Dying in America
Living with Serious Illness

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Palliative Care

Is not end of life care

Is care focused on improving quality of life for people with serious illness
Palliative care is specialized medical care for people with serious illness. 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.
Dying in America, IOM 2014

- “A palliative approach can offer patients near the end of life and their families the best chance of maintaining the highest possible quality of life for the longest possible time.”

- “Recommendations are intended to address the needs of patients and their families.”
Essential Elements of Care for Seriously Ill People

- **Symptom management**
  - Pain, breathlessness, nausea, anxiety, depression

- **Communication**
  - Goals of care, advance care planning, prognosis, decision making

- **Psychosocial support**
  - Social work and practical help
  - Spiritual care

- **Interdisciplinary care by trained experts**

- **Any site**

- **24/7 availability**

Singer et al. *JAMA* 1999;281:163-8
Dying in America: 5 Recommendations

1. Insure access to comprehensive palliative care
2. Develop standards for clinician-patient communication and advance care planning
3. Educate clinicians about palliative care
4. Integrate medical and social services and support public reporting on quality measures, outcomes, and costs
5. Engage the public about palliative care

Dying In America, IOM, 2014
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- **Recommendation 1**
  - “Cover the provision of and insure access to comprehensive care for individuals with advanced serious illness who are nearing the end of life”

- **Recommendation 4**
  - “Integrate the financing of medical and social services to support the provision of quality care for people with advanced serious illness”

Dying In America, IOM, 2014
Increase Access to Palliative Care

- Support establishment of PC services
  - Seed funds then assumed by the institution
  - Sustainability built in
  - CHCF Public Hospital PCS initiative
    - $4.5 million invested over 3.5 yrs in 17 public hospitals
    - 6600 pts/yr and 50 FTE
    - Institutional investment of $7 million/yr
    - Savings of $8.4 million/yr

Pantilat et al. JPM 2014; epub:2014/08/02
Brousseau et al. J HC Qual; 2012;34:77-85
Access to Community Palliative Care

- Support innovative models and partnerships to establish Outpatient and Home PC services
  - Focus on patient and family needs
    - Caregiving, transportation
    - Concurrent care
  - Bring stakeholders to the table
    - Providers, insurers, payers, government
  - Test models including business case

- Educate officials to support legislation: SB1004

http://www.chcf.org/publications/2013/04/better-benefit-health-plans

Rabow et al. JPM 2014; epub:2014/08/20
Dying in America

- Recommendation 4
  - Require public reporting on quality measures, outcomes, and costs regarding care [for the seriously ill and those] near the end of life

Dying In America, IOM, 2014
Quality, Outcomes and Costs

- Offering PC services is no longer sufficient
  - Must move from boutique to standard of care
- Value, value, value- Quality/Cost
- Support efforts to measure quality and patient outcomes and engage in quality improvement
  - Measuring What Matters
  - OSHPD annual hospital survey
Role of Foundations

- Catalyze establishment of PC services
- Foster collaborations in clinical innovation
- Educate officials about palliative care
- Encourage and support quality measurement and improvement
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- IOM report provides specific recommendations to meet the needs of seriously people and their families
- Blueprint for action
- Significant role for Foundations to improve care of elders

“Knowing is not enough; we must apply. Willing is not enough; we must do.”

---Goethe