

Palliative Care: Living As Well as You Can for as Long as You Can

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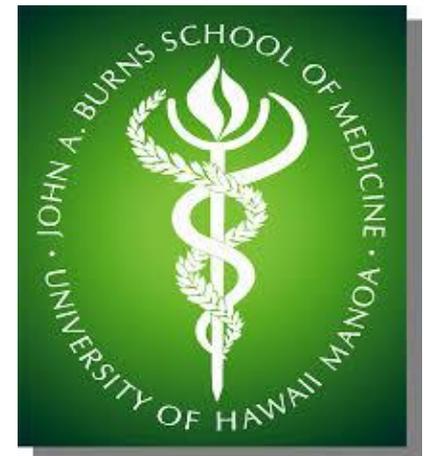
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**THE QUEEN'S
MEDICAL CENTER**



"This remarkable book ... illustrates how the medical community and society can
'make the best of what is often the very worst time of life.' An absorbing read."
— *The Wall Street Journal*

**A PHYSICIAN'S QUEST
TO TRANSFORM CARE
THROUGH THE END OF LIFE**

The
Best
Care
Possible

IRA BYOCK, MD
author of *Dying Well*

Objectives

1. Define palliative care
2. Review minimum standards for palliative care
3. Highlight the evidence base for palliative care

Center to Advance Palliative Care Definition

Palliative care is specialized medical care for people living with serious illness. It focuses on providing patients with 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 Definition, continued

...Palliative care is provided by a specially-trained team of doctors, nurses, and other specialists who work together with a patient's other doctors to provide an extra layer of support....

Palliative Care Definition, continued

...Palliative care is based on the needs of the patient, not on the prognosis. It is appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment.

“Elevator” Definition

Palliative care is specialized medical care that treats the symptoms and stress of a serious illness. The goal is to improve quality of life.

CAPC Palliative Care Minimum Standards

- Interdisciplinary team
 - physician, nurse, social worker, chaplain
- At least one prescriber with certification in palliative care
- Comprehensive assessment and management of patient's symptoms
- Communication on patient and family priorities for care (eg “goals of care” conversations and advance care planning).
- Meaningful and timely 24/7 response to crises

Palliative Care \neq End-of-Life Care

- The vast majority of patients referred to hospital-based palliative care programs today leave the hospital alive.
- Palliative care complements life-prolonging therapies.
- Ideally, palliative care is introduced early during the course of a serious illness
- Based on need, not prognosis

Data show palliative care:

- Reduces distressing symptoms
- Improves quality of life
- Increases family satisfaction
- May prolong life

Campbell ML and Field BE, *Heart Lung*, 1991; Campbell ML and Frank RR, *Crit Care Med*, 1997; Miller et. al. *J Pain Symptom Manage* 2003., Casarett D et. al. *J Am Geriatric Soc*, 2008; Temel et al., *NEJM*, 2010; May P, *J Palliat Med*, 2014; Grudzen CR et al, *JAMA Oncol*, 2016; Adelson K et al, *J Oncol Pract*, 2017; Rogers JG, *JACC*, 2017.

Family Experience of Early Palliative Care

- Survey of bereaved family members who received care at a VA medical facility (n=524)
- Overall satisfaction superior among those that received palliative care ($P < 0.001$)
- Early consultations were associated with higher satisfaction ($P = 0.006$)

Casarett D et. al. *J Am Geriatric Soc*, 2008

Timing Matters

- Retrospective analysis of 366 cancer decedents
- Early (> 3 mo) vs late (< 3 mo) palliative care
- Early associated with
 - Fewer ER visits (39% vs 68%, $p < 0.001$)
 - Fewer hospitalizations (48% vs 81%, $P < 0.003$)
 - Fewer hospital deaths (17% vs 31%, $P = 0.004$)

Hui D et al, Cancer, 2014

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;363:733-42.

