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An Overview of Palliative Care

PPS Webinar

May 10th, 2016

Earl L Smith, MD, PhD

Director of the Ambulatory Care
Network Palliative Care Service

Objectives

- Overview of DSRIP Palliative Care Project
- What is Palliative Care?
- The Goals and Value of Palliative Care
- When to Consider Palliative Care
- How Generalist Clinicians Can Provide Palliative Care
- How Palliative Care Differs from Other Disciplines
- Sample Case Study

DSRIP Palliative Care Overview

Project Goals:

1. Enhance generalist-level Palliative Care as Standard of Care in the
 1. Ambulatory Care Network (ACN),
 2. Associates in Internal Medicine (AIM), and
 3. community-based practices.
2. Develop a new capacity to provide specialized Palliative Care services by expert team in the ACN.
3. Model of care to include care management oversight and collaboration with external providers.
4. Enhancing Information Systems enabled support.

NYP Vision of Palliative Care

- Specialized medical care for those facing advanced illnesses
 - Not just for “End of Life Care”
- To provide relief from the symptoms, pain and stress of serious illnesses
- To improve quality of life for both the patient and the family
- Specialized multidisciplinary team provides an extra layer of support
- Is provided along with disease-modifying treatments

– *The Center for Advanced Palliative Care (CAPC)*



Palliative Care Team for DSRIP

A Multidisciplinary Team Model

■ Clinical Services:

- ❖ Physician
- ❖ Nurse Practitioner
- ❖ Social Worker
- ❖ RN Care Manager

■ Administrative Leadership and Support

- ❖ Physician Director of NYP/CU Adult Palliative Care Services
- ❖ Program Manager for NYP Palliative Care Services
- ❖ Physician Director of NYP/ACN Adult Palliative Care Services
- ❖ Project Manager for DSRIP Palliative Care
- ❖ Program Assistant for DSRIP Palliative Care

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What is Palliative Care?

Palliative Care Facts

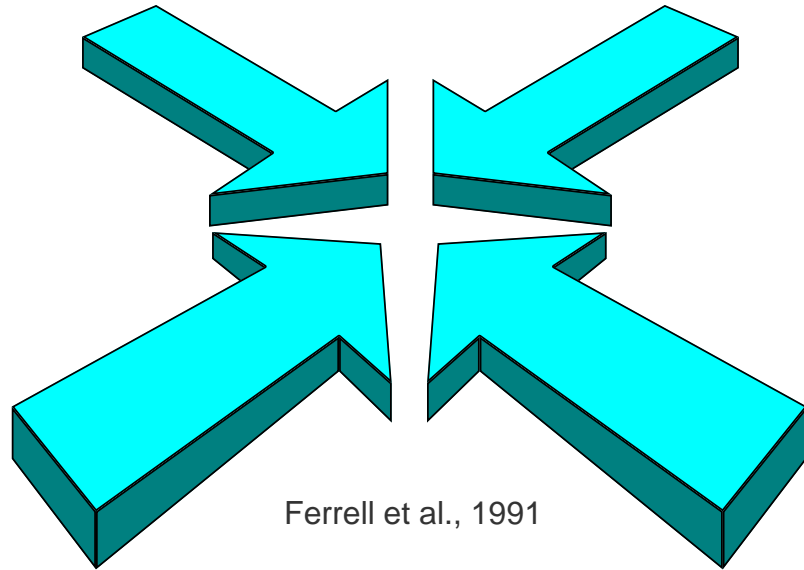
- Studies have shown 7 in 10 Americans are “not at all knowledgeable” about palliative care.
- Palliative care helps to provide the best possible quality of life for patients and their families.
- Palliative care provides an extra layer of support for families and patients with serious illness.
- Palliative care is appropriate at any age and at any stage of a serious illness and can be provided along with curative treatment.
- Helps with pain, symptoms, and stress of serious illness.
- A partnership of patient, medical specialists, and family.

Defining Palliative Care

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

Quality of Life Model

- Physical Well-Being
- Psychological Well-Being
- Social Well-Being
- Spiritual Well-Being



Role of the Palliative Care Team

- Pain and symptom management
- Psychosocial support
- Spiritual support
- Discussions about diagnosis, prognosis, and goals of care
- Facilitate communication and right to self determination



Role of the Palliative Care Team

Assistance with decision making around:

- Life sustaining treatments
- DNR/DNI
- Withdrawal or withholding of treatments
- Artificial Nutrition and Hydration
- Continuation of specific treatment (s)
- Hospice

Role Of The Palliative Care Team

- Provide palliative care-related education to members of the PPS.
- Participate in clinic case conferences as requested.
- Work together with PPS collaborators.
- Participate in ethics committee as requested.

Advance Care Planning

- It is important for patients to plan for their future medical care and make their own medical decisions.
- Advance care planning is an ongoing process that opens communication between patients, providers, family members and loved ones.
- Advance care planning can take steps to ensure that health care providers and loved ones know the patient's personal wishes about goals related to illness.
- Palliative care can help with clarifying advance directives and educating patients and families about end-of-life choices.

