

Palliative Care: Just what the patient ordered

By Marietta Whittelsey

On May 23, at the Foundation for Community Health annual medical education program, Diane Meier MD, director of the Center to Advance Palliative Care at Mount Sinai Hospital in New York put to rest the misunderstandings regarding palliative care. She also made it clear that it is win-win for patients, providers and even payers such as insurance companies.

It's important to define the term, palliative care, since even most doctors confuse palliative care with hospice care. However, the latter is typically initiated only when patients are predicted to have six months to live and no further attempts at cure are being made. According to Dr. Meier, palliative care is simply medical care for people with serious illness and their families. Its focus is on improving quality of life as defined by the patient and family—not by doctors who, Dr. Meier noted, “are trained to view the death of a 99-year-old as their personal failure.” Thus it can be very difficult to restrain dedicated physicians from applying heroic, likely useless, and maybe painful measures in the last days of life.

Goal-setting in palliative care is based on: “don't ask me what's the matter with me. Ask me what matters to me.” In a study of 357 seniors, 76 percent ranked maintaining independence as their highest goal followed by pain and symptom relief. Prolonging life was rated last. Thus, the over-arching goal of palliative care is to keep patients out of hospitals where life is grim and the likelihood of serious in-

fection is high. You might think that this would cause a conflict with the hospitals, but due to the use of DRGs—diagnosis-related groups—hospitals are paid a predetermined rate by Medicare and Medicaid, based on the diagnosis. Accordingly, the hospital receives the same amount for an appendectomy whether the patient stays two days or two weeks. Their goal is to admit patients and then get them back home as soon as possible.

Dr. Meier stressed that palliative care is “appropriate at any age, for any diagnosis, at any stage in a serious illness and is provided together with curative and life-prolonging treatments.” Care is coordinated by a team which may consist of physicians from several specialties, counselors and nurses who work with the patient's primary care doctor to provide relief from the pain and symptoms of a serious illness. Palliative care, Dr. Meier said, “is about living well with a serious illness that one may live with for a long time, get better from or die from.”

Most Baby Boomers want to remain at home rather than entering a nursing home, and Dr. Meier addressed this. As a patient advocate working with elderly clients in the area, I know first-hand how very difficult it is to provide consistently even a low level of home care. Our system is simply not set up that way at the moment. However this will change if only because it is most cost-effective. A study based on 25 state reports showed that the cost of home and community-based long-term care services is less than one-third

the cost of nursing home care. Mobilizing such services is the key to helping people remain at home. And the services most people need are relatively simple according to Dr. Meier. They include 24/7 phone access, consistent and personalized care and a focus on social and behavioral health aspects of care. Many patients do fine with someone to come in to make breakfast and help with dressing and then return at the end of the day to help ready them for bed. They do not need to go to a nursing home for this. She noted that one of the reasons that the United States spends so much on health care and has such relatively poor health compared to every other westernized country is because the less that is spent on social and behavioral care the more that is spent on medical care.

Care is already coming home. For example, Blue Cross/Blue Shield of Michigan has added what it terms, “the missing piece solution” to their array of benefits with a program called @HOME Support. Not only has this been found to reduce caregiver stress (a hugely underestimated indirect cost of our present system as a result of caregivers' getting sick and missing work days themselves due to the stress of caregiving), but it saves 30 percent of net total health care costs.

For communities such as ours, a greatly expanded home health care network, paid for by insurers (unlike at present for the most part) and personalized to individual needs would provide much needed jobs as well as the optimum solution for older people.