



OhioHealth

BELIEVE IN WE™

Growing Global Leaders... Advancing Palliative Care



How Can Value Change an Organization

Frank D. Ferris, MD, FAAHPM, FAACE
ED, Palliative Medicine, Research & Education

LDI C2 RC3
October 13-18, 2013

Objectives

- Illustrate how **Volume** → **Value** can move an organization to change
- Critique the presentation construct
 - What aspects of this presentation could be used to influence in your settings
 - Concepts
 - Presentation styles

In Your Setting, What Strategies Motivate Change

- Stories ?
- Data ?
- Money ?
- Quality ?
- Safety ?
- Other ?

Context

- **OhioHealth, September 2013**
- **Most Associates do not understand hospice or palliative care**
- **Financial health and safety are motivators for change**
- **Settlers**

Palliative Care and Hospice Care Safety and Quality

Charles F. von Gunten, MD, PhD

V.P., Medical Affairs, Hospice & Palliative Care

Frank D. Ferris, MD

E.D., Palliative Medicine, Research & Education

OhioHealth Safety and Quality Summit
Sept 18-19, 2013



Main Message

**Palliative care,
including hospice care,
delivers higher quality and safety**

Current Situation in the USA...

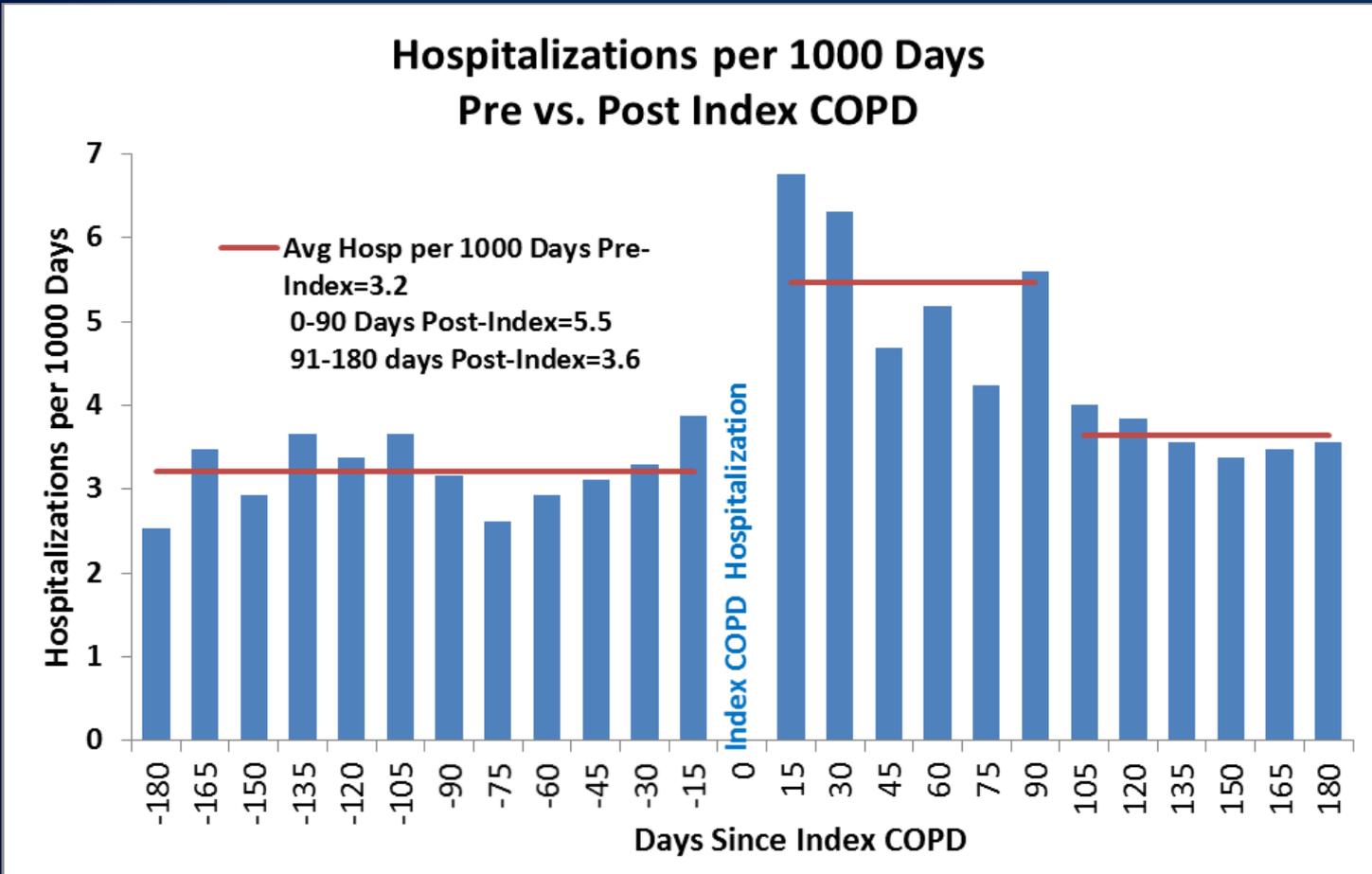
EOL Care, Medicare Last 180 d

- 2000 → 2005 → 2009 Cancer, COPD, Dementia
 - ↑ transitions > 3, > 40 % in last 2 weeks
 - ↑ ICU use last 30 d 29 %
 - ↓ hospital deaths 25 %
 - ↑ use hospice 28 % ≤ 3 days
 - 40 % from hospital with ICU stay

