

# Integration of Palliative Care into Standard Oncology Care

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# Objectives

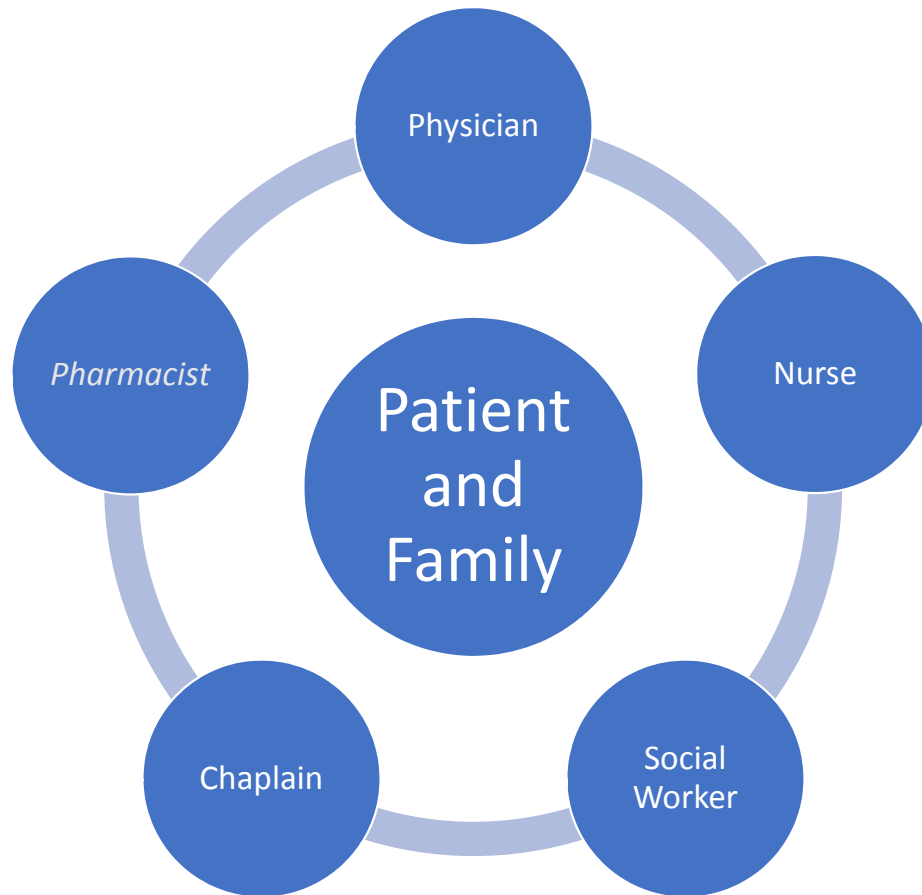
- Become familiar with the literature illustrating the benefits of palliative care in oncology care
- Be more comfortable referring patients to palliative care
- Differentiate between primary and secondary palliative care
- Understand the various steps in advance care planning

# Palliative care definition

## Specialized medical care for individuals with serious illness


- **Goal:** to improve quality of life for both the patient and the family
- Focused on providing patients relief from the symptoms, pain, and stress of a serious illness- whatever the diagnosis
- Provided by a team of doctors, nurses, social workers, and other specialists
- Coordinated with a patient's other doctors to provide an extra layer of support.
- May be appropriate at any age and at any stage in a serious illness
- Can be provided together and in tandem with curative treatment

Palliative care is medical care focused on improving quality of life for patients with serious illness