151 patients with metastatic lung cancer

Randomized to:

- Standard oncology care
- Standard oncology care plus early palliative care

Early Palliative Care Associated with Improved Quality of Life

Table 2. Bivariate Analyses of Quality-of-Life Outcomes at 12 Weeks.*

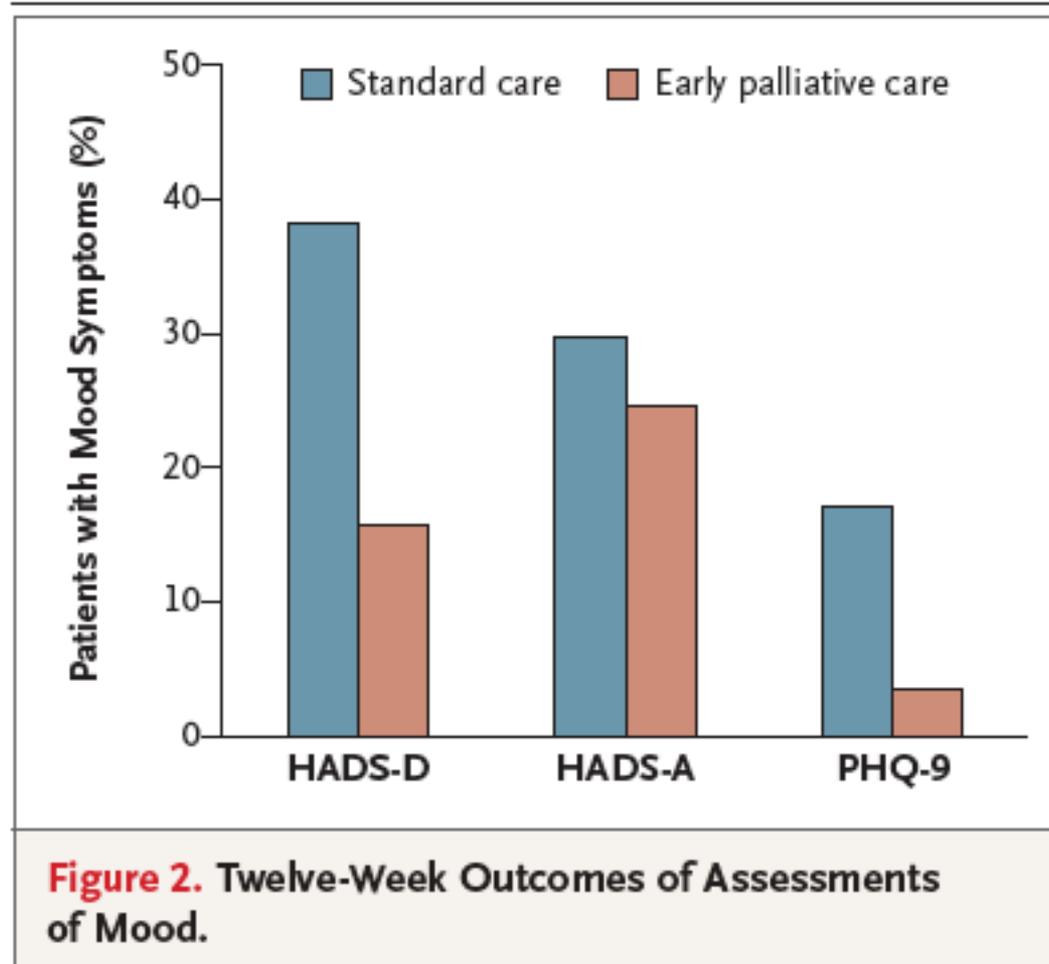
Variable	Standard Care (N= 47)	Early Palliative Care (N= 60)	Difference between Early Care and Standard Care (95% CI)	P Value†	Effect Size‡
FACT-L score	91.5±15.8	98.0±15.1	6.5 (0.5–12.4)	0.03	0.42
LCS score	19.3±4.2	21.0±3.9	1.7 (0.1–3.2)	0.04	0.41
TOI score	53.0±11.5	59.0±11.6	6.0 (1.5–10.4)	0.009	0.52

* Plus–minus values are means ±SD. Quality of life was assessed with the use of three scales: the Functional Assessment of Cancer Therapy–Lung (FACT-L) scale, on which scores range from 0 to 136, with higher scores indicating better quality of life; the lung-cancer subscale (LCS) of the FACT-L scale, on which scores range from 0 to 28, with higher scores indicating fewer symptoms; and the Trial Outcome Index (TOI), which is the sum of the scores on the LCS and the physical well-being and functional well-being subscales of the FACT-L scale (scores range from 0 to 84, with higher scores indicating better quality of life).

† The P value was calculated with the use of two-sided Student's t-tests for independent samples.

