



PALLIATIVE CARE AND CARDIOVASCULAR DISEASE & STROKE

3 THINGS TO KNOW

1

Of the 20 million people worldwide in need of palliative care at the end of life, 94% are adults and 6% are children.¹

2

In hospitals reporting palliative care teams, an average of 3.4% of admissions receive palliative care services even though estimates place the need for palliative care between 7.5% and 8.0% of hospital admissions.²

3

For-profit, southern U.S., and small and safety-net hospitals (fewer than 100 beds) are less likely to report hospital palliative care programs.³

Background

High quality, evidence-based care that improves patient outcomes and is consistent with patient values, preferences and goals aligns with the American Heart Association's mission. Palliative care is patient and family-centered care that optimizes health-related quality of life (HRQOL) by anticipating, preventing and treating suffering in people with advanced illnesses like cardiovascular disease (CVD) and stroke. Through communication, shared decision-making, advance care planning, and attention to distress (physical, emotional, spiritual or psychological), palliative care can help patients and their families address treatment options, long term prognoses and other health challenges.

Several barriers exist to the receipt of palliative care by patients and include: reluctance of providers to refer patients to palliative care due to lack of knowledge about benefits or availability of services, limitations in payment systems for comprehensive palliative care services, provider discomfort in communicating with patients and families about palliative care, and lack of awareness by patients and families around palliative care services who may inaccurately assume they are not eligible as these services are so often equated with hospice.

“Advanced illness is unfortunately an aspect of life. Armed with information about palliative care, I hope you will be willing to speak up when and if the time comes, and insist on access to the resources and the compassion you and your family need to travel across this terrain with dignity.”

Nancy Brown, CEO, American Heart Association

This summary of *Palliative Care and Cardiovascular Disease and Stroke: An American Heart Association / American Stroke Association Policy Statement*¹ highlights the importance of palliative care for patients with CVD or stroke and provides recommendations for policymakers to further the access to, and receipt of, high-quality palliative care.

Impact on CVD & Stroke Patients

Palliative care helps patients and families face the long-term challenges and burden of advanced CVD and stroke. Patients with advanced heart failure and stroke survivors



sometimes experience poor HRQOL as a result of deteriorating health, symptom distress, and complex care regimens. Family members, who often act as primary caregivers, can experience psychological stress as they deal with physical, emotional, and cognitive changes in their loved one. Palliative care should address these concerns early in the disease trajectory by the patient's primary palliative care team or specialty palliative care providers.

Recommendations

The Association provides policy recommendations across five categories that include federal agencies, state agencies, payer-provider relationships, health systems/care transitions, and palliative care education and specialty certification. Further, its recommendations do the following:

- Encourage federal and state agencies to reimburse for comprehensive delivery of palliative care services, including treatment for CVD and stroke.
- Promote greater data sharing between payers and providers to identify patients in need of palliative care, as well as better payer models and outcome measures.
- Address healthcare system policies for palliative care during hospitalization, which includes goals of care, treatment decision-making, family caregiver needs, and assistance with the transition to other care settings.
- Call for enhanced efforts in health professional education and training to increase the number of healthcare providers trained to deliver high quality palliative care services.

Future Research

Knowledge gaps regarding optimal palliative care for CVD patients, long-term outcomes associated with early and iterative use of palliative care in CVD, and effectiveness of primary palliative care for CVD patients exist and must be addressed. This development of the field's science base will help ensure that access to palliative care services is equitable for chronically ill patients from all backgrounds and socioeconomic groups.

How to Use Policy in Brief

Stakeholder	How Palliative Care Stakeholders Can Use Policy in Brief
Polymakers	To educate and inform their work in developing policies that support the workforce, research, and patient needs related to palliative care.
Hospital & Healthcare Systems Administrators	To highlight the need for a systems approach for palliative care, which promotes better patient care and family involvement.
Medical Colleges & Universities	To demonstrate why formal palliative care training is necessary to create well-rounded, empathetic physicians and other health care providers with the skill sets to work with patients and families faced with chronic or terminal illnesses.
In-Home Care Providers	To understand the vital role they play in the physical and psychological support of palliative care patients.
Family Caregivers	To comprehend how they fit into the overall palliative care treatment plan for patients with advanced CVD and stroke, which includes patient illness, prognosis, and treatment options.
Payers	To facilitate relationships among providers where data can be used to identify those who need palliative care most.
Media	To educate the public on palliative care and highlight its differences compared to hospice, as well as providing accurate, evidence-based information about palliative care to mass audiences.

The Policy Research Department links scientists, clinicians and policymakers to improve cardiovascular health and decrease heart disease and stroke mortality. For more information, visit <http://bit.ly/HEARTorg-policyresearch> or connect with us on Twitter at @AmHeartAdvocacy using the hashtag #AHAPolicy.

1 Braun LT, Grady KL, Kutner JS, Adler E, Berlinger N, Boss R, Butler J, Enguidanos S, Friebert S, Gardner T, Higgins P, Holloway R, Konig M, Meier D, Morrissey MB, Quest TE, Wiegand DL, Coombs-Lee B, Fitchett G, Gupta C, Roach WH Jr. Palliative care and cardiovascular disease and stroke: an American Heart Association/American Stroke Association policy statement. *Circulation*. 2016;133:•••••. DOI: 10.1161/CIR.0000000000000000

2 Morrison, R. S., & Meier, D. E. (n.d.). America's Care of Serious Illness (Issue brief). p. 12 Retrieved June 16, 2016, from <https://reportcard.ccapc.org/wp-content/uploads/2015/08/CAPC-Report-Card-2015.pdf>.

3 Meier, D. E. (2011). Increased Access to Palliative Care and Hospice Services: Opportunities to Improve Value in Health Care. *The Milbank Quarterly*, 89(3), p 355. <http://doi.org/10.1111/j.1468-0009.2011.00632.x>