



CALIFORNIA HEALTHCARE FOUNDATION

Unwarranted
Ending Variation
in End-of-Life
Care in California

Mark Smith, MD, MBA
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The California HealthCare Foundation

- CHCF works as a catalyst to fulfill the promise of better health care for all Californians – supporting ideas and innovations that
 - improve quality
 - increase efficiency
 - lower the costs of care
- One CHCF strategy is to promote appropriate care toward the end of life

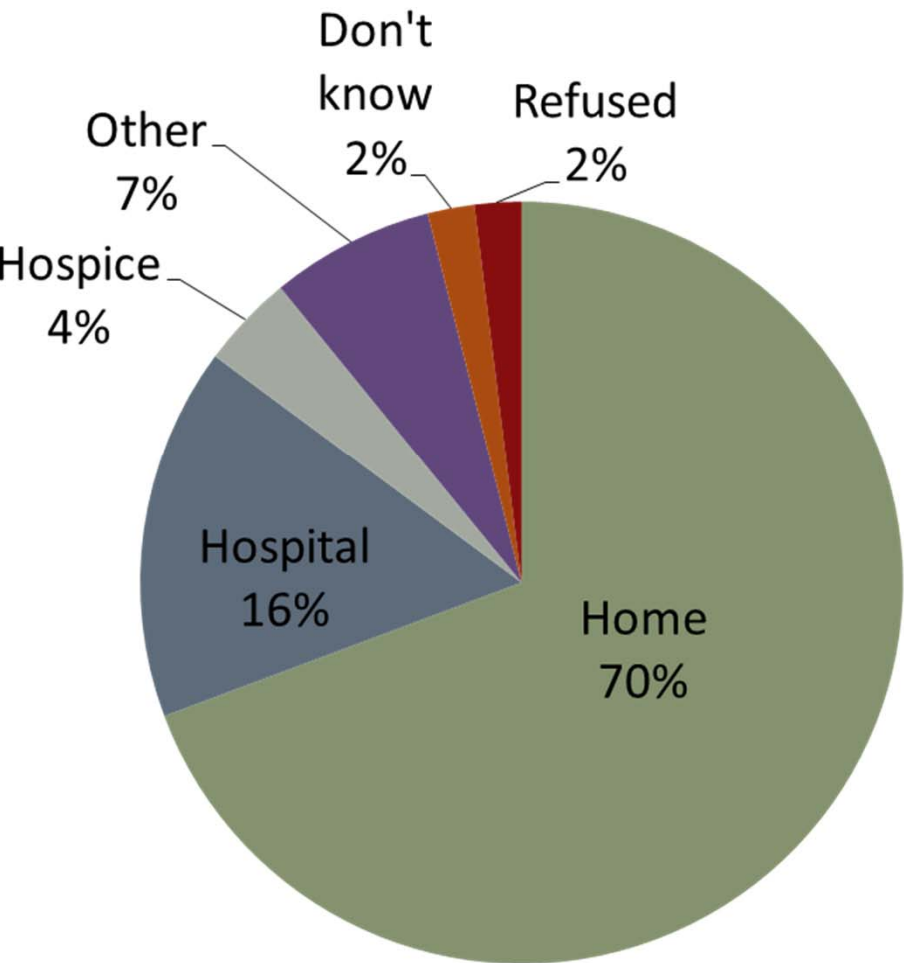


SNAPSHOT
Final Chapter:
Californians' Attitudes and Experiences with Death and Dying

