Funders Improving Care at the End-of-Life

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closure
Changing expectations for end-of-life

Where We Are

High Intensity of End-of-Life Care in Last 6 Months of Life (2005) Comparison to a Community with a Strategy

	Pittsburgh	USA	Portland
% of hospitalized Medicare deaths	29%	29%	22%
Hospital days	11.96	10.81	6.05
In-patient Medicare reimbursements	$14,107	$13,805	$10,024
% admitted to intensive care during final hospitalization	18%	17%	12%
% admitted to intensive care	43%	39%	25%
% spending seven or more days in intensive care	15%	14%	5%
Data extracted from: The Dartmouth Atlas of Health Care, Center for the Evaluative Clinical Sciences at Dartmouth Medical School; **Population-based rates** for geographic regions			
Hospice days per decedent during the last 6 months of life (2001-2005)	9.26	11.55	13.19
Data extracted from: The Dartmouth Atlas of Health Care, Center for the Evaluative Clinical Sciences at Dartmouth Medical School; **Provider-based rates** for geographic regions;			

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This is What We Hear

- **Specialist**: "I saved him, but I am not sure I did him any favors. He didn't think so, nor did his wife."
- **Clergy**: "Do *care* and *cure* have to be united? I can accept supporting death as caring?"

- **Family**: "Too many decisions are made at the moment of acute terror. We should talk beforehand."
- **Social Worker**: "Death is still seen as a failure. Our docs can't deal with it."

What We've Funded

- Hospice
- Pain Management Pilots
- Chair in Palliative and EOL Care
- Physician/Patient Conversations
- *Creative Non-Fiction* Special Issue
- Institute to Enhance Palliative Care
- Compassionate Sabbath – clergy retreat
- APPEAL – Palliative care education for African Americans
- *Closure* – Conversations at End-of-Life

Closure Vision

- Patients and loved ones are informed about choices and challenges
- Resources, support systems, curricula and planning tools are widely accessible in all settings
- End-of-life issues are openly discussed;
  End-of-life viewed as meaningful and personal

Closure : Conversations About End-of-Life

Overview of Issues: How do most Americans die? What makes a "good" end-of-life experience for patients, families and practitioners?

The Family and Providers Experiences: Can caregivers and providers listen and learn from each other's perspectives and experience?

Values: How do ethical issues and religious customs influence end-of-life decisions?

The Planning Tool Kit: What are the essential documents and resources for successful preparation? Who helps with this?

Resources and Implementation: When should we access palliative care services and hospice referrals?

Planning for Culture Change

A Policy Agenda

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Closure Participants: Attended Six Monthly Sessions/ 18 Hours

Physicians and Registered Nurses	Professional Caregivers	Service Providers	"Family" Caregivers
• AIDS Specialists • Cardiology • Critical Care • Emergency Care • Family Medicine • Geriatrics • Hospice Care • Long-Term Care • Oncology • Palliative Care • Pathology • Pediatric Palliative Care • Primary Care • Psychiatry • Surgery	• Adult Day Care • Home Healthcare / Direct Care Workers • Hospice Care • Palliative Care	• Clergy • Estate and Financial Planners • Lawyers • Senior Service Providers • Social Workers	• Children • Neighbors • Siblings • Spouses

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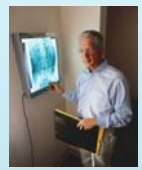
Closure Talking Points

Society – What is a "good" death; can we consider death as a part of the lifecycle?

Family – Why do we limit advanced-care planning palliative care options? Where is the guidance and support?

System – Why is the "default" setting cure vs. care? Why does reimbursement incentivize treatment over palliative care?

Provider – Where is the training and support to admit "failure," and to help families transition from "cure" to "care"? How do I access other resources to support patients and families through their life threatening/chronic illnesses?



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Ongoing efforts in Pittsburgh

- Replicating Closure
  - Catholic and African American Communities, and through the Veterans' Administration VISN 4
- Readmissions Prevention Demonstration Project
  - in Long-Term Care (Dementia Unit) with VA
- www.Closure.org
  - downloadable, advance planning documents and a 12-modules core curriculum for families and professionals