Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life

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“The IOM committee believes a person-centered, family-oriented approach that honors individual preferences and promotes quality of life through the end of life should be a national priority.”

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Key Findings

- Delivery of Person-Centered, Family-Oriented Care
- Clinician-Patient Communication and Advance Care Planning
- Professional Education and Development
- Policies and Payment Systems
- Public Education and Engagement
Recommendations: Delivery of Care

- Insurers - cover for comprehensive care at EOL:
  - Seamless, high quality, integrated, patient centered, family-oriented, accessible 24/7
  - Encompass – physical, emotional, social, spiritual needs of patient and family/caregivers
  - Delivered by competent professionals in all settings
  - Coordinated, efficient and interoperable information exchange
  - Consistent with values, goals and informed preferences
  - Access to skilled interdisciplinary palliative care
Recommendations: Clinician-Patient Communication and Advance Care Planning

► Development of standards that are measurable, actionable and evidence based

► Payers/professional societies should tie standards to reimbursement, licensing and credentialing to encourage systematic:
  – Active discussions of health care decisions throughout the patients lives
  – Clinician initiated EOL conversations; results integrated into care plans; shared with other clinicians
  – Continue to re-visit advance care planning discussions
Establish – training/certification/licensure to strengthen palliative care knowledge of clinicians caring for patients with advanced illness and at EOL

- Basic palliative care, communication skills, interprofessional collaboration, symptom management
- Include medical, nursing, social worker, chaplains, others???
- Create pathways for certification for specialists

Academic medical centers, teaching hospitals, health care organizations commit resources to increase the number of specialty-level trainees
Recommendations: Policies and Payment Systems

► Integrate the financing of medical and social services to support provision of quality care consistent with values, goals and informed preferences of people with advanced illness nearing the EOL

► Administration should seek and congress enact legislation to support implementation

► Require public reporting of quality measures, outcomes and costs for the last year of life

► Encompass all federal programs and encourage same from private insurers
Recommendations: Policies and Payment Systems – Part 2

► Require use of interoperable EHR
  – Accessible across time, settings and providers
  – Includes the designated decision maker
  – Includes patients’ values, beliefs and goals for care
  – Includes advance directives
  – Includes medical orders for life sustaining treatment

► Encourage states to develop and implement Physician Order for Life Sustaining Treatment (POLST) paradigm programs
Recommendations: Public Education and Engagement

- Encourage fact-based information sharing to promote advance care planning and informed choices
  - Civic leaders, public health and government agencies, community-based organizations, faith-based organizations, consumer groups, health care delivery organizations, payers, employers, professional societies
  - Use appropriate media channels to reach audiences, including underserved
  - Encourage meaningful dialogue about care options
  - Dispel misinformation that impede decision making
Recommendations: Public Education and Engagement

- Health care delivery systems provide materials about EOL to facilitate clinician dialogue
- Government agencies and payer – assess public perceptions and actions about EOL, test effective messages tailored to the audience
- Health care professional societies – prepare materials and encourage members to engage patients, caregivers and families in advance care planning and EOL discussions

All groups should work collaboratively, sharing strategies and best practices – www.gapolst.org