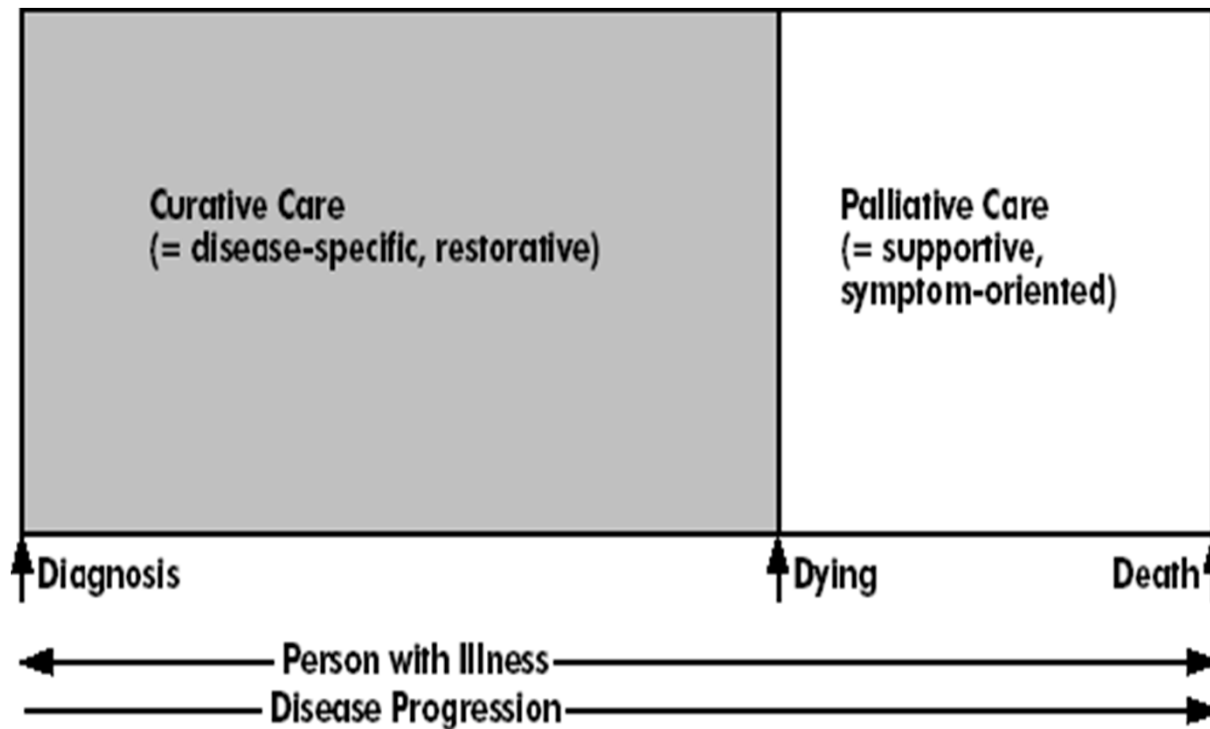
# What's not mentioned in the definition of palliative care?

