End of Life Decision-Making in New Mexico: Then and Now

Annual Family Medicine Seminar

Ruidoso, NM

July 16th, 2015

What is Palliative Care?

- https://www.youtube.com/watch?v=lDHhg76tMHc
- Palliative care improves health care quality in three significant ways:
  - Relieves physical and emotional suffering
  - Strengthens patient-family-physician communication and decision making
  - Ensures well-coordinated care across health care settings
- Interdisciplinary approach to care
  - Provider, nurse, chaplain, social worker

Symptom Management

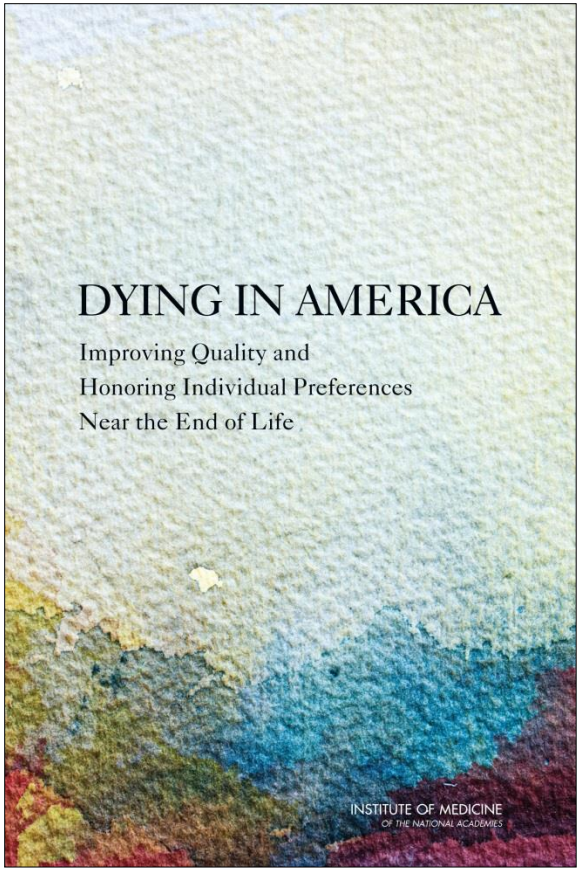
Common Symptoms

- Fatigue
- Pain
- Nausea
- Constipation
- Dyspnea
- Depression
- Anxiety
- Delirium

Commonly Used Medications

- Corticosteroids
- Analgesics (opioids and non-opioids)
- Antiemetics
- Laxatives
- Antidepressants
- Benzodiazepines
- Antipsychotics
- Anticholinergics

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



Suggested citation: 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.

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

- IOM's previous report on this topic:
  - Approaching Death: Improving Care at the End of Life, 1998.

- The focus in 2014 is on aligning public policy, clinical practice and personal preference.

- The report references 3 dimensions:
  1) What do individuals and families need to do to take control especially at the end of life.
  2) What do clinicians need to do to support them?
  3) What do payers and public policy need to do in support as well?

Dying in America: Key Findings and Recommendations

1. Delivery of Care
2. Clinician-Patient Communication & Advance Care Planning
3. Professional Education and Development
4. Policies and Payment Systems
5. Public Education and Engagement

The Talking Gap

90% of people think it is important to talk about their loved ones' and their own wishes for end-of-life care.

27% of people have discussed what they or their family wants when it comes to end-of-life care.

80% of people say that if seriously ill, they would want to talk to their doctor about wishes for medical treatment toward the end of their life.

7% report having had this conversation with their doctor.

Sources: The Conversation Project National Survey (2013)
Survey of Californians by the California HealthCare Foundation (2012)

The Conversation Project:
"*It is always too early, until it is too late*."

