An Extra Layer of Support:
Palliative Care in Heart Failure

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Objectives

• What do seriously ill patients want and need?

• What is palliative care?

• What does palliative care look like in heart failure?
What Do Patients with Serious Illness Want?

- Pain and symptom control
- Achieve a sense of control
- Relieve burdens on family
- Strengthen relationships with loved ones
- Avoid inappropriate prolongation of the dying process

And, as death nears:
- Preparation
- Completion

Singer et al. JAMA 1999;281(2):163-168
What Do They Get? Family Satisfaction with Hospitals as the Last Place of Care

Mortality follow-back survey (n=1578):

- Not enough contact with MD: 78%
- Not enough emotional support for patient: 51%
- Not enough information about what to expect with the dying process: 50%
- Not enough emotional support for family: 38%
- Not enough help with pain/dyspnea: 19%

Relationship Between Quality of Life and End-of-Life Care

![Graph showing the relationship between aggressive interventions and quality of life and time in hospice.]

EOL experiences by place of death

![Bar chart showing adjusted means for quality of life, physical comfort, and psychological well-being across different places of death: Home with Hospice, Home, Hospital, and Intensive Care Unit.](image-url)

- Quality of Life: Home with Hospice (6.6, p = .003), Home (7.3), Hospital (5.3), Intensive Care Unit (5.0)
- Physical Comfort: Home with Hospice (6.6, p < .0001), Home (5.9), Hospital (4.7), Intensive Care Unit (3.6)
- Psychological Well-Being: Home with Hospice (7.0, p = .02), Home (6.0), Hospital (6.0), Intensive Care Unit (6.0)

Wright A, J Clin Onc 2010;28:4457-4464
Association Between Cost in Final Week of Life and Quality of Death (p=0.006)

WHAT IS PALLIATIVE CARE...
...AND, CAN IT HELP?
Palliative Care is:

• Specialized medical care for people with serious illness

• Relief from symptoms, pain and stress – *whatever the diagnosis*

• Improve quality of life for both patient and family

• A team that provides an *extra layer of support*

• Appropriate at any age and at any stage of illness
  – Can be provided together with curative treatment
Palliative Care Looks Like:

- Vigorous Treatment of pain and other symptoms
- Relief from worry, anxiety and depression
- Close Communication about care
- Coordination of care and transitions
- Support for family caregivers
- A sense of Safety in the health care system

Providing care that patients need and want!
How Does Palliative Care Differ From Hospice?

• **Non-hospice palliative care** is:
  – Appropriate at any point in a serious illness
  – Provided at the same time as life-prolonging treatment
  – Without prognostic requirement
  – No need to choose between treatment approaches

• **Hospice is a form of palliative care** that:
  – Provides care for those in the last weeks/few months of life
  – Requires a 2 MD-certified prognosis of <6 months
  – Necessitates giving up insurance coverage for curative/life prolonging treatment
IS PALLIATIVE CARE BENEFICIAL?
Palliative Care

• Reduces symptom burden

• Improves patient and family satisfaction

• May increase survival

• Reduces costs
Mortality Follow-back Survey: Palliative Care vs. Usual Care

• N=524 family survivors

• Overall satisfaction markedly superior in palliative care group, p<.001

• Palliative care superior for:
  – emotional/spiritual support
  – information/communication
  – care at time of death
  – access to services in community
  – well-being/dignity
  – Care and setting concordant with patient preference
  – Pain
  – PTSD symptoms

RCT of Nurse-Led Telephone Palliative Care Intervention

- N = 322 advanced cancer patients in rural NH+VT
- Improved quality of life and less depression (p=.02)
- Trend towards reduced symptom intensity (p=.06)
- No difference in utilization
- Median survival:
  - intervention group 14 months
  - control group 8.5 months (p=.14)

Bakitas M et al. JAMA 2009;302(7):741-9
RCT Of Early Palliative Care Co-Management vs. Standard Cancer Care Alone

- N=151 newly diagnosed NSCLC
- Improved quality of life
- Reduced major depression (16% vs 38%; p=0.01)
- Reduced “aggressiveness” of care
  - Less chemo <14 days before death
  - More likely to enroll in hospice
  - Less likely to be hospitalized in last month
- Improved survival (11.6 months vs 8.9 months; p=0.02)

Temel JS. *New Engl J Med* 2010;363:733-42
Early Palliative Care is Effective in Lung Cancer

Temel JS. NEJM 2010;363:733-42
Hospital Palliative Care Reduces Costs
Cost and ICU Outcomes Associated with Palliative Care Consultation in 8 U.S. Hospitals

