The Role of Primary Care Teams in Improving Palliative Care and Quality of Life

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Disclosure Statement

Presenter Does Not have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.
Pre-Test

Palliative Medicine is a medical specialty with board certification through multiple sponsoring boards.

True

False
Pre-Test

Palliative Medicine is a medical specialty with board certification through multiple sponsoring boards.

★ True

False
Pre-Test

Palliative Care focuses primarily on End-of-Life care.

True

False
Pre-Test

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True

False
Integration of palliative care principles has been shown to improve quality of life and survival time.

True

False
Pre-Test

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★ True

False
Pre-Test

Other specialties/disciplines can provide primary palliative care.

True

False
Pre-Test

Other specialties/disciplines can provide primary palliative care.

★ True

False
Topics

- **What** is Palliative Medicine and Palliative Care
- **Who** provides Palliative Care
- **Who** should receive Palliative Care
- **When** to refer to Palliative Care
- **What** are Palliative Care interventions
- **Why** is Palliative Care important
- **Where** can Palliative Care be provided
Objectives

Be able to

- Articulate key aspects and principles of palliative care
- Describe roles of the palliative care team
- Identify methods to assess patients suitable to receive palliative care
- Describe models of palliative care across various settings
- Describe quality assurance measures and key measurement domains
Palliative Care

Definition –

Palliative Care is an approach which improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

WHO, May, 2002
Palliative Care

• Affirms life and regards dying as a normal process.
• Does NOT hasten death.
• Provides relief from pain and suffering.
• Integrates psychological and spiritual care.
• Administered by an interdisciplinary team.
• Provides support systems for the family.
What is Palliative Medicine

- A medical specialty with board certification for physicians since 2008 in Hospice and Palliative Medicine developed and sponsored by 10 specialty Boards.

- A medical specialty with board certification through the Hospice and Palliative Credentialing Center HPCC for:
  - The Advanced Certified Hospice and Palliative Nurse (ACHPN®)
  - The Certified Hospice and Palliative Nurse (CHPN®)
  - The Certified Hospice and Palliative Licensed Practical/Vocational Nurse (CHPLN®)
  - The Certified Hospice and Palliative Nursing Assistant (CHPNA®)

- A medical specialty with board certification through the National Association of Social Workers for The Certified Hospice and Palliative Social Worker (CHP-SW)

- A medical specialty with board certification through The Board of Chaplaincy Certification Inc.(BCCi) Board certified chaplain - hospice/palliative care certified (BCC-HPCC)
National Consensus Project: Key elements of Palliative Care

1. Patient-family centered care
2. Timing of palliative care
3. Comprehensive care
4. Interdisciplinary team
5. Attention to relief of suffering
6. Communication skills
7. Skill in care of the dying and bereaved
8. Continuity of care across settings
9. Equitable access
10. Quality assessment and performance improvement
How Does Palliative Care Differ from Hospice?

**Hospice**: a program that offers palliative care for patients in the last weeks to months of life under Federal Medicare Benefit.

**Palliative care**: medical focus on quality of life at any point in a serious illness that can be offered at the same time as curative treatment.

(Meier DE. CAPC and Institute for Healthcare Improvement, 04/05/2011)
Who provides Palliative Care

A new paradigm for health care delivery.
Who provides Palliative Care

- **Primary palliative care:**
  - The basic skills and competencies required of all physicians and other health care professionals

- **Secondary palliative care:**
  - Specialist clinicians that provide consultation and specialty care

- **Tertiary palliative care:**
  - Care provided at tertiary medical centers where specialist knowledge for the most complex cases is researched, taught, and practiced
Who receives Palliative Care

- Diagnosis of serious illness
- Life Prolonging Therapy
- Death
- Medicare Hospice Benefit
- Bereavement

Palliative Care
Definitions you MUST understand!

• **End-of-life Care:**
  – The patient is imminently dying in hours to days.

• **Hospice Care:**
  – The patient has a life-ending illness and is no longer pursuing aggressive treatments.

• **Palliative Care:**
  – The patient has a life-threatening illness and may or may not be pursuing aggressive treatments.
Patients with serious illness want:

- Pain and symptom control
- Achieve a sense of control
- Relieve burdens on their family
- Strengthen relationships with loved ones
- Coordination of care
- Help navigating the medical system
- Avoidance of unnecessary treatments and/or hospitalizations
- Presence/Listening
- Assistance making necessary plans
- Help fulfilling their wishes
- Avoid inappropriate prolongation of the dying process

Singer et al. JAMA 1999; 281: 163
Gap between what patients *want* and what they *get*

• Patients with serious illness have priorities besides living longer
  – Symptom management and quality of life
  – Sense of control and completion
  – Strengthening relationships
    • Singer JAMA 1999; Steinhauser JAMA 2000; Heyland Palliative Medicine 2015
Gap between what patients want and what they get

Most people want to be at home and prefer comfort-focused care at the end of life, but that is often not the reality.

