Palliative Care: A Place on the Quality Scorecard?

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Disclosures and Funding

• Disclosures
  – No financial conflict of interest

• Funding

[Logos of UW Medicine, Cambia, National Institute of Nursing Research, Pcori]
Outline

• Is palliative care important for the ICU quality scorecard?
• Do we have reliable and valid measures?
• Is it moveable?
Palliative and End-of-life Care

- **Palliative care**: care focused on improving communication about goals of care and maximizing comfort and quality of life
- **End-of-life care**: care for those who are actively dying
One in Five Deaths in the U.S. Occur in the ICU

Angus, Crit Care Med 2004; 32:638
Changes in End-of-life Care for Medicare Beneficiaries

- Hospice at death
- Hospice in last 3 d
- Acute care in last 90 d
- ICU in last 30 d

Teno, JAMA, 2013, 309:470
Variability in Withholding and Withdrawing Life Support in the US

Range from 12% to 62%

27,030 patients ventilated more than 4 days
152 ICU’s from 2001-2009
Adjusted for severity of illness and patient and ICU characteristics

Quill, CHEST, 2014; 146:573
# Physician Influence Over Decisions to Withdraw Life Support for 1165 Patients

## Omitted Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>AIC Model</th>
<th>AIC Full Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full model</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Admitted from acute care</td>
<td>4.0</td>
<td>5.0</td>
</tr>
<tr>
<td>Acute diagnosis group</td>
<td>5.0</td>
<td>9.6</td>
</tr>
<tr>
<td>Number co-morbidities</td>
<td>9.6</td>
<td>28.5</td>
</tr>
<tr>
<td>Intensivists (all 9)</td>
<td>28.5</td>
<td>65.9</td>
</tr>
<tr>
<td>Daily census and # admits</td>
<td>65.9</td>
<td>72.6</td>
</tr>
<tr>
<td>Age, gender, race</td>
<td>72.6</td>
<td>101.1</td>
</tr>
<tr>
<td>APS and GCS</td>
<td>101.1</td>
<td></td>
</tr>
</tbody>
</table>

Outline

• Is palliative care important for the ICU quality scorecard?
• Do we have reliable and valid measures?
• Is it moveable?
“If you can’t measure it, you can’t improve it”
— Lord Kelvin

“Not everything that counts can be measured; not everything that can be measured counts”
— Albert Einstein
Quality of Death Index

- Developed by The Economists Intelligence Unit in 2010
- Based on 4 components
  - Basic EOL Healthcare Environment
  - Availability of EOL Care
  - Cost of EOL Care
  - Quality of EOL Care

www.eiu.com/sponsor/lienfoundation/qualityofdeath

© Economist Intelligence Unit 2010
Randomized Trial of QI Intervention

- Intervention: multi-faceted, interdisciplinary QI
- Intervention level: hospital
  - Randomize hospitals to early vs. late intervention
- Outcomes level: patient
  - Family and nurse surveys
    - Quality of dying, family satisfaction
    - Chart abstraction
- 15 hospitals and over 3000 patients enrolled
Five Component QI Intervention

- ICU clinician education in palliative care
  - Lectures, training video, pamphlets
- Train local clinician champions as role models
- Academic detailing of ICU directors to address local barriers
- Feedback of family satisfaction data
- “Systems supports”
  - Order protocols and pathways
  - Staff support programs
## ICU Length of Stay

<table>
<thead>
<tr>
<th></th>
<th>Survivors</th>
<th></th>
<th>Deaths</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre</td>
<td>Post</td>
<td>p</td>
<td>Pre</td>
</tr>
<tr>
<td>Mean</td>
<td>4.2</td>
<td>4.2</td>
<td>0.98</td>
<td>7.1</td>
</tr>
</tbody>
</table>

1.7 days

Curtis, Am J Resp Crit Care Med, 2008; 178:798
Cluster Randomized Trial in 12 Hospitals: No Effect Quality of Dying

Family-rated QODD

Nurse-rated QODD

Baseline Follow-up all p>0.2

Lessons Learned from IPACC

- Implement from inside institutions with support from ICU and hospital leadership
- Use “mixed model” with Palliative Care Consultants and ICU clinician education
- Feedback quality data that is clearly actionable
Outline

