ENSURING INTEGRATED PALLIATIVE CARE FOR AN AGING AMERICA

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Spectacular advances in medical care have resulted in improved overall health and longevity. Combined with a surge of baby boomers, our population is now aging at an unprecedented rate. This demographic shift is anticipated to strain an already taxed post-pandemic health care system.

By 2030, all 73 million baby boomers will be 65 or older. By 2050, an anticipated 47% increase in the number of individuals over the age of 65 will result in a large fraction of this population of 82 million people having debilitating chronic illnesses like dementia, stroke, cardiac and respiratory diseases.[1]

Compared to younger adults, aging individuals often live with several complex medical diagnoses and can anticipate predictable functional decline, increased frailty and, too often, significant cognitive impairment. The supportive care associated with the increased medical complexity of older adults due to declines in functional and neurologic status is anticipated to overwhelm long-term care and family caregiver resources. The sheer number of aging persons will also make providing basic health care services, both in and outside of hospitals, increasingly difficult.

A multifaceted approach that supports older patients and their families is essential to providing the highest quality of care to this aging population. In addition to investments in infrastructure, workforce development and technological solutions, palliative care is central to achieving the goal of high-quality medical care for every seriously ill person.[2]

ALIGNING CARE WITH PATIENT, FAMILY PRIORITIES

Palliative care, affirmed in the U.S. as a distinct medical specialty nearly 20 years ago, provides an additional layer of person-focused care delivered by an interdisciplinary team alongside the treatments provided by other medical teams. It is appropriate at any age and stage of serious illness, aiming to improve the quality of life of patients and families while reducing avoidable suffering. The relief of distress associated with diseases and treatments, while supporting patients as individuals with personal goals and values, is a hallmark of palliative care.

Palliative care aligns medical treatments with patient and family priorities, providing the critical service of educating patients and families to improve understanding and manage expectations. This is particularly important as individuals near the natural end of life or deal with chronic, debilitating illnesses associated with aging that can threaten the quality of life and one's personhood. Supporting patients and families with palliative care to navigate our complex, high-technology medical landscape achieves desired, but often otherwise unobtainable, outcomes, increasing the overall quality of care while reducing the associated cost.[3]

Despite the natural assumption that person-centered and coordinated care happens spontaneously, decades of experience show that medical care provided often misaligns with patient values and goals. The momentum of critical care begins as soon as a patient reaches the emergency department, often leading to burdensome treatments without a pause to ensure the care provided is appropriate, desired or capable of achieving the hoped-for outcomes. Expectations of what outcomes are possible or most likely to occur are often more influenced by pop culture than medical science. Involvement of palliative care teams can lead to better-informed decisions that honor patient autonomy in these high-stakes situations.

The need for palliative care extends beyond hospitals to community programs, skilled nursing

units and long-term acute care facilities. Proper care planning, including identifying a surrogate who can speak for the patient if they lose decision-making ability, is essential but often neglected. Studies show that while nearly 80% of patients want to discuss their wishes for future end-of-life care with their providers, only 7% are asked.[4] This silence between patients, families and care teams can be alleviated by improving the capacity of everyone involved with patient care to provide an appropriate degree of palliative care.

A COMMITMENT TO IMPROVE PALLIATIVE CARE

The Catholic health ministry has long viewed palliative care as an expression of its mission to serve the seriously ill and dying. In 1994, three Catholic health systems came together to establish the Supportive Care Coalition,[5] an organization committed to advancing excellence in palliative care in the Catholic health ministry through advocacy, education, and the integration of Catholic teachings and ethical principles into palliative care practice.

Membership in the coalition grew over the years and, in 2021, CHA, an early coalition member, integrated the Supportive Care Coalition into its operations to support the continued growth and development of palliative care across Catholic health care. As CHA CEO and President Sr. Mary Haddad, RSM, said in 2021, "The integration of SCC into CHA will enhance palliative care programs and services to our members and will create a strong and unified voice for enhanced funding and support for outstanding palliative care at the state and national levels."[6] To provide quality medical care to our aging American population, this unified voice has never been more important.

