



SOUND

PHYSICIANS

The Navigator's Role In Palliative Care

Natalie Kontakos MD

Maryland Patient Navigation Network

Meeting & Training

June 14, 2016

Objectives

- Define palliative care and differentiate palliative care from hospice care.
- Describe trends and emerging topics in palliative care.
- Review the misconceptions and barriers of palliative care.
- Identify patients appropriate for palliative care.
- Suggest how navigators can advocate for palliative care to physicians and improve the public image / provider's view of palliative care.

WHO Definition of Palliative Care

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

Palliative Care...

provides relief from pain and other distressing symptoms

affirms life and regards dying as a normal process

intends neither to hasten or postpone death

integrates the psychosocial and spiritual aspects of patient care

offers a support system to help patients live as actively as possible until death

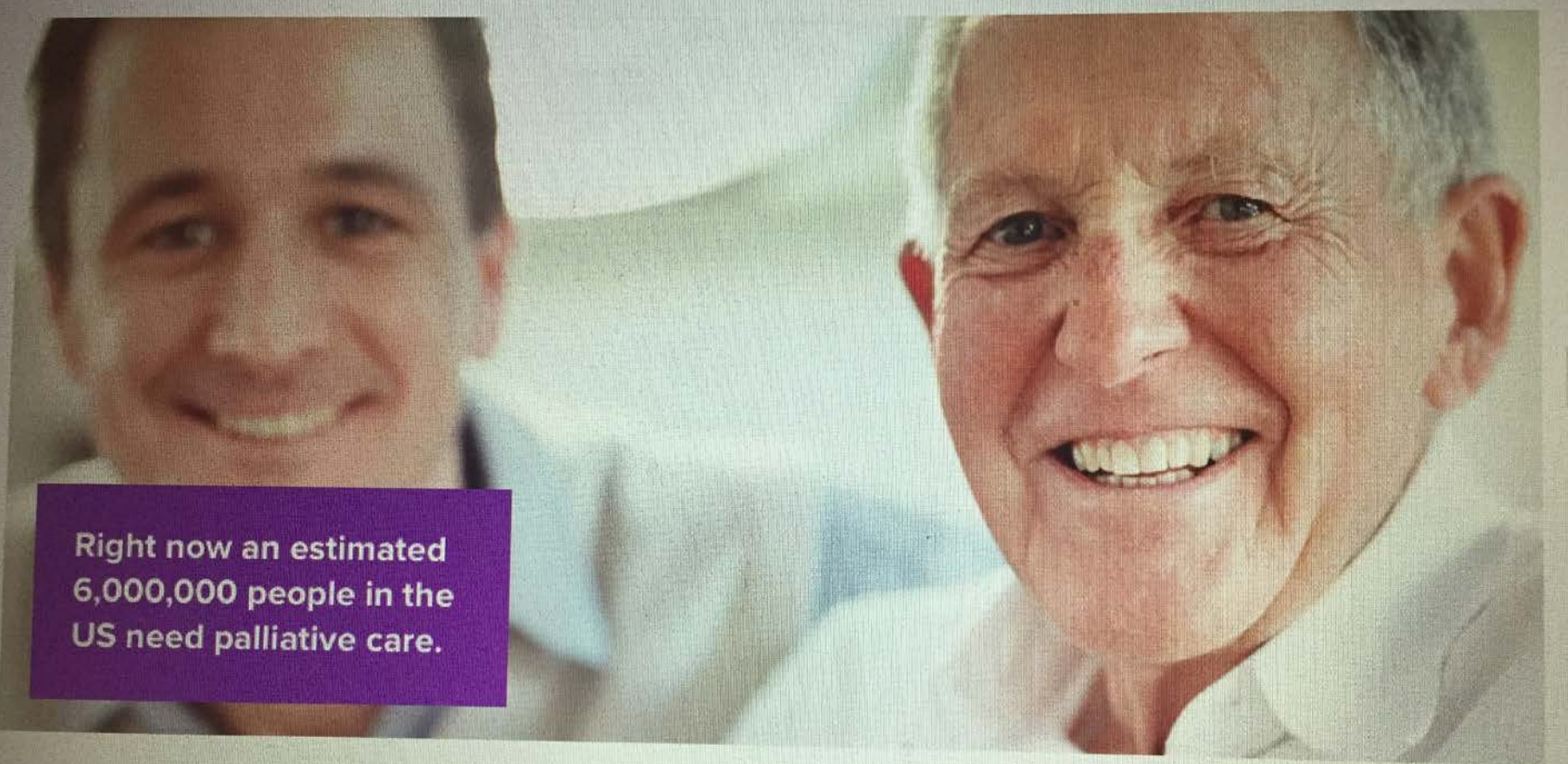
offers a support system to help the family cope during the patient's illness and in their own bereavement

uses a team approach to address the needs of patients and their families including bereavement counseling if indicated

will enhance quality of life and may also positively influence the course of illness

is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life such as chemotherapy or radiation therapy and includes those investigations needed to better understand and manage distressing clinical complications

