

# How to Provide End-of-Life Care in a PACE Population

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# Objectives

- Participants will learn when to access end of life care for PACE patients.
- Attendees will understand which services to collaborate with from Hospice.
- Participants will be able to discuss with PACE participants and their families what their end of life preferences are.
- Attendees will learn the value of collaborating with Hospice to better care for our PACE participants and their families.

## Compare PACE and Hospice

- PACE
- 55 years old
- Certified to be at NH level of care
- Life expectancy 3.0 years in high risk
- Interdisciplinary team
- Focus on remaining in community safely
- Hospice
- No Age limit
- NH or community
- Six months or less to live
- Interdisciplinary team
- Focus on comfort and quality of life

# When

- How do we know when to ask Hospice for help?
- Pathways provide a great opportunity to talk about this with Patient and caregiver.
- Longevity, Functional, Comfort

The Cure - Care Model:  
The Old System

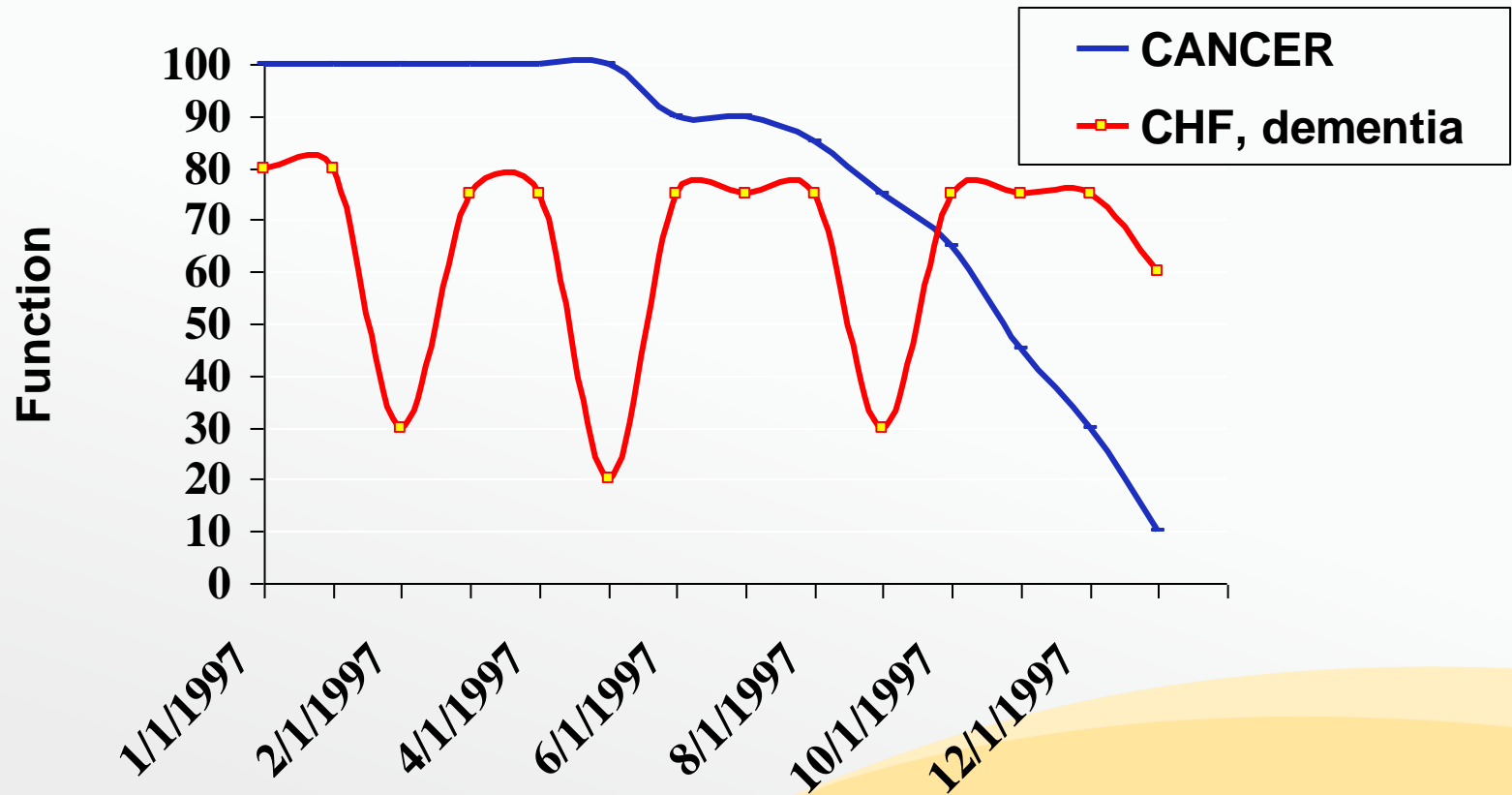
**Life  
Prolonging  
Care**

**Palliative  
Hospice  
Care**

**D  
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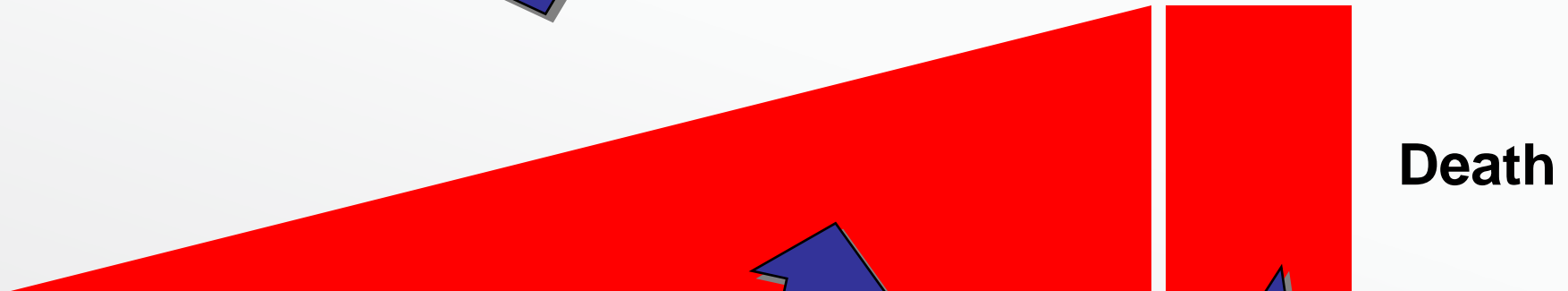
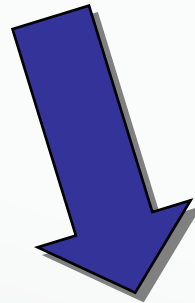


# How We Die

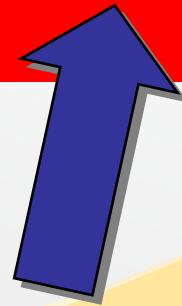