- End of life care
- Death and dying
- Advance directives
- POLST

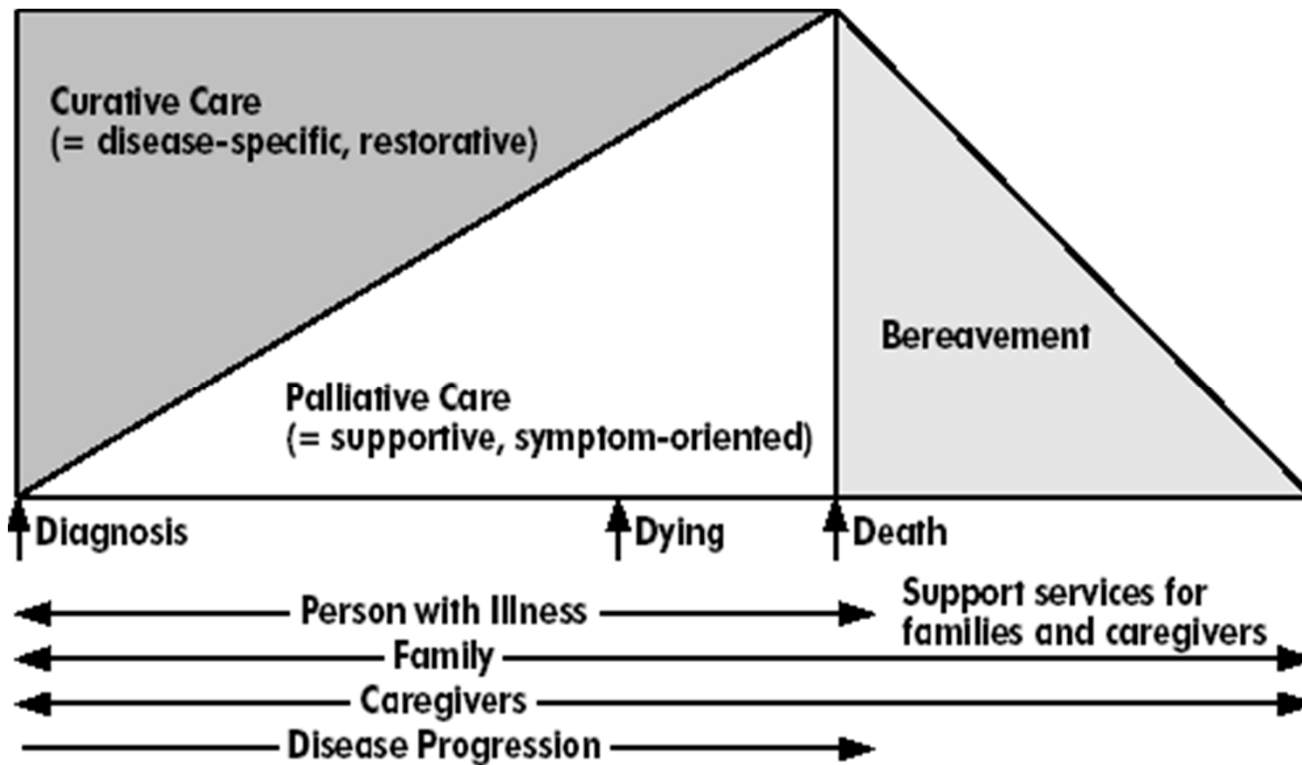


Unfortunately these prevailing stereotypes often shunt much of the value of palliative care

# Traditional views of palliative care



# The palliative care paradigm



# Palliative care widely recognized as an integral component to comprehensive cancer care...

National  
Comprehensive  
Cancer Network  
guidelines on  
Palliative Care  
(2013)

- Institutions should develop **processes for integrating palliative care into cancer care, both as part of usual oncology care and for patients with specialty palliative care needs**
- All cancer patients should be screened for palliative care needs at their initial visit, at appropriate intervals, and as clinically indicated
- **Patients and families should be informed** that palliative care is integral part of their comprehensive cancer care
- **Palliative care specialists and interdisciplinary palliative care teams**, including board-certified palliative care physicians, advanced practice nurses, and physician assistants, **should be readily available to provide consultative or direct care to patients/families** who request or require their expertise

Source: National Comprehensive Cancer Network guidelines on Palliative Care (2013)



What is the most effective way to care for patients with advanced cancer symptoms?

- Temel et al study
- ENABLE III
- Zimmerman et al study

# Proven benefits of palliative care in cancer patients

**Original Article**

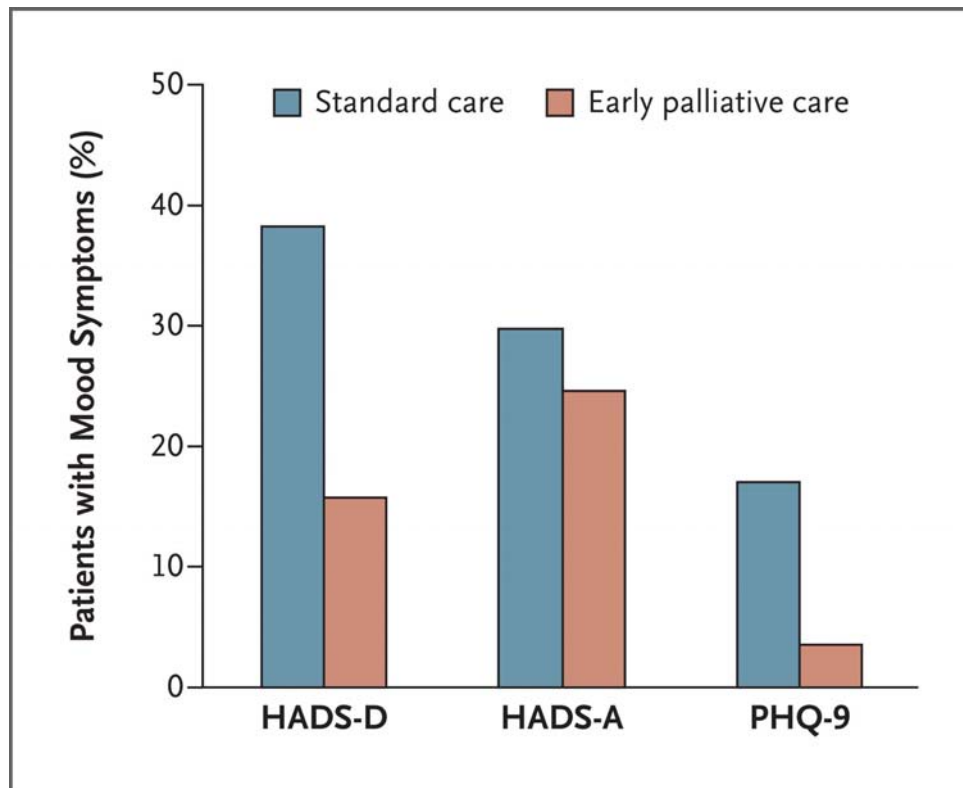
## **Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer**

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.

