

Palliative Care: Getting It Right

Steven Pantilat, MD

Professor of Medicine

Kates-Burnard and Hellman Distinguished
Professor in Palliative Care

Chief, Division of Palliative Medicine

University of California, San Francisco

Governance Institute Leadership Conference | September 10, 2023



The Governance Institute®

A SERVICE OF **nrc**
HEALTH

Who's Not Ready?

- Misperception about Palliative Care
- Worry that patients will become emotional
- Grief
- Need to address prognosis
- Unsure how to talk about Palliative Care

Bischoff et al. *JPM* 2021:1823-32



The Governance Institute®

A SERVICE OF **nrc**
HEALTH

Palliative Care Features

- An extra layer of support
- Symptom management
- Support for loved ones
- Live just as long, maybe longer

~~Good death~~

Poore and Pantilat *Ann Int Med* 2021:H02-3



The Governance Institute®

A SERVICE OF **nrc**
HEALTH

Specialty
★ Palliative Care is
medical care focused
on improving quality
of life for people with
serious illness
★
and life threatening



Specialty Palliative Care

“Live as well as possible for as long as possible”



Symptom
Management



Communication
Decision Making



Psycho-Social-
Spiritual Support

Interprofessional Team
Nurse, Social Worker, Chaplain, Physician



The Governance Institute®

A SERVICE OF **nrc**
HEALTH

Benefits of **Specialty** Palliative Care

- Better quality of life
- Improved symptoms
- Less depression
- Less likely to get invasive care at end of life
- Better outcomes for loved ones
- Higher satisfaction
- Lower utilization
- Longer life

Kavaliertos et al. *JAMA* 2016;316:2104-14

Ernecoff et al. *JPM* 2020;23:389-96

Bakitas et al. *JAMA* 2009;302:741-9

Temel et al. *NEJM* 2010;363:733-42

Rogers et al. *JACC* 2017;70:331-41

Kluger et al. *JAMA Neurol* 2020;77:551-60

Bischoff et al. *Neurol Clin Pract* 2022;12:68-75



Sickest Patients Benefit Most

- Advanced disease
- Rapid trajectory
- Severe symptoms
- Challenging decisions
- High psychosocial needs

Ernecoff et al. *JPM* 2020;23:389-96

Rogers et al. *JACC* 2017;70:331-41

Kavaliertos et al. *JAMA* 2016;316:2104-14

Temel et al. *NEJM* 2010;363:733-42



The Governance Institute®

A SERVICE OF **nrc**
HEALTH

Getting it Right

- Specialty PC teams
 - Nurse, Social Worker, Chaplain, Physician
 - Pharmacist, Psychologist
 - Certified in Palliative Care
- Key settings
 - Inpatient PC consultation +/- inpatient hospice beds
 - Outpatient PC clinic with telemedicine
- Hospice

National Consensus Project for Quality Palliative Care. 4th ed.
Richmond, VA <https://www.nationalcoalitionhpc.org/ncp>



The Governance Institute®

A SERVICE OF **nrc**
HEALTH

Inpatient Palliative Care

- One PC team
 - Nurse, Social Worker, Chaplain, Physician (1.5 FTE, 28-40 wks/yr on service)
 - 600 new consults/year
 - ALOS 6 days
 - ADC 10 patients
- Focus on the sickest patients



Outpatient Palliative Care

- Team: Nurse, Social Worker, Chaplain, Physician
- Physician: 7 half days a week, 45 weeks/yr = fulltime
 - Census: 25 patients/half day
- Social Worker and Nurse: 10 half days of clinic
- Half day clinic
 - 4 patients/half day (1 new, 4 follow up; schedule 5)
 - Telemedicine
 - Bill by time
 - Advance care planning

Bischoff et al. *Neurol Clin Pract* 2022;12:68-75

Bischoff et al. *JPM* 2022;25:1468-75



The Governance Institute®

A SERVICE OF **nrc**
HEALTH

Familiarity Breeds Comfort

- Identify champions on each team
- Understand the motivation from each team
- Promote learning and working together



