

Special Audio Report Transcript

Headline: California Hospitals Expanding Their Palliative Care Offerings To Improve Care, Reduce Costs

Report/Produced by: Kenny Goldberg
Publication: *California Healthline*
Date Posted: October 10, 2012

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I'm Kenny Goldberg, with a look at how California hospitals are expanding their palliative care offerings. This is a special report for *California Healthline*, a daily news service of the California HealthCare Foundation.

Suzi Johnson discovered her life's work when she watched her mother die.

(Johnson): "When she was diagnosed with advanced stage breast cancer, she recognized the terminality of the disease, and she really made really great decisions for herself."

It was in the late 1970s. The concept of palliative care -- the kind of patient-centered care that focuses on relieving symptoms and enhancing quality of life -- wasn't even on the radar yet.

But somehow, Johnson's mom knew that's exactly what she wanted.

(Johnson): "And that was to only have treatment that was required to reduce symptoms. As the cancer progressed and she had brain tumors and different things like that, she had radiation to manage that, but she recognized that the disease wasn't curable."

Johnson's mom chose to spend her last few months at home, surrounded by family and friends who served as her caregivers.

Today, Johnson oversees the palliative and hospice care program at San Diego's Sharp HealthCare.

Hospital-based palliative care programs began to emerge in the U.S. in the late 1980s. These days, the vast majority of hospitals in California and nationwide have their own palliative care teams.

The San Diego-based Institute of Palliative Medicine has the nation's largest training program for doctors who want to specialize in the discipline.

Steven Oppenheim is the Institute's chief medical director. He says palliative care was seen as outside the mainstream when his program was launched 12 years ago.

(Oppenheim): "Well, I think early on we were looked at as an unusual aspect of health care, with some unusual perspectives. And what really changed, when the specialty became recognized in 2008, is that this is a legitimate, and very important sub-specialty, that will help change health care and improve the quality of peoples' lives."

Parag Bharadwaj is one of the Institute's former fellows. He's the medical director of palliative care services at Cedars-Sinai Medical Center in Los Angeles.

Bharadwaj says with a daily tally of up to 40 patients, Cedars has one of the busiest in-patient palliative care programs in the country.

(Bharadwaj): "I think where we've been very successful here is getting involved early on in a patient's care. So that makes it a lot easier to handle those very difficult conversations and situations with the patients, and also with the staff, because we always have a very clear plan of care up front."

Bharadwaj points out that palliative care is by no means restricted to people who are terminally ill.

(Bharadwaj): "We are getting more and more involved with patients who are coming to the hospital to pursue complex, curative care. And with some of the services here, we are working to become the standard of care along with, for example, heart failure patients, with the bone marrow transplant service, we are actually part of the admission order set."

Hospitals see palliative care as a way to improve patient care and lower costs.

Judy Citko directs the Coalition for Compassionate Care of California.

(Citko): "It just happens that when we do the right thing and provide better quality, that it's also more efficient and more effective."

A study from the American Medical Association examined records from eight hospitals with palliative care programs for the years 2002 to 2004. Among patients who lived, the cost of treatment for those in palliative care was about \$1,700 less than the cost for those in regular care. Among patients who died, the cost of treatment for those in palliative care was about \$4,900 less than the cost for those in regular care.

Citko says palliative care programs are well established in California hospitals. She believes the next step is to expand those services to other settings.

(Citko): "Patients shouldn't have to be hospitalized to get this kind of care. And often when they go to the hospital and they get the care, when they get discharged back to the community, there's not another setting, another provider that can pick up and continue to provide palliative care."

Citko says her coalition is exploring how to develop a full continuum of palliative care in California.

(Citko): "So whether you're getting care from a clinic, a nursing home, whatever setting you might be in, or just living in your home and seeing your primary care doctor, that you can always have access to palliative care."

With the greying of America, the demand for palliative care services, especially at the end of life, is expected to grow.

But a recent survey from Citko's coalition and the California HealthCare Foundation -- which publishes *California Healthline* -- finds that as it stands now, most Californians aren't getting the care they want in their final days.

The survey shows that 70% of Californians said they'd like to die at home. But in 2009, most deaths occurred in a hospital or a nursing home.

Ultimately, whether it's about relief from suffering at the end of life, or during a struggle with a chronic illness, palliative care is about respecting what the patient wants.

Sharp HealthCare's Suzi Johnson says she learned a powerful lesson by seeing how her mom handled her situation.

(Johnson): "You don't always get to choose the cards that are dealt to you, but the ones that you are dealt, you do have a choice what to do with them."

This has been a special report for *California Healthline*, a daily news service of the California HealthCare Foundation. If you have feedback or other issues you'd like to have addressed, please email us at CHL@CHCF.org. I'm Kenny Goldberg, thanks for listening.