VIDEO – MARTHA, COPD



OhioHealth COPD Readmissions



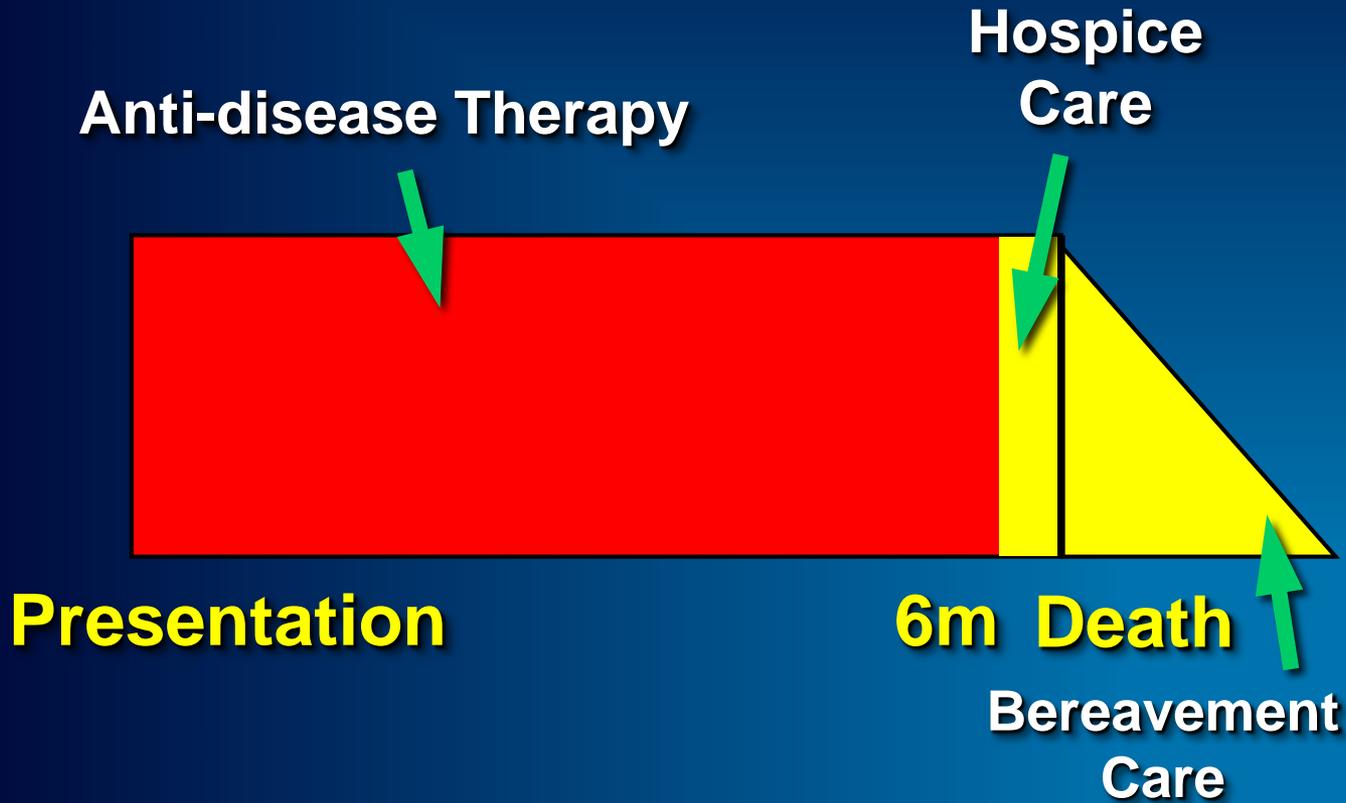
Palliative Care is...

