Maine Cancer Foundation
Project ECHO
Cancer Patient Navigation

Palliative Care in Cancer Patients
October 23, 2019
Welcome to Project ECHO
Cancer Patient Navigation

This meeting will begin promptly at 3:00pm

Please mute upon entry

Enter your name, credentials, organization, and email address in the Chat

If you are experiencing any technical difficulties, please type in the Chat or call Maine Cancer Foundation at 207-773-2533 and reference you need Project ECHO assistance
Ground Rules

- Always MUTE microphone when not speaking – do not put your call on hold because it will play music.
- Please show yourself on your video, but remember people can see you!
- Never disclose protected health information.
- To speak:
  - Raise hand (physically or click the option in Zoom).
  - Message in Chat.
- Speak loudly and clearly.
- Please keep questions and comments related to the topic.
Palliative Care in Cancer Patients

• Describe Palliative Care as an interdisciplinary approach to the care of patients with serious illness

• Describe what is meant by “hospice care,” and regulations described in the Medicare Hospice Benefit

• Describe quality and value-added of palliative care over course of serious illness
Palliative care, and the medical sub-specialty of palliative medicine, is specialized medical care for people living with serious illness. It focuses on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family.

Palliative care is provided by a team of palliative care doctors, nurses, social workers, chaplains and others who work together with a patient’s other doctors to provide an extra layer of support. It is appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment.
Explaining Palliative Care

Palliative care, and the medical sub-specialty of palliative medicine, is specialized medical care for people living with serious illness. It focuses on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family.

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Source: capc.org
Hospice Versus Palliative Care

**Hospice**
- Part A Medicare Benefit
- Requires prognosis < 6 months
- Comfort care, no disease specific treatment
- Most care delivered in home, allowances for general inpatient for symptom management, respite

**Palliative Care**
- Part B physician billing only
- Can be delivered regardless of prognosis
- Can be delivered concurrent with disease modifying treatment
- Can be delivered in any setting
What do Palliative Care Clinicians Do?

- Comprehensive assessments physical, functional, emotional, social, spiritual domains
- Pain and symptom management
- Explore supports, coping mechanisms, emotional, spiritual issues
- Work in interdisciplinary fashion with other disciplines: physicians, APPs, nurses, social workers, chaplains
- Advance care planning and goals of care discussions
- Additional relationships to support patient and family as they navigate treatment options
Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer


BACKGROUND
Patients with metastatic non–small-cell lung cancer have a substantial symptom burden and may receive aggressive care at the end of life. We examined the effect of introducing palliative care early after diagnosis on patient-reported outcomes and end-of-life care among ambulatory patients with newly diagnosed disease.

CONCLUSIONS
Among patients with metastatic non–small-cell lung cancer, early palliative care led to significant improvements in both quality of life and mood. As compared with patients receiving standard care, patients receiving early palliative care had less aggressive care at the end of life but longer survival. (Funded by an American Society of Clinical Oncology Career Development Award and philanthropic gifts; ClinicalTrials.gov number, NCT01038271.)
Palliative Care Improves Outcomes For Patients and Families

Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer (Temel et al. NEJM 2010)

- N= 151 advanced lung cancer patients randomized to usual care or usual care + palliative care consultation
- Compared to usual care patients, palliative care patients were observed to have:
  - Improved quality of life
  - Fewer depressive symptoms
  - Fewer burdensome treatments
  - Improved survival: 11.6 months versus 8.9 months for usual care group
Palliative Care Adds Value

• Cost per patient during the final three months of life was $12,000 lower with palliative care than with usual care ($20,420 vs $32,420)
• Palliative care reduced hospital admits 34%
• Cost savings $2,100 PMPM for non decedents
Palliative care improves quality of life, decreases anxiety, depression

Palliative care is associated with less futile care at EOL, higher utilization of hospice

Palliative care is associated with less ED visits, hospital days, readmissions

Palliative care can improve survival

Palliative care saves money, as much as $6000-8000 per cancer patient, especially when started early and concurrently in the care of patients with advanced cancer
Integration of Palliative Care Into Standard Oncology Care: American Society of Clinical Oncology Clinical Practice Guideline Update

Palliative Care Screening

The primary oncology team should screen all patients at every visit for one or more of the following: 1) unmanaged symptoms; 2) moderate to severe distress related to cancer diagnosis and therapy; 3) serious comorbid physical, psychiatric, and psychosocial conditions; 4) life expectancy of 6 months or less; 5) metastatic solid tumors; 6) patient or family concerns about the course of disease and decision-making; and/or 7) patient or
family requests for palliative care. Patients who meet these screening criteria and those who make a specific request for palliative care should undergo a full palliative care assessment.

Patients who do not meet these screening criteria should undergo re-screening at the next visit. In addition, the oncology team should inform patients and family members about palliative care services. Anticipation of palliative care needs and prevention of symptoms should also be discussed, and conversations regarding advance care planning should be initiated.
Questions?