



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

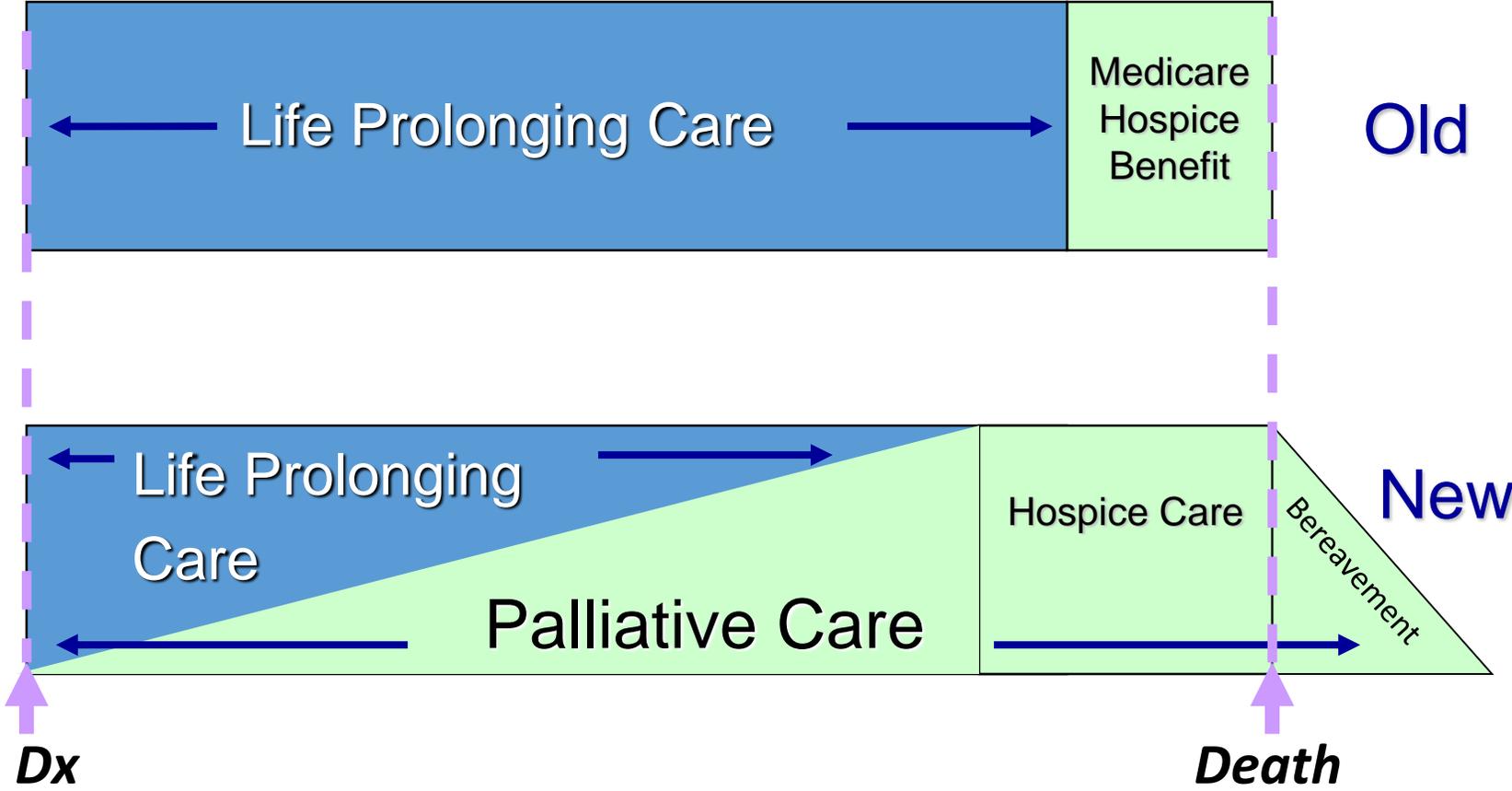
- Describe Palliative Care as an interdisciplinary approach to the care of patients with serious illness
- Describe what is meant by “hospice care,” and regulations described in the Medicare Hospice Benefit
- Describe quality and value-added of palliative care over course of serious illness

Palliative Care Definition

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.

