

Politics and Public Sentiment: Palliative Care and Health Reform

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In 30 minutes (or less)

- Public Perceptions
- Health Reform and Palliative Care
- Status of Current Efforts
- Future Possibilities
- Questions?

Public Perception

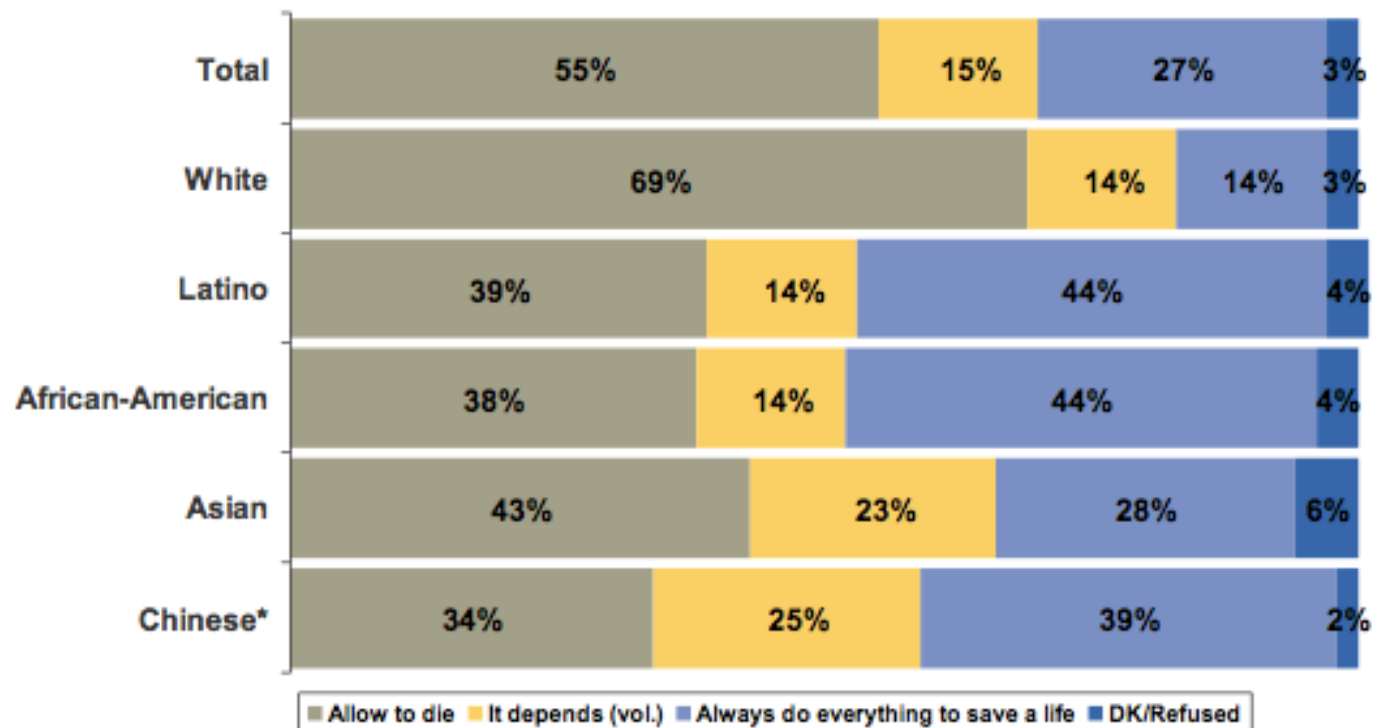
- 2011 National Journal/Regence Foundation Poll
 - 78% believe palliative care/end of life treatment should be part of the public discourse
 - 93% believe PC/EOL should be top priority for US health care system

Public Perception

- Well....palliative care IS NOT end of life exactly
- End of Life:
 - The overwhelming majority (80%) would not want to be kept alive on life support if they were in a coma with no hope of significant recovery
 - Over a third (36%) reported that they had their end-of-life wishes in writing
 - Sixty-eight percent said that when they thought about death and dying, they were "concerned" about pain and discomfort, and 39% said they were "very concerned"
 - Although the majority (71%) had heard of hospice care, only 32% reported knowing "a lot" about it.
 - Read more: <http://www.chcf.org/publications/2006/11/attitudes-toward-endoflife-care-in-california#ixzz1GX3SW3Gx>
- In 1997, an AMA Public Opinion Survey asked, "Do you feel your doctor is open and able to help you discuss and plan for care in case of life-threatening illness?"
 - 74% responded "yes"
 - 14% responded "no"
 - 12% responded "don't know"
 - The results showed that the majority of Americans (74%) expect their physician to be confident and competent to provide them with care when they do develop a life-threatening illness