GET PALLIATIVE CARE

[What Is It](#)[Is It Right for You](#)[How to Get It](#)[Blog & Resources](#)

Right now an estimated
6,000,000 people in the
US need palliative care.

RESOURCES

[Links](#)[Videos, Podcasts &
Livechats](#)[Access the
Provider Directory](#)[Sign Up for
Our Blog](#)[Donate Now](#)

Make a fast and secure
donation through
groundspring.org

GET PALLIATIVE CARE

Palliative care is specialized medical care for people with serious illness. It focused 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 specially trained team of doctors, nurses, social workers, and other specialists who work together with a patient's 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.

<https://getpalliativecare.org/whatis/>

Palliative Care

What You Should Know

To learn more about
palliative care, go to
getpalliativecare.org

Palliative Care (pronounced *pal-lee-uh-tiv*) is specialized medical care for people with serious illnesses. It is focused on providing patients with relief from the symptoms, pain, and stress of a serious illness—whatever the diagnosis. The goal is to improve quality of life for both the patient and the family.

Palliative care is provided by a team of doctors, nurses, and other specialists 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.

1 WHERE DO I RECEIVE PALLIATIVE CARE?

Palliative care is provided in a variety of settings including the hospital, outpatient clinics, home, hospice and long term care facilities.

2 DOES MY INSURANCE PAY FOR PALLIATIVE CARE?

Most insurance plans, including Medicare and Medicaid, cover palliative care. If costs concern you, a social worker or financial consultant from the palliative care team can help you.

3 HOW DO I GET PALLIATIVE CARE?

Ask for it! Tell your doctors, nurses, family and caregivers that you want palliative care.

4 HOW DO I KNOW IF PALLIATIVE CARE IS RIGHT FOR ME?

Palliative care may be right for you if you suffer from pain, stress or other symptoms due to a serious illness. Serious illnesses may include cancer, cardiac disease, respiratory disease, kidney failure, Alzheimer's, HIV/AIDS, amyotrophic lateral sclerosis (ALS), multiple sclerosis and more. Palliative care can be provided at any stage of illness and along with treatment meant to cure you.

5 WHAT CAN I EXPECT FROM PALLIATIVE CARE?

You can expect relief from symptoms such as pain, shortness of breath, fatigue, constipation, nausea, loss of appetite and difficulty sleeping. Palliative care helps you carry on with your daily life. It improves your ability to go through medical treatments. It helps you better understand your condition and your choices for medical care. In short, you can expect the best possible quality of life.

6 WHO PROVIDES PALLIATIVE CARE?

Palliative care is provided by a team including palliative care doctors, nurses and social workers. Massage therapists, pharmacists, nutritionists and others might also be part of the team.

7 HOW DOES PALLIATIVE CARE WORK WITH MY OWN DOCTOR?

The palliative care team works in partnership with your own doctor to provide an extra layer of support for you and your family. The team provides expert symptom management, extra time for communication and help navigating the health system.

Copyright 2012 © Center to Advance Palliative Care. All rights reserved.

GET PALLIATIVE
CARE





AMERICAN ACADEMY OF
HOSPICE AND PALLIATIVE MEDICINE



How palliative care is delivered

Team

MD/DO/NP, RN, SW, Pharmacist, Chaplain etc.