<table>
<thead>
<tr>
<th>Costs</th>
<th>Live Discharges</th>
<th>Hospital Deaths</th>
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<tbody>
<tr>
<td></td>
<td>Usual Care</td>
<td>Palliative Care</td>
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<tr>
<td>Per Day</td>
<td>$867</td>
<td>$684</td>
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<tr>
<td>Per Admission</td>
<td>$11,498</td>
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<td>Laboratory</td>
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<td>ICU</td>
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<td>Imaging</td>
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<td>$1,060</td>
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<td>Died in ICU</td>
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*p<.001  
**p<.01  
***p<.05

How Palliative Care Reduces Length of Stay and Cost

• Clarifies goals of care with patients and families

• Helps families to select medical treatments and care settings that meet their goals

• Assists with decisions to leave the hospital, or to withhold or withdraw death-prolonging treatments that don’t help to meet goals
WHAT IS THE ROLE OF PALLIATIVE CARE IN HF?
HF vs. Cancer Patients

• 60 HF pts; 30 lung/pancreatic cancer pts
• HF and Ca pts similar:
  – Symptom scores (MSAS)
  – Depression scores (GDS)
  – Spiritual well-being (FACIT-SP)

• Advanced HF patients had worse scores on all measures than advanced cancer pts

Bekelman DB et al J Gen Intern Med 2009;24(5):592-8
Table 3. Adjusted (Age, Gender, Marital Status, Education, Income) Measures According to Heart Failure and Advanced Cancer Populations; The Heart Failure Group was Dichotomized by Ejection Fraction

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<thead>
<tr>
<th></th>
<th>Heart failure</th>
<th>Advanced cancer</th>
<th>P-value</th>
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<tr>
<td></td>
<td>I</td>
<td>II</td>
<td>III</td>
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<tr>
<td>EF≤30 (n=33)</td>
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<tr>
<td>Mean ± SE</td>
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<tr>
<td>Number of physical symptoms*</td>
<td>9.4±1.1</td>
<td>8.7±1.2</td>
<td>8.7±1.5</td>
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<td>Depression score†</td>
<td>3.6±0.6</td>
<td>4.3±0.6</td>
<td>3.2±0.8</td>
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<td>Spiritual well-being score‡</td>
<td>35.2±1.8</td>
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<td>EF&gt;30 (n=26)</td>
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<td>(n=30)</td>
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<tr>
<td>Mean ± SE</td>
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SE: standard error
What’s the experience in Heart Failure?

• Cedars-Sinai 20 patients with HF and PC consults
  – All had moderate to significant impact according to independent cardiologist and PC physicians
  – Decrease in morphine use; improved patient satisfaction

• Mayo – PC consults for all pts receiving destination VAD therapy
  – 68% completed advance directives
  – Post-op care more clear

Challenges for Palliative Care in Heart Failure

• Determination of prognosis

• Timing of implementation
  – Compared with cancer, not even always clear when someone is diagnosed with HF

• Lack of training of cardiovascular specialists in palliative care

• Untested intervention (in a field that is extremely RCT driven)
INTRODUCING PALLIATIVE CARE TO YOUR PATIENTS
Words Matter

• Many people who need palliative care are not dying

• No one wants to die .... and most can’t accept the label until death is imminent
The Good News: The Public has Never Heard about Palliative Care

Consumer Awareness About Palliative Care:
How knowledgeable, if at all, are you about palliative care?

- Not At All Knowledgeable: 70%
- Somewhat Knowledgeable: 14%
- Knowledgeable: 3%
- Very Knowledgeable: 5%
- Don't Know: 8%

Source: *Data from a Public Opinion Strategies national survey of 800 adults age 18+ conducted June 5-8, 2011.*
Once Informed, Consumers are Positive

• 95% agree that it is important that patients with serious illness and their families be educated about palliative care

• 92% say they would like to consider palliative care for a loved one if they had a serious illness

• 92% say it is important that palliative care services be made available at all hospitals for patients with serious illness and their families
How To Offer a Consult

• “Palliative care is specialized medical care that focuses on providing patients with relief from the symptoms, pain and stress of living with a serious illness. They provide **an extra layer of support** for our team.”
Summary

• Palliative care has historically been more available for patients living with malignancy than those suffering from non-cancer chronic illnesses

• The burden of suffering is similar between disease groups, perhaps even worse for heart failure

• Early palliative care has proven beneficial in cancer – Studies suggest can extend to heart failure