Palliative Oncology

Compassion Meets Expertise

Dr Joseph W McCollom DO

IOS Conference

08/11/23

Twitter: @realbowtiedoc

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Objectives

- Definition of Palliative Care (PC)
- Natural progression of serious illness
- Primary PC skills
- Value of PC in Oncology
- Research supporting palliative oncology
- Examples of palliative oncology models

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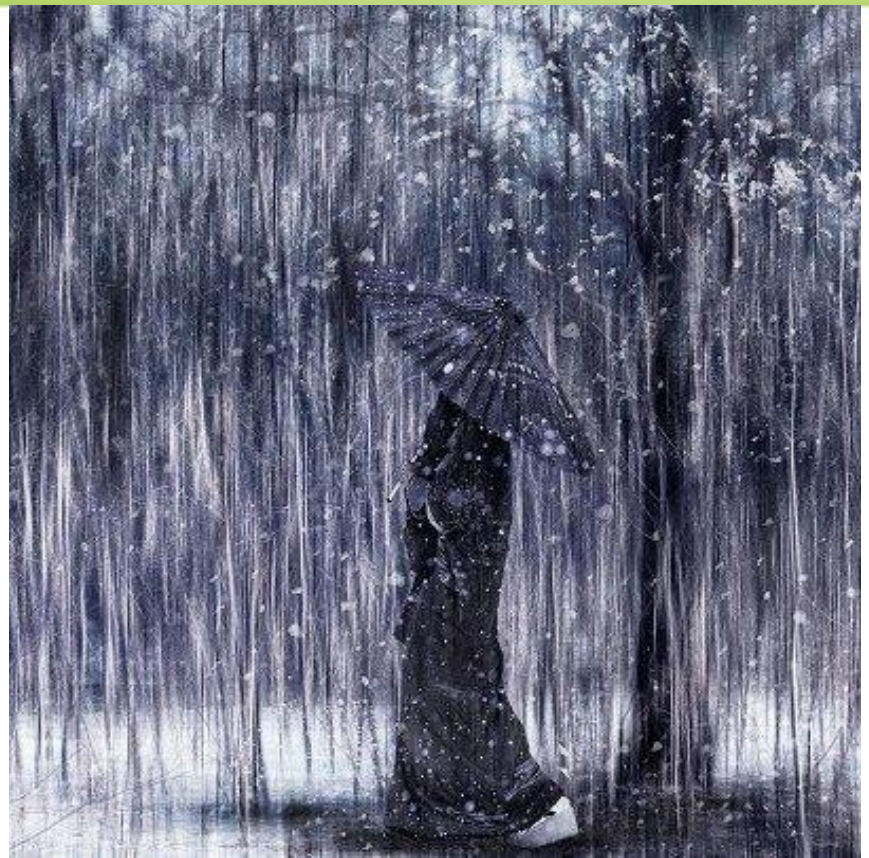
Disclosures

None



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Palliative Care (PC)

Defined Medical Specialty

Symptom Relief in Advancing Illness

Advanced Care Planning

Rapport Building/Goals of Care

Disease Coping

Psychosocial and Spiritual Distress Relief

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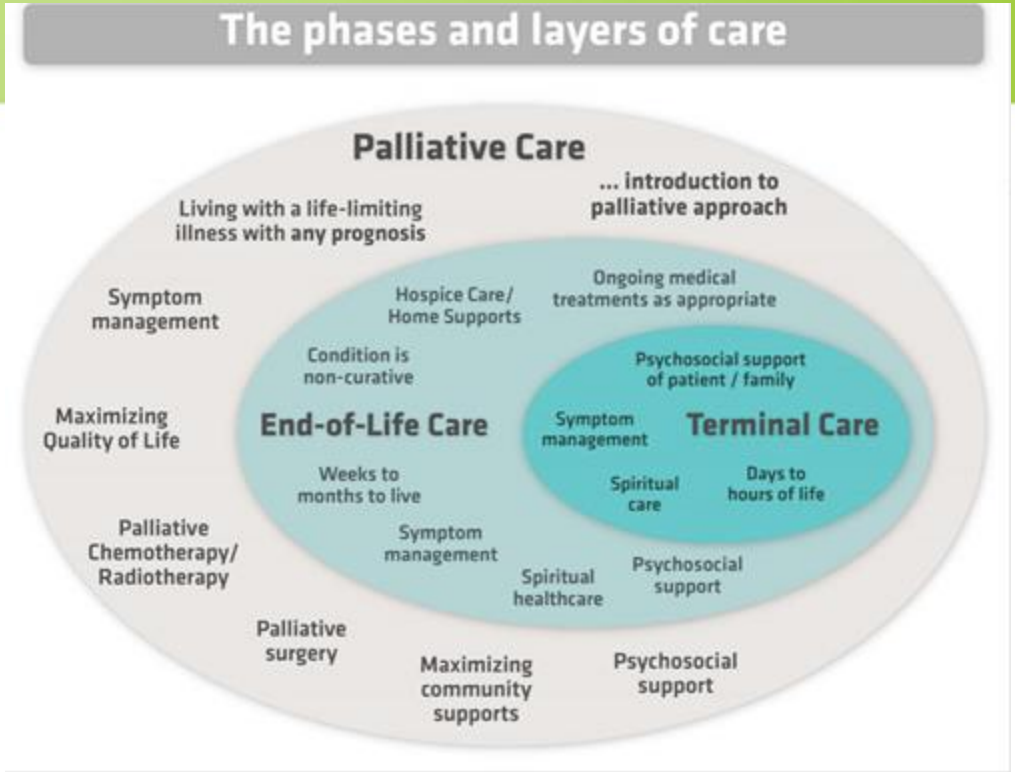
What PC isn't