Setting

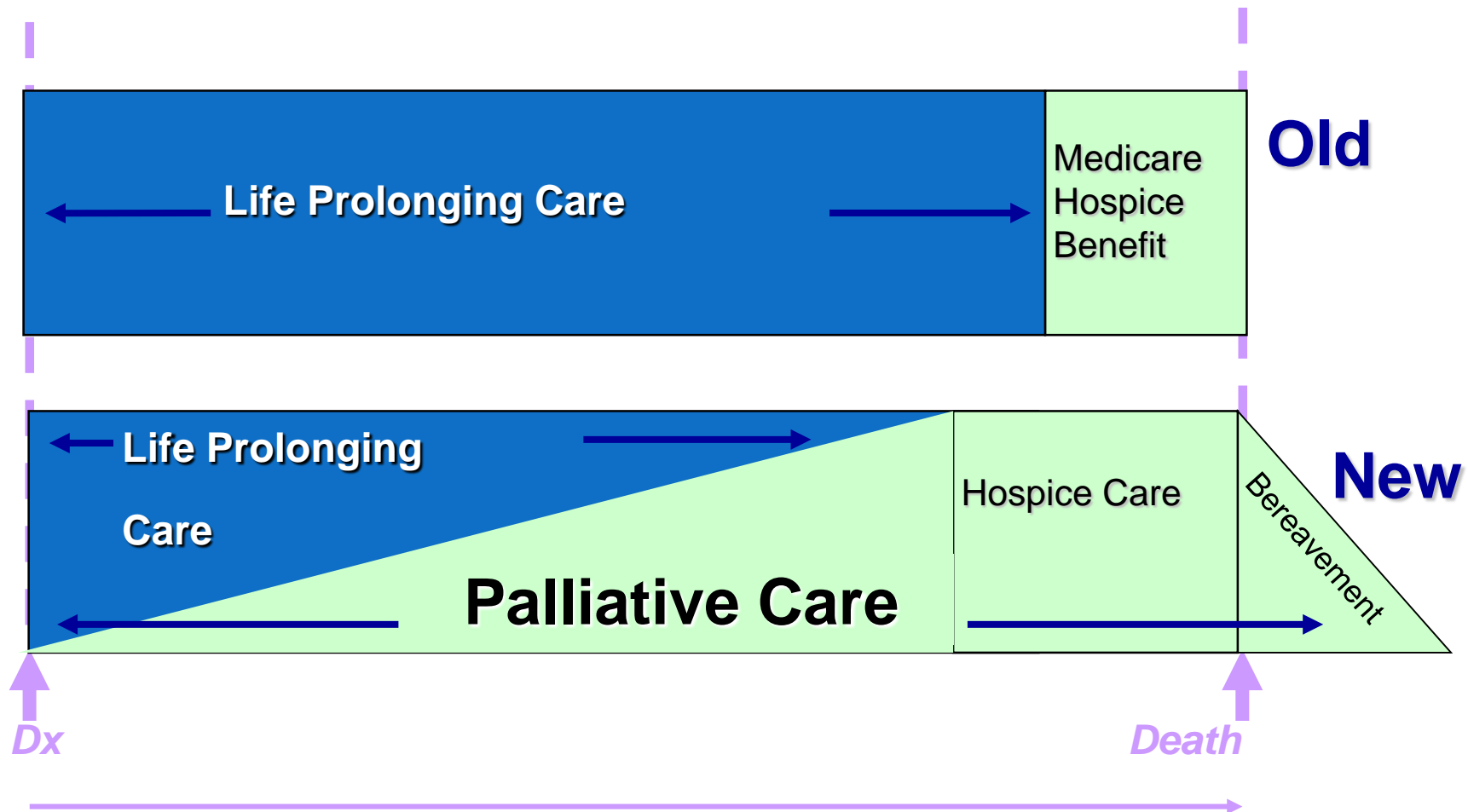
Inpatient, Outpatient (clinic, LTC facility, home based)

