



University of Colorado
Anschutz Medical Campus

Palliative Care: What, Who, and Why?

UW ECHO in Geriatrics

Palliative Care: What, Who, and Why?

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Learning Objectives

1. Introduce palliative care
2. Review palliative care screening approaches
2. Identify ways to ask about patients' values and discuss advance care planning
3. Describe interdisciplinary approaches to palliative care services

What is palliative care?

- ▶ Specialized medical care for people with **serious illness** and families.
- ▶ Focuses on **improving quality of life**
- ▶ An **interdisciplinary team** that works with patients, families, and others to provide **an added layer of support**
- ▶ Appropriate at **any age, any diagnosis, any stage** of serious illness, and provided **with disease treatments**



What is primary palliative care?

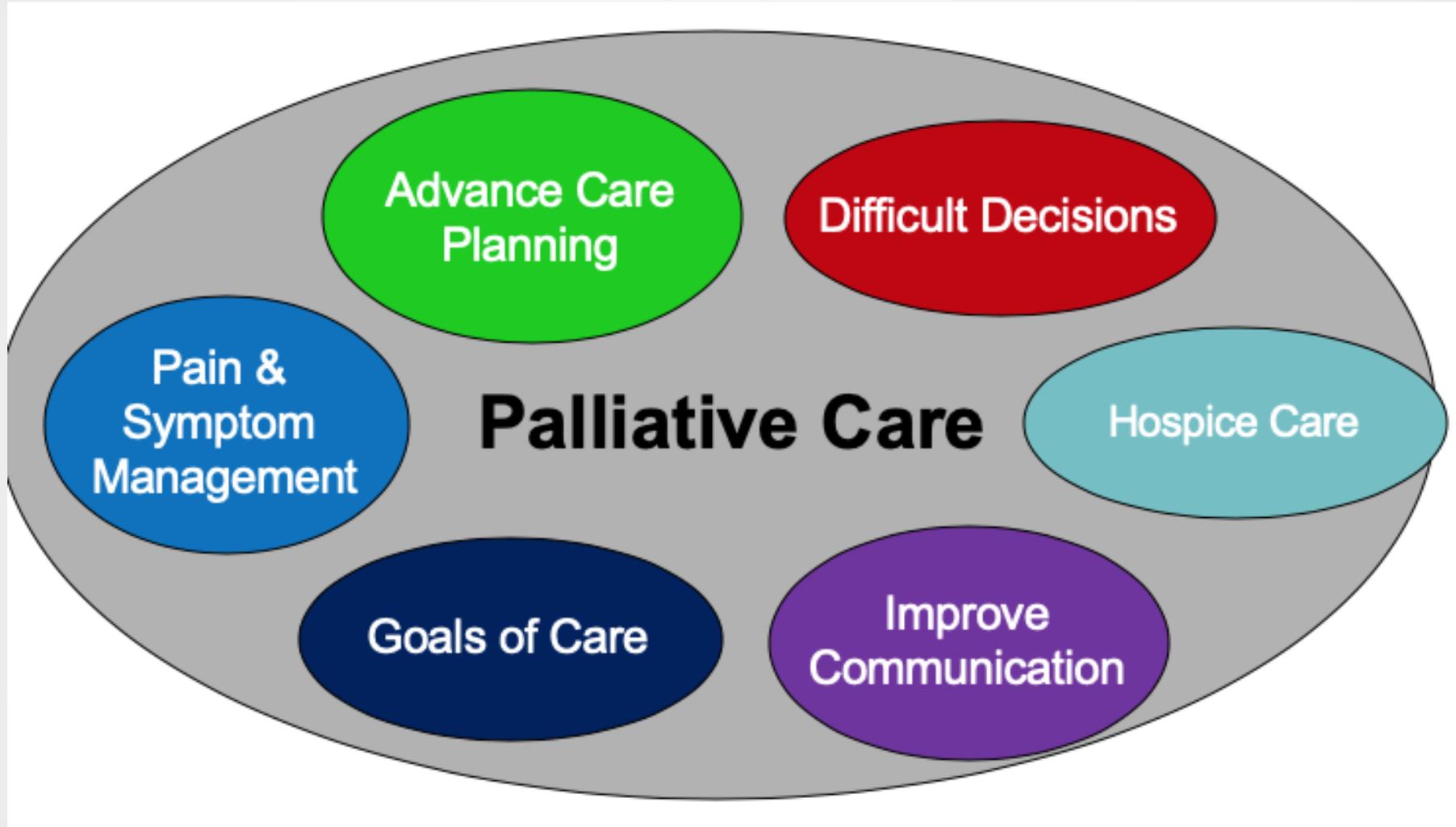
- ▶ Skills all health care providers can use to care for individuals with serious illness

Includes:

- ▶ Pain and symptom assessment
- ▶ Social and spiritual assessment
- ▶ Understanding of illness/prognosis and treatment options
- ▶ Identification of patient values and goals
- ▶ Assistance with care coordination



Parts of Palliative Care



Who can you provide palliative care to?