SEND FORM WITH PATIENT RESIDENT WHENEVER TRANSFERRED OR DISCHARGED

"Substitution" Documentation Form for ADULTS
For the MOLAT Program
Medical Orders for Life-Sustaining Treatment
(The New York State MOLAT Program)
and
Other Life-Sustaining Treatments (LST)

Section 1: Adult Patient Information: Which Lack Capacity to Consent

Section 2: Physician Determination of Lack of Capacity

Section 3: Physician Determination of Lack of Ability for Cardiopulmonary Resuscitation

SECTION 1

SECTION 2

SECTION 3

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The Value of Palliative Care

The Value of Palliative Care

- To enhance symptom management
- To reduce frequent hospitalizations and/or emergency room visits
- To relieve psychosocial and spiritual suffering
- To educate patients and families regarding disease progression
- To educate primary care providers who treat complex patients
- To help with Goals of Care and Advance Directives
- To assist with transitions to end of life care

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When to Consider Palliative Care?

When To Consider Palliative Care

- A potentially life-limiting illness
- Frequent hospitalizations and/or emergency rooms visit
- Admission prompted by difficult-to-control physical or psychological symptoms
- Complex care requirements
- Lack of Goals of Care in person with advanced disease

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How Generalist Clinicians Can Provide Palliative Care

Generalist Palliative Care

- Generalist Physicians are critical to the ongoing care of seriously ill patients.
- They are usually the person most trusted by the patient and often have longstanding relationships dating back to before the patient was diagnosed.
- Changes in care is a dynamic process as the patient's condition evolves.

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How Palliative Care Differs from Other Disciplines

How Palliative Care Differs from Other Disciplines

- While many specialties focus on patients who are facing serious and progressive illness, palliative care's main focus is on the comprehensive treatment of pain, symptoms and psychosocial stress related with life-limiting illness.
- Palliative care works in tandem with a patient's primary treatment in order to ease physical, emotional and spiritual suffering as well as to improve quality of life.
- Palliative care providers check in with patients and families on how they view and understand their illness as it progresses
- Palliative care helps with advance directives.

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Palliative Care Case Study

Case Study

- Patient was referred by primary care provider (PCP) who has been treating patient for years.
 - difficulty managing patient's symptoms which have been intensifying.
- Case was presented and referred directly to the Palliative Care RN Care Manager
 - contacted and engaged the patient's home health aide by phone in order to educate about and offer palliative care services to patient.
- Patient agreed to be seen and the next available appointment was scheduled.
- The palliative care nurse practitioner and social worker saw the patient and her home health attendant jointly.
 - focus on both medical and psychosocial needs.

Presentation of Patient

- 76 year-old widowed Hispanic female with a diagnosis of pulmonary fibrosis who is oxygen dependent.
 - multiple hospitalizations within the past year
 - chest pain, dyspnea with all movement and at rest
 - decreased appetite and insomnia
 - denied depression although history of depression & anxiety has been documented
- Social History: home health aide (HHA) 6 hours per day, seven days a week
 - two children, both of which she has limited contact with
 - She has few friends and is isolated; identifies as a Jehovah's Witness and receives weekly visits from her religious community.
- Frail: she fears that she can no longer make primary care visits and wishes to be seen at home.
 - resides in a three-floor walk up, oxygen dependent, lacks a support system.
- A complete physical exam was conducted on the patient.

Social History

Languages spoken:	Spanish
Married/Significant other:	Widowed
Children:	2
Friends/Relatives:	2 adult children, limited contact, few friends
Occupation:	Retired
Hobbies:	Soap operas, movies
Tobacco:	History of smoking
Religious affiliation:	Jehovah's Witness
Other pertinent information:	Patient is not aware of seriousness of illness but wants medical care at home. Patient does not currently have advance directives but wants her daughter included in major medical decisions.

Medical Plan

Pain:

Short acting Morphine
7.5mg - 1/2 tab of 15mg q4h as needed
For shortness of breath and pain

Insomnia:

Mirtazapine 7.5mg at night
(also helps with appetite)

Constipation :

Senna 2 tablets daily

Goals of Care and Advance Care Planning

Goals of Care:

Patient discussed her wishes to continue any medical intervention at home. No longer wants to leave her home due to extreme oxygen requirements and fatigue.

Advance Care Planning:

Patient gave permission to speak with daughter in regards to care, may be hospice eligible. Would like to keep current HHA as patient already has an established rapport. Patient may also be eligible for home visiting health care team.

Patient Education and Continuity:

Patient given written instructions for new regime in Spanish and patient able to give accurate feedback on plan. Given phone number to reach the Palliative team. All changes discussed with the PCP.

Additional Information

- Three days after initial palliative care team meeting with patient, admitted to hospital with worsening dyspnea.
- Palliative care team notified primary care team. The provider requested that the palliative care team outreach the Allen Pavilion to review discharge plan. Both nurse practitioner and social worker discussed Hospice with patient and family.



Patient Outcome

- After hospitalization, patient returned home with a plan to see pulmonologist to start on new medication for fibrosis.
- Primary care team consulted with Palliative care team about patient's ongoing care after the patient's continued request to be seen at home due to increased oxygen requirements.
- Patient was referred to hospice.



Final Thoughts...

- Quality palliative care addresses quality-of-life concerns
- Increased health care provider knowledge is essential
- Importance of multidisciplinary approach to care

Questions or Comments?

Thank You

Earl L Smith MD, PhD els9032@nyp.org

Margaret Nolan, DNP man9062@nyp.org

Cristina Ramirez-Urquiola, LCSW cmr9019@nyp.org

Maria Becerra, RN mab9356@nyp.org

646-317-5523