Palliative Care

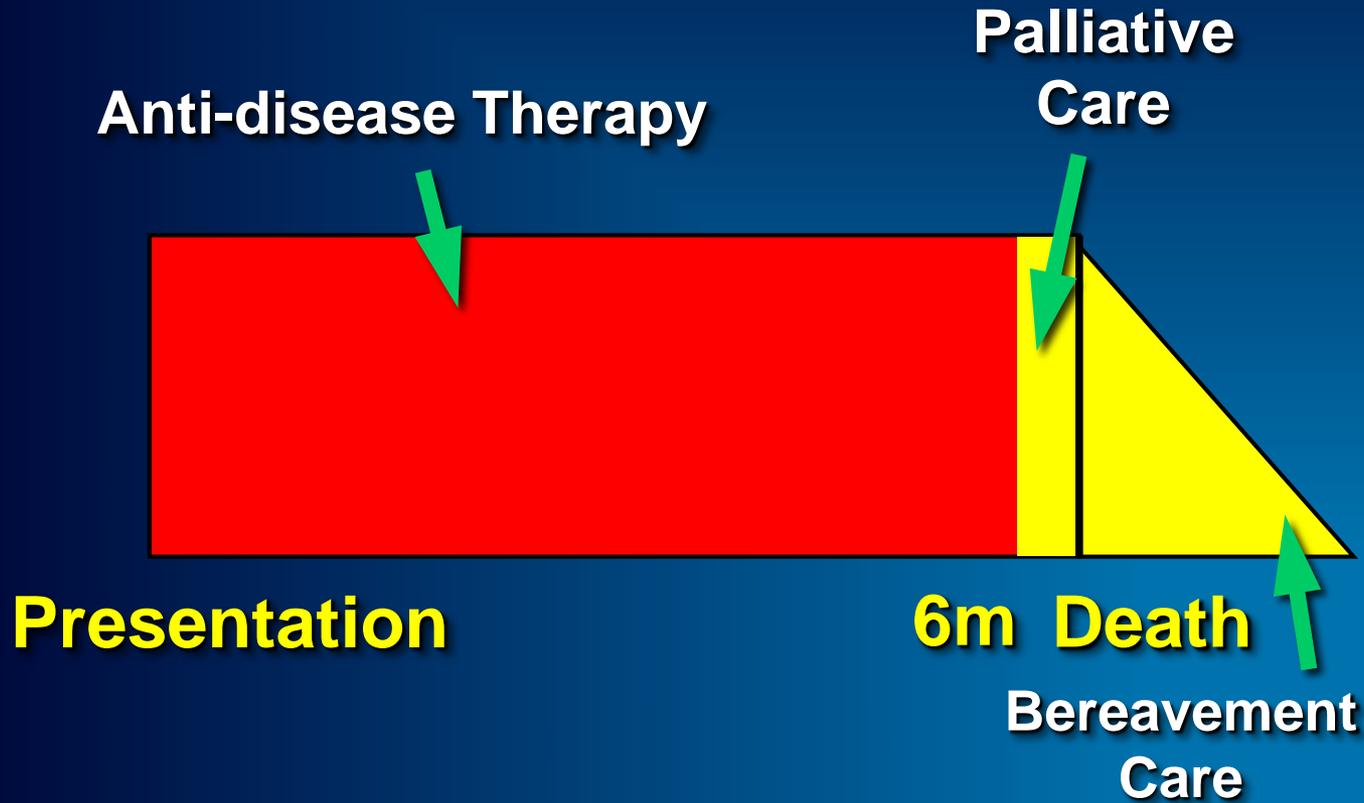
- prevent & relieve suffering
- help people achieve their full potential
...regardless of prognosis

*Adapted From: Ferris FD, Balfour HM, Bowen K, Farley J, Hardwick M, Lamontagne C, Lundy M, Syme A, West P.
A Model to Guide Hospice Palliative Care.
Ottawa, ON: Canadian Hospice Palliative Care Association, 2002.*