- ▶ Suffering, distress, uncontrolled symptoms
- ▶ Frequent hospitalizations or ED visits
- ▶ Progressive functional limitations
- ▶ Those who want information about future decision-making



Palliative Care is *Concurrent* with Disease-Directed Therapies



Palliative Care integrates with Primary Chronic Illness Care

- Assessing and managing symptoms that cause suffering
- Communicating with patients/families
 - Exploring values and identifying patient's goals for medical treatment
 - Helping patients assess risk, benefit, burdens
 - Advance care planning
- Creating care plans to meet those goals

How can you provide primary palliative care?

1. **Review palliative care screening approaches**
2. Ask about patients' values and discuss advance care planning
3. Refer to interdisciplinary services



1a. Screen for pain and other symptoms

- ▶ Are there distressing physical symptoms?
- ▶ Consider common symptoms: Pain, Tiredness, Nausea, Anorexia, Constipation, Dyspnea, Secretions, Insomnia, Confusion/Delirium

Consider impact on daily life

1. On a scale from 1 to 10, 10 being the most severe – how would you rate your symptom right now?
2. How much impact does the symptom have on daily life?
3. How bothersome is the symptom?



1b. Screen for distressing psychological symptoms

▶ Single screening questions:

- “Are you depressed?”
- “Do you feel anxious?”

1c. Perform a Spiritual Assessment

- “Is religion or spirituality important to you?”
- “Is there a group of people who are very important to you?”

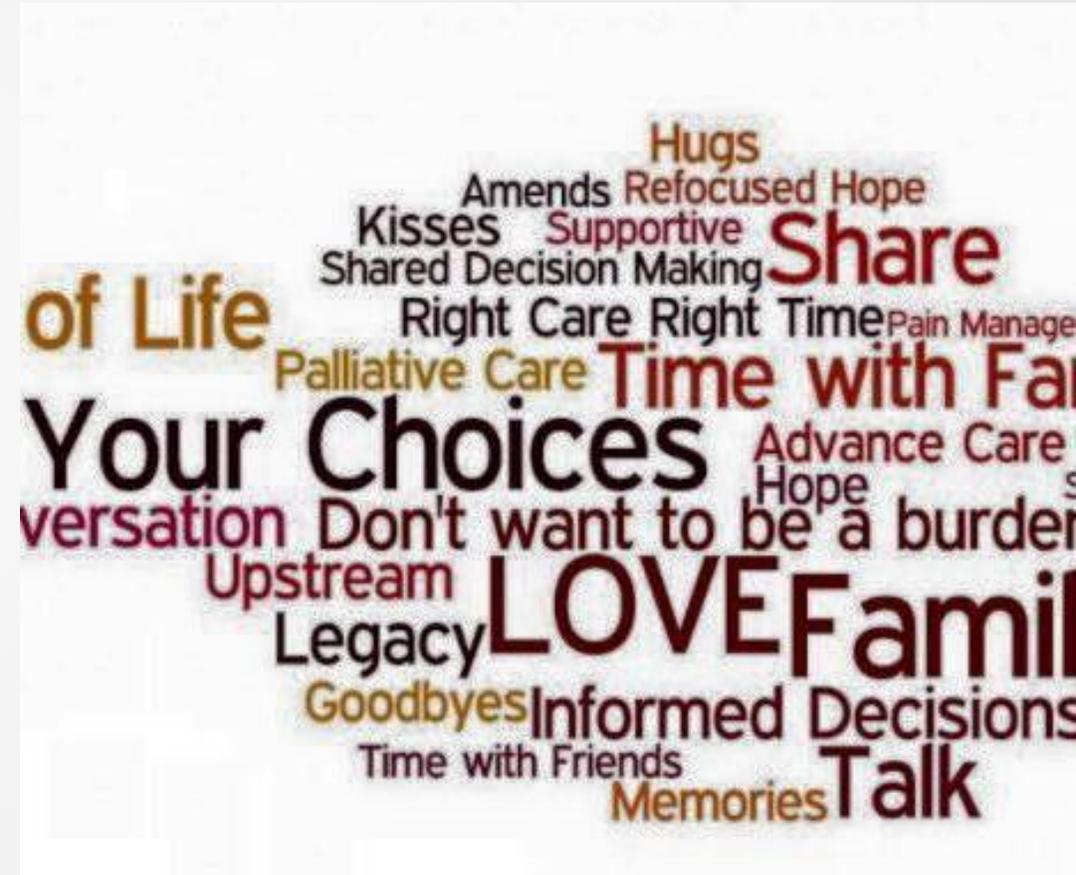
How can you provide primary palliative care?