The Governance Institute®

A SERVICE OF **nrc**
HEALTH

Business Case for Palliative Care

- Reduced costs and utilization with palliative care
- Pre-post analysis for patients followed by PC
 - Compare healthcare utilization from the 6 months prior to enrollment in a specialty PC program to the 6 months after
- Mortality Look Back
 - If you have date of death for all patients, compare healthcare utilization in last 1-6 months of life for patients seen by PC to those who were not

Bischoff et al. *JPM* 2022;25:1468-75

May et al. *JAMA Int Med* 2018;178:820-9

Morrison et al. *Arch Int Med* 2008;168:1783-90



The Governance Institute®

A SERVICE OF **nrc**
HEALTH

~~Business~~ Case for Palliative Care

Fundamentally the goal is high-quality care

How will we care for our sickest patients,
our families, and ourselves?



The Governance Institute®

A SERVICE OF **nrc**
HEALTH

The Golden Question: Fostering Hope

“When you look to the future, what do you hope will happen?”



The Governance Institute®

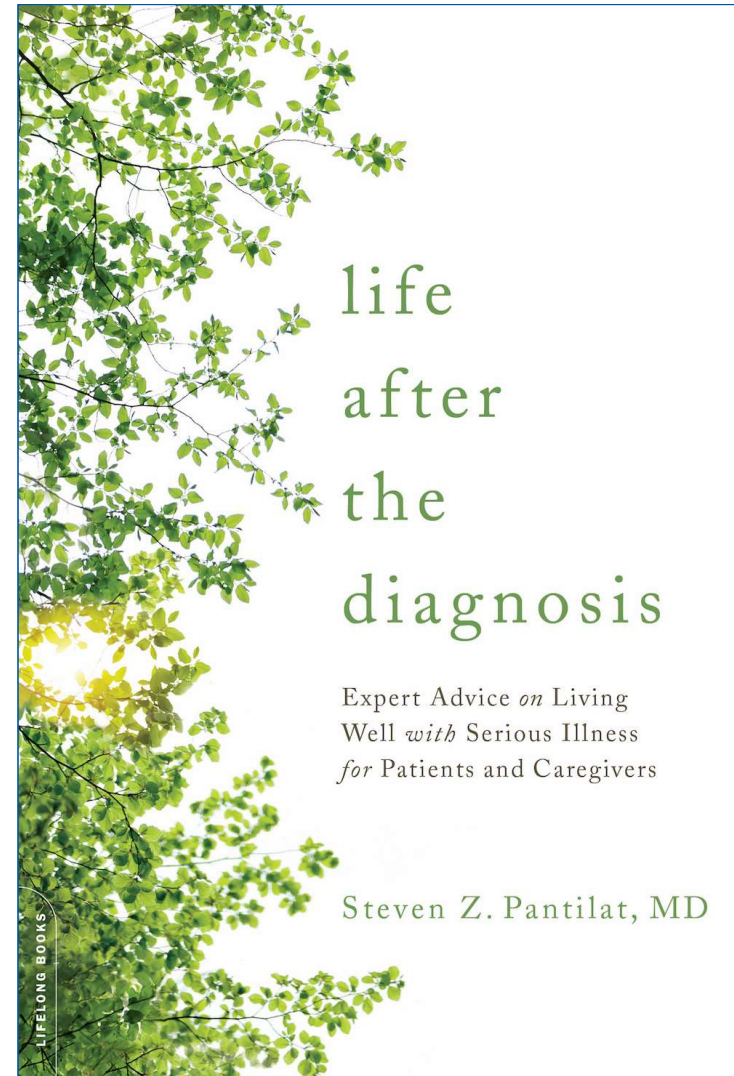
A SERVICE OF **nrc**
HEALTH

Palliative Care: Getting it Right

- Specialty palliative improves care and quality of life for people with serious, life-threatening illness in all the ways that matter
- Sickest patients benefit the most
- Specialty palliative care is provided by interprofessional teams
- Target all settings of care
- Strong business case exists for palliative care
- Build the system of care we want for us and our loved ones



For people with serious illness,
their loved ones,
their healthcare providers,
and everyone who cares for them



The Governance Institute®

A SERVICE OF **nrc**
HEALTH