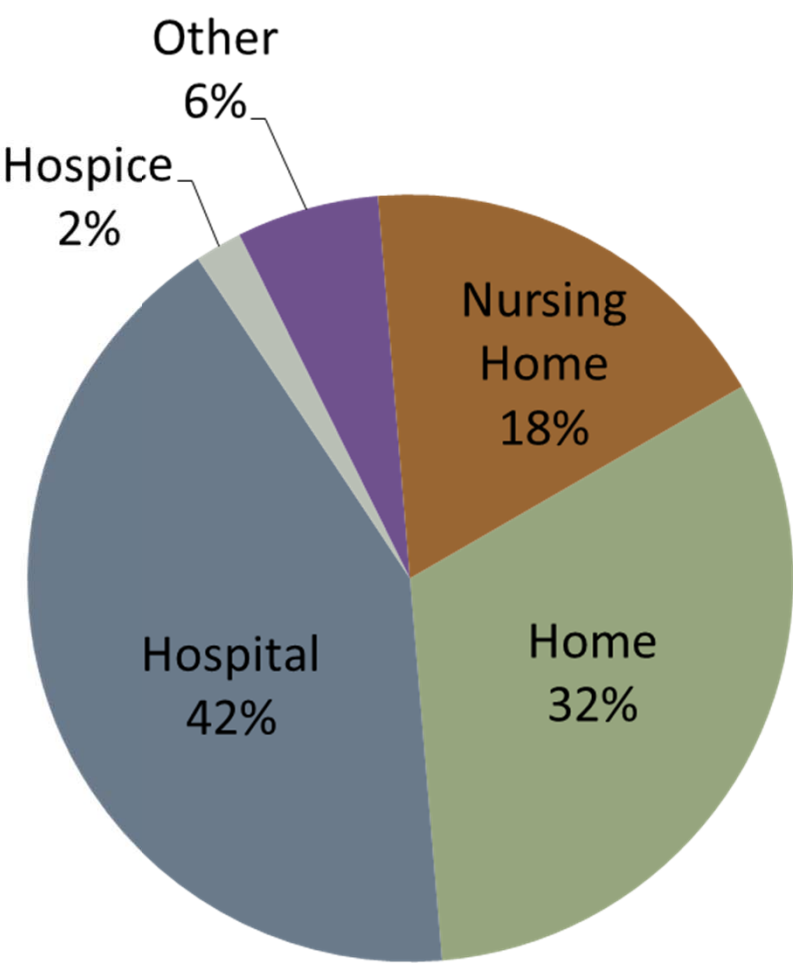
February 2012

Location of Death

Preferred



Actual



Final Chapter: Californians' Attitudes and Experiences with Death and Dying

Most Important Factors at End of Life

Making sure family not burdened financially by my care 67%

Being comfortable and without pain 66%

Being at peace spiritually 61%

Making sure family is not burdened by tough decisions about my care 60%

Having loved ones around me 60%

Being able to pay for the care I need 58%

Making sure my wishes for medical care are followed 57%

Not feeling alone 55%

Having MDs, nurses who will respect my cultural beliefs/values 44%

Living as long as possible 36%

Being at home 33%

A close relationship with my MD 32%

*Final Chapter: Californians' Attitudes
and Experiences with Death and Dying*

Most Important Factors at End of Life

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Not feeling alone **55%**

Having MDs, nurses who will respect my cultural beliefs/values **44%**

Living as long as possible **36%**

Being at home **33%**

A close relationship with my MD **32%**

Final Chapter: Californians' Attitudes
and Experiences with Death and Dying

Progress

- Spread of Physician Orders for Life-Sustaining Treatment (POLST)
- Media attention – Cost of Dying, The Conversation Project
- Increase in palliative care services in California hospitals
 - Some hospital systems at 100%
 - Kaiser
 - Public hospitals
 - University of California hospitals

What's Next

- California health insurers engaged
- Strong interest in palliative care outside hospitals
- Let's Get Healthy California

A Better Benefit:

Health Plans Try New Approaches to End-of-Life Care

Introduction

In the event of serious illness, Californians strongly indicate that they would want to have care that adequately addresses pain and discomfort as well as providing spiritual, social, and cultural support — all of which are hallmarks of palliative care.¹ Unfortunately, although a growing number of people with advanced illness access this type of support through hospices or hospital-based palliative care programs, most patients at the end of life do not receive these services, or only receive them much later in the course of care than is considered optimal.^{2,3}

Among the factors affecting access to palliative care is health insurer reimbursement. Most benefits for these services are patterned on the Medicare Hospice Benefit (MHB), which is limited to patients with an expected prognosis of six months or less and prohibits reimbursement for curative care once patients chose palliative-focused care. Some of California's health plans, however, are opting to craft innovative palliative care services and hospice benefits that allow access to these services earlier in the course of illness.

This report describes the findings of a scan conducted from August through October of 2012. The study was designed to:

- Investigate and describe the spectrum of palliative care and hospice benefits and services that California's largest health plans are currently offering or plan to offer soon.

- Explore the attitudes of health plans and palliative care stakeholders toward coverage of concurrent care (access to hospice or palliative care concurrently with curative or disease-modifying care).

Information for this report was gathered through review of published reports and academic literature, interviews with key stakeholders (Appendix A), and interviews with physician leaders of six of the largest health plans (in terms of enrollment) in California (Appendix B).

Palliative Care and Hospice Care

Palliative care is most often delivered by an interdisciplinary team of professionals including physicians or nurse practitioners, nurses, social workers, and counselors such as spiritual care providers. Although palliative care is often provided in the latter stages of illness or disease, it can be provided at any stage of illness and in both inpatient and outpatient settings.

Hospice care is a form of palliative care specifically designed for patients who are terminally ill. It is most often provided in the patient's home by an interdisciplinary team focused on maximizing comfort and quality of life for the patient and the family.