OhioHealth 2013



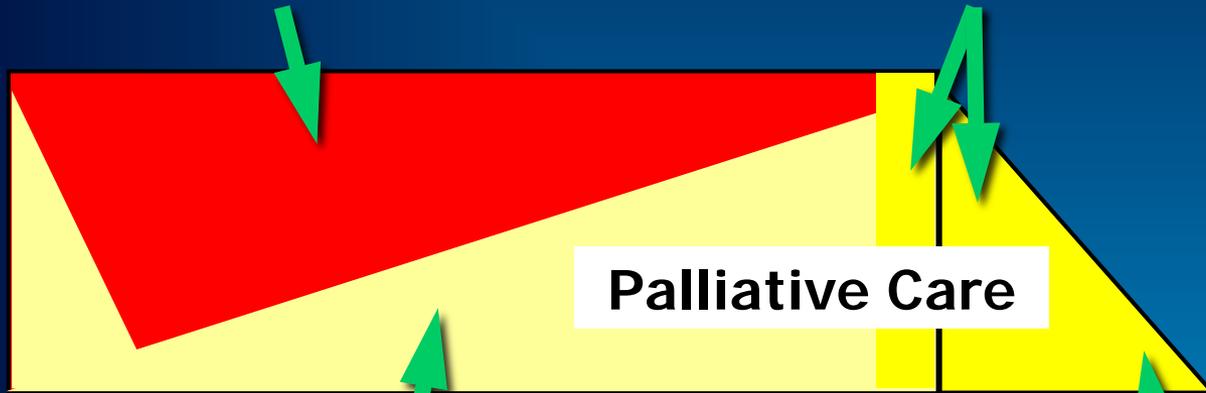
OhioHealth 2013



OhioHealth 2014 → 2023

Anti-disease Therapy

Medicare Hospice Benefit =
Enhanced Palliative Care



Palliative Care

Presentation

Therapies to
relieve suffering and / or
improve quality of life

6m Death

Bereavement
Care



Frank

- 58 yo man
- Fever, cough
- Emergency dept.
- Pneumonia

Frank

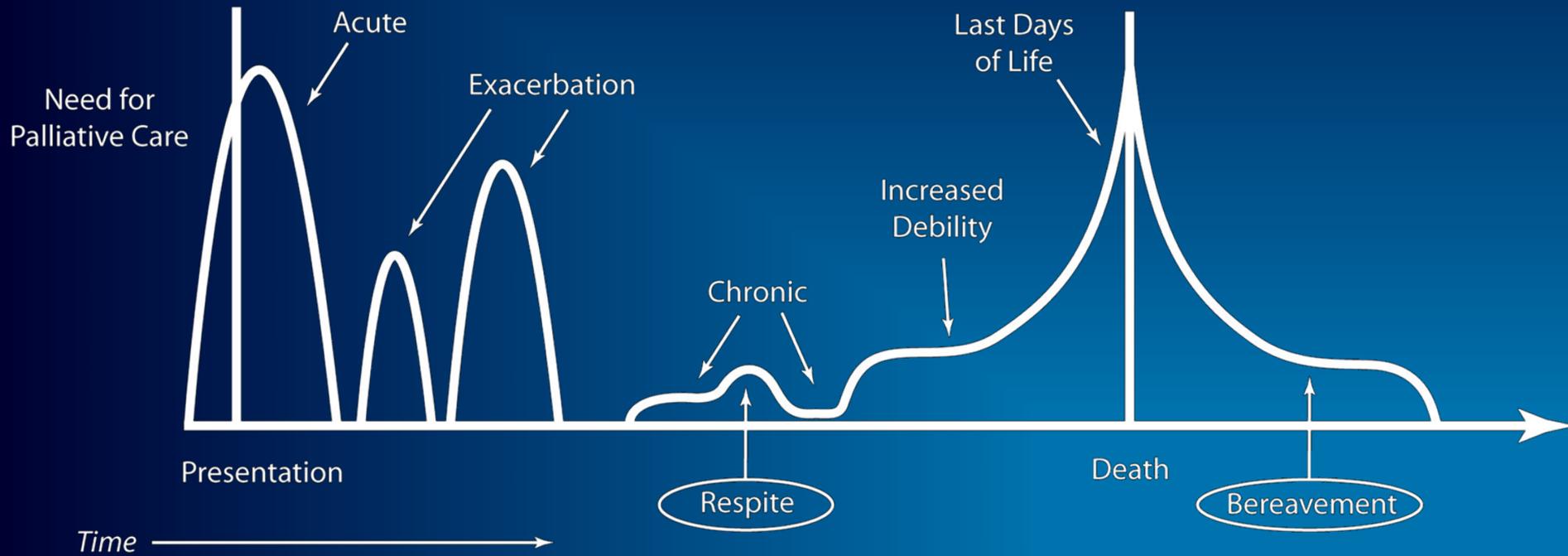
- Lung cancer, metastatic to bone
- Post obstructive pneumonia



$$\text{Value} = \frac{\text{Quality}}{\text{Cost}}$$

**Safety = minimize risk of harm
& don't Rx without benefit**

How much palliative care?