Primary, secondary and tertiary palliative care



Palliative Care

Hospice





America's Care of Serious Illness

2016 STATE-BY-STATE REPORT CARD ON ACCESS
TO PALLIATIVE CARE IN OUR NATION'S HOSPITALS

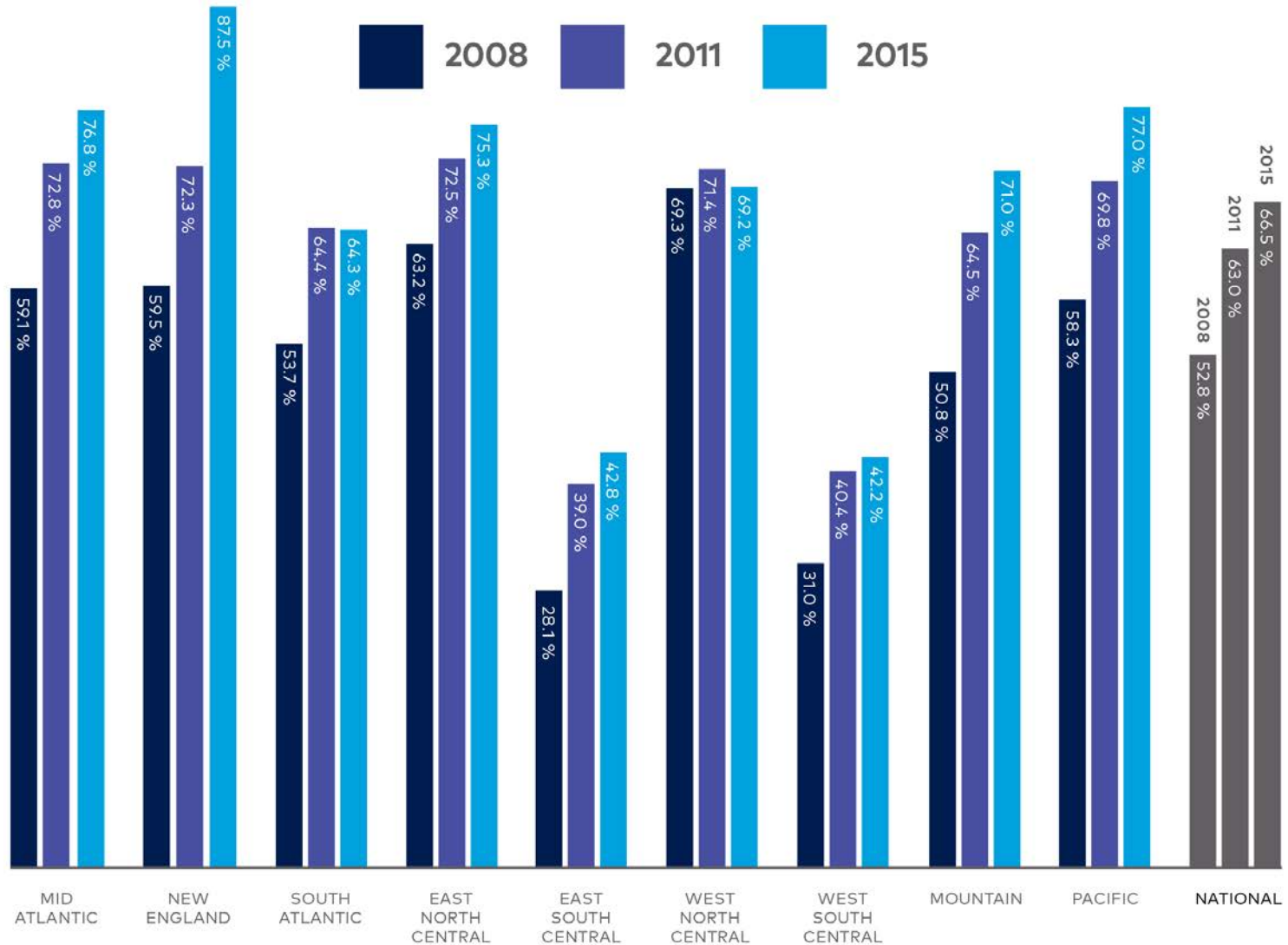
capc Center for
Advancing
Palliative Care

NATIONAL
PALLIATIVE
CARE
RESEARCH CENTER

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
Florida
Georgia
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming

