

Assessing Progress in End-of-Life and Serious Illness Care

National Academy of Medicine

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Person-Centered, Family Oriented Care

NOTES—BREAKOUT SESSION 1

Barriers		
<ul style="list-style-type: none"> • Disabled population not specifically addressed (also an opportunity) • Disrespect or poor treatment of critical care nurses by families (issue of patient “self-centered” care) • Staffing, leadership, mistreatment by patients, regulatory influences • Coercive health care (“patient compliance” – is there an element of choice?) • Architectural – e.g. private spaces in ICUs • Where people get there care – beyond the hospital • Information and honesty (need for transparency throughout care and decisionmaking); study - physicians choose differently for themselves than they might for their patients • Empathy gap • Cultural diversity and the role of the care giver (health care provider) • Identifying those at risk earlier; addressing emotional need earlier • Accessibility of care (including for the disabled population) • Interoperability (EHRs) • Accountability • Are we ready for tailored care? What’s the right balance? • Still cannot identify a palliative care visit in claims data • Who controls palliative care (access)? 		
Solutions/Opportunities		
<ul style="list-style-type: none"> • Staff support to diffuse patient discontent • “My gift of grace” game; Patient-centered care questions – much simpler solutions exist than what we’re currently doing; utilizing families to learn about the patient • Raising awareness/education around palliative care – not necessarily site specific • Demographic shifts (generational and multicultural) • Develop key measures • Palliative care referrals and consultations • Diffuse successful models at state and local levels; also unsuccessful models to learn from 		
Other		
<ul style="list-style-type: none"> • 		
	Top Priority Action Items (limit to 3-5)	Actor(s)
1	Payment for community based palliative care (incl. necessary communication skills practitioners need)	CMS
2	Payment for patient centered quality care measures/indicators; fed gov’t partnering with private sector to develop (need measure development first, then payment)	CMS
3	Moving the conversation into nursing homes and other long term care supports	Private industry?

4	Integrated care teams	
5	Support for primary care physicians	
	Access to palliative care	
	Educate the public around the costs	Public-private partnership