Nurses Leading the Value Proposition in Health Care through Palliative Care

October 7, 2015
ANCC Magnet Conference
Atlanta, GA

Nurses Leading Value

- A Story
- *Value* in Serious Illness
- Palliative Care
- But first... Introductions

Who We’re Not

No Connecticut zip code
Who We’re Not

No insurance products

Who We Are

Improving the Health of Older Adults

$451,000,000
amount invested in aging and health since 1982

$83,000,000+ in nursing
The New Demographic

U.S. Projections, 65+
2010

Source: 2000 U.S. Census

Aging & Health

U.S. Projections, 65+
2030

Source: 2000 U.S. Census
Happy Birthday Boomers

- Two biggest demographic shifts:
  - Aging
  - Aging of the Aging
- 10,000 turn 65 each day

Pathway to Excellence

- Nurses want to be excellent
- Excellent today means adding value
- Historic shift by HHS: from paying for volume to paying for value

Nursing’s Roots in Value

- *Miss Nightingale’s Carriage at the Seat of War*
- August 30, 1856
Florence Nightingale’s Impact

- Value
- Used data to improve care
- Deaths were largely preventable
  - 1 soldier killed in battle
  - 7 deaths infection/preventable disease

Today’s Battlefield

1. Care doesn’t fit with pt’s goals
2. Failure to inform pts
   - health
   - treatment options
3. Misperceptions about Palliative Care
4. Lack of Advance Care Planning

There is no greater value than care and outcomes concordant with patient’s goals
My Story

[Image of a woman in a hospital setting]

[Image of a person's arm with a IV drip]

[Image of a sign that says "WELCOME TO LAGUARDIA AIRPORT"]
How can care be Patient-Centered when we don’t discuss serious illness?

Patient-Centered Care

“Care that is truly patient-centered considers patients’ cultural traditions, their personal preferences and values, their family situations, and their lifestyles.

– Makes patient integral part of care team who collaborates w/ health care professionals in making clinical decisions.”

-- Institute for Healthcare Improvement

Reality Check

• Majority of MDs shield truth from pts
• Survey of over 2000 physicians
  – 55% put more positive spin on prognosis than warranted
  – 11% lied to patients

(L. Iezzoni, Health Affairs Feb 2012)
Palliative Care

- Focuses on improving the quality of life for people facing serious illness:
  - Pain & symptom management,
  - Communication & Coordinated care
  - Appropriate from time of diagnosis
  - Can be provided with curative treatment

Resource:
Center to Advance Palliative Care
www.CAPC.org

Palliative Care Shifts Care out of Hospital / NH

<table>
<thead>
<tr>
<th></th>
<th>Usual Medicare home care</th>
<th>Palliative care intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home health visits</td>
<td>13.2</td>
<td>61%</td>
</tr>
<tr>
<td>Physician office visits</td>
<td>11.1</td>
<td>74%</td>
</tr>
<tr>
<td>ER visits</td>
<td>2.3</td>
<td>80%</td>
</tr>
<tr>
<td>Hospital days</td>
<td>9.4</td>
<td></td>
</tr>
<tr>
<td>SNF days</td>
<td>4.6</td>
<td></td>
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Advanced Care Planning

- 75% are unable to make some or all decisions at end-of-life
  --- Forbes
  Carolyn McClanahan
Harsh Reality for Older Adults

- 70% of want to die at home
  --- Time/CNN Poll (2000)

- Yet 70% do not die at home
  --- CDC (2005)

http://www.time.com/time/magazine/article/0,9171,997968,00.html

How people want to die

How people die
Institute of Medicine

Resource: www.iom.edu/endoflife

Institute of Medicine

Resource: www.iom.edu/qualitycancercare

IOM Recommendations

- Better Communication
- Patient-Centered
- Elicit Goals
- Advance Care Planning
- Palliative Care

Photo by Julie Turkewitz

11/20/2015
Choosing Wisely (2012)

- Identifying low value care
- Avoiding wasteful or unnecessary
  - medical tests
  - treatments
  - Procedures
- 70 Specialty Societies
  - American Academy of Nursing

Resource:
http://www.choosingwisely.org/

What do older people value?

1. Independence
2. Addressing Pain
3. Maintaining Function

and dead last...

4. Length of Life

Fried et al. Arch Int Med 2011;171:1854

ANA Code of Ethics

- 2015 is the Year of Ethics

Resource:
http://www.nursingworld.org/codeofethics
Provision 1

- The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

Provision 2

- The nurse’s primary commitment is to the patient, whether an individual, family, group, community or population.

Provision 3

- The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.
Provision 4

• The nurse has the authority, accountability, and responsibility for nursing practice: makes decisions: and takes action consistent with the obligation to promote health and to provide optimal care

Provision 5

• The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth

Provision 6

• The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care
Provision 7

- The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.

Provision 8

- The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.

Provision 9

- The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.
Today’s Battlefield

1. Care not concordant with pt's goals
2. Failure to inform pts
   - health
   - treatment options
3. Misperceptions about Palliative Care
4. Overtreatment
5. Lack of Advance Care Planning

What is the value of Palliative Care?

Helping your patients live well with serious illness