

# The Michigan Primary Care Transformation (MiPCT) Project

## Palliative Care Introduction Part I February 26, 2014



# Definition

**Patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering.**

**Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, and spiritual needs to facilitate patient autonomy, access to information, and choice.**

**\* Per Medicare & Medicaid (CMS) and National Quality Forum (NQF)**

# Identifying Patients Who May Benefit From Palliative Care (palliative care)

- All ages and diagnostic categories
- Living with a persistent or recurring condition that adversely affects their daily functioning
- Or will predictably reduce life expectancy

# Examples of Conditions

- **Congenital injuries or conditions leading to dependence on life-sustaining treatments or long-term care**
- **Progressive chronic conditions (CHF, COPD, renal failure, stroke with severe impairment)**
- **Chronic and life-limiting injuries from accidents**
- **Dementia**
- **Disabling stroke**

# Clinical Highlights

- Planning for palliative care should begin **early** in a patient journey of serious illness and **continue** through cure or death
- Systematic review of palliative care needs (see Domains of Care)
- Controlling symptoms to maximize patient comfort is a key focus in palliative care
- Addressing non physical areas of suffering that impact the patient (cultural, social, spiritual, financial)
- Engaging patients in decisions about their care
- Setting realistic goals and realistic hope are essential
  - <https://www.icsi.org/asset/k056ab/PalliativeCare.pdf>

# Core Elements of Palliative Care

- Patient Population – all ages
- Patient and family-centered care – uniqueness of each patient is considered
- Timing – ideally at time of diagnosis
- Comprehensive Care – multi dimensional assessment
- Interdisciplinary team- range of appropriate professionals
- Attention to relief of suffering- including pain and other symptoms

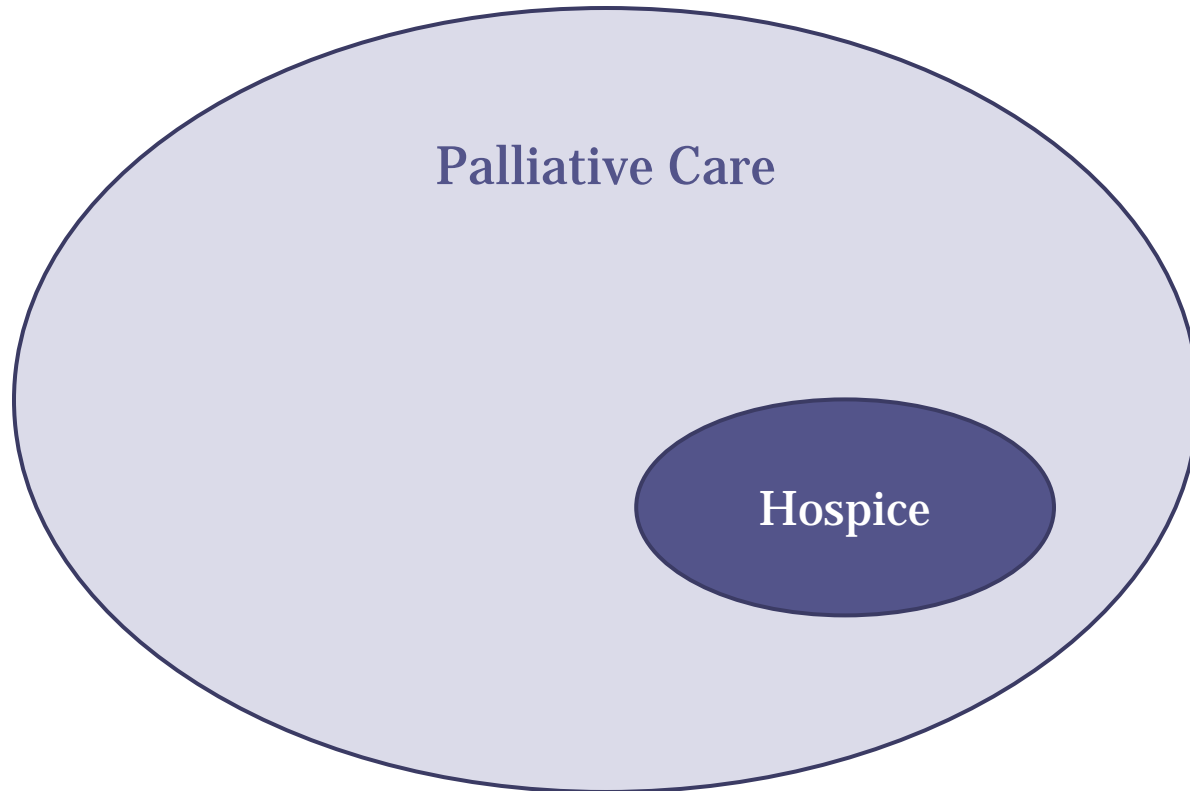
# Core Elements of Palliative Care cont.

- **Communication Skills – appropriate and effective sharing of information**
- **Skill in care of dying and bereaved**
- **Continuity of Care Across Settings – collaboration**
- **Equitable Access- all diagnosis and ages**
- **Addressing Regulatory Barriers- positive regulatory pain management**
- **Quality Improvement- regular and systematic review of processes**
  - <http://www.nationalconsensusproject.org/guideline.pdf>

# Palliative Care's Place in the Course of Illness







**All hospice is palliative care, but not all palliative care is hospice**

[https://www.icsi.org/\\_asset/k056ab/PalliativeCare.pdf](https://www.icsi.org/_asset/k056ab/PalliativeCare.pdf)

