Roadmap

- What is palliative care?
- Why is it important?
- How does it compare to hospice?
- Audience Q & A
What comes to mind when you hear the term “palliative care?”
Defining Palliative Care

- Palliative care strives to see the person beyond the disease
  - “person living with cancer” vs. “cancer patient”
Palliative care is specialized health care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and the family.

Center to Advance Palliative Care (CAPC), 2019
Defining Palliative Care

- Provided by a specially-trained **team**, working together with the patient’s other physicians and medical teams to **improve quality of life** while striving to **extend life or provide cure**

- Based on the individual needs of the patient, ensuring **personalized medicine** remains personal at **any age or point** in a serious illness

Center to Advance Palliative Care (CAPC), 2019
Living with a Serious Illness

Common Life-Limiting Diagnoses
- Cancer
- Heart failure
- Liver, Kidney, or Lung Disease
- Dementia
- ALS (Amyotrophic Lateral Sclerosis)
- Parkinson’s Disease
- Functional Decline or Frailty

Diagnoses Better Served By Primary Care
- Hypertension
- Diabetes
- High cholesterol
- Infections that are expected to improve (e.g., influenza)
- Chronic pain that is not from a serious illness (e.g., Osteoarthritis)
Team-Based Care

Palliative Care Team Members
- Physicians
- Advance Practice Providers (e.g., Nurse Practitioner)
- Social Workers
- Chaplains
- Medical Assistants

Derived from World Health Organization definition of palliative care, 1998
Improved Relief from Symptoms and Stress

- Tumor-associated Pain
- Shortness of breath
- Nausea
- Constipation
- Anxiety
- Depression
- Insomnia

- Existential Distress/Grief
- Insomnia
- Fatigue
- Poor Appetite/Weight Loss
- Neuropathy
- Caregiving
- Advance Care Planning
Any Age, Any Stage, Any Phase of Treatment

- Palliative Care is appropriate at any age and can be provided alongside curative treatment
- Improves quality of life for the patient and family since it recognizes that patient and families are a unit
Palliative Care Benefits

- Living better and longer*
- Improved symptom control (e.g., pain, shortness of breath)
- Enhance spiritual and emotional wellbeing
- Identification of life goals and advance care planning
- Increased satisfaction with care
- Fewer hospitalizations or visits to Emergency Room
- Fewer hospital days
- Less burden on caregivers
- Decrease medical team distress

Source: Temel, New England J Medicine 2010; 263: 733-742
Life Goals and Advance Care Planning

- Process of **contemplating** and making health **decisions** now and for the **future**

- Decisions to make in anticipation of **when** patients are unable to speak for themselves

- Health care interventions should be **based on preferences**, discussions with loved ones and most importantly, **personal values**
Palliative Care

Hospice
Defining Hospice

▪ A **philosophy** of care

▪ An **insurance** benefit

▪ A pre-defined **set of services**
Defining Hospice

- Prioritizing comfort and/or quality of life goals
- Living better now and up through end-of-life
- Ensuring patients die where they want to be
Defining Hospice

- Covered by **all insurance plans** (including Medicare and Medicaid) at no additional cost

- Patients have an estimated **prognosis of 6 month or less**

- Typically, does not cover aggressive life-prolonging or cancer-directed therapies (e.g., chemotherapy or immunotherapy)

- Discussion about specific treatments is possible
Pre-Defined Set of Services

- New additions to care team:
  - Nurse
  - Case manager
  - Home health aide
  - Pharmacist
  - Physical and occupational therapists
  - Volunteers
- Home-based care (if desired)
- 24hr Call Line
- Ability to send “on demand” nurses for assessment and care management
- Short-term inpatient escalation (GIP) for uncontrollable symptoms
- Caregiver respite support (5 days)
- Manage and deliver all medications
- Durable medical equipment
  - Hospital bed
  - Bedside commode
  - Shower chair
  - Oxygen tanks or concentrator when indicated
  - Wheelchair, etc.
- Family grief counseling and bereavement support (minimum 1 year)
Questions and Open Discussion

Location of Stanford Palliative Care

- Inpatient hospital consult service, 7 days/week
- Outpatient clinics in Palo Alto, San Jose and now Emeryville
- Both In-person and video visits are available
Thank you for your attendance
Please complete our survey