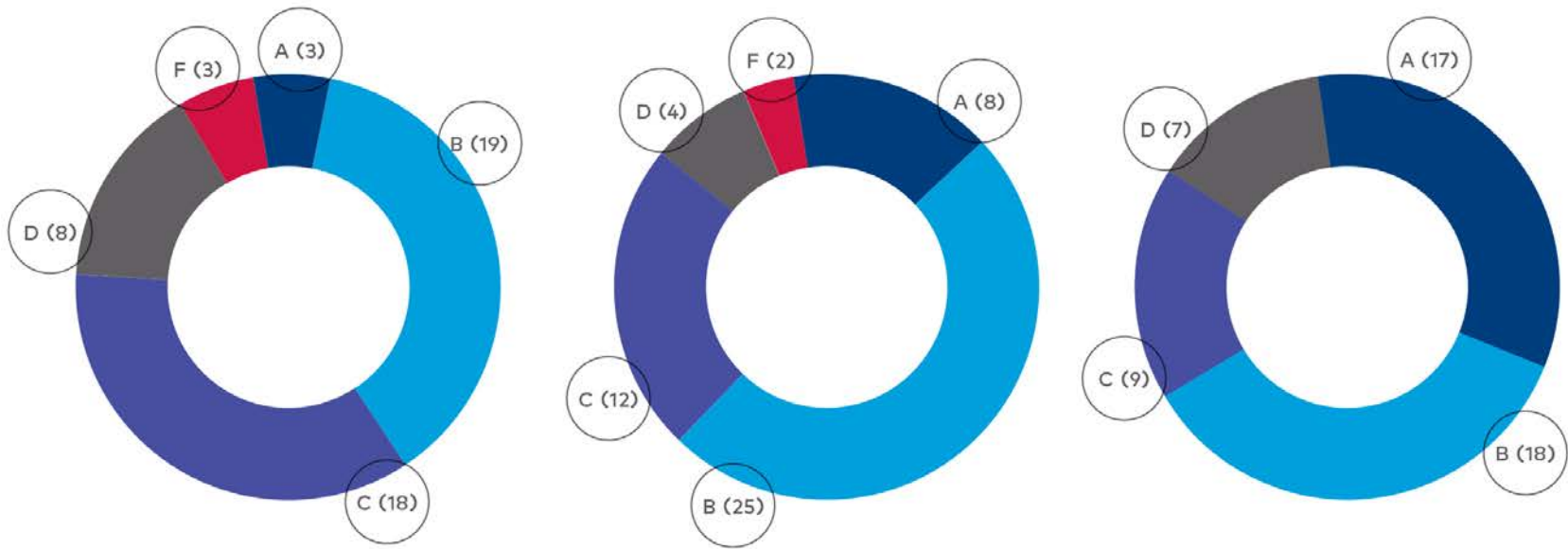
Graph B. Percent of hospitals with a palliative care program by census region (2008, 2011, 2015)

Most regions continue to see growth in palliative care programs.



Graph A. Distribution of state grades (2008, 2011, 2015)

Two-thirds of states have a grade of A or B in 2015.



CAPC. America's Care of Serious Illness

[FOR PATIENTS](#)[TREATMENTS & SERVICES](#)[LOCATIONS & TEAM](#)[DISEASE & DRUG INFORMATION](#)[CLINICAL TRIALS & RESEARCH](#)[FOR MEDICAL PROFESSIONALS](#)[PRACTICE BLOG](#)[Home](#) > [Locations & Team](#) > [Physicians](#) > **Loren Friedman, M.D., F.A.A.H.P.M.**

Locations & Team

[Search Locations/Physicians](#)[View All Locations](#)[View All Physicians](#)[View all Nurse Practitioners and Physician Assistants](#)

Search



Specialties

Palliative Medicine

Primary Location

8503 Arlington Blvd., Suite 400

Fairfax, VA 22031

Loren Friedman, M.D., F.A.A.H.P.M.

Board Certification

Hospice and Palliative Medicine

Residency

Saint Francis Hospital at University of Connecticut

Medical School

Albert Einstein College of Medicine

College

Brown University

Biography

Dr. Friedman's increased interest in Palliative Medicine began early in his career when, while working as a family physician, he began to address the unique needs of patients coping with cancer diagnoses. Subsequently, he further developed his skills in pain and symptom management. In 2004, he founded the

Topic Details

**Sign up for
News and Alerts**

Sign up here



Topic Library Item

New Community-Based Palliative Care Certification Option for Home Health & Hospice Launches July 1, 2016. Standards Available Now!

June 1, 2016

Community-Based Palliative Care (CBPC) Certification will recognize home health and hospice organizations that provide top caliber, community-based palliative care to patients and families in their home (primary place of residence). Surveys will begin on July 1, 2016. Certification is awarded for a three-year period.

Currently accredited providers can add the certification option at their upcoming resurvey or intracycle. Providers not yet accredited can pursue certification at the time of their initial accreditation survey.

To be eligible, home health or hospice providers need to have:

- Delivered CBPC services to patient's in the home (defined as their primary place of residence)
- Served 5 palliative care patients in their home anytime within the previous twelve months
- Have 3 patients actively receiving palliative care services at the time of their on-site survey
- Provide CBPC services 24/7, with on-call services as needed.
- Use clinical practice guidelines to deliver care

Examples of organizations ineligible for CBPC certification:

- An organization licensed as a Skilled Nursing Facility or Assisted Living Facility which provides Community Based Palliative Care services.
- A Community Based Palliative Care Clinic whereas the Clinic is the primary location of service

Misconceptions of Palliative Care



Barriers to Palliative Care

Misconceptions of palliative care

Most palliative care is delivered to inpatients in an acute care hospital

Availability of trained palliative care professionals

Reimbursement / funding costs

Criteria for a Palliative Care Assessment at the Time of Admission

A potentially life limiting or life threatening condition and..