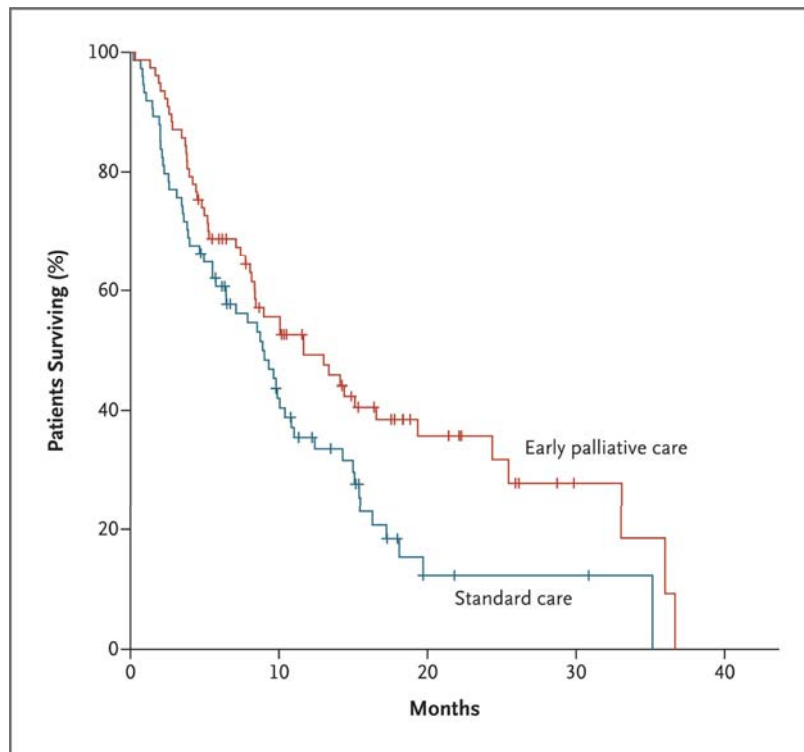
N Engl J Med  
Volume 363(8):733-742  
August 19, 2010



Early palliative care was associated with 50% decrease in depression



# Patients who received early palliative care had prolonged survival



Palliative Care=11.6 months

Standard Care=8.9 months

Entire Sample=9.8 months

\*Log Rank  $p < .02$

Controlling for age, gender and PS, adjusted HR=0.59 (0.40-0.88),  $p=0.01$

## ENABLE III

- Compared early vs delayed palliative care
- N= 2-7 patients with new, progressive or relapse solid or liquid tumors
- Prognosis of 6-24 months
- Intervention included in person palliative care consults, RN lead phone follow-up
- Outcome: QOL, 1-year survival, resource use
- 60% lived in rural areas
- 4.8% had hematologic malignancies
- 1-year survival improved (not statistically significant)

# Zimmerman et al study

- Cluster RCT in medical oncology clinics
- N= 461 patients with Stage IV and III solid tumors, prognosis 6-24 months
- Intervention: usual versus early palliative care (palliative care clinic within cancer center)
- Primary outcome: FACIT-Sp at 3 months
- Results: FACIT-Sp improved (non significant trend) at 3 months; at 4 months, all most all measures favored intervention and was statistically significant

# Who should deliver palliative care?

- Consultative versus co-management model
- Stand alone clinic versus embedded within cancer center
- Primary palliative care (delivered by the primary oncologist) versus secondary palliative care