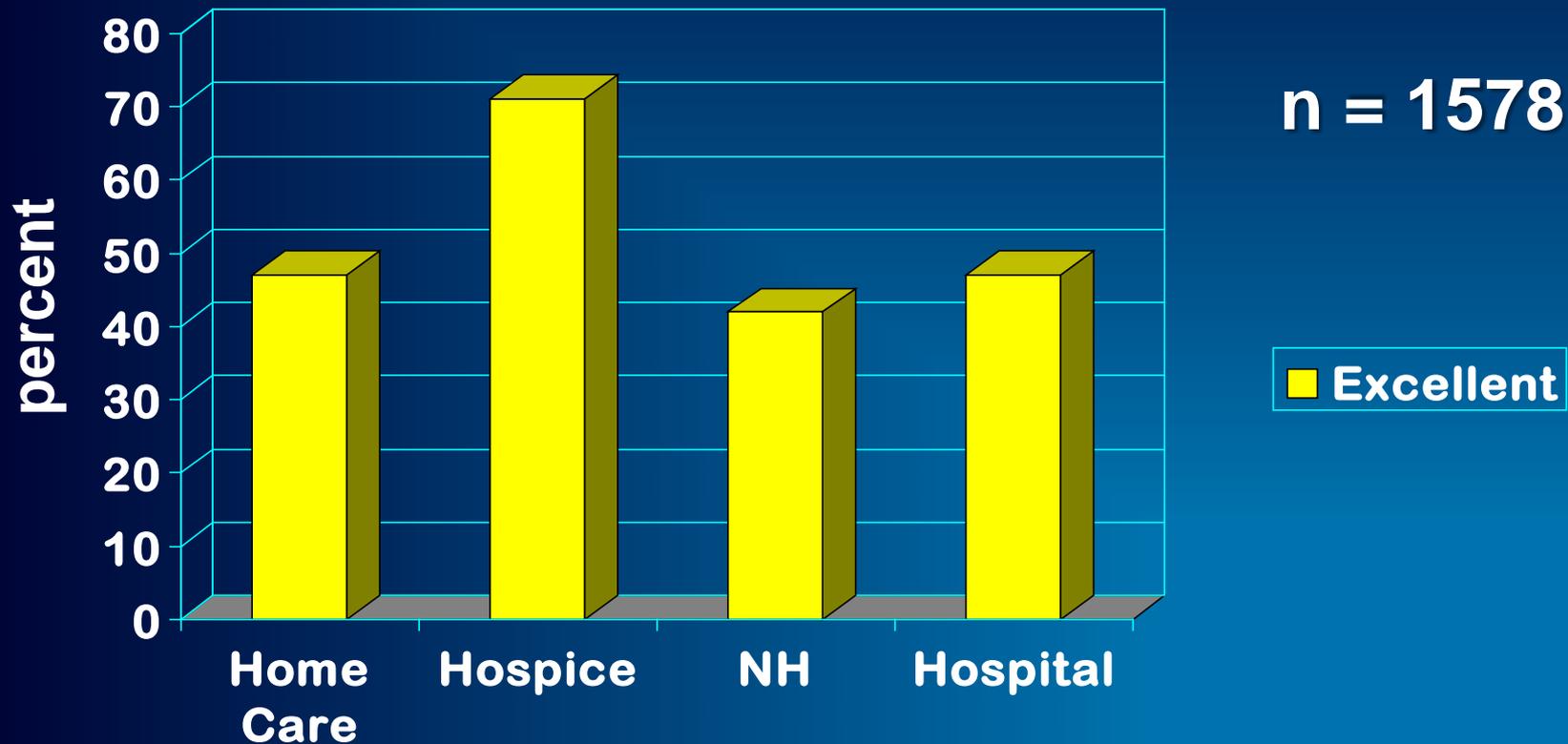


Palliative Care at Kaiser, Los Angeles

- 484 Seriously ill, inpatient pall care consult
- 10 % readmitted within 30 days

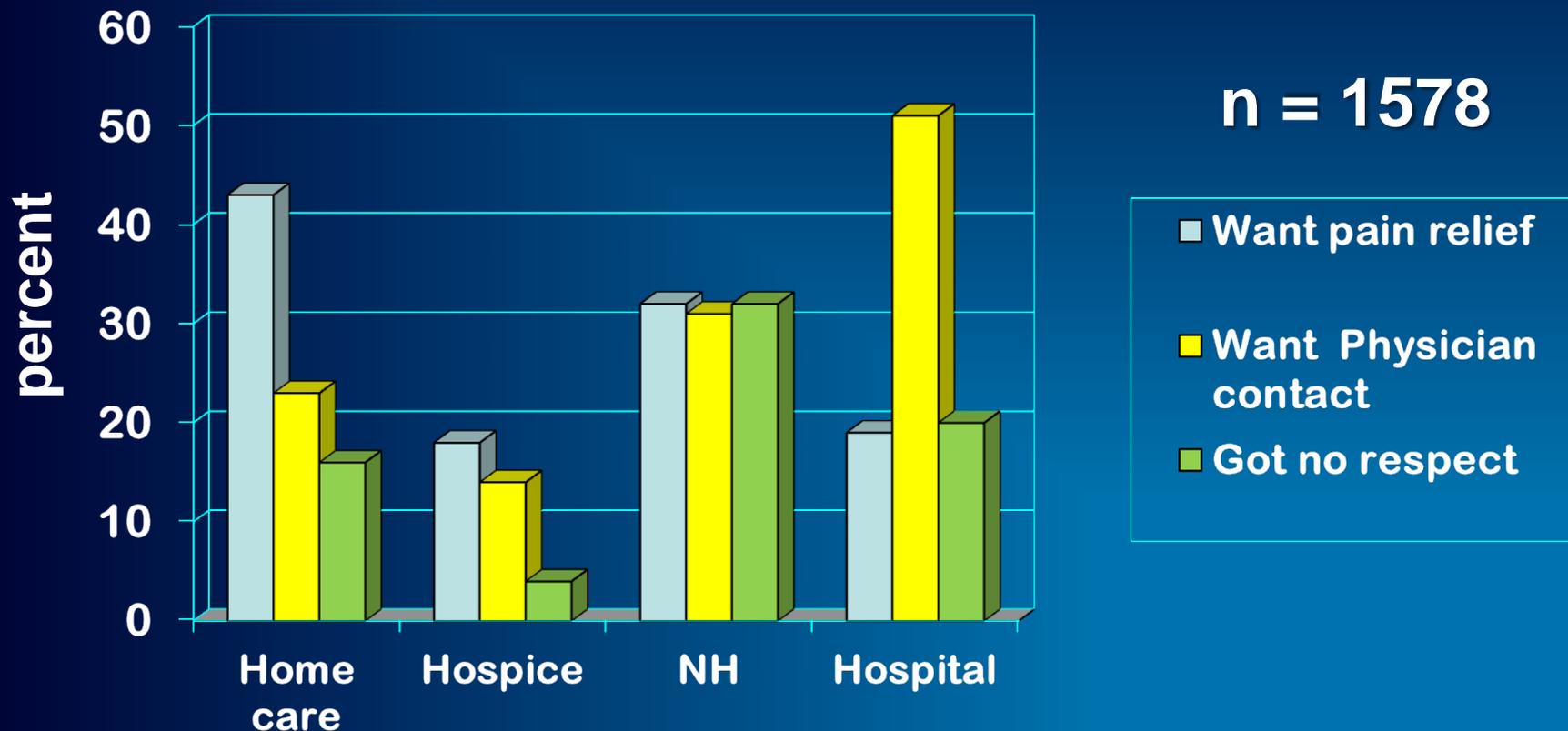
Hospice	5 %	and less ED usage
Home-based pall care	8 %	
Home health	13 %	
Nursing facility	24 %	
Home, no care	26 %	

