

Living Well with Serious Illness

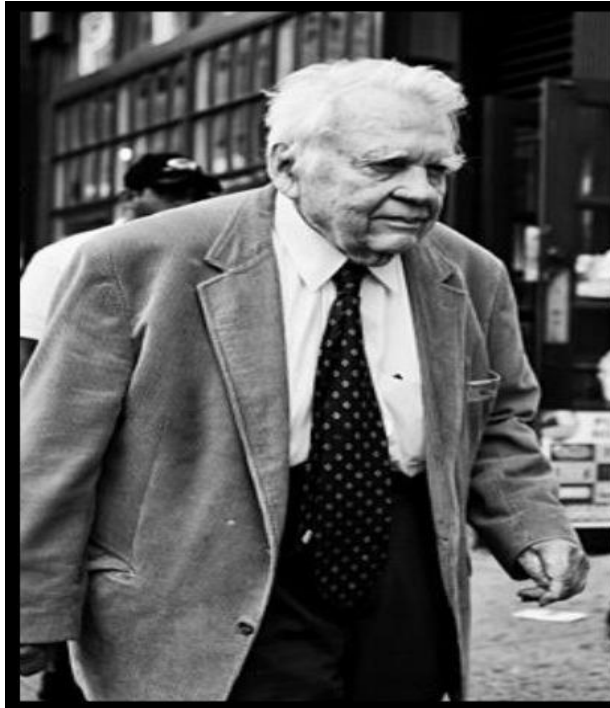
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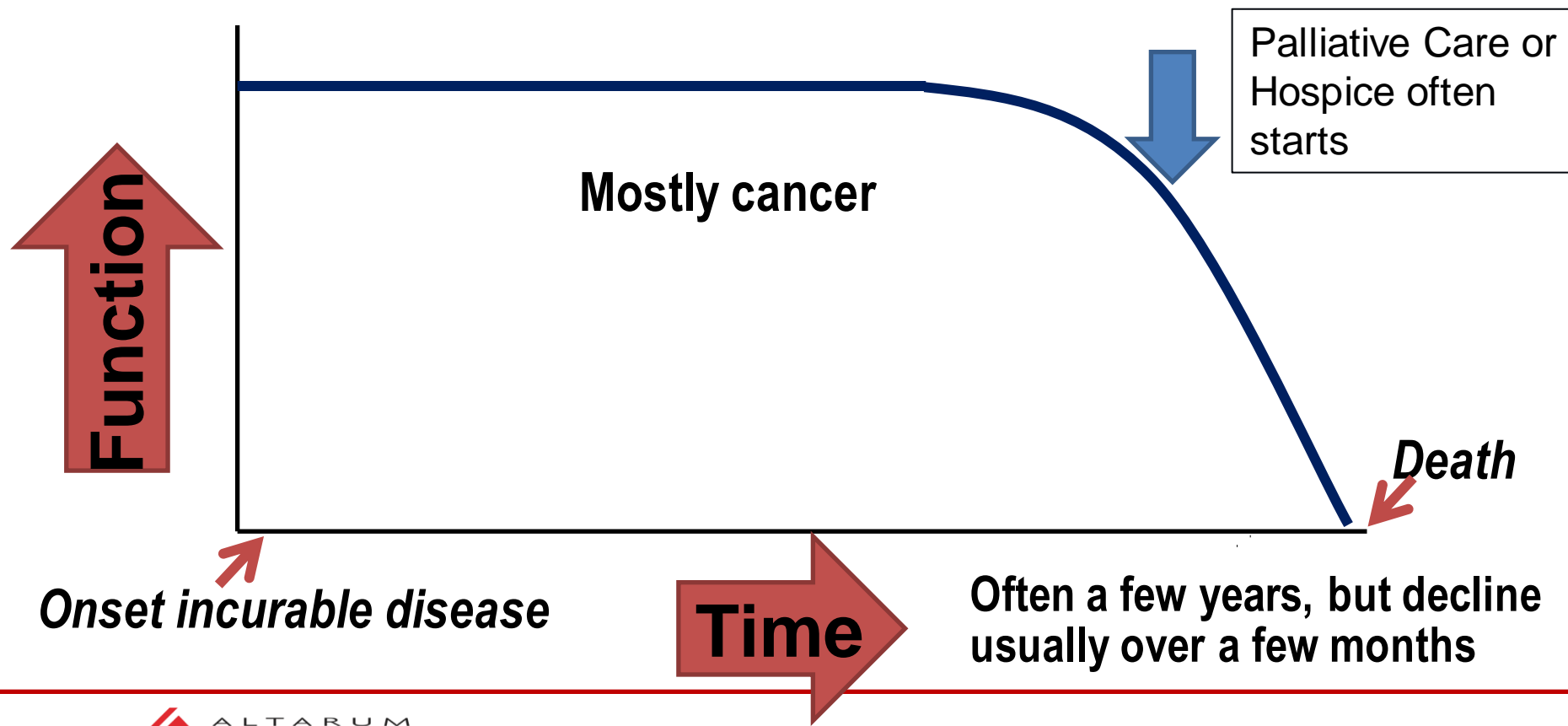
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