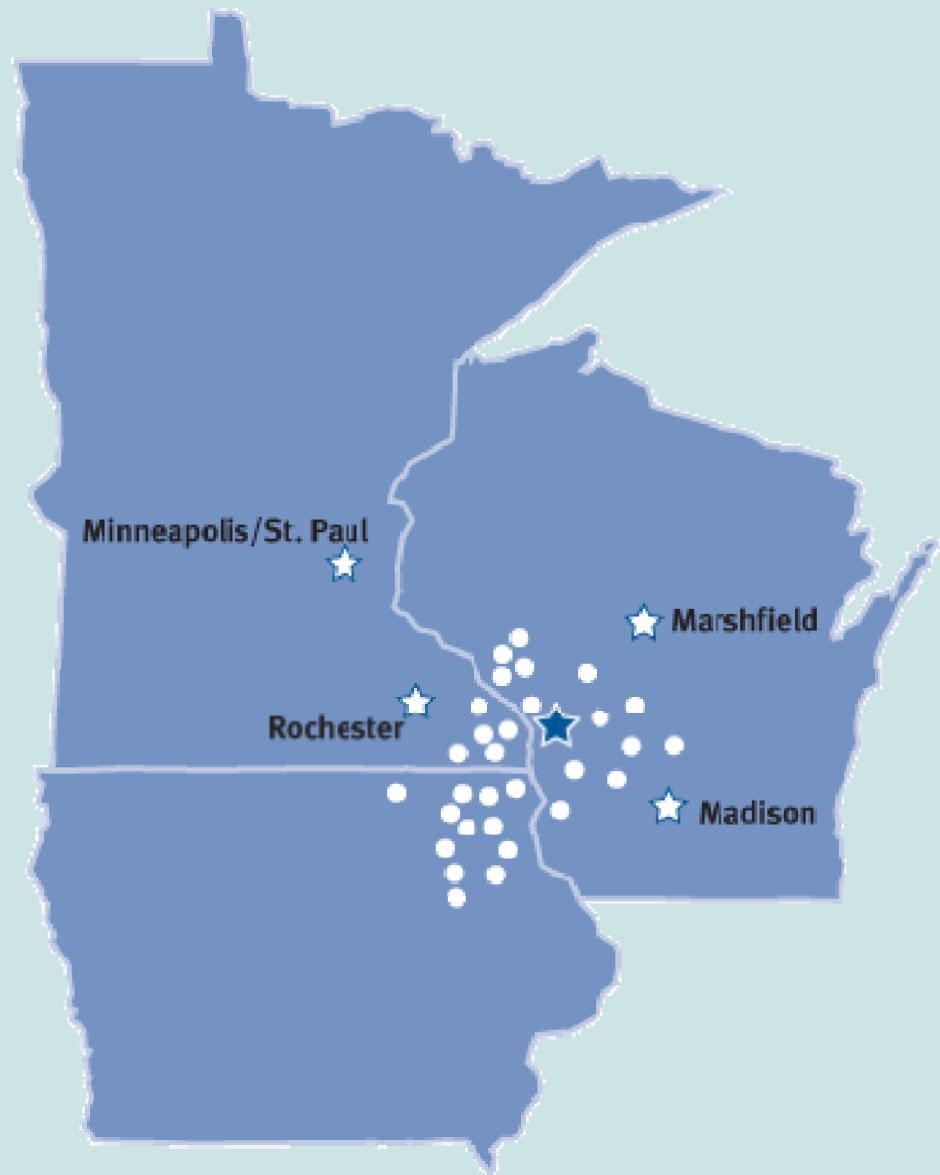


A Rational Approach to End of Life Care

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Internal Medicine/Medical Vice President
Gundersen Lutheran Health System



Gundersen
Lutheran.



| Hospital | Hospital Days/Patient in Last 2 Years of Life | Total Cost of Care/Patient During Last 2 Years of Life |
|--|---|--|
| Gundersen Lutheran | 13.5 | \$18,359 |
| Marshfield/St. Josephs | 20.6 | \$23,249 |
| U.S. National Average | 23.6 | \$25,860 |
| University of Wisconsin | 19.7 | \$28,827 |
| Cleveland Clinic | 23.9 | \$31,252 |
| Mayo Clinic | 21.3 | \$31,816 |
| UCLA | 31.3 | \$58,557 |
| University of Miami Hospital & Clinics | 39.3 | \$63,821 |
| New York University Medical Center | 54.3 | \$65,660 |

* Based on 2007 *Dartmouth Atlas Study Methodology*. The *Dartmouth Atlas* methodology examines hospital inpatient care for the last two years of a Medicare patient's life.