# Palliative care services fall on a spectrum

Primary Palliative Care	Specialty Palliative Care
<ul style="list-style-type: none"> <li>▪ Ability to identify specialty PC needs and refer as appropriate</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Basic management of pain and symptoms</li> </ul>	<ul style="list-style-type: none"> <li>▪ Management of refractory pain or other symptoms</li> </ul>
<ul style="list-style-type: none"> <li>▪ Basic ability and willingness to discuss:               <ul style="list-style-type: none"> <li>• Prognosis</li> <li>• Disease Trajectory</li> <li>• Personal values</li> <li>• Goals of treatment</li> <li>• Spirituality</li> <li>• Code Status</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Prognostication in patients with life-limiting illnesses</li> <li>▪ Management of more complex grief and existential distress</li> </ul>
<ul style="list-style-type: none"> <li>▪ Basic communication skills</li> </ul>	<ul style="list-style-type: none"> <li>▪ Assistance with facilitating discussions regarding goals or methods of treatment:               <ul style="list-style-type: none"> <li>• Within families</li> <li>• Between staff and families</li> <li>• Among treatment teams</li> </ul> </li> </ul>



# Who should deliver palliative care? Looking at successful models

- Successful models include:
  - Palliative care delivered by an interdisciplinary team
  - Presence of both inpatient and outpatient setting
  - Provide comprehensive baseline and ongoing assessment
    - Evaluation of QOL, physical, psychological, spiritual, social domains, and prognostic disclosure
  - Integrated consults within the oncology clinic
    - May also improve communication with oncology providers

# How is palliative care in oncology defined or conceptualized?

- An added layer of support
- Standard aspect of the patient's comprehensive cancer care
- Seamless collaboration between palliative care specialists and oncology providers resulting in one cancer team

# Making the case for Integrated Palliative and Oncology Care

- Experience a high symptom burden
- Both patient and families experience psychological suffering
- Have limited understanding of their illness and prognosis
- Face complex decision-making about treatment and end-of-life care

Which patients should be offered or referred to palliative care?

# Which patients should be offered or referred to palliative care?

- Most studies conducted among outpatients with advanced-stage malignancies and their families
- Triggers by symptoms, prognosis versus at time of diagnosis
  - Improved outcomes with early palliative care interventions versus usual care

# Palliative care at Kaiser Permanente Santa Clara Medical Center

# Kaiser Permanente Santa Clara- Palliative Care Across the Continuum

- Inpatient palliative care
- Nursing home palliative care
- Home health palliative care
- Outpatient palliative care
  - Oncology Supportive Care Clinic (OSCC)
  - Home consults
  - Telephonic
  - Video

# Santa Clara Experience: Outpatient Palliative Care Oncology Supportive Care Clinic (OSCC)

- Oncology supportive care clinic started in April 2013
- Three afternoons embedded in Oncology
- Team composition (MDs, RNs, LCSWs, Chaplain, Medical Assistant, Program manager, patient coordinator)
- Improved palliative care and oncologist communication & upstream referrals at time of diagnosis of a Stage IV solid tumor cancer





## **VISION**

Patients with serious illness and their families live as well and as fully as possible.

## **PROMISES**

We promise to:

1. Offer palliative care to you and your family.
2. Learn about your beliefs, your values, and your goals.
3. Keep you and your goals at the center of your care.
4. Share your plans with all who care for you.
5. Support you and your loved ones and help relieve your burdens.
6. Honor you and your wishes.