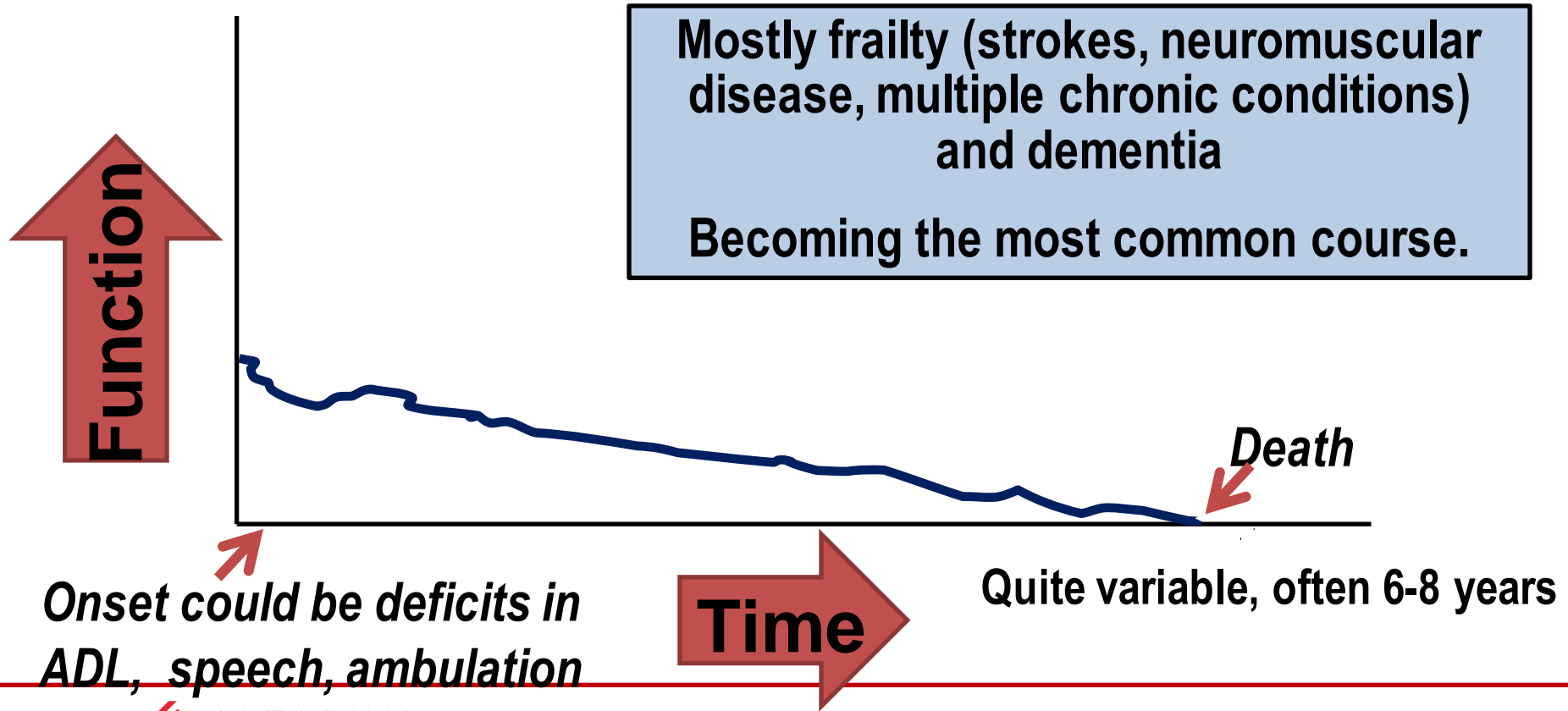
"It's paradoxical that
the idea of living a
LONG LIFE appeals to
everyone, but the
idea of GETTING OLD
doesn't appeal to
anyone."
- Andy Rooney