# A Better Model

**Life Prolonging Therapy**



**Diagnosis of  
serious illness**



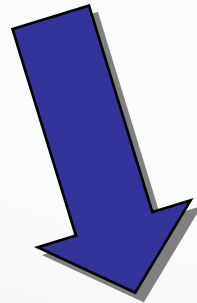
**Palliative Medicine**



**Medicare Hospice  
Benefit**

# A Better Model

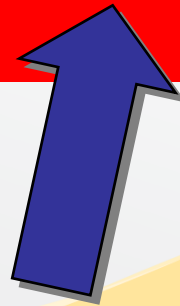
**Life Prolonging Therapy**



**PACE**

**Death**

**Diagnosis of  
serious illness**



**Palliative Medicine**

**Medicare Hospice  
Benefit**



# End of Life Care

- Not all PACE programs are affiliated with a hospice
- Where do our PACE participants die?
- This question can help your team determine need for hospice care

# Our PACE Deaths 2016

27 deaths in 2016

- 13 at home with hospice
- 7 at our hospice house
- 5 at nursing facilities where the patients were living with hospice
- Only 2 were in the hospital and did not have hospice care

# Why PACE & Hospice

- The 63% of Medicare patients with 2 or more chronic conditions account for **95%** of Medicare spending in the last 2 weeks of life (CDC)
- The number of people over age 85 is 5.9 million in 2014 (CDC)

# Why PACE & Hospice

- Most participants remain in PACE until death
- Average length of stay on PACE is 48 months
- Our PACE program is around 28 months

# Why PACE & Hospice

- Five Year survival in PACE vs NH
- Published in Journal of Gerontology, 2010
- 1018 patients, 468 in Nursing home and 554 in PACE
- PACE median survival was 4.7 years vs 3.4 years