As demographic, financial and policy drivers push health care to do more with less, CHA is working with its members to strengthen their commitment to palliative care. These efforts will focus on continued education about the inextricable link between mission, quality, and palliative care and support for member efforts to improve the quality of their palliative care programs.[7]

High-quality palliative care is foundational to the mission of Catholic health care by serving those most in need, addressing suffering for seriously ill patients, and ensuring a sacred and peaceful transition at the end of life. Catholic health care must stay focused on our obligation to provide this care for our sickest patients despite waxing and waning financial challenges. During these difficult times, financial decisions informed by formal discernment are essential, and we must avoid the temptation to simply check a box marked "Yes, we have palliative care" without providing the actual staffing required to deliver quality, holistic, multidimensional support for the sickest patients and families. CHA's discernment model, "Listening and Cooperating with the Spirit," notes, "Decisions that could significantly impact local communities, persons' lives and affect an organization's Catholic identity and character should be made against the background of the organization's core commitments and be approached with discipline and discernment."[8]

BUILDING A CULTURE OF PALLIATIVE CARE

Staying true to our Catholic mission is especially important given a recent study that found that prior to the COVID-19 pandemic, for every four hospital-based palliative care programs that started, one existing program closed.[9] Continuing our mission is also especially important given that post-pandemic palliative care programs struggle to get needed resources to keep up with increased demand that resulted from services becoming highly visible and valued by seriously ill patients and families during the pandemic.[10]

Consciously pushing against this trend, in 2020, at the beginning of the pandemic, leaders at Franciscan Missionaries of Our Lady Health System (FMOLHS) observed the inconsistencies in how palliative care was provided in the health system's hospitals. Recognizing the need to provide the highest quality of medical care consistently in all ministries, processes were put in place to ensure consistent growth of palliative care in all FMOLHS hospitals and communities. This has allowed equal access to full-team palliative care throughout the health system, resulting in dependable, high-quality palliative care in every hospital and higher levels of mission-aligned care across the ministry.

Prior to this initiative, every hospital grappled with providing palliative care as it saw fit, dependent on the variable understanding of the need for palliative care realized in each C-suite and greatly influenced by financial considerations. In individual hospitals, if financial resources were strained, developing palliative care programs was considered optional. Not understanding the vital link between palliative care and quality, this led

to highly divergent levels of palliative care, with some hospitals unable to meet the need within their hospital or community.

Having fully staffed teams in larger hospitals has improved the ability of FMOLHS to address patient and family needs in innovative ways. As an example, the palliative care team at Our Lady of The Lake Regional Medical Center in Baton Rouge, the largest hospital in Louisiana, can provide support to Our Lady of the Angels, a small rural hospital, through telemedicine, in concert with an on-the-ground palliative care team led by a chaplain and with the participation of family medicine residents. This has been surprisingly effective in providing palliative care to rural patients and families while supporting resident training.

Having more robust palliative care support has also allowed the development of a hospice and palliative medicine fellowship at the medical center, sponsored by the Accreditation Council for Graduate Medical Education. The program provides education to not only those involved in the fellowship program, but also supports the ongoing training of all FMOLHS palliative care teams twice a week through video connection to transmit training lectures and encourage ongoing collaboration between palliative care teams throughout the health system. Currently, every hospital with more than 300 beds has a full palliative care team, which includes physicians, nurse practitioners, nurses, a social worker and, importantly, a chaplain to support the multidimensional needs of our sickest patients.

As we welcome the groundswell of aging patients, FMOLHS is well-positioned to continue growing palliative care in the hospital and community with clinics and home-based programs, expanding support for the most seriously ill patients. Unquestionably, the key driver of success has been system-level leadership.

Dependable access to high-quality palliative care programs fosters something unexpected: a far-reaching culture of palliative care. In the same way a visit to a perfume factory will leave the pleasant scent on anyone's clothes who passes through, a robust palliative care program benefits not only the patients seen by the palliative care team, but also extends to the care of many others by enhancing the generalist palliative care skills of all health care providers. This requires intentional administrative effort to ensure palliative care programs are adequately supported and funded throughout Catholic health care communities. The highest quality medical care for our patients cannot be achieved without proactive palliative care support.

A LEADING VOICE TO EXPAND ACCESS

Catholic health care is sometimes critiqued on what we cannot do because of our faith. I am heartened by the growing recognition of what we can and should do as Catholics in health care. We must provide the highest quality medical care, which includes palliative care support to all seriously ill and suffering patients and those important to them, including caregivers. This care often begins in the hospital but ideally should continue to expand into community programs, long-term care facilities and in every location where there is serious illness and suffering.

Every pope since John Paul II has commented on the need for Catholics to provide effective palliative care. As Pope Benedict XVI rightly said, "This is a right belonging to every human being, one which we all must be committed to defend."[11]

Respect for life, a tenant so central to our Catholic faith, must extend to the preservation of dignity, autonomy and compassionate treatment at life's inevitable end. Ensuring excellent palliative care everywhere requires a clear leading voice.

As a member of the Supportive Care Coalition, and since taking over the reins of it in 2021, CHA has been committed to expanding access to palliative care. The Catholic health ministry can support this goal by ensuring that palliative care is well-represented in the future strategic plans of all Catholic health systems.

As we navigate into these next decades and our aging population swells dramatically, robust and high-quality palliative care across the continuum of care will be a defining feature of future successful health systems.

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NOTES

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