WWW.HISTORYBYZIM.COM

Single Classic “Terminal” Disease: “Dying”



Prolonged dwindling

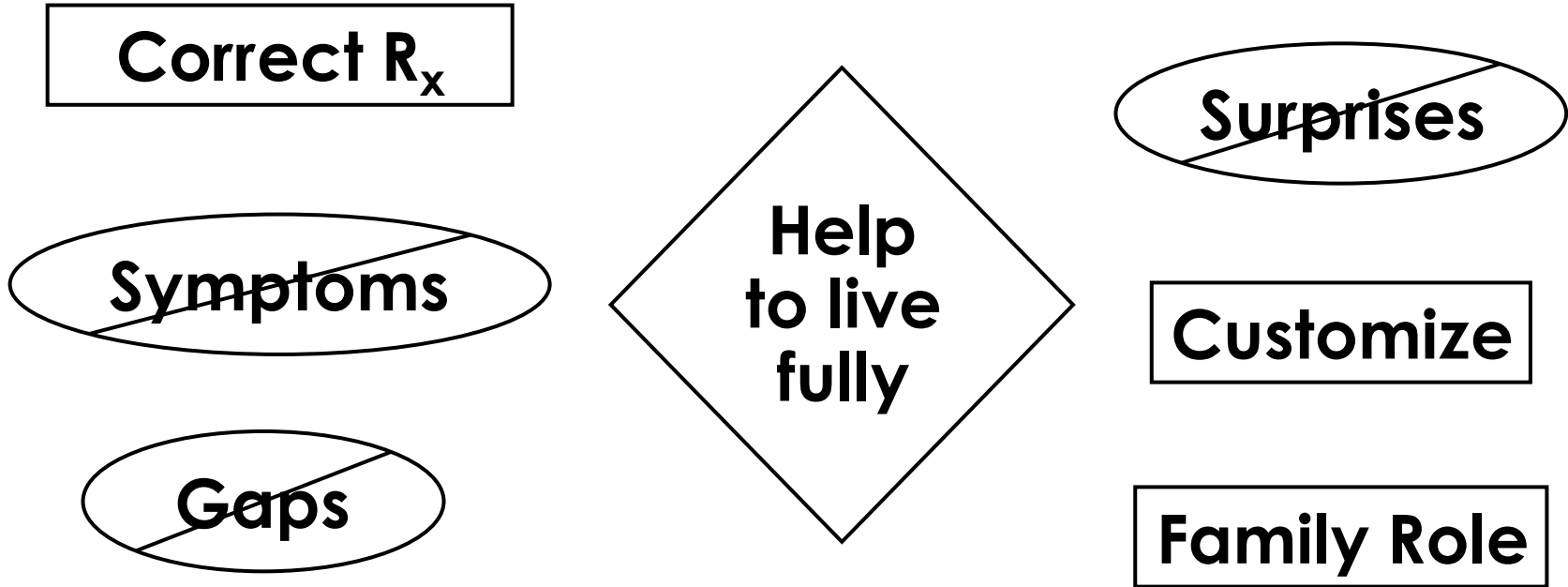


What a good care system provides for the “terminal illness” course

- ▲ Honest planning with patient and family
- ▲ Clinicians who are familiar with and able to handle all likely complications, including the process of dying
- ▲ Treatments to reduce symptoms and enhance function throughout
- ▲ Attention to burdens of treatment, including costs
- ▲ Attention to spiritual and family issues, emphasize meaningful lives and reliable services – be able to make promises for all of the remaining life
- ▲ Perhaps mobilizing services to homes?

Usually for days or weeks

What Good Care Systems Should PROMISE To Those with Serious Chronic Illnesses



What a good care system provides for the “long, slow decline” course

- ▲ Honest planning with patient and family
- ▲ Clinicians who are familiar with and able to handle all likely complications, including the process of dying
- ▲ Treatments to reduce symptoms and enhance function throughout
- ▲ Attention to burdens of treatment, including costs
- ▲ Attention to the capabilities and burdens of family and in-home paid caregivers
- ▲ Attention to spiritual and family issues, emphasize meaningful lives and reliable services – be able to make promises for all of the remaining life
- ▲ Definitely mobilizing services to homes!

Usually for months or years (careful about “terminal”)