# Why PACE & Hospice

- What can hospice add to PACE?
- Lets look at the information about survival in hospice vs nonhospice medical care
- A study published by NHPCO in the Journal of Pain and Symptom Management in 2007

# Why PACE & Hospice

- Compared survival in 5 different cancers (breast, colon, lung, pancreatic, prostate) and CHF
- 4493 patients, 2095 received hospice care
- Mean survival was 29 days longer for patients who enrolled in hospice services

# Why PACE & Hospice

- PACE and Hospice working together seems to be a better model.
- Hospice and PACE have many things in common (Interdisciplinary).
- So what can hospice add to the PACE team?



# Hospice

- Hospice is a concept of care different from traditional medical care in that the goal is not curative.
- Hospice care focuses on the quality of life for terminally ill individuals and their families.

# Hospice

- Provide maximum comfort
- Stress human value that goes beyond the physical needs of the patient
- Dying and grieving are seen as a natural part of living
- Cares for the family before and after the death of their loved one

# Hospice Levels of Care

- Home Hospice  
Patient home, nursing home, assisted living
- Inpatient Hospice
- Continuous Care
- Respite Care

# Hospice Team

- Our **physicians** are specialists in hospice care and have a wealth of experience and training in helping patients who are progressing towards the end of life or actively dying.

# Hospice Team

- Our **nurse** has advanced skills and is compassionate, caring, and experienced in meeting the special needs of our patients and their families as they progress towards the end of life.

# Hospice Team

- Our **social worker** assists in facilitating communication between patients, families, medical staff, and community resources. They offer resources for patients, families, and the PACE team including counseling and grief support.

# Hospice Team

- Our **chaplain** is specially trained to sensitively address the spiritual concerns of patients from many faith traditions. They comfort and support all those involved, helping them find meaning during the dying process.

# Hospice Team

Our **bereavement coordinator** supports friends and family members for up to one year following the death of a loved one with grief counseling. They also support our PACE team as well.



# Hospice Team

- Our **volunteer coordinator** arranges volunteer support with patient care, caregiver relief, caregiver support during and after the death of a loved one.

# Why Hospice?

- Determining the desires of patients and loved ones that facilitates care that respects and upholds their wishes.
- Addressing patients' and loved ones' practical concerns about care and dying.

# Why Hospice?

- Aggressively manage pain and find relief for other symptoms so patients can enjoy a higher quality of life.
- Ensuring that patients and loved ones have accurate time and space to complete any unfinished business.

# Hospice

- Hospice Care is designed to serve and support patients and families facing critical, life-limiting illnesses at the end of their life with a 6-month or less prognosis.

# Hospice can help when

- Patients and loved ones have been presented with several treatment options and are having difficulty weighing the options and reaching a consensus on goals.
- Aggressive treatment options designed to cure the illness are no longer desirable or **FEASIBLE**.

# Hospice can help when

- Pain or other physical symptoms are not relieved.
- Patients and their loved ones are struggling with emotional or spiritual concerns.
- When caregiver is just 'worn out'.

# Hospice Outcomes

- Hospice relieves pain and distressing symptoms.
- Hospice helps with difficult decision-making.
- Hospice boosts patient and family satisfaction.

# Hospice Outcomes

- Hospice provides bereavement support to patients and families.
- Hospice often helps with transitions of care.
- Hospice helps when patients must be transferred to alternative care settings.



# PACE and Hospice

- If your PACE program does not have a hospice affiliated with it
- Partner with one to help provide care and train your staff

# PACE and Hospice

- Use the pathways of care to help determine when to contact hospice
- When a patient transitions to a palliative pathway would be a perfect time to consider hospice

# PACE and Hospice

- Often the goals of care in PACE are very similar to goals of care in Hospice.
- Since many PACE participants are very frail
- Hospice is often limited by the six months or less prognosis.

# PACE and Hospice

- PACE is not limited to a prognosis of six months or less.
- We can provide hospice care long before a patient has six months or less to live.
- PACE team members need training in how to do that.

# PACE and Hospice

- The last thing to talk about is the support hospice can provide to our teams when our patients die
- Our bereavement department and chaplains provide our team with grief support

# PACE and Hospice

- It can be emotionally hard to work with frail elderly patients who die.
- If we do not support our teams they will not be able to continue the valuable work that we do!

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