A national public engagement campaign dedicated to assure

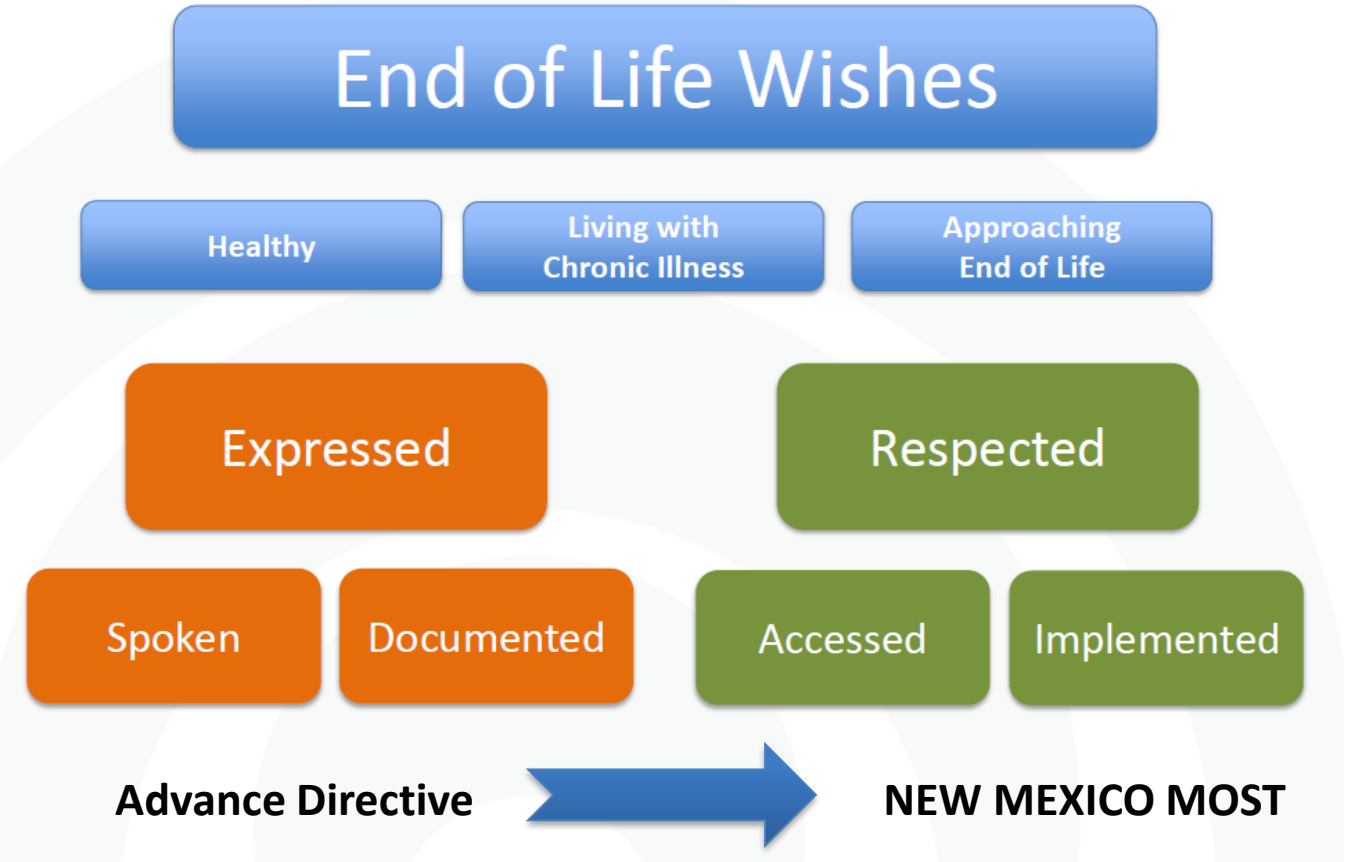
that everyone's wishes for end-of-life care are:

Expressed and ***Respected by:***

Individual and ***Healthcare System***

Source: The Conversation Project and Institute for Healthcare Improvement

The Conversation Continuum



Source: Cambia Health Foundation

Making Healthcare Systems "Conversation Ready"

- IHI collaboration with TCP to establish a:

  "Conversation Ready Healthcare Community"

- The four R's practiced by such a community:
  - Reach out
  - Record
  - Retrieve
  - Respect

So... What does Success Look Like?

"The Town Where Everyone Talks about Death*"

- La Crosse County, WI: Respecting Choices Program led by Gundersen Lutheran Health System.
- Study focused on use of Advance Directives by all eligible adults who died during two separate timeframes:
  - April 1995-March 1996 (N=540)
  - September 2007-March 2008 (N=400)
- Question: Were outcomes maintained over time?

*NPR Morning Edition:
http://www.npr.org/blogs/money/2014/03/05/286126451/living-wills-are-the-talk-of-the-town-in-la-crosse-wis

La Crosse County, Wisconsin

April 1995- March 1996

- Population: ~95,000
- 85% had an AD.
- 95% of the time, present and available in the chart.
- High rate of consistency between the patient's preference and the treatment provided.

Sept. 2007- March 2008

- Population: ~111,000
- 90% had an AD.
- 99.4% of the time, present and available in the chart.
- A systematic ACP program is needed to assure that an individual's wishes are respected.

It's time to have the conversation **when**...

- **At key milestones, such as**
- When you get your driver's license
- When you form a long-term relationship
- When you have a child
- When you plan to retire
- When you sign up for Medicare

- **In certain situations, such as**
- When you hold a high-risk job
- When you engage in high-risk activities
- When you start military training or are deployed
- If you have a major genetic or congenital health condition

- **With your care provider, such as**
- During well visits with your primary care provider
- When you're diagnosed with a chronic, life-limiting illness
- As your health worsens
- When you enter your final year of expected life

- **Talk about** your end-of-life values, goals, and preferences with your loved ones and care providers regularly. The conversation may be difficult, but wouldn't you rather have it now, before a crisis?

Source: Institute of Medicine *of The National Academies*