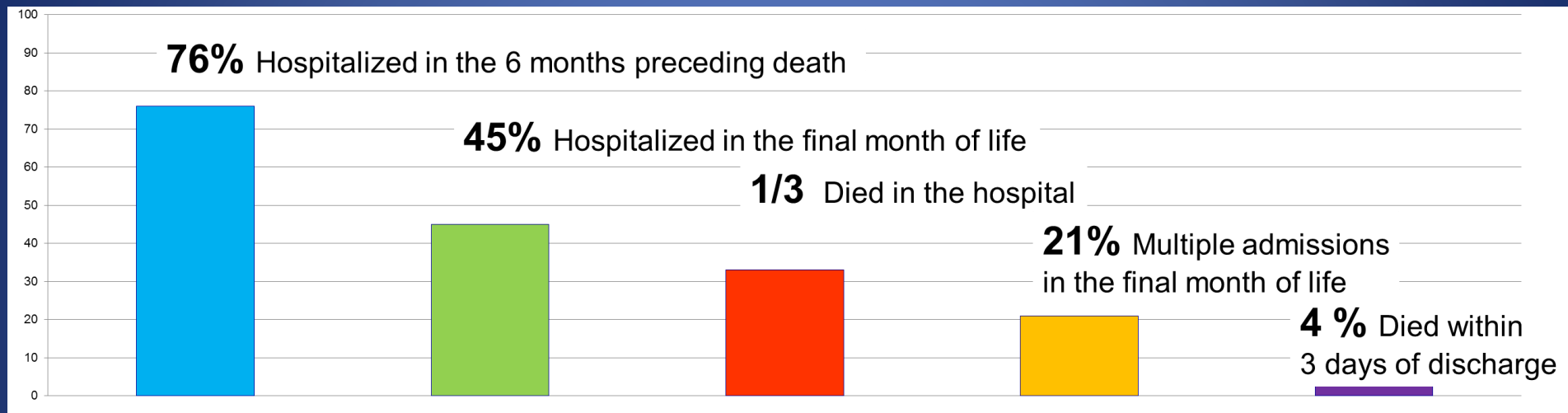


# Oncology Utilization Study: Details

- Identified all cancer patients who died in 3-year period (2010-2013)
- Reviewed inpatient and outpatient utilization in last 6 months of life
- Assessed whether patients had contact with inpatient palliative care service
- Used data to forecast the expected impact of early palliative care intervention

# Oncology Study: Findings

## Utilization among 403 cancer patients cared for at SFGH



- 47% had ED visits in the final month of life, including 11% with multiple visits
- 16% had a stay in an Intensive Care Unit in the final month of life
- **Average direct costs per final month of life admission \$25,800**
- **Direct costs for inpatient admissions in the final month of life (only) > 4.7mil**

# Results: Palliative Care utilization

- About half of all patients were seen by inpatient palliative care team
  - 44% of entire decedent population
  - 58% of all patients who were hospitalized
- Patients usually seen by inpatient team within weeks of death
  - Number of days between first IP PC contact and death
    - Median 22.5, Average 41.57, range 0->180
  - 60% of patients had their initial contact with PC team in the final month of life

# Results: Summary

- Cancer patients often present late
  - Advanced disease
  - Heavy symptom burden
- Most patients are hospitalized -- usually about twice in last 6 months of life
- Many are seen by inpatient palliative care, but too late in disease course to make a significant impact on utilization pattern or end of life experience



# Translating the Analysis into a Business Plan

- Leverage existing evidence regarding benefits of early palliative care
  - Earlier PC (almost always outpatient) associated with better outcomes and reduced costs
  - Published and local findings (UCSF): 40% decrease in use of inpatient services in final months of life
    - **CAVEAT:** PC has greatest potential for impact when patients are seen >90 days before death

# We Can Make an Impact!

- About 1/3 of patients who die of cancer present early enough (>3 months prior to death) for OP PC to make a significant impact
- Based on analysis, OP PC clinic could expect to make a significant impact on 50 patients/year