‡ The effect size was determined with the use of Cohen's d statistic, which is a measure of the difference between two means (in this case, the mean in the group assigned to early palliative care group minus the mean in the group assigned to standard care) divided by a standard deviation for the pooled data. According to the conventional classification, an effect size of 0.20 is small, 0.50 moderate, and 0.80 large.

Early Palliative Care Associated with Improved Mood

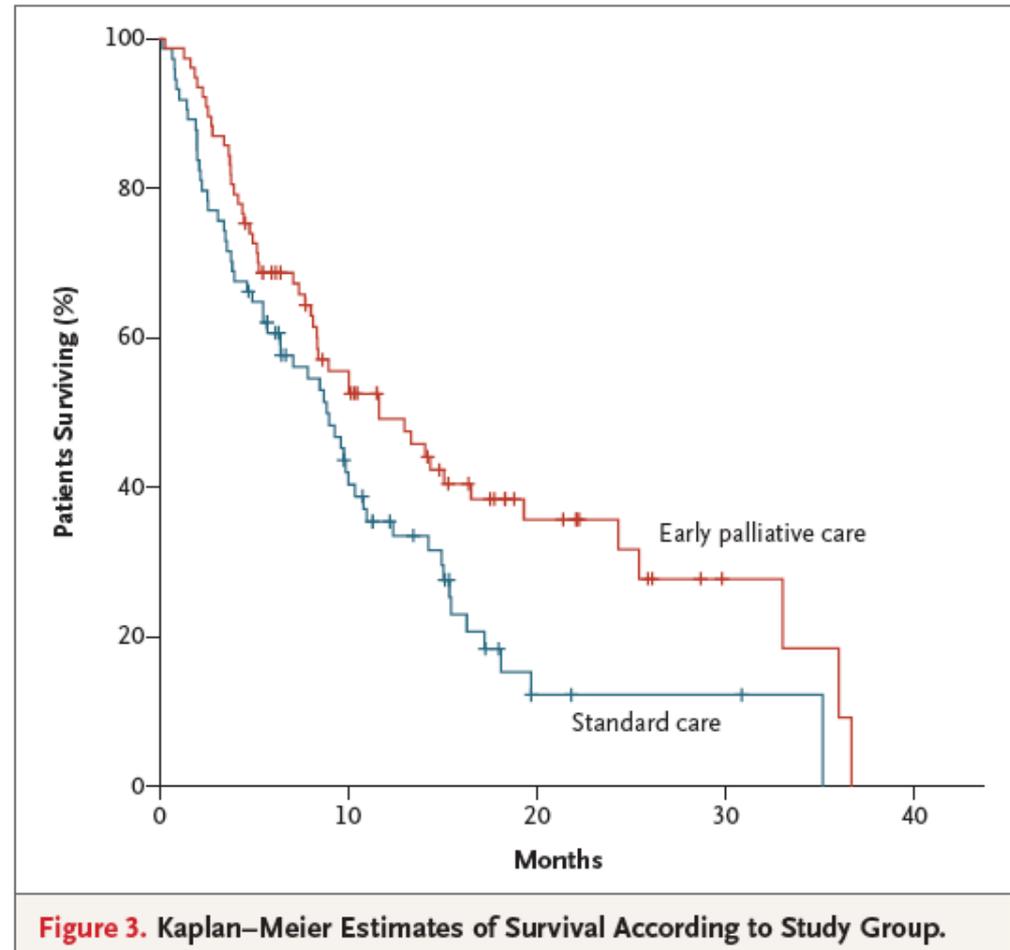


Early Palliative Care Associated with Increased Survival

Median survival

Early palliative care:
11.6 mo

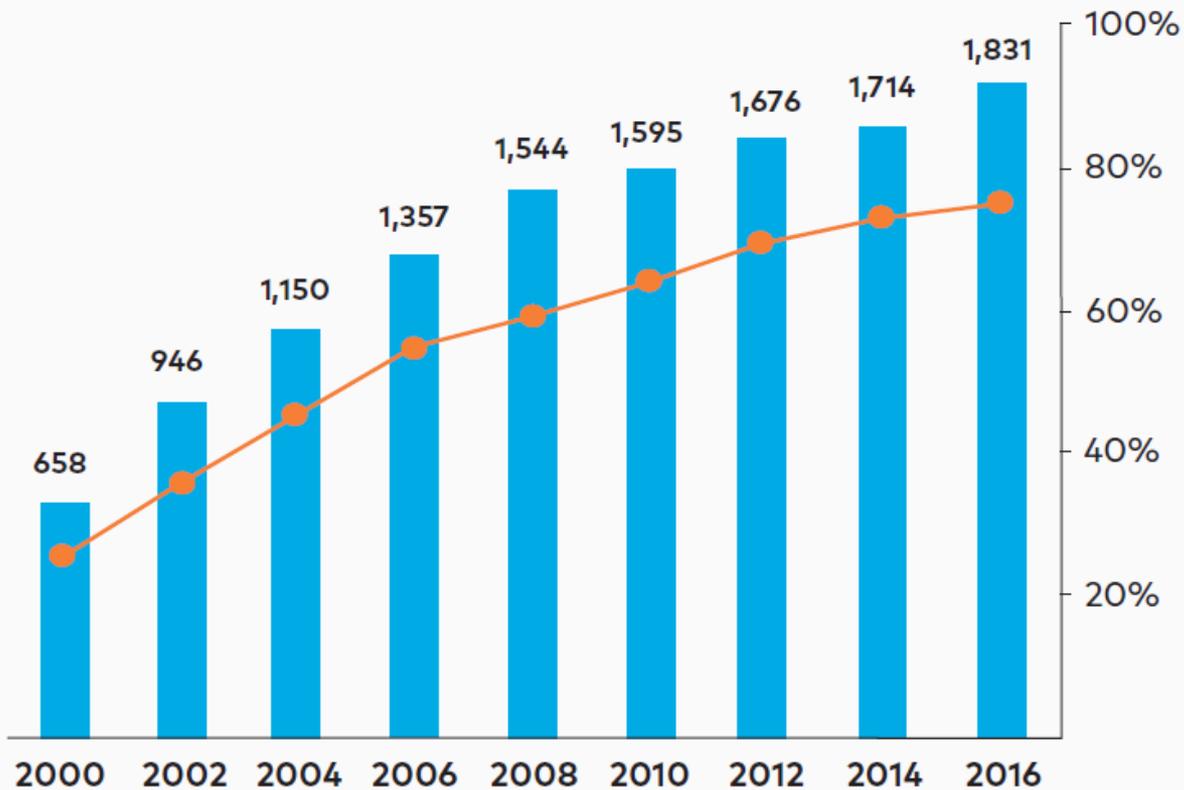
Standard care: 8.9 mo





Palliative Care Programs in U.S. Hospitals with 50 or more beds, 2000-2016*

- Count of Hospitals with Palliative Care Program
- Percent of Hospitals with Palliative Care Program



Delivery of Palliative Care

Hospital-Based

- Consultation service

- Dedicated Unit

Community-Based

- Office

- Home

- Long-term care

- Post-acute care

- Telehealth

Community Based Palliative Care

- Sharp Healthcare Transitions, 2007-2014
- Propensity matched 368 Transitions patients with cancer, COPD, heart failure, dementia
- Transitions patients had
 - Less hospital use
 - Lower hospital costs
