What is Palliative Care

Maine Quality Counts Fall Regional Forums
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Palliative medicine is a medical specialty with board certification through multiple sponsoring boards

True

False
Palliative care is focusing primarily on End-of-Life care and transition to hospice

True

False
Integration of palliative care principles has shown to improve quality of life and life expectancy

True

False
Other specialties/ disciplines can provide primary palliative care

True

False
Topics

- **What** is Palliative Medicine and Palliative Care
- **Who** provides Palliative Care
- **Who** receives Palliative Care
- **When** to refer to Palliative Care
- **What** are the Palliative Care interventions
- **What** are the Primary 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
What is Palliative Medicine

- **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 Pediatric Nurse (CHPPN®)*
    - *The Certified Hospice and Palliative Licensed Practical/Vocational Nurse (CHPLN®)*
    - *The Certified Hospice and Palliative Nursing Assistant (CHPNA®)*
    - *The Certified Hospice and Palliative Care Administrator (CHPCA®)*
  - 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)*
What is Palliative Care

Palliative care means patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information, and choice.

CMS 73 FR 32204, June 5, 2008

Palliative care is appropriate at any age and at any stage in a serious illness, and can be provided together with a curative treatment.

Diane Meier MD. CAPC 2012
National Consensus Project:
Key elements of Palliative Care

1. Patient Population
2. Patient-family centered care
3. Timing of palliative care
4. Comprehensive care
5. Interdisciplinary team
6. Attention to relief of suffering
7. Communication skills
8. Skill in care of the dying and bereaved
9. Continuity of care across settings
10. Equitable access
11. 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

The interdisciplinary palliative care team
Who can provide 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
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* often harms 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
How to bridge the gap between what patients want and what they get?

Ask patients about their values and priorities.
But we can’t provide this care to all patients with serious illness

• We do not have enough palliative care providers to provide access to palliative care for all patients with serious illness

Primary Palliative Care

• We need scalable interventions targeted at generalist (non-palliative care) providers to assure universal access to key elements of palliative care: The Serious Illness Care Program structured conversation that leads to improved and goal concordant care
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
Primary Palliative Care Interventions
2. Physician Orders for Life-Sustaining Treatment

POLST

• To provide timely opportunities for informed end-of-life treatment decisions
• For patients with
  – serious, life-limiting illnesses
  – those that are terminally ill
  – advanced frailty
  – others interested in defining their care
• Serves as a set of medical orders
• Is a portable document that transfers from one setting to another with the patient or resident
• Provides directions for providing or forgoing aggressive treatment
• May function as a Do-Not-Resuscitate (DNR) order
How to facilitate POLST conversation and completion at a PCP office

1. IDT meeting identifies patients who may benefit from POLST

2. Hospital referral for POLST

3. Office Visit

4. PCP discusses Advance Care Planning with Patient

5. Patient would like to fill out POLST form

6. Nurse completes POLST form with patient during visit

7. Patient is given GREEN copy of POLST form and instructed to keep document on refrigerator

8. paperwork submitted to Medical Records to be scanned into Meditech and EPIC

9. Pt. name is documented

10. Form taken with pt. for review

11. Pt. name is added to list for follow up contact
Who receives Palliative Care

- Anyone with a **new diagnosis of an acute serious or progressive illness**
- Anyone **along this trajectory**
- Paradigm shift: either/or to both/and
Patients with serious illness want:

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

Singer et al. JAMA 1999; 281: 163
When to refer to Palliative Care

At time of diagnosis!
Triggers

- Disease specific (such as 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
- Use of palliative screening tools
What are the Palliative Care interventions

- Symptom assessment and management: Pain, non-pain forms of distress such as nausea, vomiting, constipation, delirium, anxiety, depression

- Communication: Share serious information, discuss prognosis, determine goals of care, perform advance care planning (conversations and completion of Advance Directives, Physician Orders for Life-sustaining Treatment, POLST)

- Coordination of Care Across the Continuum

- Education of primary palliative care principles and interventions
**Why** is Palliative Care important

**Palliative Care benefits to patients and families:**
- Treatment of pain and other symptoms
- Coordination of care
- Help navigate the medical system
- Avoidance of unnecessary 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)

**Key Outcomes of Palliative Care:**
- Reduction in symptom burden
- Improved patient and family satisfaction
- Earlier hospice referral
- 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

“Don’t ask what’s the matter with me; ask what matters to me!”
Where can Palliative Care be provided

- Acute Inpatient
- Skilled Nursing Facility-Based
- Home-Based
- Primary Care-Based
- Clinic-Based
- Tele-Palliative Care
Thank you!

For questions, please contact: noneill@t EMC.org