Population-Based Palliative Care: The Next Phase of Clinical Care, Education, and Research

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Population-Based Palliative Care

• The phases of palliative care: past and present
• The future: Population-based palliative care
  – Why?
  – Why now?
  – What?
  – How?

JR:

• A 74 year old man admitted to the hospital via the ED for management of pain due to metastatic colon cancer.
• He has severe pain (8/10) on admission, for which he is taking OTC acetaminophen.
• Has been admitted 4 times in 6 months for pain (2x), nausea/volume depletion, and altered mental status.
• His wife is overwhelmed with caregiving and is particularly interested in learning about resources for caregiving support.
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.

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**Palliative Care Definition**

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(CAPC)

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**Palliative Care:**

- Tertiary palliative care
- Secondary (consultative) palliative care
- Primary palliative care

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**Tertiary Palliative Care**

- A patient’s care is managed solely by a specialized team
- Analogous to “closed” ICUs
- Examples:
  - Dedicated palliative care inpatient units
  - Hospice (for most patients)
Typical hospice timing

*More than half of patients who enroll in hospice do so in the last 3 weeks of life

Future of Tertiary Palliative Care

• Not good
• Proliferation of advanced treatment and other incentives:
  – Plateau in hospice utilization
  – MA carve-in
  – Decreases in median LOS
  – Increases in regulatory pressures
• ➔ Will be difficult to sustain in the long term

Secondary (consultative) Palliative Care

• Specialists serve as consultants, but a patient’s care is managed by the primary team
• Analogous to other consultant roles (e.g. cardiology, nephrology, geriatrics)
• Examples:
  – Inpatient consult services
  – Outpatient clinics
Future of Secondary Palliative Care

• Better, but limited
• Training programs can’t keep pace with growing demand
• Will remain an important but relatively minor force in shaping the care of serious illness

Primary Palliative Care

• Palliative care is delivered by the patient’s primary team
• Analogous to other areas of specialized medicine that are handled by primary care providers or other specialists (e.g. diabetes, osteoporosis)
• Examples:
  – Goals discussions
  – Advance care planning
  – Pain management
Future of Primary Palliative Care

• Promising, but challenging

• Training for broad populations of health care providers has the potential for substantial impact, but efforts will face significant resistance:
  – Cultural
  – Competing incentives
  – Time

• Gains will be slow, uncertain, uneven, and may not be lasting

JR:

• Tertiary palliative care: Hospice for symptom management
• Secondary palliative care: inpatient consult with outpatient follow-up for symptom management and goals discussion
• Primary palliative care:
  • Pain management
  • Advance care planning
  • Support for spouse and children
Current Models of Palliative Care are Limited

- Narrow population
- Limited scope
- Small numbers of opportunities for impact

Who Are We Missing?

- Granddaughter and primary caregiver of an 85-year old woman with advanced Parkinson's, overwhelmed by caregiving burden
- 34-year old man with a new diagnosis of pancreatic cancer, unsure what to tell his children
- 55-year old man with advanced prostate cancer and severe bone pain; acetaminophen is ineffective
- Oncologist suffering from burnout after the deaths of several young patients
- Husband of a 28-year old woman undergoing breast cancer treatment, unsure how he can be supportive
- 55-year old man with advanced prostate cancer and severe bone pain; acetaminophen is ineffective

Palliative Care:

- Tertiary palliative care
- Secondary (consultative) palliative care
- Primary palliative care
- What’s next?
Present and Future

• “The future is here now. It’s just not very evenly distributed.”
  - William Gibson

Your Diagnosis? Treatment Recommendation?

• A young boy in a refugee camp presents with a 24-hour history of fever, chills, and copious, watery diarrhea. He is severely dehydrated, somnolent, and is arousable only with difficulty. In the past 4 days, 23 other residents have presented with similar symptoms.
  • Your diagnosis?
  • Your treatment recommendation?

Dx/Rx

• Cholera
• Rx: Oral rehydration salts (IV saline in select cases);
  Occasionally antibiotics to reduce duration of symptoms
• And...?
Prevention>>Cure

What’s the Solution?

A Need for More Consults?

Impact of palliative care consults:
• Reduced cost
• Improved quality of life
• Improved satisfaction
• Reduced symptom burden
• Reduced 30-day readmissions
• Increased hospice referrals
• Reduced acute care utilization
Unpacking and Disseminating the ‘Ingredients’ of Palliative Care

• Communication about prognosis
• Clarification of goals
• Emotional support
• Spiritual support
• Symptom management
• Advance care planning

Strategy: Move Palliative Care Upstream

Population-based palliative care

Why Population Health and Palliative Care Need Each Other

David Casarett, MD, MA; Joan Tenen, MD, MSc

• We need to invent the field of population-based palliative care by strategically extending the ‘ingredients’ of palliative care beyond specialist palliative care consults
How Do We Improve the Palliative Care for a Population?

Provider-focused triggers and protocols

- Broad primary palliative care education
- Patient education and resources
- Social marketing and culture change
- Legal change, policy innovation, payment reform

Provider-Focused Triggers and Protocols

• Tools embedded in the electronic medical record that:
  - Identify patients who would benefit from a palliative care intervention
  - Provide just-in-time education/skills for providers

Broad Primary Palliative Care Education

• Reach beyond physicians:
  - To other health care providers
  - And beyond healthcare to...
    • Teachers, clergy, meals on wheels staff...
‘Patient’ Education

• Upstream
• Not limited to ‘patients’; include:
  – Future patients
  – Family members
  – Friends
  – Colleagues
• Expand the message to include grief, bereavement, resilience and support

Social Marketing

• Improving knowledge and changing attitudes and beliefs
• Think broadly about target audiences:
  – Anyone who could be affected by a serious illness
• Think carefully about content:
  – Vocabulary, concepts:
    • Quality of life
    • Goals
    • Preferences

Laws and Policy

• Most difficult to change
• Most lasting impact once change is put in place
• Examples:
  – Advance care planning legislation
  – POLST laws
  – Workplace policies on family leave
Challenges

• Broad task
• Unfocused
• Seemingly endless needs and opportunities
• Feels inefficient
• But...what we need to do

JR:

• Discharged to palliative home care
• Next 4 months: Multiple clinic visits, no hospitalizations
• Use of home infusion 2x for hypovolemia
• Transition to hospice; on hospice for 6 weeks; died at home

Questions We’ll Need to Answer

• How do we define the “palliative health” of a population?
• How can we measure “palliative health”?
• What theoretical model can guide population-based palliative care research?
• How can we tell whether we’re having an impact?