How to Provide End-of-Life Care in a PACE Population

David Wensel DO, FAAHPM
Medical Director
Midland PACE
NPA June, 2017
Objectives

• Participants will learn when to access end of life care for PACE patients.
• Attendees will understand which services to collaborate with from Hospice.
• Participants will be able to discuss with PACE participants and their families what their end of life preferences are.
• Attendees will learn the value of collaborating with Hospice to better care for our PACE participants and their families.
Compare PACE and Hospice

- PACE
  - 55 years old
  - Certified to be at NH level of care
  - Life expectancy 3.0 years in high risk
  - Interdisciplinary team
  - Focus on remaining in community safely

- Hospice
  - No Age limit
  - NH or community
  - Six months or less to live
  - Interdisciplinary team
  - Focus on comfort and quality of life
When

• How do we know when to ask Hospice for help?
• Pathways provide a great opportunity to talk about this with Patient and caregiver.
• Longevity, Functional, Comfort
The Cure - Care Model: The Old System

Life Prolonging Care

Palliative Hospice Care

D E A T H
A Better Model

Life Prolonging Therapy

Diagnosis of serious illness

Palliative Medicine

Medicare Hospice Benefit

Death
A Better Model

Life Prolonging Therapy

Diagnosis of serious illness

Palliative Medicine

Medicare Hospice Benefit

Death

PACE
End of Life Care

• Not all PACE programs are affiliated with a hospice
• Where do our PACE participants die?
• This question can help your team determine need for hospice care
Our PACE Deaths 2016

27 deaths in 2016

- 13 at home with hospice
- 7 at our hospice house
- 5 at nursing facilities where the patients were living with hospice
- Only 2 were in the hospital and did not have hospice care
Why PACE & Hospice

• The 63% of Medicare patients with 2 or more chronic conditions account for 95% of Medicare spending in the last 2 weeks of life (CDC)

• The number of people over age 85 is 5.9 million in 2014 (CDC)
Why PACE & Hospice

- Most participants remain in PACE until death
- Average length of stay on PACE is 48 months
- Our PACE program is around 28 months
Why PACE & Hospice

• Five Year survival in PACE vs NH
• Published in Journal of Gerontology, 2010
• 1018 patients, 468 in Nursing home and 554 in PACE
• PACE median survival was 4.7 years vs 3.4 years
Why PACE & Hospice

• What can hospice add to PACE?
• Let’s look at the information about survival in hospice vs nonhospice medical care
• A study published by NHPCO in the Journal of Pain and Symptom Management in 2007
Why PACE & Hospice

- Compared survival in 5 different cancers (breast, colon, lung, pancreatic, prostate) and CHF
- 4493 patients, 2095 received hospice care
- Mean survival was 29 days longer for patients who enrolled in hospice services
Why PACE & Hospice

• PACE and Hospice working together seems to be a better model.
• Hospice and PACE have many things in common (Interdisciplinary).
• So what can hospice add to the PACE team?
Hospice

• Hospice is a concept of care different from traditional medical care in that the goal is not curative.
• Hospice care focuses on the quality of life for terminally ill individuals and their families.
Hospice

• Provide maximum comfort
• Stress human value that goes beyond the physical needs of the patient
• Dying and grieving are seen as a natural part of living
• Cares for the family before and after the death of their loved one
Hospice Levels of Care

- Home Hospice
  Patient home, nursing home, assisted living
- Inpatient Hospice
- Continuous Care
- Respite Care
Hospice Team

• Our physicians are specialists in hospice care and have a wealth of experience and training in helping patients who are progressing towards the end of life or actively dying.
Hospice Team

• Our **nurse** has advanced skills and is compassionate, caring, and experienced in meeting the special needs of our patients and their families as they progress towards the end of life.
Hospice Team

• Our **social worker** assists in facilitating communication between patients, families, medical staff, and community resources. They offer resources for patients, families, and the PACE team including counseling and grief support.
Hospice Team

• Our **chaplain** is specially trained to sensitively address the spiritual concerns of patients from many faith traditions. They comfort and support all those involved, helping them find meaning during the dying process.
Hospice Team

Our **bereavement coordinator** supports friends and family members for up to one year following the death of a loved one with grief counseling. They also support our PACE team as well.
• Our **volunteer coordinator** arranges volunteer support with patient care, caregiver relief, caregiver support during and after the death of a loved one.
Why Hospice?

• Determining the desires of patients and loved ones that facilitates care that respects and upholds their wishes.
• Addressing patients’ and loved ones’ practical concerns about care and dying.
Why Hospice?

- Aggressively manage pain and find relief for other symptoms so patients can enjoy a higher quality of life.
- Ensuring that patients and loved ones have accurate time and space to complete any unfinished business.
Hospice Care is designed to serve and support patients and families facing critical, life-limiting illnesses at the end of their life with a 6-month or less prognosis.
Hospice can help when

- Patients and loved ones have been presented with several treatment options and are having difficulty weighing the options and reaching a consensus on goals.
- Aggressive treatment options designed to cure the illness are no longer desirable or FEASIBLE.
Hospice can help when

- Pain or other physical symptoms are not relieved.
- Patients and their loved ones are struggling with emotional or spiritual concerns.
- When caregiver is just ‘worn out’.
Hospice Outcomes

• Hospice relieves pain and distressing symptoms.
• Hospice helps with difficult decision-making.
• Hospice boosts patient and family satisfaction.
Hospice Outcomes

• Hospice provides bereavement support to patients and families.
• Hospice often helps with transitions of care.
• Hospice helps when patients must be transferred to alternative care settings.
PACE and Hospice

• If your PACE program does not have a hospice affiliated with it

• Partner with one to help provide care and train your staff
PACE and Hospice

- Use the pathways of care to help determine when to contact hospice
- When a patient transitions to a palliative pathway would be a perfect time to consider hospice
PACE and Hospice

- Often the goals of care in PACE are very similar to goals of care in Hospice.
- Since many PACE participants are very frail
- Hospice is often limited by the six months or less prognosis.
PACE and Hospice

• PACE is not limited to a prognosis of six months or less.
• We can provide hospice care long before a patient has six months or less to live.
• PACE team members need training in how to do that.
PACE and Hospice

• The last thing to talk about is the support hospice can provide to our teams when our patients die
• Our bereavement department and chaplains provide our team with grief support
PACE and Hospice

- It can be emotionally hard to work with frail elderly patients who die.
- If we do not support our teams they will not be able to continue the valuable work that we do!
Bibliography


Bibliography