Views about a Patient's Right to Die by Race/Ethnicity

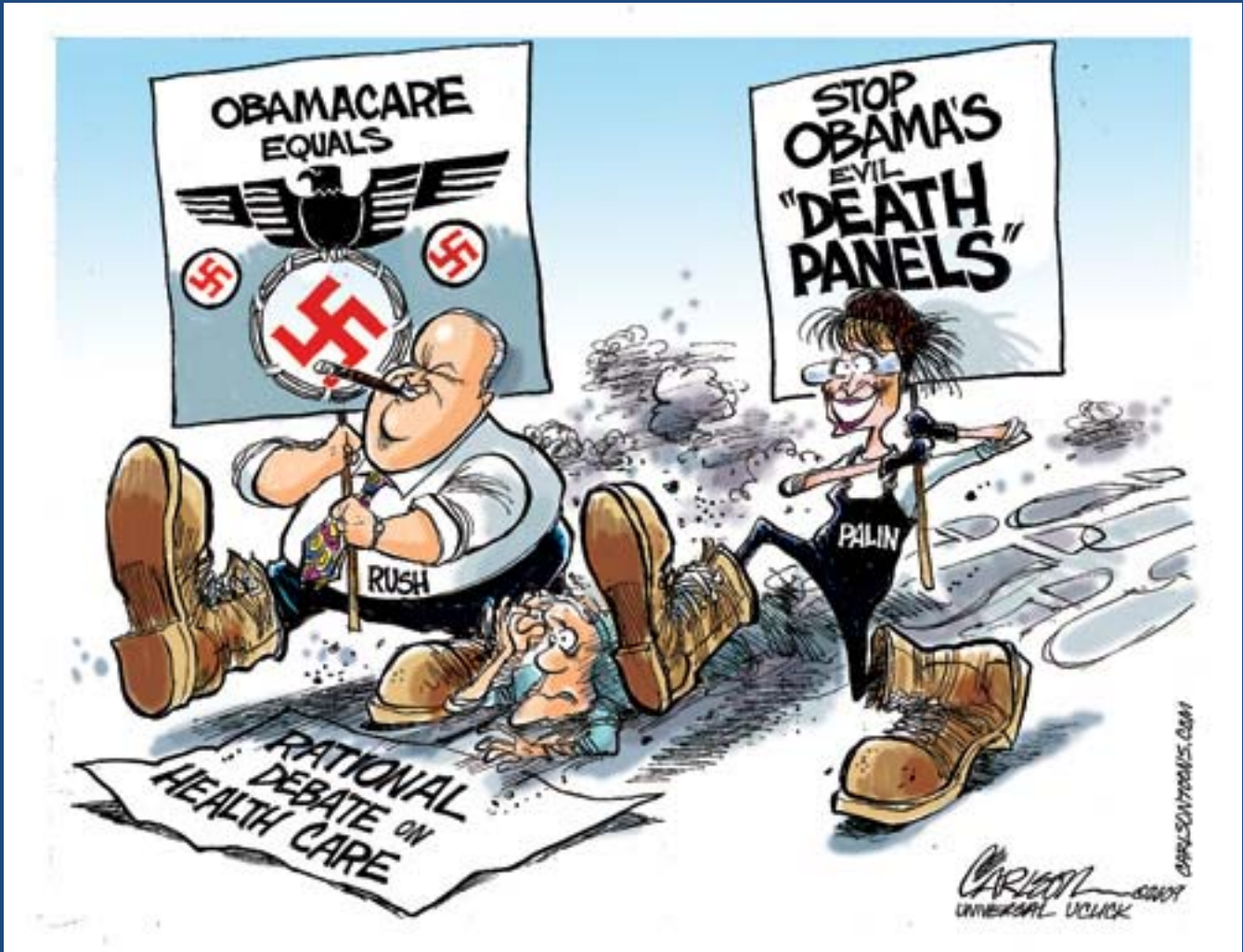
Which comes closer to your view? "Doctors and nurses should always do everything possible to save a life." OR,
"Sometimes there are circumstances where a patient should be allowed to die."



