# Palliative Care
# Collaborative Approach for Patient and Family Centered Care

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# Objectives

- Define Palliative Care and Goals
- Compare and Contrast Palliative Care and Hospice Care
- Explore Conversations, Benefits, and Collaboration
- Review Case Study
- Referral Process

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# What is Palliative Care

- Supportive medical care for patients with serious illnesses
- Focuses on relief from symptoms, pain and stress of a chronic illness – regardless of the diagnosis
- Psychological and spiritual support for patients and their families
- Communication and collaboration between the patient, family members, and health care providers
- Focus on helping the patient live their best life – patient can still receive aggressive curative treatment

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# Why Palliative Care

- Provides patients and families with an extra layer of support
- Staff is able to evaluate patient in their home
- Can assist with advanced care planning
- Work in collaboration with the primary medical provider
- Service can be provided in multiple living settings:
  - Home
  - Nursing home
  - Assisted living

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# Patients Appropriate for Palliative Care

Patients suffering from the symptoms and stress of serious illnesses such as:

- Cancer
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive heart failure (CHF)
- Kidney disease
- Alzheimer's/dementia
- Stroke

Care focuses on:

- pain
- depression
- shortness of breath
- fatigue
- constipation
- nausea
- loss of appetite
- difficulty sleeping
- anxiety

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# Palliative Care Insurance Coverage

- Most insurance plans, including Medicare and Medicaid, cover palliative care
- Patient may have a co-payment

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# Hospice or Palliative Care

## Hospice

- Provider determines life expectancy is six month or less
- Little to no chance of curative treatment
- Patient choosing comfort measures at End of Life
- Medicare and most commercial insurance covered benefit

## Palliative Care

- Any individual living with a chronic or serious illness
- Can include curative treatment along side comfort measures
- Patient centered treatment to obtain relief and prevent symptoms
- Medicare and most commercial insurance covered benefit

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# Palliative Care Vs Hospice Care


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# Relationship to Hospice

- Easy Transition
- Family familiar with interdisciplinary team
- Admit to hospice sooner results in patient and family benefits for a longer period of time

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# Common Palliative Care Conversations

- Shifting focus from cure to managing disease
- Shifting focus from quantity of life to quality of life
- Shifting focus from managing disease to preparing for death
- Discussing prognosis when time is short
- Shift goals when the patient's goals are not achievable (e.g., desire to return home but patient cannot)

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# Benefits

- Interdisciplinary team approach to focus on patient goals (e.g., physical, social, psychological, cultural, spiritual aspects of care)
- Decrease or manage symptoms
- Better patient and caregiver outcomes
- Patients and providers work together

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# Collaboration

- Interdisciplinary team
- Coordination and communication of care plans shared between agencies and facilities
- Working in partnership with the primary provider

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# How to Work into Your Practice

Consider a Palliative Care consult if:

- Unsuccessful “having the conversation” related to the advanced illnesses and future goals
- Frequent visits between regularly scheduled check ups
- Frequent emergency visits
- Recurrent hospitalizations

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# Case Study - Mr. Miller

93 year old male with a past medical history (PMH) of CHF Stage 3, COPD, Spinal Stenosis, DDD, hypertension (HTN), elevated prostate-specific antigen (PSA), Calculus of Kidney, obstructive sleep apnea (OSA) with Continuous Positive Airway Pressure (CPAP) use, osteoarthritis (OA) of right knee with a Clindamycin allergy was as requested to be seen by Palliative care after he requested no further hospitalizations or treatments. Primary care provider would like more in depth discussions on goals of care.

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# Mr. Miller

- His goal: stay at home with his cat
- Although he was supported by all three of his children, he desires to live alone
- Has had increasing SOB but could manage at home when assessed initially
  - Palliative care followed for a year and during that time, Mr. Miller had two CHF exacerbations and one COPD exacerbation

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# Mr. Miller

- Noted to have mild increase in confusion and palliative care re-assessed in his home
  - Increased lung rales
  - Increased edema in lower extremities.
    - Lasix increased after discussion with patient/family and primary care provider (PCP)
    - Goal included no labs so Potassium was adjusted but level not checked
  - Improved and was able to maintain in home

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# Mr. Miller

- Three months later had increased SOB thus exam by palliative care nurse practitioner (NP)
  - $O_2$ sats 78 percent with walking desat test
  - Increased wheezing and respiratory effort
  - Collaborated with PCP and order for $O_2$ and nebulizer
  - Prednisone burst
- Symptoms improved within two to three days and continued to maintain at home with family support

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# Mr. Miller

- Nine month palliative care reassessment
  - Ensure initiated due to progressive weight loss resulted in rebound but then trended downward
  - Increased overall weakness and increased SOB and as disease progressed, manage SOB with low dose liquid morphine
  - Increase in Lasix but SOB and decreased activity tolerance continued
  - Anxiety increased thus started on Sertraline and titrated and helped initially

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# Mr. Miller

- Over the next two months:
  - falls increased as continued to become weaker
  - Breathing difficult managed with modifications in activities and medications to maintain comfortable
  - Continued weight loss
  - After discussed overall goals of care, was referred to hospice for greater level support in the home

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# Referral Process

Providers within Lafayette County include:

- PalliaHealth by Agrace
- Hospice of Dubuque
- The Monroe Clinic Hospice

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# References


- Kerr CW, Tangeman JC, Rudra CB, et al. Clinical impact of a home-based palliative care program: a hospice-private payer partnership. J Pain Symptom Manage 2014;48(5):883-892. http://www.ncbi.nlm.nih.gov/pubmed/24747224
- Smith TJ, Temin S, Alesi ER, et al. American Society of Clinical Oncology provisional clinical opinion: the integration of palliative care into standard oncology care. J Clin Onc. 2012;30(8):880-7. http://www.ncbi.nlm.nih.gov/pubmed/22312101


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# Questions

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