

# PALLIATIVE CARE

“The simple view is that medicine exists to fight death and disease, and that is, of course, its most basic task. Death is the enemy. But the enemy has superior forces. Eventually, it wins. And, in a war that you cannot win, you don’t want a general who fights to the point of total annihilation. You don’t want Custer. You want Robert E. Lee, someone who knew how to fight for territory when he could and how to surrender when he couldn’t. Someone who understood that the damage is greater if all you do is fight to the bitter end.”

Atul Gawande

“Letting Go”, The New Yorker, 2010

# HOUSECALLS

---

PALLIATIVE CARE MEDICINE

Stephen Poses M.D.

# QUADRUPLE AIM

- Enhanced patient experience
- Improved health of population served
- Reduced healthcare costs
- Improved work life of healthcare providers
  - Increased autonomy
  - Long term connections with patients/families and colleagues
  - Judicious use of technology

# THE CASE FOR HOUSECALLS

## HOUSECALLS

Patient centric

Holistic

High touch

Judicious Tech

Continuity of care

## STANDARD CARE

Physician/ NON system centric

Episodic

High tech

Low touch

# BENEFITS OF HOUSECALLS

## MCAR Independence At Home (IAH) Demonstration Project

Saved MCAR \$33 million in 1<sup>st</sup> two yrs.

Reduction in

- emergency department (ER) visits
- hospitalizations
- 30-day hospital readmissions
- ambulance use

Increased patient nights spent at home

V.A. Home Based Primary Care program:

“Quality improves and health care costs go down.”

# INTERDISCIPLINARY TEAM

- Home Health: Nurse, Therapists; Physical, Occupational & Speech. Dietician, Medical Social Worker (MSW)
- Geriatric Case Manager
- Fiduciary
- Conservator
- Delivery - Pharmacy
- Delivery - Durable Medical Equipment (DME)
- Imaging: X-rays, Ultra-Sound

# GOALS

- Care for people in the least restrictive environment in which they're reasonably safe.
- Vigilant stewardship of opiates & antibiotics.
- Minimize further debility.
- Assertive avoidance of ER/Hospital except when indicated.
- Appropriate use of Hospice. Refer early and often.
- Encourage prioritizing **quality** of life over *quantity* of life (but it's not up to us).

# IMPACT

- Minimize
  - unnecessary hospitalizations, esp. ICU!
  - ED visits
  - inappropriate antibiotic use
- Facilitate appropriate utilization of
  - Hospice
  - PT/OT/Speech therapy



# BOOK LIST

- Butler, Katy. *The Art of Dying Well: A Practical Guide to a Good End of Life*. New York, NY: Simon and Schuster, 2019.
- Gawande, Atul. *Being Mortal: Medicine and What Matters in the End*. New York, NY: Metropolitan Books, 2014.
- Reilly, Brendan. *One Doctor*. New York, NY: Simon and Schuster, 2013.
- Kahneman, Daniel. *Thinking Fast and Slow*. New York, NY: Farrar, Straus and Giroux, 2011.

# RESOURCES

- Adult Protective Services (APS)
- Aging and Independent Services, San Diego
- American Academy of Home Care Medicine (AAHCM)
- Glenner Memory Care Centers
- Health Insurance Counseling & Advocacy Program (HICAP)
- Jewish Family Services
- Meals on Wheels
- Safe Seniors – San Diego County District Attorney (Elder fraud and financial abuse)
- San Diego County Medical Society