Pieces to the Puzzle

- Advanced Care Planning
- Palliative Care
- Care Coordination

Advanced Care Planning

- “Respecting Your Choices”
- Collaborative program for the La Crosse community
- Began in 1991
- Administered by physicians, nurses & chaplains
- 92% of all patients that died in the hospital in 2008 had an advanced directive on their chart



POLST Forms

- Physician Orders for Life-Sustaining Treatment
- Required anytime a patient is transferred from one setting to another (hospital to NH)
- Must be completed by physician

Physician Orders

for Life-Sustaining Treatment (POLST)

This is a Physician Order Sheet. It is based on patient/resident medical condition and wishes. It summarizes any Advance Directive.

ANY SECTION NOT COMPLETED INDICATES FULL TREATMENT FOR THAT SECTION. WHEN THE NEED OCCURS, FIRST FOLLOW THESE ORDERS, THEN CONTACT PHYSICIAN.

| | |
|---|--------|
| Last Name of Patient/ Resident | |
| First Name/ Middle Initial of Patient/ Resident | |
| Patient/ Resident Date of Birth | Gender |
| / / | M F |
| Clinic # | Clinic |

ORIGINAL FORM MUST ACCOMPANY PATIENT/PATIENT-RESIDENT WHEN TRANSFERRED OR DISCHARGED.

ORIGINAL FORM MUST ACCOMPANY PATIENT/RESIDENT WHEN TRANSFERRED OR DISCHARGED.