1. Review palliative care screening approaches
2. **Ask about patients' values and discuss advance care planning**
3. Refer to interdisciplinary services



2. Ask about patients' values

- What is your sense of your illness?
- Have you been told the risks, benefits, burdens of your options?
- What matters if you get sicker?
- What is most important if your time is limited and you are near the end of your life?



2. Advance care planning

2b. Promote choice of surrogate decision maker and future planning discussions

- Who are the most important people to you?
- Who would you trust to speak for you if you are too sick to make your own decisions?



ACP Resources

- Have Advance Directive forms in clinic
- Refer to a social worker or other trained team member
- Use existing resources
(www.TheConversationProject.org)
- (www.prepareforyourcare.org)



Your Conversation Starter Kit

When it comes to end-of-life care, talking matters.



Institute for
Healthcare
Improvement

the conversation project



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2. Advance care planning

2c. Make **recommendations** for current care planning related to CPR, out-of-hospital orders [physician orders for life-sustaining treatment (POLST)]

Based on the patient's values:

- ▶ Counsel and make recommendations related to DNR, ICU level care, other care (i.e., hospitalization)
- ▶ Document in the medical record

How can you provide primary palliative care?

1. Review palliative care screening approaches
2. Ask about patients' values and discuss advance care planning
3. **Refer to interdisciplinary services**



3. Together is better – use your team!

- ▶ Social workers to assist with discussions and advance directive documents
- ▶ Nurses to follow up on symptom management
- ▶ Chaplains and other spiritual professionals
- ▶ Behavioral health providers
- ▶ Care manager
- ▶ Home health services:
 - Traditional home health (nurses, personal care aides, PT, OT)
 - Home palliative care
 - Home hospice



When is Hospice Right?



Curative therapy will not be beneficial and will not change the outcome



Focus of care is comfort and symptom management



Hospital-based care is no longer desired or beneficial



Life expectancy \leq 6 months

Prognostic uncertainty is common

- ▶ Consider hospice when:
 - You would not be surprised if the patient died in the next 6 months
 - Decline in performance status or function
 - Weight loss or anorexia
 - Any malignant effusion



When to refer for Specialty Palliative Care?

- ▶ Difficult-to-manage symptoms
- ▶ Complex family dynamics
- ▶ Challenging care decisions regarding the use of life-sustaining therapies



Palliative care can improve care in 3 domains:

1. Relieve physical and emotional suffering
2. Improve patient-physician communication and decision-making
3. Coordinate continuity of care across settings

What challenges do you face in providing primary palliative care to your patients?





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Discussion/Thank You

Case: Mr K

- 75-year-old man who moved to Colorado from the East Coast to be closer to family.
- Was doing well until diagnosed with pancreatic cancer.
 - Treated with chemotherapy, with terrible side effects, resulting in a hospitalization in the East.
- 1st encounter within 1 week of discharge from hospital and moving to Denver.
 - First meeting with patient, wife, daughter, son-in-law and granddaughter.
 - Primary concern: how he could feel better.
 - On multiple medications, very fatigued and weak.



Palliative care approach focuses on:

His understanding of illness and treatment so far:

- ▶ Symptoms
- ▶ Quality of life
- ▶ Sources of support (family and spiritual)
- ▶ Coping
- ▶ What's important to him? (goals of care)



His perspective

Parallel goals:

- to feel better, gain back function, have a better quality of life;
AND
- live as long as possible with the best quality of life possible

He did not want to pursue further pancreatic cancer treatment if it meant that he would feel as poorly as he currently felt.



Palliative Care Approach:

- Referred to pancreatic cancer specialists
 - to explore potential for additional treatments that would be better tolerated with hopes that pancreatic cancer progression could be slowed
- Adjusted medications to address symptoms
- Referred to community-based palliative care, which makes home visits
- Discussed advance directives, including medical durable power of attorney



12 months later:

- ▶ Tolerated chemotherapy well with shrinkage of tumor and improvement in tumor markers for ~ 10 months
- ▶ Big improvement in symptoms and quality of life
- ▶ By 12 months, finished radiation therapy, but now had some tumor growth

*Palliative care helped Mr. K to achieve his dual goals of having a **better quality of life while pursuing treatment for his pancreatic cancer**. He and his family are realistic about the future and prepared for the eventual worsening of his disease. They are enjoying this time together.*