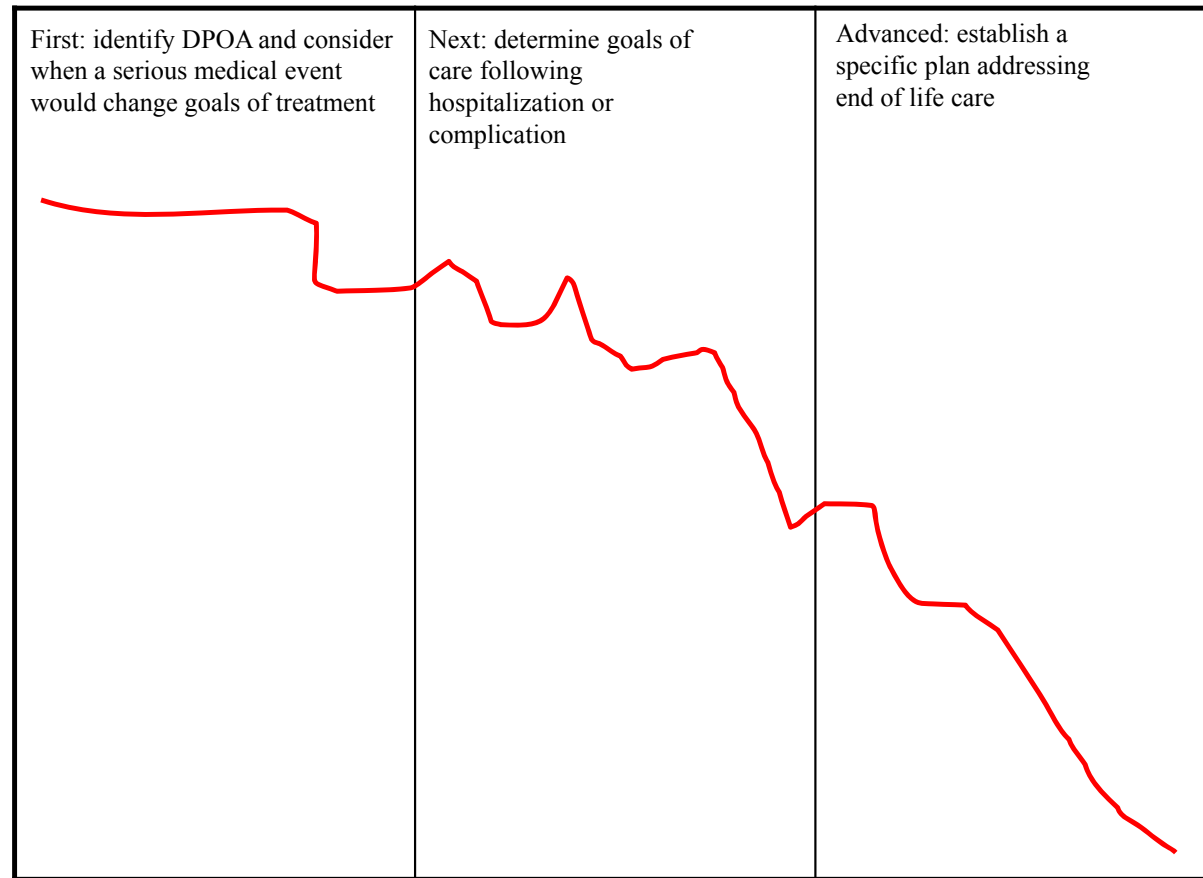
# Advance care planning

# Definition of advance care planning

- An organized process of communication to help individuals understand, reflect upon and discuss goals for future health care decisions in the context of their values and beliefs. When the process is done well, it has the power to produce a written plan that accurately represents the individuals' preferences and thoroughly prepares others to make healthcare decisions consistent with these preferences.

Respecting Choices

# First, next, and advanced steps of advance care planning





CALIFORNIA  
HEALTHCARE  
FOUNDATION

SNAPSHOT

## Final Chapter:

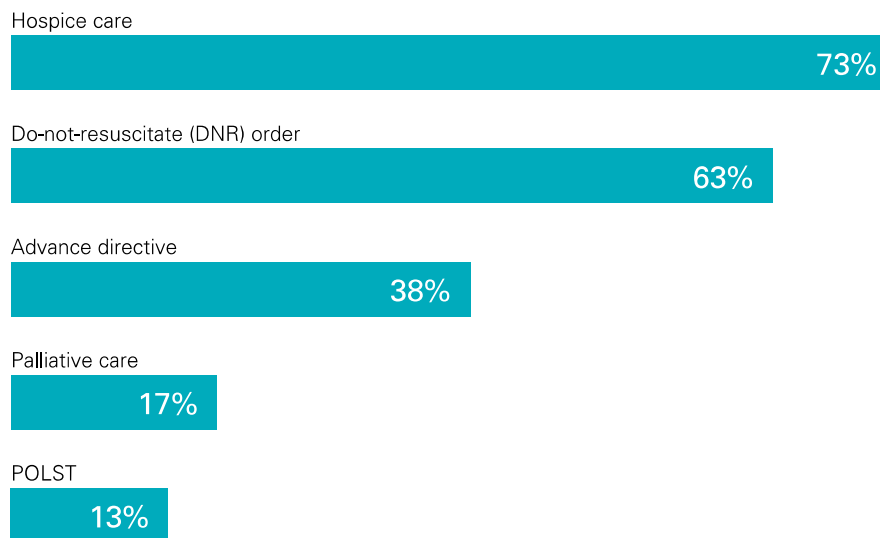
Californians' Attitudes and Experiences with Death and Dying