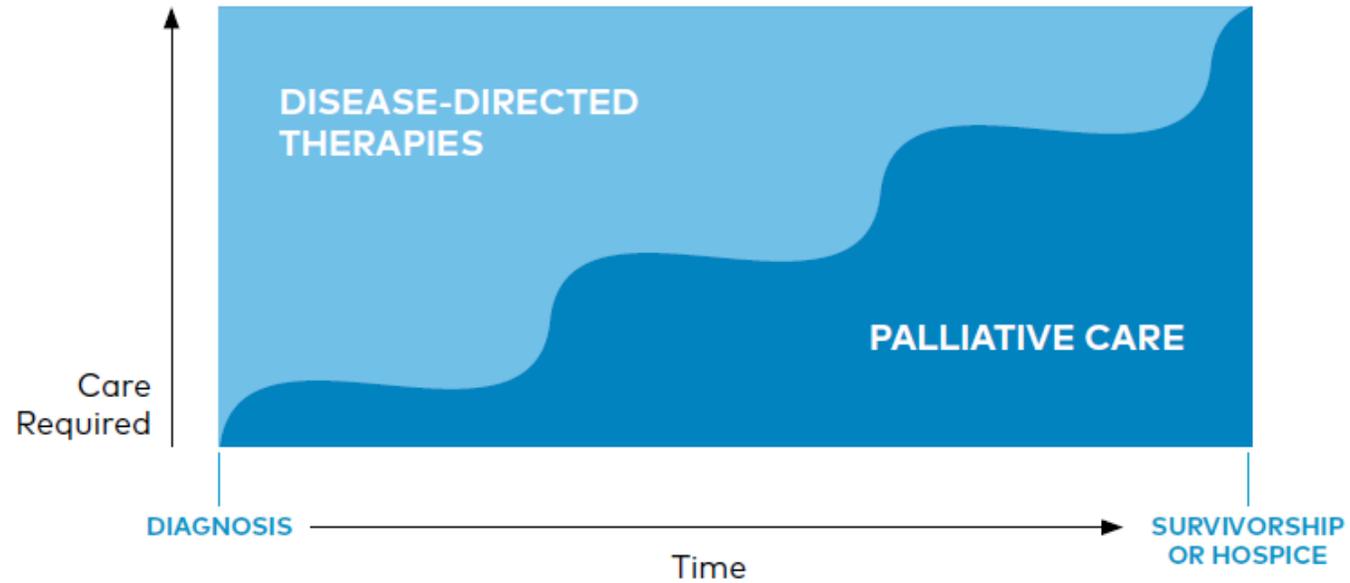
Palliative care is provided by a **team of palliative care doctors, nurses, social workers, chaplains** and others who work together with a patient's other doctors to provide an extra layer of support. It is appropriate at **any age and at any stage** in a serious illness and can be provided along with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

Conceptual Shift for Palliative Care





Explaining Palliative Care



Palliative Care Definition

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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



ORIGINAL ARTICLE

Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer

Jennifer S. Temel, M.D., Joseph A. Greer, Ph.D., Alona Muzikansky, M.A., Emily R. Gallagher, R.N., Sonal Admane, M.B., B.S., M.P.H., Vicki A. Jackson, M.D., M.P.H., Constance M. Dahlin, A.P.N., Craig D. Blinderman, M.D., Juliet Jacobsen, M.D., William F. Pirl, M.D., M.P.H., J. Andrew Billings, M.D., and Thomas J. Lynch, M.D.

N Engl J Med 2010; 363:733-742 | August 19, 2010

Abstract

Article

References

Citing Articles (11)

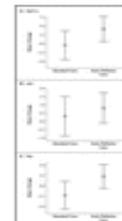
Letters

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.

MEDIA IN THIS ARTICLE

FIGURE 1



Mean Change in Quality-of-Life Scores

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

JOURNAL OF PALLIATIVE MEDICINE
Volume 20, Number 1, 2017
Mary Ann Liebert, Inc.
DOI: 10.1089/jpm.2016.0265

The Impact of a Home-Based Palliative Care Program in an Accountable Care Organization

Dana Lustbader, MD, FAAHPM,¹ Mitchell Mudra, MBA,² Carole Romano, BA,³ Ed Lukoski, BS,³
Andy Chang, BS,³ James Mittelberger, MD,² Terry Scherr, BS,⁴ and David Cooper, MD⁵

- 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 Care at a Lower Cost

- 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



Oncology Specialty Guidelines

NCCN

Palliative Care Version 1.2016

Clinical Practice Guidelines in Oncology

Michael Levy, MD, PhD; Thomas Smith, MD;
Amy Alvarez-Perez, MD; Anthony Back, MD;
Justin N. Baker, MD; Anna C. Beck, MD; Susan Block, MD;
Shalini Dalal, MD; Maria Dans, MD; Thomas R. Fitch, MD;
Jennifer Kapo, MD; Jean S. Kutner, MD; Elizabeth Kvale, MD;
Sumathi Misra, MD; William Mitchell, MD;
Diane G. Portman, MD; Todd M. Sauer, MD;
David Spiegel, MD; Linda Sutton, MD; Eytan Szmuilowicz, MD;
Robert M. Taylor, MD; Jennifer Temel, MD;
Roma Tickoo, MD, MPH; Susan G. Urba, MD;
Elizabeth Weinstein, MD; Finly Zachariah, MD;
Mary Anne Bergman; and Jillian L. Scavone, PhD

Integration of Palliative Care Into Standard Oncology Care: American Society of Clinical Oncology Clinical Practice Guideline Update

Betty R. Ferrell, Jennifer S. Temel, Sarah Temin, Erin R. Alesi, Tracy A. Balboni, Ethan M. Basch, Janice I. Finn, Judith A. Paice, Jeffrey M. Peppercorn, Tanyanika Phillips, Ellen L. Stovall,† Camilla Zimmermann, and Thomas J. Smith



NCCN Guidelines

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?