'Excellent' Quality of EOL Care



Teno et al JAMA 2004; 291: 88-93

Outcomes in Last Place of Care



Cost with Hospice Care

- Significant savings when compared with no hospice care

1 - 7 days = \$2,650

8 - 14 days = \$5,040

15 - 30 days = \$6,340

53 - 105 days = \$2,561

Inescapable conclusion

- Referral for hospice care is expected outcome when death is anticipated
- Quality measure
- End of 'choice' for hospice care

Key elements of palliative care

- **Communication & negotiating goals of life & care**
- **Symptom management**
- **Distress**

VIDEO – DIAGNOSIS OF CANCER



Video Clip

- **Diagnosis of Cancer:**
What was missing?

Key elements of palliative care

- **Communication**
- **Symptom Management**
- **Distress**

VIDEO –

PAIN OUT OF CONTROL



How to manage ?

2010

THE NEW ENGLAND JOURNAL OF MEDICINE

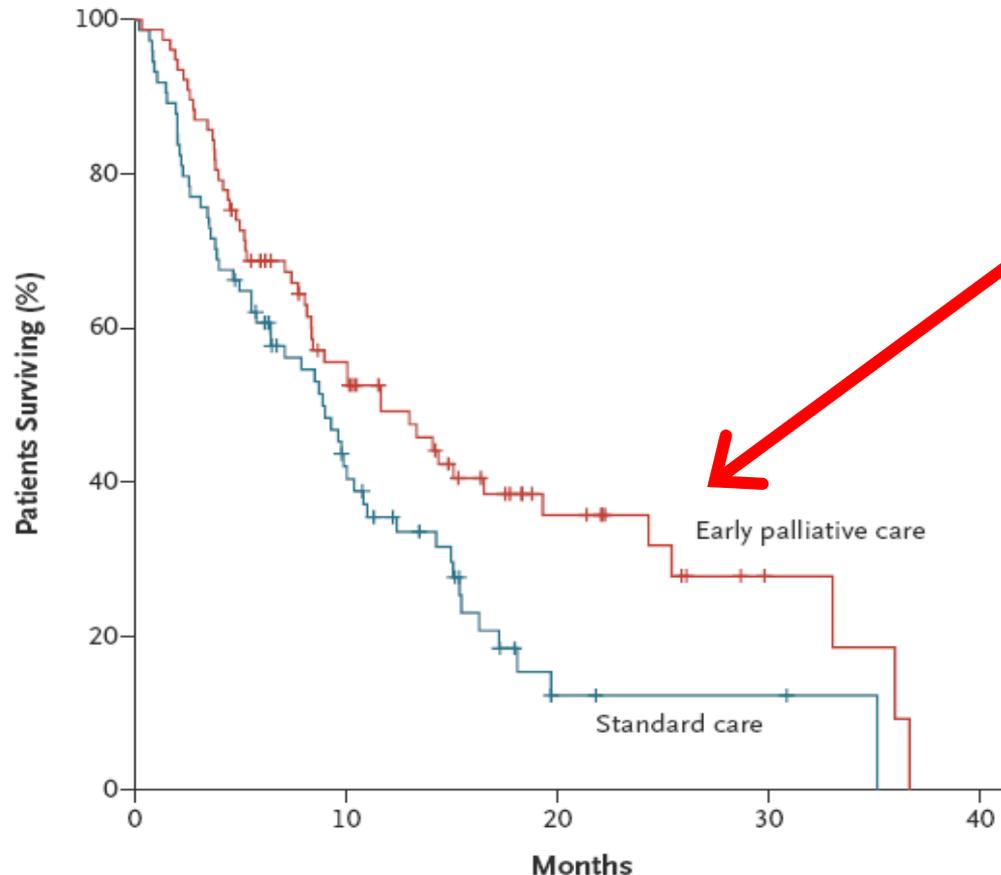
ORIGINAL ARTICLE

Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer

Jennifer S. Temel, M.D., Joseph A. Greer, Ph.D., Alona Muzikansky, M.A.,
Emily R. Gallagher, R.N., Sonal Admane, M.B., B.S., M.P.H.,
Vicki A. Jackson, M.D., M.P.H., Constance M. Dahlin, A.P.N.,
Craig D. Blinderman, M.D., Juliet Jacobsen, M.D., William F. Pirl, M.D., M.P.H.,
J. Andrew Billings, M.D., and Thomas J. Lynch, M.D.