# Clinical Practice Guidelines for Quality Palliative Care

- **Mission of the National Consensus Project (NCP) for Quality Palliative Care was to establish clinical practice guidelines applicable across settings**
  - **First release 2004, third edition released in 2013**
  - **Encourage continuity and collaboration across settings since there is shared responsibilities**
  - **Serves as a manual or blueprint to create programs**
  - [http://www.hpna.org/multimedia/NCP\\_Clinical\\_Practice\\_Guidelines\\_3rd\\_Edition.pdf](http://www.hpna.org/multimedia/NCP_Clinical_Practice_Guidelines_3rd_Edition.pdf)

# The NCP Guidelines continued

- **Intended to serve as a comprehensive description of high quality palliative care**
- **Also provides a resource for clinicians addressing palliative care of patients and family in the primary care setting**

# Domains of the Clinical Practice Guidelines

Domain 1- Structure and Processes of Care

Domain 2 -Physical Aspects of Care

Domain 3- Psychological and Psychiatric Aspects

Domain 4-Social Aspects of Care

Domain 5- Spiritual, Religious and Existential Aspect of care

Domain 6 – Cultural Aspects of Care

Domain 7 – Care of Patient at the End of Life

Domain 8 – Ethical and Legal Aspects of Care

# Palliative Care Delivery

- **Goals are effective management of pain and other symptoms while**
  - Incorporating psychosocial and spiritual needs
  - Consideration of patient/family preferences, values, beliefs and culture
  - Evaluation and treatment should be comprehensive and patient-centered

# Key Consideration for a Palliative Discussion

<http://www.guideline.gov/content.aspx?id=36058>

# A

## ABCDE of Palliative Care Discussion

### **Advance Preparation:**

- **Review medical information**
- **Mentally rehearse the way you wish to present the information and options**
- **Customize your approach to the patient based on what they know and how they wish to receive information**
- **Private location free of interruptions**

# B

## Build a Therapeutic Relationship

- Try to find out how and what the patient and family understands
- How do they prefer to receive information (gently, bluntly)
- How much do they want to know at this time
  - “If this condition is serious, how much would you like to know”
- Have family/friends present per the patient’s preference



# C

## Communicate Well

- Adapt communication to the personal preference of the patient and family
- Don't rush the process, allow time for questions, allow time to react to the conversation
- Repeat important points , write them down
  - Strong emotions may distract the patient from hearing the message
- Visual aids may enhance important points

# Examples of Questions that Could be Used

- “Some people want to know everything about their medical conditions, others do not. What is your preference?”
- “Do you prefer to make decisions about your care or would you prefer someone else make those decisions?”
- “What do you fear about this sickness?”
- “What kind of treatment do you prefer to receive at this point?”

# D

## Deal with Patient and Family Reaction

- **Be sensitive to emotional reactions**
- **Recognize that denial, blame, intellectualization, disbelief and acceptance may be present in varying degrees**
- **There may be anger about care received**

# E

## Encourage and Validate Emotions

- During the discussion periodically ask the patient and family how and what they are feeling
- Even though a cure may not be possible reassure the patient that they will be kept comfortable and symptom free as possible
- Reassure the patient that every effort to promote comfort, dignity and quality of life as defined by the patient

# Case Study Mr. K

- 75 y/o male with advanced CHF, COPD, Type 2 DM
  - has home O2, DM well controlled with insulin
  - rarely checks his BS or uses his O2
- Lives in a one story home with his 77 y/o wife who has moderate dementia
- The PCP has spoken with the son and advised him that his father's condition will continue to progress
- The PCP has concerns about Mr. K's decision not to monitor his BS and refusal to use O2
- The son reports Mr. K has decreased ability to care for his wife at home

## Case Study Mr. K Continued

- **Mr. K has stated to you, his CM, that he is not interested in testing his BS routinely or wearing his O2**
- **The PCP and you decide to speak with Mr. K about his treatment desires**
- **Using the ABCDEs of palliative conversation, how would you initiate the discussion?**

# Case Study Mr. K Continued

- Advance Preparation -Prior to the meeting you review the medical record
- Therapeutic Relationship – Who should be present at the meeting with Mr. K?
- Communication – Adapting conversation to the preferences of the patient
  - “What do you fear about your illness?”
  - “What do you prefer for treatment?”

# Case Study Mr. K Continued

- Deal with patient and family reaction – recognize denial, blame, disbelief may be present
- Encourage and validate emotions – Even though a cure is not possible the symptoms can be treated and addressed



# Palliative Care Resources

- NCP – Clinical Practice Guidelines for Quality Palliative Care, 2013
  - Third Edition, references for each of the Eight Domains and implementation of the domains
  - [http://www.hpna.org/multimedia/NCP\\_Clinical\\_Practice\\_Guidelines\\_3rd\\_Edition.pdf](http://www.hpna.org/multimedia/NCP_Clinical_Practice_Guidelines_3rd_Edition.pdf)
- NCP – Clinical Practice Guidelines for Quality Palliative Care, second edition, 2009
  - <http://www.nationalconsensusproject.org/guideline.pdf>
- ICSI –Health Care Guideline, Palliative Care for Adults, 2013
  - Provides a framework for evaluation and treatment of patients
  - [https://www.icsi.org/\\_asset/k056ab/PalliativeCare.pdf](https://www.icsi.org/_asset/k056ab/PalliativeCare.pdf)

# Palliative Care Resources

## National Guideline Clearinghouse

- <http://www.guideline.gov/content.aspx?id=36058>

## Get Palliative Care Provider Directory

- <http://www.getpalliativecare.org/providers/mi/>

## National Hospice and Palliative Organization

- <https://netforum.nhpco.org/eWeb/DynamicPage.aspx?Site=NHPCO&WebKey=a9338cdd-546a-42f5-9061-6b91dbdb31da>

# In Summary

- **Palliative Care is very diverse and spans many scenarios**
- **Collaboration and communication is a key component of quality palliative care**