Disaster for the Frail Elderly: A Root Cause

Social Services

- Funded as safety net
- Under-measured
- Many programs, many

Medical Services

- Open-ended funding
- Inappropriate “standard” goals

**No
Integrator**

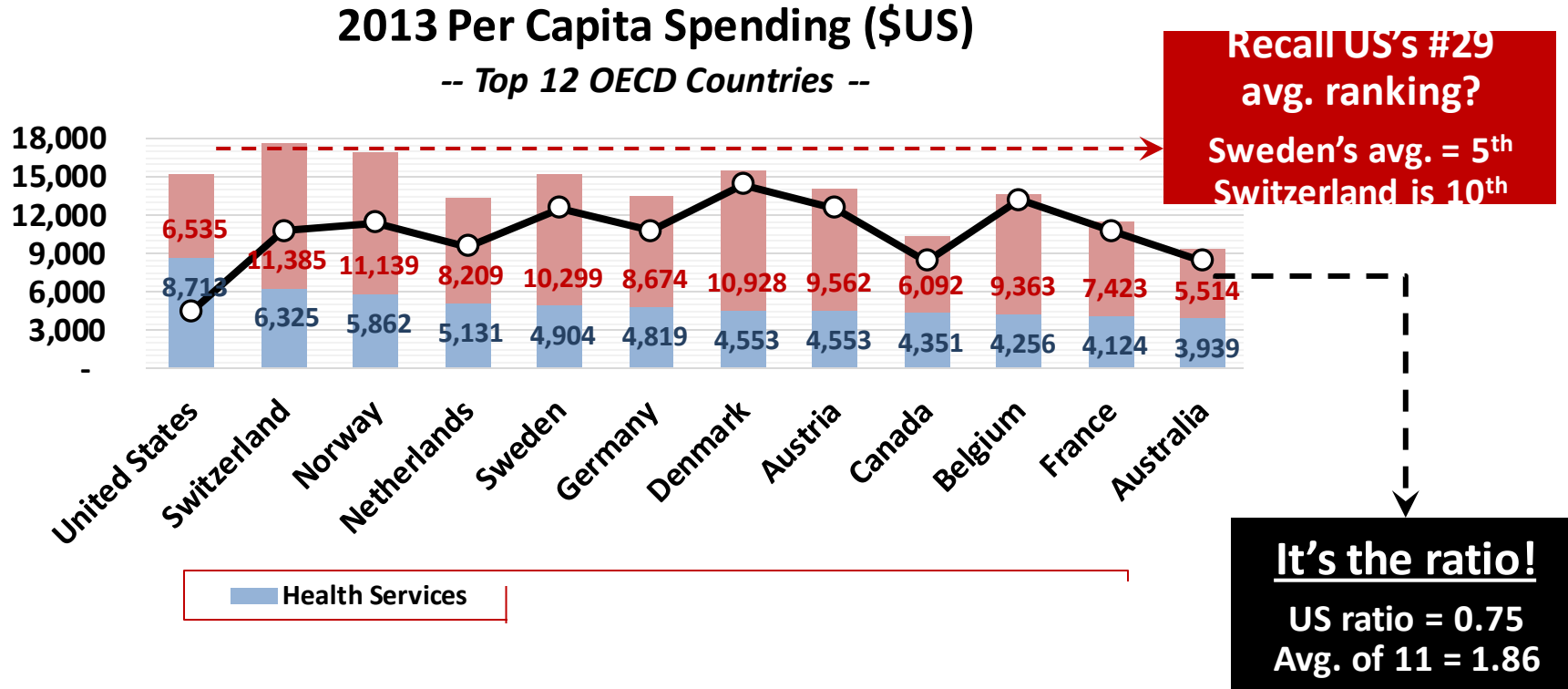
Inappropriate

Unreliable

Unmanaged

Wasteful “care”

But, We Can't Afford Social Supports, Right?



Some difficult balancing questions

- ▲ Clarity of mind balanced with symptoms
- ▲ Altering the timing of death
 - By foregoing treatments (or withdrawing)
 - By imposing a new cause of death
 - By providing life support
- ▲ Family impoverishment
- ▲ Overwhelming burden for family caregivers
- ▲ People not eligible for the usual care system

When you are trying to find first steps...



Possible improvement initiatives

- ▲ Better care planning – honest prognostic information, incorporate into the workflow, develop effective recording and presenting to users, learn from feedback, learn to aggregate
- ▲ Better options to offer – well-supported care at home (through death), quick back-up, good preparation, in-home kits for urgent situations, caregiver support (training, respite, engagement in care plans, pay)
- ▲ Better symptom management; quick support of functioning – widely held skills in primary care; ready availability of consultants
- ▲ Develop monitors of the aspects of quality that matter, show them in public
- ▲ Build community awareness, investment, monitors, management

The Cost of a Collapsed Vertebra in Medicare



The MediCaring Community Model: *Core Elements*

- 1. Frail elders enrolled in a geographic community**
- 2. Longitudinal, person-driven care plans**
- 3. Medical care tailored to frail elders (including at home)**
- 4. Incorporating health, social, and supportive services**
- 5. Monitoring and improvement guided by a Community Board**
- 6. Core funding derived from shared savings from current medical overuse**

Much to Learn



Orbis Terrarum, 1675 by Visscher

**We can have what we want and need
When we are old and frail**



**But only if we
deliberately build that future!**