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February 2012

## Awareness of End-of-Life Terms, California, 2011

PERCENT SAYING THEY HAVE HEARD OF THESE TERMS

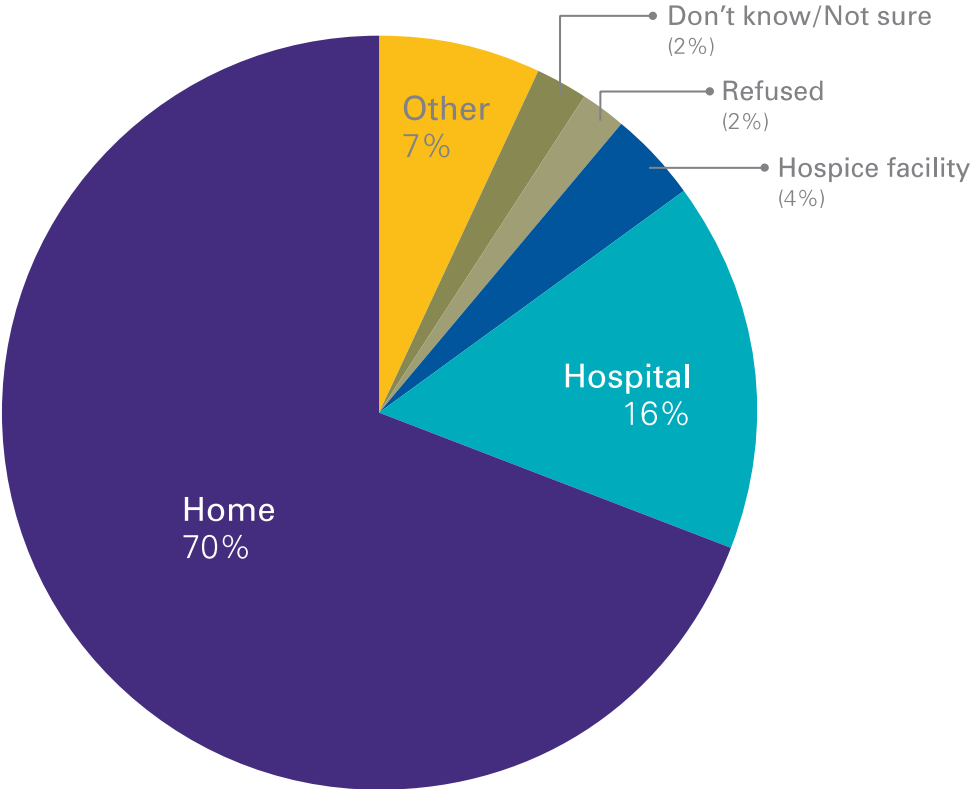


Note: POLST is a form that is signed by a patient and his/her doctor, clearly stating what kinds of medical treatment the patient wants toward the end of life. It must be honored by health care providers, even if the patient later loses the ability to indicate his/her wishes.

Source: Californians' Attitudes Toward End-of-Life Issues, Lake Research Partners, 2011. Statewide survey of 1,669 adult Californians, including 393 respondents who have lost a loved one in the past 12 months.

Hospice is familiar to most Californians. Only 13% say they have heard of the POLST (Physician Orders for Life-Sustaining Treatment) form.

# Preferred Location of Death, California, 2011



Note: Segments may not add to 100% due to rounding.

Source: Californians' Attitudes Toward End-of-Life Issues, Lake Research Partners, 2011. Statewide survey of 1,669 adult Californians, including 393 respondents who have lost a loved one in the past 12 months.