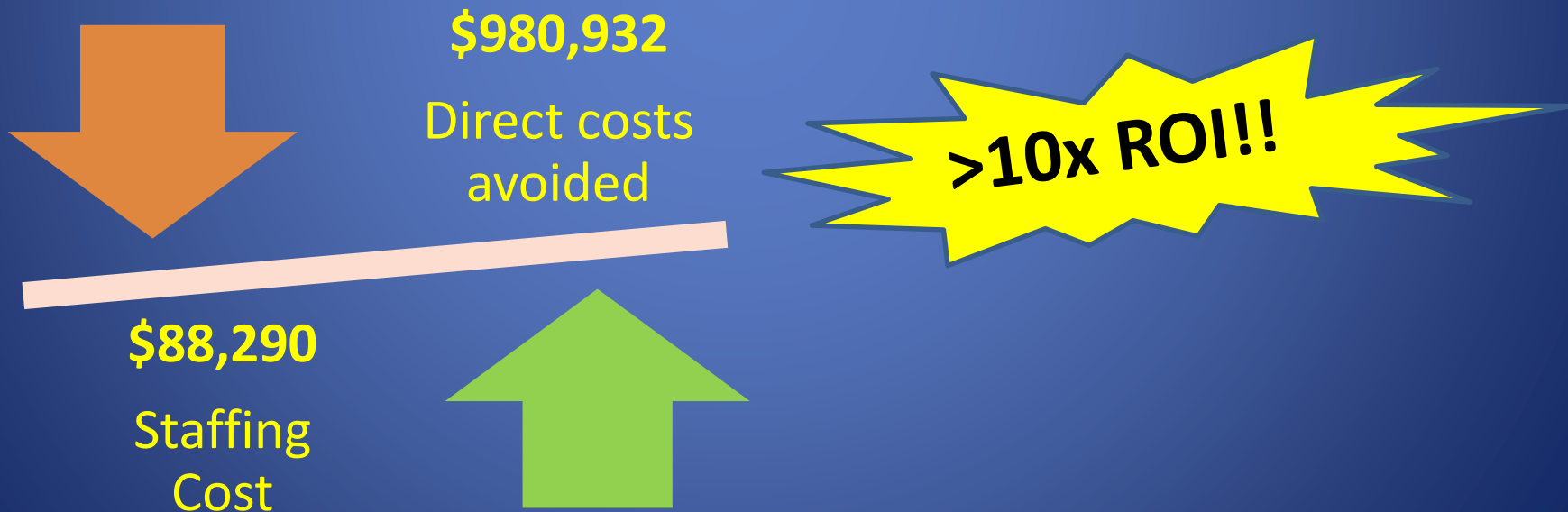
Expect 40% reduction in inpatient utilization (38 admissions, \$25,814/ea)



**Expected cost avoidance:  
\$980,932**

# The Cost of Doing Business

- Would only need 0.2 FTE for team to see expected patient volume in 2 half-day clinics/week
- Salary for MD, RN, SW + 17 % Benefits = \$88,290



# Proposed Model for New SFGH Palliative Care Team

## Full-Time Inpatient-to-Outpatient Oncology-Focused Palliative Care Team

- STAFFING: NP & SW (\$235,764)
- STRUCTURE:
  - 2 half-days of clinic
  - Meet and screen newly diagnosed patients while hospitalized, expedite outpatient follow-up
  - Remote patient follow-up between visits
  - Continuity when patients rehospitalized
  - Direct collaboration with oncology (clinic, patient care conferences)



\$745,168  
Cost savings



# Looking Ahead

- Meeting needs of non-cancer patients
  - Approaching local Medicaid payers
  - Comprehensive needs assessment of SF Health Network
- Serving as a model for 16 other safety net hospitals in California



# Take-Home Points

- Many patients end up getting aggressive end-of-life care, even if they didn't think they wanted it
- Early palliative care interventions have been shown to improve quality and significantly lower costs toward the end of life
- Early palliative care interventions are feasible and cost-effective in safety net hospitals



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# Questions?