*Chinese: Mandarin and Cantonese-speaking subset of Asian population surveyed.

Source: End-of-Life Issues and Care in California, statewide survey of 1,778 adults, conducted by Lake Research Partners for the California HealthCare Foundation, March to April 2006.





OBAMACARE
EQUALS

STOP
OBAMA'S
EVIL
"DEATH
PANELS"

RUSH

PALIN

RATIONAL
DEBATE ON
HEALTH CARE

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HEALTH REFORM

- Advancing Research and Treatment for Pain Care Management (Sec. 4305): The Secretary may make awards of grants, cooperative agreements, and contracts to health professions schools, hospices, and other public and private entities for the development and implementation of programs to provide education and training to health care professionals in pain care.
- Sec 3004- Long Term Care, Hospice Quality Measures
- LTCHs, IRFs and hospices will be required to submit data on specified quality measures in order to receive their annual payment update.
- Entities that do not comply will have a reduction in their annual payment update of 2%
- The required measures affecting these payments are to be published no later than October 1, 2012.

Health Reform

- Section 409J
 - Interagency Pain Research Coordinating Committee at NIH
 - Strengthens NIH pain research resources
- Section 759
 - Program for education and training in pain care

Next Steps

- March 23, 2011 – Secretary must establish Interagency Pain Research Coordinating Committee
- June 30, 2011 – Report due to Congress on the Institute of Medicine Conference on Pain

But There is MUCH to be Done

- National Journal Poll:
 - 23% of those surveyed said they believe the health care law allows the government to make end-of-life decisions for seniors
 - 40 % rightly said the law does not include “death panels.”
 - 36% answered that they did not know.

The Future ???



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159 Ways the Senate Bill Is a Government Takeover of Health Care

Posted February 25, 2010

Courtesy of the Senate Republican Policy Committee:

Here is a list of new boards, bureaucracies, and programs created in the 2,733 page Senate health care bill, which serves as the framework for President Obama's health proposal:

1. Grant program for consumer assistance offices (Section 1002, p. 37)
2. Grant program for states to monitor premium increases (Section 1003, p. 42)
3. Committee to review administrative simplification standards (Section 1104, p. 71)
4. Demonstration program for state wellness programs (Section 1201, p. 93)
5. Grant program to establish state Exchanges (Section 1311(a), p. 130)
6. State American Health Benefit Exchanges (Section 1311(b), p. 131)
7. Exchange grants to establish consumer navigator programs (Section 1311(i), p. 150)
8. Grant program for state cooperatives (Section 1322, p. 169)
9. Advisory board for state cooperatives (Section 1322(b)(3), p. 173)
10. Private purchasing council for state cooperatives (Section 1322(d), p. 177)
11. State basic health plan programs (Section 1331, p. 201)

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The Future

- *Pain Management Public Awareness Campaign:*
 - *Identify pain as a national health problem*
 - *Enhance understanding of the risk to chronic pain patients if their pain is not properly assessed and treated*
 - *Highlight the role of pain management specialists*
 - *Call for resources that will assist patients deal with pain and live more fulfilling lives*
 - *Show the prevalence and causes of disparities in pain management among underserved populations.*

What Really Matters

“My diagnoses are rare and several of them almost 'brand new' so to speak- I had to borrow money from my dad to go across the country (literally to the Chiari Institute in NY from CA) to specialists to get diagnosed after a long 20 year stint of having doctors tell me everything was psychosomatic.”

“I am just now- after several years of requesting- and being refered - going for my first pain specialist appointment. No one will accept me readily becAUSE I have MediCAL. Even as a cash-pay patient! It is almost more of a hinderance than a help. Apparently, they only pay 10% of the bills they receive- so it's little wonder~ but there are at least a dozen different specialists I need to acquire- and MediCal provides usually the worst of the worst and after how long a wait??? My neurosurgeon's plan (from New York) was for me was to get on SSI and then get MediCare so I would be covered for the two major surgeries he deemed necessary. (Easy he said! HA!) Now I have discovered that SSI applicants can not received MediCare- only SSDI applicants.”

Thank You

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