- 86% Medicare beneficiaries want to spend final days at home Barnato 2007
- 25-39% die in an acute care hospital Teno JAMA 2013; Silveira NEJM 2010
- 70% are hospitalized in the last 90 days Teno JM JAMA 2013
- 29% receive intensive care in the last 30 days Teno JM JAMA 2013
- Many experience care transitions and very short hospice stays Teno JM JAMA 2013
What patients *get* can harm them and their families

Aggressive care for patients with advanced illness is often harmful:

- **For patients:**
  - Lower quality of life
  - Greater physical and psychological distress
    Wright, AA JAMA 2008; Mack JCO 2010

- **For caregivers:**
  - More major depression
  - Lower satisfaction
    Wright, AA JAMA 2008; Teno JM JAMA 2004
Conversations are too little, too late, and not great

- Multiple studies show patients with serious medical illnesses do not discuss EOL preferences, or first discuss them only in the last days to month of life.
  Wright 2008, Dow 2010, Halpern 2011

- Among patients with advanced cancer:
  - First EOL discussion occurred median 33 days before death Mack AIM 2012
  - 55% of initial EOL discussions occurred in the hospital
  - Only 25% of these discussions were conducted by the patient’s oncologist Mack AIM 2012

- Many conversations fail to address key elements of quality discussions, especially prognosis.
When to refer to Palliative Care

How to bridge the gap between what patients want and what they receive?

Ask about their values and priorities.
Research results

- Intervention is feasible and acceptable
  - Appropriate patients are identified via the surprise question
  - Training program is viewed as effective by clinicians
  - Triggers system stimulates discussions in 90% of patients within 2 visits
  - Patients and clinicians find the intervention as acceptable
  - Interventions results in more, better, and earlier conversations about serious illness care values and goals
  - Intervention results in more comprehensive and retrievable documentation in EMR
  - Significant improvement in goal concordant care
When to refer to Palliative Care

**Triggers:**
- Disease specific (Cancer, CHF, COPD, Dementia)
- Related to prognosis (surprise question)
- Acute change in condition
- Multiple medical conditions/admissions
- Functional decline
- Patient / family request

**Settings:**
- Outpatient: early intervention
- Inpatient / Acute care: situation of crisis to facilitate navigating difficult decisions
What are Palliative Care interventions

• Symptom assessment and management:
  – Pain
  – Non-pain forms of distress
    • nausea, vomiting, constipation, delirium, anxiety, depression

• Communication:
  – Share serious information
  – discuss prognosis
  – determine goals of care
  – perform advance care planning

• Coordination of Care Across the Continuum
POLST

Physician Orders for Life-Sustaining Treatment

- For patients with serious, life-limiting illnesses
- Medical orders
- Portable and transfers from one care setting to another with the patient
- Orders for providing or forgoing aggressive treatment
**Why** is Palliative Care important

**Palliative Care benefits to patients and families:**

- Treatment of pain and other symptoms
- Coordination of care
- Help navigating the medical system
- Avoidance of unnecessary/unwanted treatments and/or hospitalizations
- Presence/Listening
- Making Accommodations/Providing guidance
- Assistance making necessary plans
- Help with fulfilling patient’s wishes

(Ellis Fischel Cancer Ctr. Univ. Missouri H C)
Why is Palliative Care important

Key Outcomes of Palliative Care:

- Reduction in symptom burden
- Improved patient and family satisfaction
- Earlier hospice referral with longer hospice enrollment
- Reduced ICU days
- Reduced costs
- Survival advantage

Wright, A et al. *JAMA* 2008; 300:1665
Morrison, RS et al *Archives Intern Med* 2008
Why is Palliative Care important

“Don’t ask what’s the matter with me. Ask what matters to me!”
Where can Palliative Care be provided
Palliative Care Services in the Bangor Area

• Any PCP office!

• St. Joseph Healthcare
  – In-patient consult service
  – St. Joseph Hospice

• Eastern Maine Medical Center
Eastern Maine Supportive Care

- In-patient consultation team 24/7
- Fellowship training program
- Integration with Hospice of Eastern Maine
- Out-patient clinics – CCOM & NECA
- Outreach to local nursing homes
- Home visits
- Telemedicine
- ? Hospice House
- System-wide Palliative Care service
“Our greatest prejudice is against death. It spans age, gender and race. We spend immeasurable amounts of energy fighting an event that will eventually triumph. Though it is noble not to give in easily, the most alive people I've ever met are those who embrace their death. They love, laugh and live more fully.”

Andy Webster
Hospice chaplain in Plymouth, MI
Although the world is full of suffering, it is also full of the overcoming of it.

Helen Keller

*Optimism* 1903