Primary Criteria

- The “surprise question”

- Frequent admissions

- Admission prompted by difficult to control physical / psychological symptoms

- Complex care requirements

- Decline in function, feeding intolerance, unintended decline in weight

Secondary Criteria

- Admission from LTCF

- Elderly patient, cognitively impaired with acute hip fracture

- Metastatic or locally advanced incurable cancer

- Chronic home oxygen use

- Out of hospital cardiac arrest

- Current or past hospice program enrollee

- Limited social support

- No history of completing an advance care planning discussion/ document

Weissman DE and Meier DE. Identifying patients in need of a palliative care assessment in the hospital setting. J Pall Med 2011; 14: 1-7.

Criteria for Palliative Care Assessment During Each Hospital Day

A potentially life limiting or life threatening condition and...

Primary Criteria

The “surprise question”

Difficult to control physical or psychological symptoms

ICU LOS ≥ 7 days

Lack of goals of care clarity and documentation

Disagreements or uncertainty among the patient, staff and/ or family concerning...

Secondary Criteria

Awaiting or deemed ineligible for solid organ transplantation

Patient/ family/ surrogate emotional, spiritual, relational distress

Patient / family/ surrogate request for palliative care/ hospice

Patient is considered a potential candidate for - feeding tube placement, tracheostomy, initiation of renal replacement therapy, ethics concerns, LVAD, AICD, LTAC, bone marrow transplantation

Weissman DE and Meier DE. Identifying patients in need of a palliative care assessment in the hospital setting. J Pall Med 2011; 14: 1-7.

Palliative care consultations improve outcomes

524 family members of VA patients

Overall satisfaction was superior in the palliative care group.

Palliative care superior for:

- emotional/ spiritual support

- information/communication

- care at time of death

- access to services in community

- wellbeing / dignity

- care & setting concordant with patient preference

- pain

Earlier consultations were associated with better overall scores

Caserett D et al. Do palliative care consultations improve patient outcomes? J Am Geriatr Soc 2008; 56:593-599.

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.

Early Palliative Care for Patients with NSCLC

151 patients randomized to palliative care after diagnosis vs. standard care

In the palliative care group

Clinically significant improvements in mood and quality of life

Lower rates of aggressive treatment in the final weeks

Significantly longer survival (median survival 11.6 vs 8.9 months; $p = 0.02$)

Temple JS et al. Early palliative care for patients with metastatic non-small-cell lung cancer. N Engl J Med 2010;363:733-42.

Timing of Palliative Care Consultations & Costs

922 patients with cancer

- 32.2% had palliative care referrals

- 10.1% had early referrals / 22.1 % late referrals

Early palliative care patients

- lower rates of inpatient, ICU and ED utilization in the last month of life

- lower direct costs of inpatient care in the last 6 months of life

Early palliative care predominantly delivered in the outpatient setting

Scibetta C et al. The costs of waiting: implications of the timing of palliative care consultation among a cohort of decedents at a comprehensive cancer center. J Palliate Med 2016; 19: 69-75.

Palliative Care Screening Talking Points

Dr. _____

➤ Your patient _____ was screened to assess

their palliative care needs.

- He/she was identified as possibly benefiting from palliative care interventions. These may include a family meeting to discuss goals of care or advanced care planning, or a change in symptom management strategies.
- If desired a palliative care consult may also assist you in meeting these needs.
- The selection of two or more triggers indicates that your patient has screened positive and may benefit from a palliative care intervention or consultation.
- To obtain a Palliative Care consult, please contact the palliative care physician of your choice. If you have any questions regarding this screen, or would like assistance with this patient, please contact the unit case manager or social worker.

I


Sincerely,

Case Management Team



"This is Atul Gawande's most powerful, and moving, book!"
Malcolm Gladwell

ATUL GAWANDE



BEING MORTAL

Illness, Medicine,
and What Matters
in the End

FOREWORD BY ABRAHAM VERGHESE

WHEN BREATH BECOMES



air

PAUL KALANITHI



the conversation project

Integrating Palliative Care into Oncology



Case Study

Questions & Contact Info

cell: 202 579 5042

email: NKontakos@soundphysicians.com