Getting the Best Care Possible in the Face of Serious Illness

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CEO, Coalition for Compassionate Care of California
Collaborative approach

Founded in 1998

Committed to improving serious illness care

POLST leader
What People Want

Help Wanted:
Californians' Views and Experiences of Serious Illness and End-of-Life Care

www.CHCF.org
Palliative Care Is...

- Specialized medical care for people with *serious illnesses*
- **Relieves symptoms, pain, and stress** of a serious illness—whatever the diagnosis
- Improves **quality of life** for both the patient and the family
- Provided by a **team** of doctors, nurses and other specialists who provide an extra layer of support
- Appropriate at **any age** and at **any stage** in a serious illness along with curative treatment
Palliative Care Continuum
Types of Palliative Care

- Home Based
- Medical Office
- Clinic
- Nursing Home
- Hospice
Benefits of Palliative Care

- Improves Quality of Life and Symptom Burden
  - Quality of Life
  - Symptom Burden
  - Reduces symptom distress by 66% with improvements lasting months after initial consultation

- Drives High Satisfaction and Positive Patient Experiences
  - 93% of people who received palliative care are likely to recommend it to others

- Reduces Avoidable Spending and Utilization in All Settings
  - 48% readmissions
  - 28% cost/day
  - 50% admissions
  - 35% ED visits
  - 43% hospital/ED transfers
  - 36% total costs

Center to Advance Palliative Care

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Palliative care best practice versus fraud
Advance Care Planning

ACP is a process that supports a person

• At any age or stage of health

• In understanding & sharing personal values, life goals, and preferences

• Regarding future medical care

The goal of ACP is to

• Help ensure that people receive medical care consistent with their values, goals and preferences

• During serious or chronic illness
ACP Across the Continuum

Age 18
Complete an Advance Directive
Update Advance Directive Periodically
Diagnosed with Serious or Chronic, Progressive Illness (at any age)
Complete a POLST Form
Treatment Wishes Honored

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Advance Directives & POLST
## Advance Directive vs. POLST

<table>
<thead>
<tr>
<th>Advance Directive</th>
<th>POLST</th>
</tr>
</thead>
<tbody>
<tr>
<td>General instructions for <strong>FUTURE CARE</strong></td>
<td>Specific orders for <strong>CURRENT CARE</strong></td>
</tr>
<tr>
<td>Needs to be retrieved</td>
<td>Stays with the patient</td>
</tr>
<tr>
<td>Many different forms</td>
<td>Single, standardized form</td>
</tr>
<tr>
<td>Signed by patient &amp; witnesses or notary</td>
<td>Signed by patient (or HC Agent) and physician</td>
</tr>
</tbody>
</table>
Benefits of Advance Care Planning

- Helps ensure care that is consistent with patients’ goals, values and beliefs.
- Minimizes unnecessary patient and family distress.
- Reduces unnecessary and unbeneficial transfers between care settings.
- Reduces unwanted medical interventions and treatments.
- Enables providers to engage in structured, meaningful conversations with patients about treatment wishes, goals and values.
- Increases the probability that patients with life-limiting illnesses can die in their preferred place, such as their home.
- May reduce moral distress among care providers.
- Improves population health as a result of increased goal-concordant care.
COVID-19 Impact on ACP

Increases importance of conversations around goals of care and treatment wishes.

Makes it more difficult to complete forms, get signatures, access and transfer ACP forms.
AB 1234: Bringing ACP into the Electronic Age

- Authorize electronic signatures on advance directives and POLST
- Create a statewide electronic POLST Registry under the California Health and Human Services Agency.
ACP Resources

April 16, 2021

Go Wish
gowish.org

Heart-to-Heart Cards
caccc-usa.org
Be a Part of the Movement

Visit us at
www.CoalitionCCC.org