 - Less escalation of cost of care in final 6 months
 - Lower overall healthcare costs

Cassel JB et al, JAGS, 2016

From Headlines to Bedside

- Recent challenges/opportunities for palliative care
 - Opioid epidemic
 - COVID-19 pandemic

Opioid epidemic

- Universal precautions: Risk assessment and management strategies for patients on opioid therapy
 - ✓ Informed consents
 - ✓ Use agreements
 - ✓ PDMP checks
 - ✓ Urine drug screening
 - ✓ Rational polypharmacy
 - ✓ Pharmacy and Behavioral Health collaboration
 - ✓ Naloxone prescribing

COVID-19 Pandemic

- PPE shortages
- Facilities restricting visitors
- Fear, uncertainty, loneliness, guilt
- + Spotlight on advance care planning
- + Rapid adoption of telehealth

Palliative Care

- Focuses on relieving pain and suffering and promoting best possible quality of life
- Can be considered for any serious illness
- Can be used at any time in the course of illness
- Is person-centered and family-inclusive
- Can be combined with curative treatments
- Some studies have shown a survival advantage
- Available to most hospitalized patients
- Available to few community patients

Palliative Care

It's not about prognosis.
It's about need, it's about relief
of suffering, and it's
everybody's job.

-Diane Meier

Mahalo