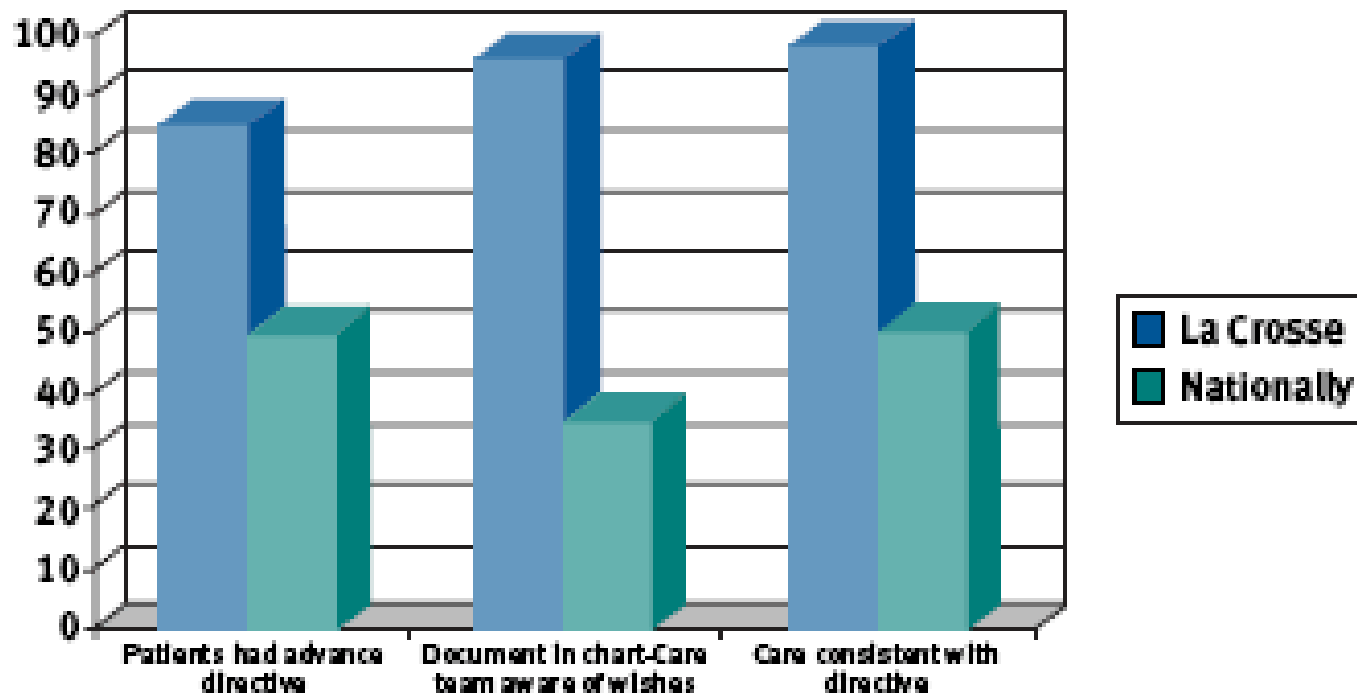
| | |
|--|--|
| Section A <small>Check One Box Only</small> | Treatment options when the patient/resident is not breathing and has no pulse. <input type="checkbox"/> Resuscitate <input type="checkbox"/> Do Not attempt or continue any Resuscitation (DNR) |
| Section B <small>Check One Box Only</small> | Treatment options when the Patient/Resident has pulse and/or is breathing. <input type="checkbox"/> Comfort Measures Only. The patient/resident is treated with dignity, respect and kept clean, warm and dry. Reasonable measures are made to offer food and fluids by mouth, and attention is paid to hygiene. Medication, positioning, wound care, and other measures are used to relieve pain and suffering. Oxygen, suction and manual treatment of airway obstruction may be used as needed for comfort. These measures are to be used where the patient/resident lives. If comfort measures fail, contact physician. For hospitalization transfer to: _____ <input type="checkbox"/> Limited Additional Interventions: Includes care above. May include cardiac monitor and oral/IV medications. Transfer to hospital if indicated, but no endotracheal intubation or long term life support measures. Usually no intensive care. <input type="checkbox"/> Aggressive Treatment: Includes care above plus endotracheal intubation, advanced airway, and cardioversion/automatic defibrillation. <i>Other Instructions:</i> _____ |
| Section C <small>Check One Box Only</small> | Antibiotics <input type="checkbox"/> No antibiotics except if needed for comfort (e.g. dental infection) <input type="checkbox"/> No Invasive (IM/IV) antibiotics <input type="checkbox"/> Aggressive Treatment <i>Other Instructions:</i> _____ |
| Section D <small>Check One Box Only</small> | Artificially Administered Fluids and Nutrition Comfort measures are always provided. <input type="checkbox"/> No feeding tube/IV fluids <input type="checkbox"/> Defined trial period of feeding tube/IV fluids <input type="checkbox"/> Long term feeding tube/IV fluids <i>Other Instructions:</i> _____ |
| Section E | Discussed with: <input type="checkbox"/> Patient/Resident <input type="checkbox"/> Health Care Agent <input type="checkbox"/> Court-appointed Guardian <input type="checkbox"/> Other (specify): _____ Name of agent/guardian: _____ Phone #: _____ THE BASIS FOR THESE ORDERS IS: |
| Signature of Physician/Nurse Practitioner (mandatory) Physician/NP Name (type or print) Time and Date Signed | |

ORIGINAL FORM MUST ACCOMPANY PATIENT/RESIDENT WHEN TRANSFERRED OR DISCHARGED.

63233 11/2012

La Crosse Area Advanced Directive Task Force® PACE April 2005

La Crosse compared to national averages



National information: Research in Action, AHRQ, Issue #12, March 2003

La Crosse information: Hammes BJ, Rooney B. "Death and End-of-Life Planning in One Midwestern Community." *Archives of Internal Medicine*. 1998;158:383-390

Palliative Care

- Developed inpatient consult team in 2003
- Goal: ease symptoms and improve quality of life for patients with progressive chronic disease
 - End-stage heart or kidney disease
 - HIV/AIDS
 - Cancer
 - Dementia
 - COPD
- Now provide inpatient and outpatient care

