

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





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**Disclosure**

The presenter of this activity  
 has nothing to disclose

**Objectives**

- ▶ Describe the Key findings from the Institute of Medicine report – current state
- ▶ Describe the Recommendations from the Institute of Medicine report – desired future state
- ▶ Hear from you - What we should target next?  
 How can you get involved?

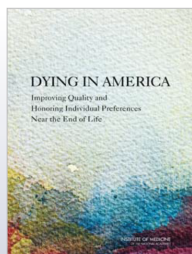
 

**The Institute of Medicine (IOM)**

- ▶ An independent, nonprofit organization that works outside of government to provide unbiased and authoritative advice to decision makers and the public.
- ▶ Established in 1970, the IOM is the health arm of the National Academy of Sciences, which was chartered under President Abraham Lincoln in 1863. Nearly 150 years later, the National Academy of Sciences has expanded into what is collectively known as the [National Academies](#), which comprises the [National Academy of Sciences](#), the [National Academy of Engineering](#), the [National Research Council](#), and the IOM.

***The IOM asks and answers the nation's most pressing questions about health and health care.***

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



- ▶ *"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."*
- ▶ SEPTEMBER 2014

<http://www.iom.edu/Reports/2014/Dying-In-America-Improving-Quality-and-Honoring-Individual-Preferences-Near-the-End-of-Life.aspx>

## 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



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Through Patient and Family Engagement



## Delivery of Person-Centered Family-Oriented Care

- ▶ Multiple transitions between health care settings fragments care
- ▶ Increased demands of untrained family caregivers for nursing and medical tasks
- ▶ Palliative care is associated with a higher quality of life
- ▶ Widespread adoption and timely referral to palliative care is slow



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## Clinician-Patient Communication and Advance Care Planning

- ▶ Near the end of life, often patients are unable to make their own decisions about care
- ▶ While most EOL preferences are alleviation of pain and suffering – contrary to hospital focus
- ▶ EOL discussions are uncommon in younger, poorer, minority and less-educated



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### Incentives, quality standards and system support is needed to promote EOL discussions



### Professional Education and Development

- ▶ Emergence of hospice and palliative care specialty – major improvement
- ▶ Remaining challenges:
  - Insufficient palliative care training in medical and nursing education
  - Educational silos impede inter-professional team development
  - Deficits in physician communication skills
- ▶ “Basic” palliative care skills are lacking



### Policies and Payment Systems

- ▶ Current incentives result in more use of services
- ▶ Integration of health care with long-term social services reduces cost while improving QOL
- ▶ Palliative care and hospice improve patient outcomes and may reduce cost
- ▶ Quality standards and measures are not in place to ensure payment reform changes do not cause harm



### Public Education and Engagement

- ▶ Strong need for, EOL discussions in healthcare settings in addition to societal, community, family and individual levels (across diverse populations)
- ▶ Normalize the conversation about death and dying



## Recommendations

- ▶ Delivery of Care
- ▶ Clinician-Patient Communication and Advance Care Planning
- ▶ Professional Education and Development
- ▶ Policies and Payment Systems
- ▶ Public Education and Engagement



## 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



## 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

## Professional Education and Development

- ▶ 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

### 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

### 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



### 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



### 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](http://www.gapolst.org)*

theconversationproject Home Starter Kit Your Stories About Us

It's time we started talking about our wishes for end of life.

<http://theconversationproject.org/>

**WHAT**  
It's all about

**WHY**  
It's important

**HOW**  
to get started

**PREPARE**

**What is an Action Plan?**

An action plan is a contract you make with yourself to do something.

We want you to do one of the 5 Steps.

<http://prepareforyourcare.org/>

### Table Discussion

At each table - discuss for 5 minutes

**What we should target next?**

**How can you get involved?**

- ▶ **Write down one** recommendation for next steps by the GA POLST Collaborative
- ▶ Include your contact information if you want to participate in the solution

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## MAKING HEALTH CARE BETTER

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