Palliative care professionals practice in hospitals, hospices, and outpatient clinics. Several boards of the American Board of Medical Specialties cosponsor certification in hospice and palliative medicine. The National Board for Certification of Hospice and Palliative Nurses (NBCHPN) offers specialty certification for nurses and administrators.



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ISSUE BRIEF

APRIL 2013

Toward the End of Life, Californians Want...

- To die at home
 - 70% of Californians want to die at home, but only 32% do
- To die a natural death
 - Only 36% of Californians rated living as long as possible as extremely important to them
- To be free from financial concerns
 - 67% of Californians say it is extremely important that their family not be burdened financially by their care



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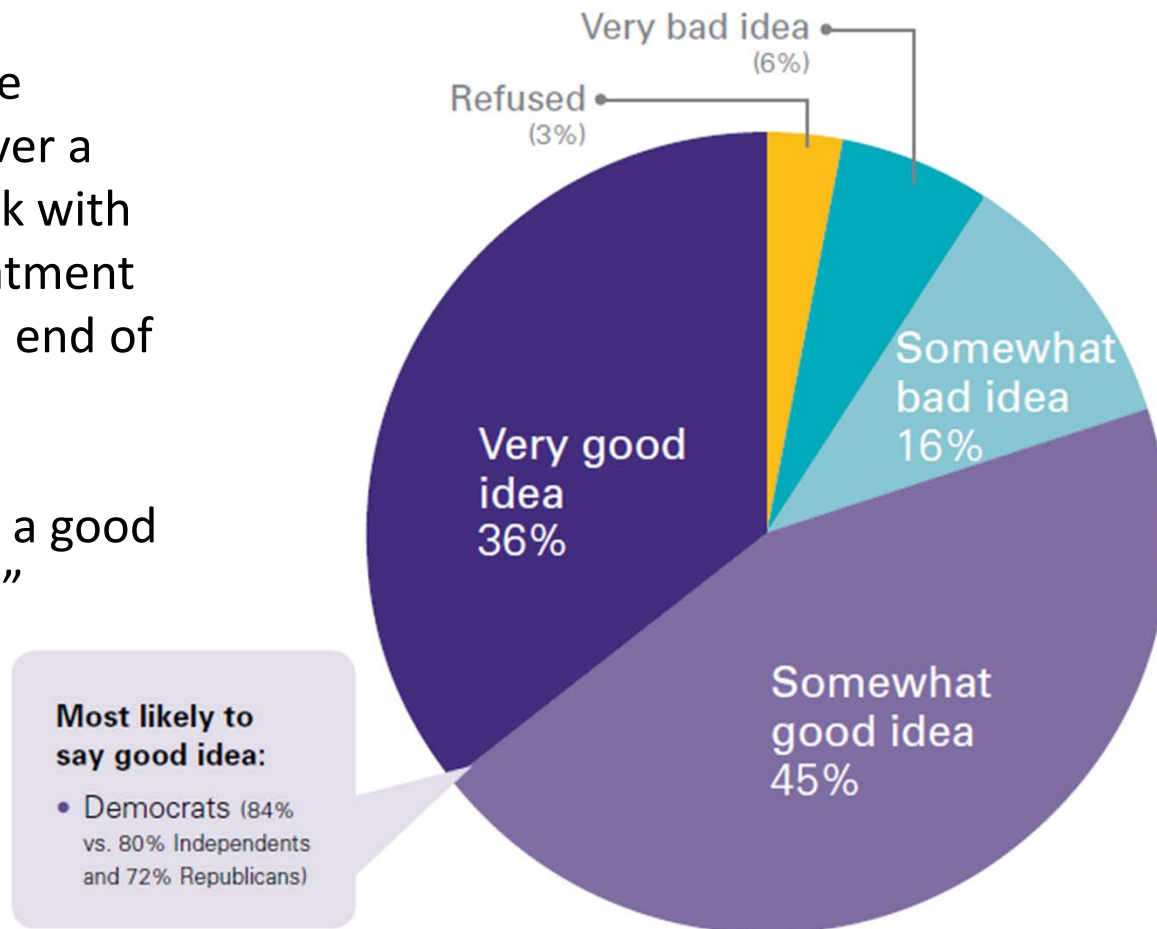
www.chcf.org/palliative-care

www.chcf.org/advance-directives

Physician Reimbursement for End-of-Life Discussion

“One idea is to have insurance plans cover a doctor’s time to talk with patients about treatment options toward the end of life.

Do you think this is a good idea or a bad idea?”



Note: Segments may not add to 100% due to rounding.

Source: Californians' Attitudes Toward End-of-Life Issues, Lake Research Partners, 2011. Statewide survey of 1,669 adult Californians, including 393 respondents who have lost a loved one in the past 12 months.