- Is palliative care important for the ICU quality scorecard?
- Do we have reliable and valid measures?
- Is it moveable?
A Communication Strategy and Brochure for Relatives of Patients Dying in the ICU

Alexandre Lautrette, M.D., Michael Darmon, M.D., Bruno Megarbane, M.D., Ph.D., Luc Marie Joly, M.D., Sylvie Chevret, M.D., Ph.D., Christophe Adrie, M.D., Ph.D., Didier Barnoud, M.D., Gérard Bleichner, M.D., Cédric Bruel, M.D., Gérald Choukroun, M.D., J. Randall Curtis, M.D., M.P.H., Fabienne Fieux, M.D., Richard Galliot, M.D., Maité Garrouste-Orgeas, M.D., Hugues Georges, M.D., Dany Goldgran-Toledano, M.D., Mercé Jourdain, M.D., Ph.D., Georges Loubert, M.D., Jean Reignier, M.D., Fayçal Saidi, M.D., Bertrand Souweine, M.D., Ph.D., François Vincent, M.D., Nancy Kentish Barnes, Ph.D., Frédéric Pochard, M.D., Ph.D., Benoit Schlemmer, M.D., and Elie Azoulay, M.D., Ph.D.

Randomized Trial of Communication Strategy

• Randomized 126 patients if attending believed “patient would die in a few days”

• Intervention
  – Proactive family conference using VALUE strategy
  – Bereavement pamphlet for family

Lautrette, NEJM, 2007; 356:469
VALUE: 5-step Approach to Improving Communication in ICU with Families

• V... Value family statements
• A... Acknowledge family emotions
• L... Listen to the family
• U... Understand patient as a person
• E... Elicit family questions

Curtis, J Crit Care, 2002; 17:147
Family Member Outcomes: Clinically Significant Morbidity at 3 Months

<table>
<thead>
<tr>
<th>% of family members</th>
<th>Anxiety</th>
<th>Depression</th>
<th>PTSD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>70%</td>
<td>50%</td>
<td>70%</td>
</tr>
<tr>
<td>Intervention</td>
<td>50%</td>
<td>20%</td>
<td>50%</td>
</tr>
</tbody>
</table>

p<0.02 for all

Lautrette, NEJM, 2007; 356:469
Randomized Trial of an ICU Communication Facilitator

- Critically ill patients with acute respiratory failure randomized to intervention or usual care
- Intervention: Communication facilitator
  - Nurse or social worker
  - Facilitate communication with ICU team
  - Address individual communication needs
  - Identify and address conflict
- 116 family with 6 month surveys

Curtis, in progress
Family Psychological Symptoms at 6 months

- **Depression**: Significant decrease (p=0.017)
- **PTSD**: Trend toward reduction (p=0.056)
- **Anxiety**: No change (p=0.43)
Clinically Significant Changes in Depression

Control

3 Months

47%

Intervention

53%

30%

5+ point increase

5+ point decrease

Curtis, in progress

Control

6 Months

45%

55%

Intervention

14%

86%
## ICU Communication Facilitator

### Reduced Length of Stay and Costs

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Patient Means</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Control</td>
<td>Intervention</td>
<td>$P$</td>
<td></td>
</tr>
<tr>
<td><strong>ICU Costs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All patients</td>
<td>$75.85 K</td>
<td>$51.06 K</td>
<td>0.042</td>
<td></td>
</tr>
<tr>
<td>Survivors</td>
<td>$66.38 K</td>
<td>$61.29 K</td>
<td>0.618</td>
<td></td>
</tr>
<tr>
<td>Decedents</td>
<td>$98.22 K</td>
<td>$22.69 K</td>
<td>0.028</td>
<td></td>
</tr>
<tr>
<td><strong>Average daily ICU Costs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All patients</td>
<td>$3.38 K</td>
<td>$3.06 K</td>
<td>0.010</td>
<td></td>
</tr>
</tbody>
</table>

_Curtis, in progress_
Should palliative care by on the quality scorecard?

• Ready for prime-time
  – **ICU**: days in the ICU for patients who die
  – **System**: Proportion of patients with chronic illness who die in the ICU

• Research tools and coming soon?
  – Family experience/satisfaction
  – Quality of dying (QODD-1)
  – Family psychological distress