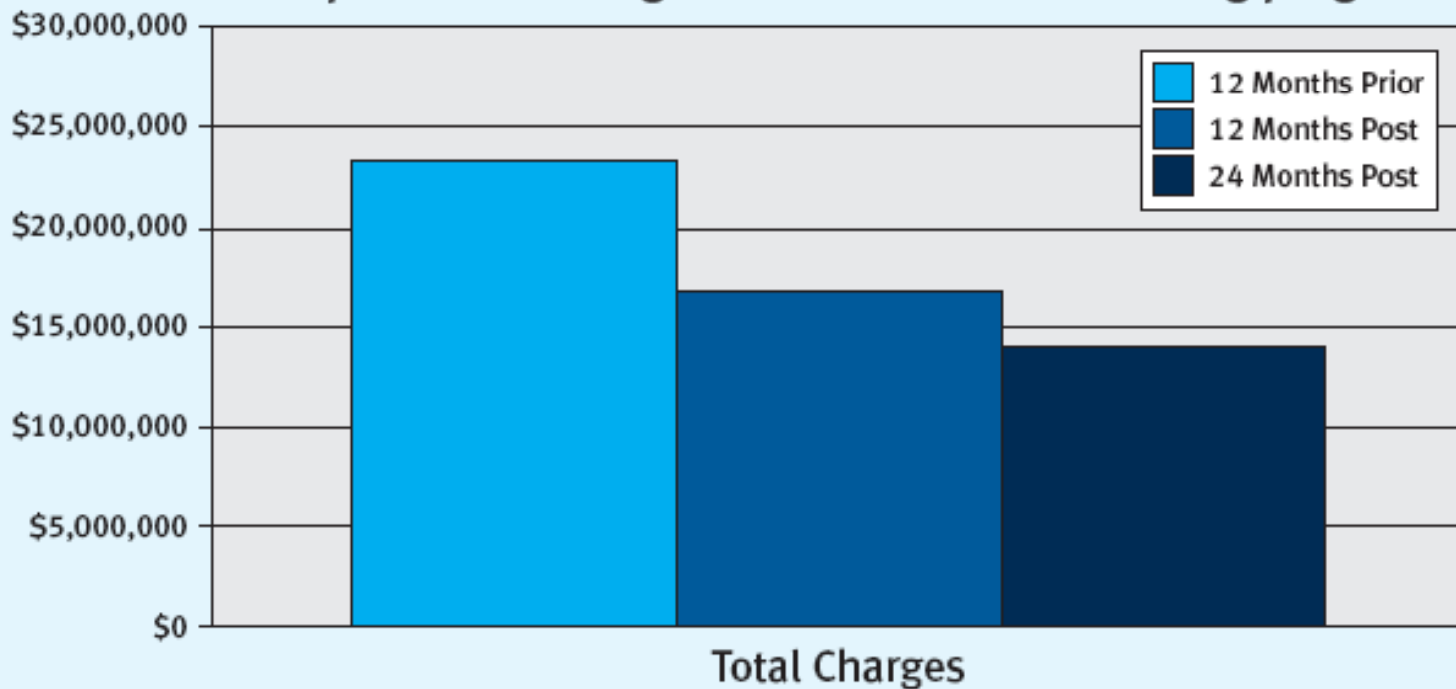
Care Coordination

- Initially began as health plan program to coordinate care for the sickest 1% of patients with GL insurance
- Demand from primary care physicians expanded program to ALL eligible patients, *independent of insurer*

