

Facts: Quality Improvement in End-of-life Care Needed

The need for quality improvement in care provided at the end of life and advance care planning consultation is not a new issue with HR 3200.

Discussions about the cost of care at the end of life are not easy and evoke emotion. Nonetheless, if we ever hope to achieve high quality, accessible and affordable health care, sooner or later we will have to confront the hard questions about access to expensive treatments. We must address these tough issues with the facts and look for ethical solutions that balance patient autonomy and social justice, remembering to "First, Do No Harm".

FACTS:

- Advance care planning is person-centered and based on an individual's goals for care. Conversations are best had at a time when a person can express what is important to them and understand the options.
- The wishes shared by the person must be available at transitions of care and honored by health care professionals.
- Surveys reveal 80-90% of individuals would prefer to die peacefully at home.
- The Dartmouth Atlas reveals large unwarranted regional variations in the percentage of deaths occurring in hospitals and unwarranted regional variations in Medicare spending at the end of life.
- High-spending regions provide more inpatient-based and specialist-oriented care; however, there is no improvement in health outcomes, including mortality rates, quality of care, access to care or patient/family satisfaction.
- Dollars are wasted on unwanted, unnecessary and futile treatments. Reducing the amount spent on ineffective treatments will help reduce the total cost of end-of-life care.
- More expensive care is not always better care. Recent research shows thoughtful advance care planning discussions result in less aggressive treatment, lower stress, earlier hospice referral and a better quality of life for the person who is dying as well as comfort and support for those who are grieving the loss of their loved ones. Higher costs were associated with worse quality of death and worse bereavement adjustment.
- Functional Health literacy, the ability to read, understand, and act on health information, is critical to making informed decisions regarding end-of-life care. There is a significant need for reliable information for all!
- Healthcare professional communication skills need improvement.