End of Life Care

Donald H. Taylor, Jr., PhD
Professor of Public Policy
Duke University

The Story of Two Deaths

My Granddaddy PL and my Grandma Maxine

Maxine and Marsha - Mother's Day Lunches

Age 90 - Drove herself

Age 91 - Had given up driving (with a nudge)

Age 92 - Recently survived a health scare; strain showing on my mom

Age 93 - Hospitalized 3 times since New Years Day

- Would be hospitalized 2 more times before death on 8-29-16
- Had near round-the-clock help: family + paid caregivers
- Got a pacemaker 5 weeks before she died
- In retrospect—harmful and wasteful care

Describe current reality—how could it be better?

Definitions

- **Hospice**—team based care typically delivered in the patient's home which addresses symptoms and helps the patient live the best they can when death is believed to be imminent (i.e. within 6 months, but most use hospice only for days or weeks). All hospice is palliative.
- **Palliative Care**—all that care which helps patients live the best they can for as long as they can, including: symptom alleviation, assistance with treatment decision making, and receipt of care that could extend life. Medical specialty that is also team based. All palliative is not hospice.
- **Long Term Care**—all that care which helps people deal with limitations in their ability to function independently (shop, cook, handle financial matters) or to survive (eat, bathe, dress, toilet, etc.). Nursing homes provide this care 24/7. Most provided by families until Medicaid for SNF.

Current Reality: Medicare and Medicaid

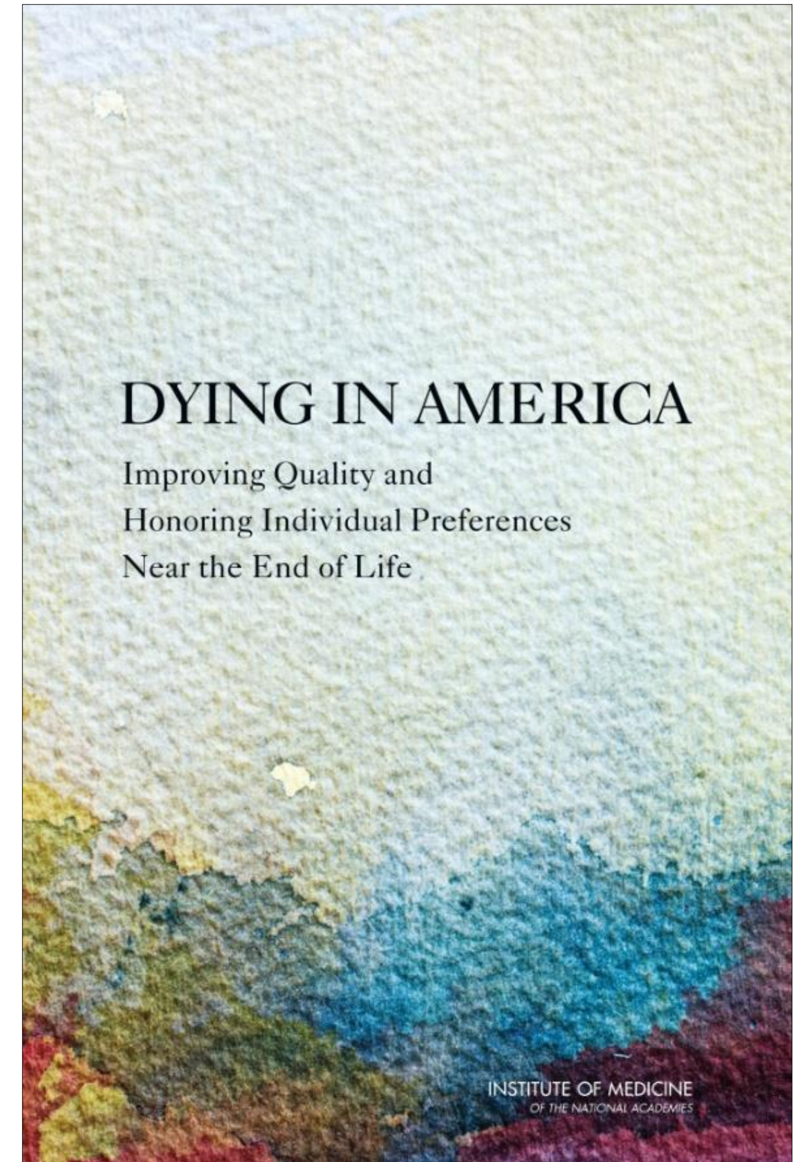
	Medicare	Medicaid
	⇳ *everyone* age 65+ eligible	⇳ age 65+ eligible *if* assets <$2k
Hospital	**Unlimited w/ copay**	**Pays copay/deductible**
Doctor	**Unlimited w/ copay**	**Pays Part B premium, copay/deductible**
Hospice	**Last days or weeks**	**Covers but Medicare primary**
Nursing Home	**100 days max**	**Covers to death once spent down**
Home Care (shop, cook, bathe, toilet, etc.)	**Not paid**	**Not typically paid; some demos and home/community care**
Palliative Care	**Can be delivered but not explicitly financed**	**Unclear**

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

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

IOM (Institute of Medicine). 2014. *Dying in America: Improving quality and honoring individual preferences near the end of life.* Washington, DC: The National Academies Press.

www/iom.edu/endoflife



Key Point from IOM Report

Focus on preferences of "the delivery of person-centered, family-oriented end-of-life care"

Working out what that means

- ~8 in 10 deaths nationally occur in Medicare beneficiaries
- If change is needed, it will have to come to Medicare

CMMI Demonstration Award: Community-Based Palliative Care Duke & Four Seasons in Fletcher, NC

Key Aspects of Demo Project

- Engage patients before hospice eligible
- Allow payment for bundled/team-based care
  - Medicare now does not pay for key aspects of care
- Assess impact on cost to Medicare and quality of care/life
- Devise new payment model to incentivize palliative care

State Government Role

- The Nursing Home portion of Medicaid
  - Is expensive
  - Could be reimagined (Palliative care concepts)
  - Home- and community-based services
- Test new approaches to keep community-dwelling elderly who are spent down in the community at home
- Regulation of Assisted Living, CCRC, etc.
- Licensure?