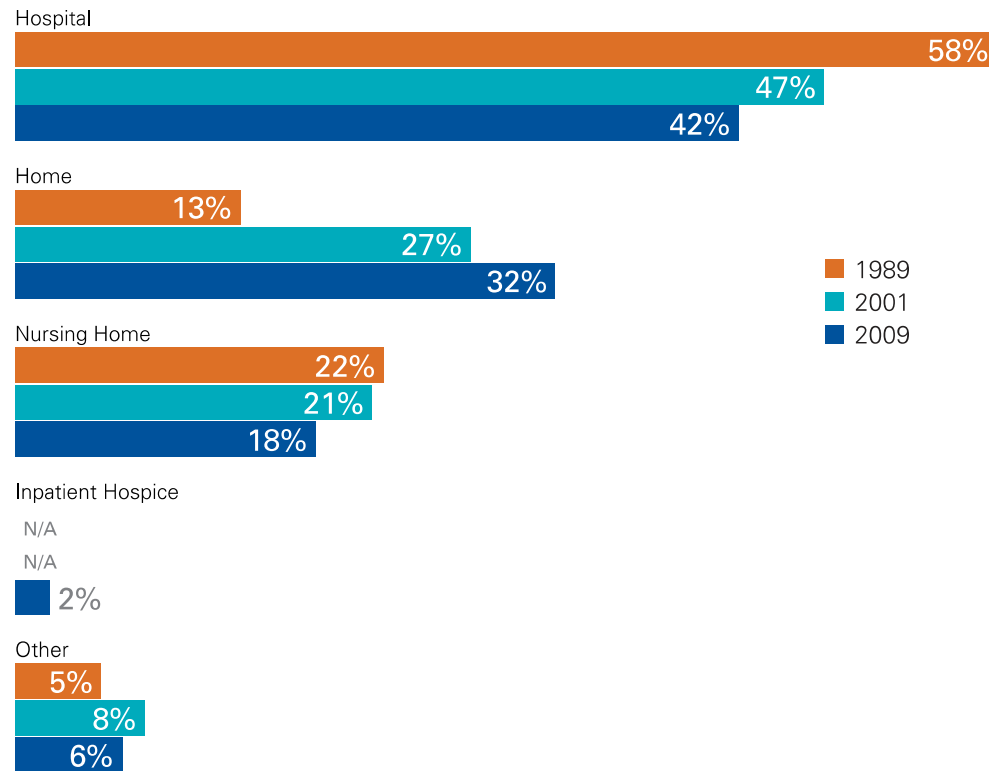
## Death and Dying in California by Location

<< PREVIOUS

NEXT >>

A large majority of Californians would prefer to die at home rather than in a health care facility.

## Location of Deaths, California, 1989, 2001, 2009



Source: State of California, Department of Public Health, Death Records, 2011.

### Death and Dying in California by Location

<< PREVIOUS

NEXT >>

The number of Californians who died at home has grown 146% since 1989, while deaths in hospitals have declined. In 2009, 42% of deaths occurred in hospitals and about 18% in nursing homes.



# A Word About Hospice...



## Patient story- Mellie

- A 58-year-old woman with history of left sided invasive ductal carcinoma, triple negative who has chosen to receive complimentary therapy for her cancer treatment rather than the standard cancer treatment now with metastatic breast cancer to lungs, LNs, brain status post cyberknife treatment
- Initial symptoms included severe fatigue, anxiety, shortness of breath
- She is currently receiving oral Xeloda and taking several supplements
- Her Christian faith is a strong support system for her and her family
- She prays for healing and a miracle

# Patient story- Mellie

- Initial palliative care team meeting followed by several phone follow-up with MD, SW separately. Focus mainly on managing symptoms, psychosocial support, spiritual support, and exploring readiness for advance care planning
- When patient's cancer continued to progression, joint visit scheduled with her oncologist and our palliative care team to discuss prognosis, next step
- She ultimately decided to forgo chemo and enjoyed taking a trip to Southern California with her family members
- Enrolled in home hospice care and died at home
- Family were very appreciative of the holistic "team" approach and support for the patient and family and helping make her quality of life meaningful until the end

# Questions nurses can ask...

- Questions for your oncologist:
  - What are you hoping for with the next treatment?
  - What are you most worried about with the next line of treatment?
- Questions to help your oncologist think about referral to palliative care:
  - With this patient's multiple symptoms, maybe you can consider asking our palliative care team to see the patient for symptom control?
  - This patient and family are feeling very overwhelmed and will benefit from more support. How about asking our palliative care team to see them for ongoing support?
  - This patient in infusion is concerned about his fatigue and cancer progression. He seems to be open to talking about the future. Do you think it would be helpful to have our palliative care team meet with him and his family to address his worries and concerns?

# Conclusion

- Ask your oncologist to refer patients to palliative care service early in the trajectory of patient's cancer diagnosis
- Research studies suggest with palliative care as an additional layer of support, patients live better and longer.
- If you have not started your own Advance Care Planning, start today!