Std + Palliative Care → Prolonged life 3 months

Benefits of Early Palliative Cancer Care



✓ Survival

- Longer
- Better
 - Understanding prognosis
 - Goals of care

✓ Less IV chemo in last 60 days

- ## ✓ ↑ Quality of Life
- Improved mood

American Society Clinical Oncology recommends...

Concurrent palliative care for seriously ill cancer patients – from the beginning

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JOURNAL OF CLINICAL ONCOLOGY

A S C O S P E C I A L A R T I C L E

2012

American Society of Clinical Oncology Provisional Clinical Opinion: The Integration of Palliative Care Into Standard Oncology Care

*Thomas J. Smith, Sarah Temin, Erin R. Alesi, Amy P. Abernethy, Tracy A. Balboni, Ethan M. Basch,
Betty R. Ferrell, Matt Loscalzo, Diane E. Meier, Judith A. Paice, Jeffrey M. Peppercorn, Mark Somerfield,
Ellen Stovall, and Jamie H. Von Roenn*

Author affiliations appear at the end of
this article.

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ahead of print at www.jco.org on
February 6, 2012.

Approved by the American Society of

A B S T R A C T

Purpose

An American Society of Clinical Oncology (ASCO) provisional clinical opinion (PCO) offers timely clinical direction to ASCO's membership following publication or presentation of potentially practice-changing data from major studies. This PCO addresses the integration of palliative care services into standard oncology practice at the time a person is diagnosed with metastatic or advanced cancer.





Palliative & Hospice Care at OhioHealth

- **2 hospital-based consult services**
 - Grant \approx 1450 consults / yr.
 - Riverside \approx 1400 consults / yr.
- **Short LOS at Hospice**
 - Median 10 days (National norm = 19 – 20 days)

OhioHealth Way: Plan and Measure

- The pain, symptoms & stress of serious illness can be managed

Not an accident : by design

- Prevent rather than rescue
- Workforce preparation

Generalist skills for everyone

Specialist palliative care experts for complex cases

Is this a quality / safety issue ?

- 89 yo man with recurrent laryngeal CA
No chemo, XRT, surgery possible
Lost 40 pounds in 2 months
- Do you want hospice? No
Send to SNF

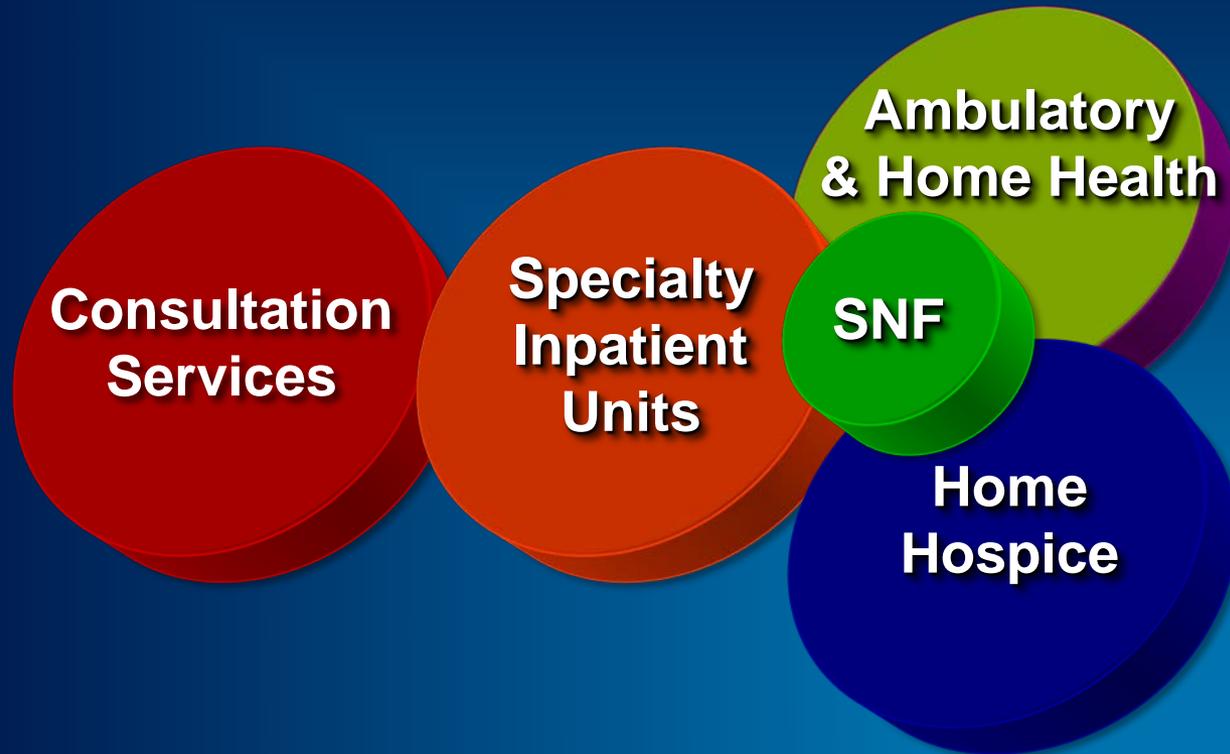
Take Home Messages

- **Treat the pain, symptoms, stress of illness**
- **Palliative care routine part of comprehensive health care**