Care Coordination

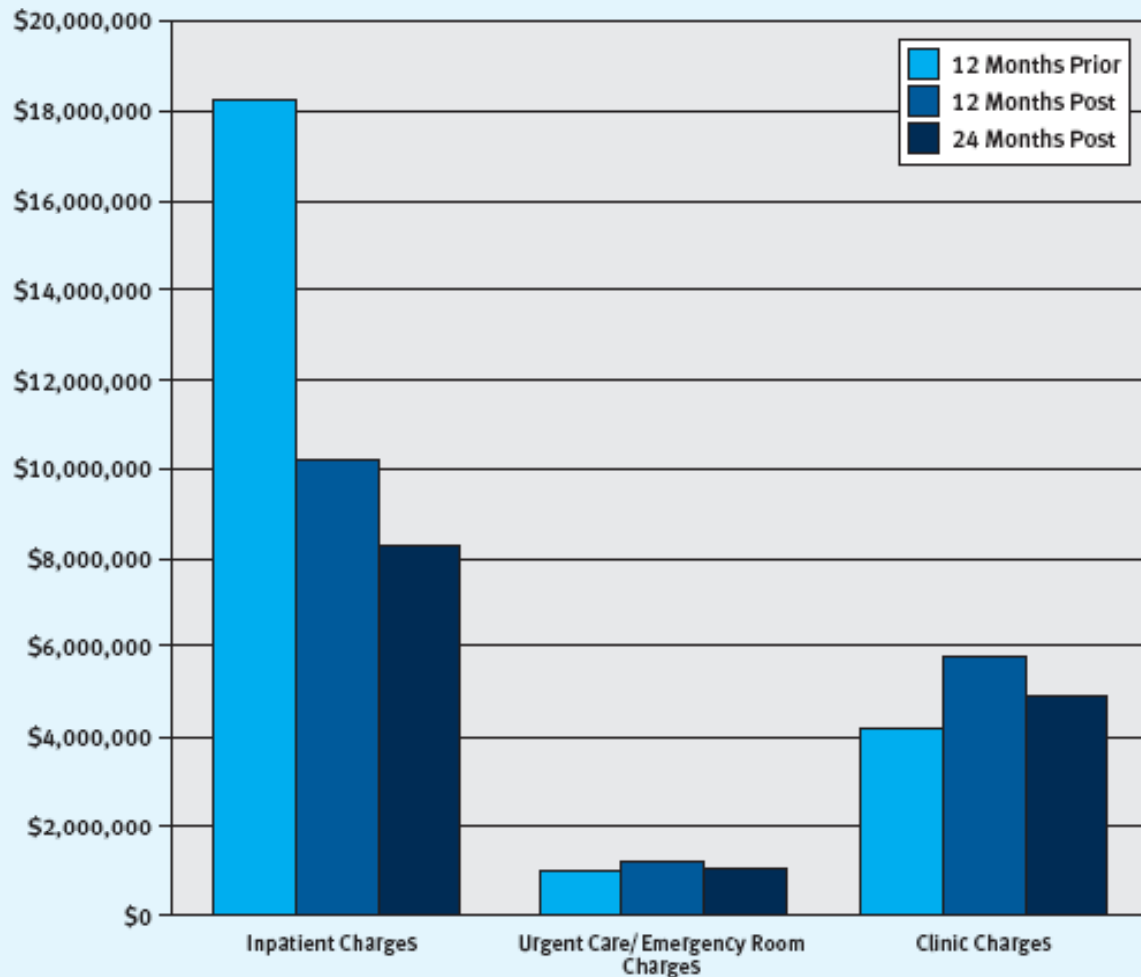
- Patient-centered, not insurance-driven
- Primarily RN based
- Patients directed to Care Coordination if:
 - Frequent hospitalizations or ER visits
 - Multiple conditions or providers
 - Lack a strong support system at home
 - Difficulty coping with their healthcare needs
- 60 patients per RN
- >1200 patients currently followed

Gundersen Lutheran Care Coordination Program Comparison of charges before and after entering program



An analysis of Gundersen Lutheran's Care Coordination program showed a nearly \$9.5 million decrease (40%) in total charges for the 530 patients who enrolled in the program and used Care Coordination for 24 months. After 24 months in the program, charges decreased an average of almost \$18,000 per patient.

Gundersen Lutheran Care Coordination Program Comparison of charges before and after entering program



In the 24 months after patients enrolled in Gundersen Lutheran's Care Coordination program, inpatient charges dropped significantly. By the end of the second year, inpatient-related charges decreased by \$10 million, or nearly 55%.

End of Life Care that Matters

- Personalized care that meets each patient's goals and values
- Coordinated and integrated care
- Significant cost reduction while maintaining patient satisfaction with health and healthcare