Palliative Medicine in Stroke Care

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Hospice

- A place or an organization
- A philosophy of care
- In the US, it is a governmental program known as the Medicare Hospice Benefit

Hospice: History Lesson

( sort of )

- Greeks and Romans often cared for their sick in religious temples
- Modern Hospice movement credited to Cicely Saunders who opened St. Christopher’s Hospice in London
- 1970’s first programs in US
- 1982 Congress gets involved

Nothing more we can do?

- Hospice is not “giving up”
- Medical team won’t abandon patient
- Aggressive symptom management
- Holistic care of the patient and family – body, mind, and spirit
- Goal of hospice is a dignified, peaceful death with support and closure for the patient and family
Rules on Hospice?

- Very “few” Medicare rules govern care
  However, Hospice agencies are BUSINESSES

- DNR
- Antibiotics
- Feeding tubes
- Radiation / Chemotherapy
- Transfusions

"Death Trajectory"

Prognosis

- Goals mean everything
- Amazing medical system – but are we listening to our patients?
- Cancer prognosis challenging – COPD and CHF impossible

Discussing Hospice

- Elephant in the Room
- Never easy to talk about
- Families, and staff “waiting”
- Patients can change their mind – “try” hospice
- Ultimately an exercise in COMMUNICATION!
What is Palliative Medicine?

- Newly recognized medical subspecialty
- ACGME July 2006
- Medical care that aims to relieve suffering and improve quality of life simultaneously with all other appropriate treatments for patients with advanced illness, and their families

Hospice and Palliative Medicine
Clinicians can help with: …

- Symptom control
  - Pain, nausea, vomiting, dyspnea, delirium
- Communication
  - Breaking bad news
  - Education about end-of-life
  - Helping patients and families make challenging medical decisions

Curative Model of Care
Palliative Model of Care

Curative Intent  6 mo  Hospice

Diagnosis  Palliative Intent  Death

Why we need Hospice and Palliative Care

- Aging Population - Living longer with chronic illnesses
- Baby boomers demanding more (wishes)
- Expensive care at the end of life
- Poor symptom control

Barriers to Palliative Medicine

- Public - Tide Turning
- Medical Staff - Familiarity growing
- Hospital Systems - Resources and payment structure changing
- Payors - Recognizing benefits

Palliative Care Misconceptions

- It is just like hospice – for end-of life care only.
- They are “not ready” for palliative care.
- PC has an “agenda” – stop all treatment and go to Hospice.
- PC will take over care and cut us out.
- Will manage pain long term?
Palliative Care …

- Helps educate and prepare families for the future.
  - Relieves fear of the unknown
  - Gives patients control
- Shouldn’t have an agenda
  - Should supplement care of the primary and other specialists

Temel Article

  - 2 arms – standard oncologic care vs. standard oncologic care with integrated palliative care.
  - Measure QOL, mood, end-of-life care.
  - Findings = improved QOL, better mood, longer hospice care and document wishes, and SURVIVAL improvement from 8.9 months to 11.6 months.

Who is Appropriate for Palliative Care?

- Challenging symptoms
- Frequent hospitalizations
- Challenging family dynamics
- Complicated discharge situation
- Education
- Family meetings

What is a Palliative Care Program?

- Initially definition very loose and self-reported
- Home Care Agencies – Palliative Home Care
- The Joint Commission launches Advanced Certification in Palliative Care
Understanding Benefits - Complicated

- Medicare “Homecare” Benefit - RN visits, criteria to qualify (homebound, skilled need, often time-limited)
- Insurance “Homecare” Palliative Care - RN visits with varying criteria
- Medicare Part B and Insurance Physician and NP visits for the specialty of Palliative Care are paid on a per visit basis like any other specialist and can be done in a clinic, home or facility

History of Outpatient PC

- 15 Years ago outpatient PC programs were closing the doors (show me the money)
- Medical reform is contributing to a push to rethink the benefits of outpatient PC (help us reduce admissions)

Omaha Outpatient PC

- VNA home and facility visit program supported by philanthropy.
- Others attempting Outpt PC - mixed results
- Outpatient clinics starting

Review

Hospice is good palliative care for patients at the end of their life
Hospice is only a small part of how palliative care can help patients

Palliative care can help patients and families deal with chronic illnesses
- Controlling symptoms
- Facilitating good communication and education
- Helping with difficult decision making
Questions?