What every clinician knows

Specialist teams for challenging cases

Clinical Palliative Care



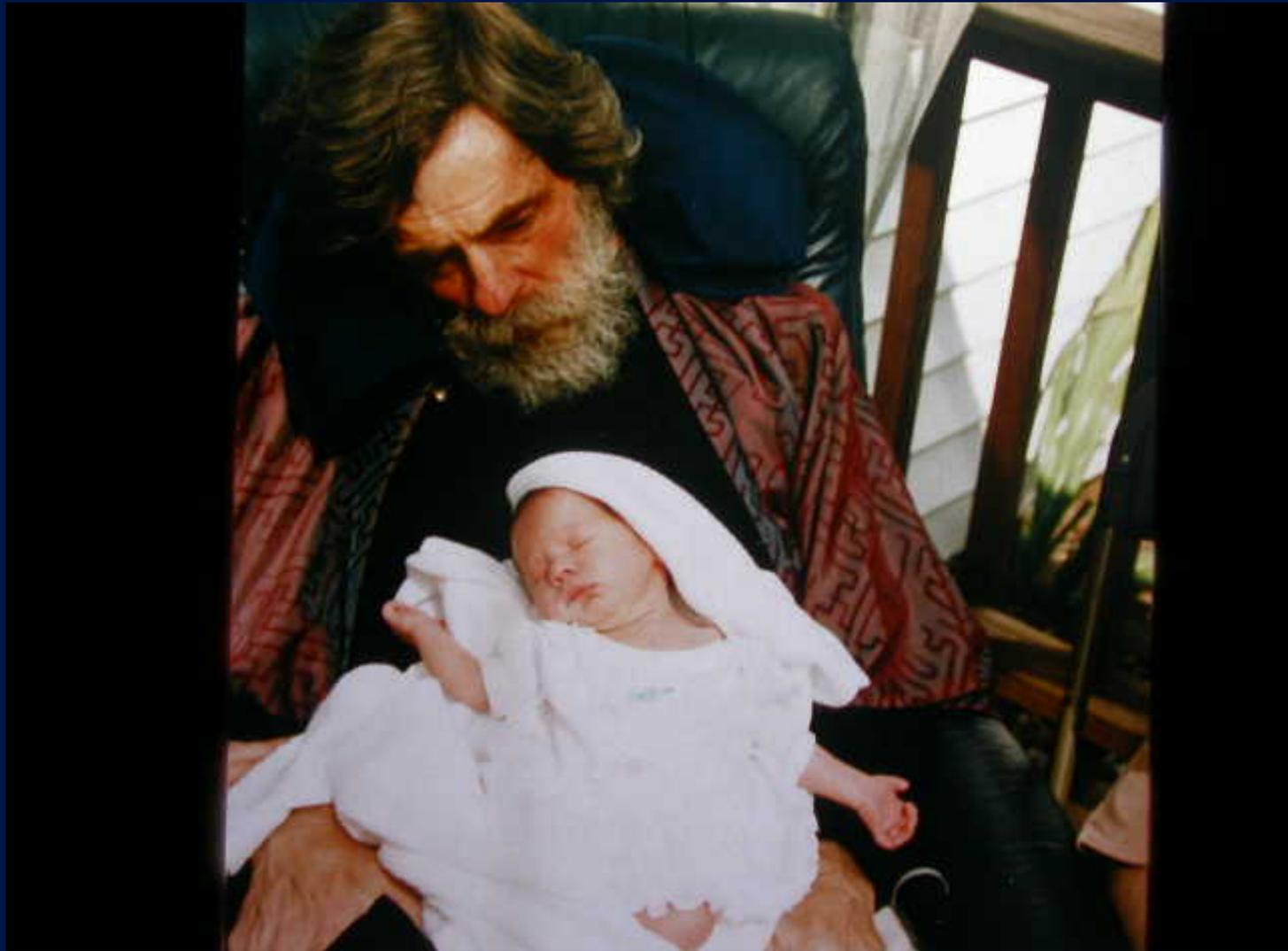


"I'd like to get your arrow count down."









What experience?



- Your patients & families
- Your family
- You

**“ The standards of practice we create
And the people we train
Will look after us
When it’s our turn to receive care...**

Will OhioHealth be ready for you ? ”





OhioHealth

BELIEVE IN WE™

Gandhi...

*You need to be the change
you want to see in the world...*

**Kobacker House
Columbus, Ohio**