Hospice

An adjective

Getting "the DNR"

Prognosticians



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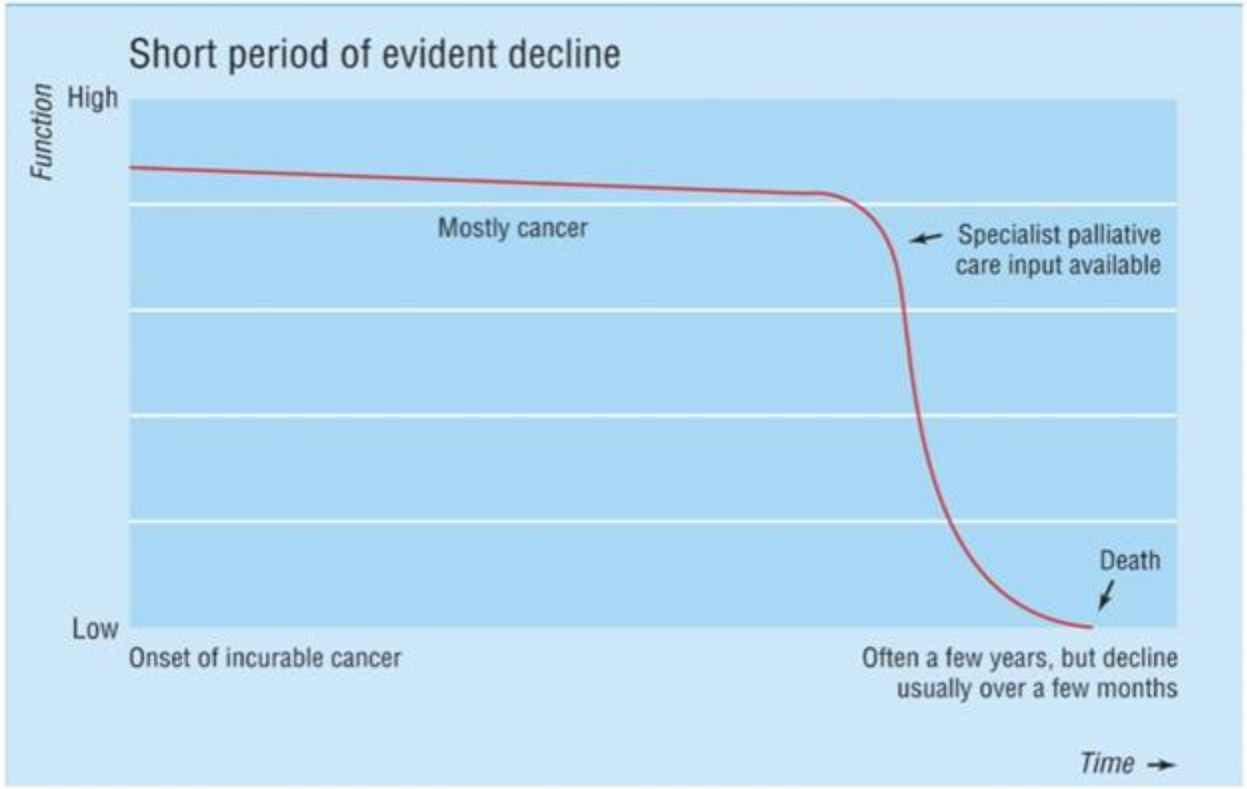
Natural Progression



Murray SA, Kendall M, Boyd K, Sheikh A. Illness trajectories and palliative care. BMJ. 2005;330(7498):1007-11.

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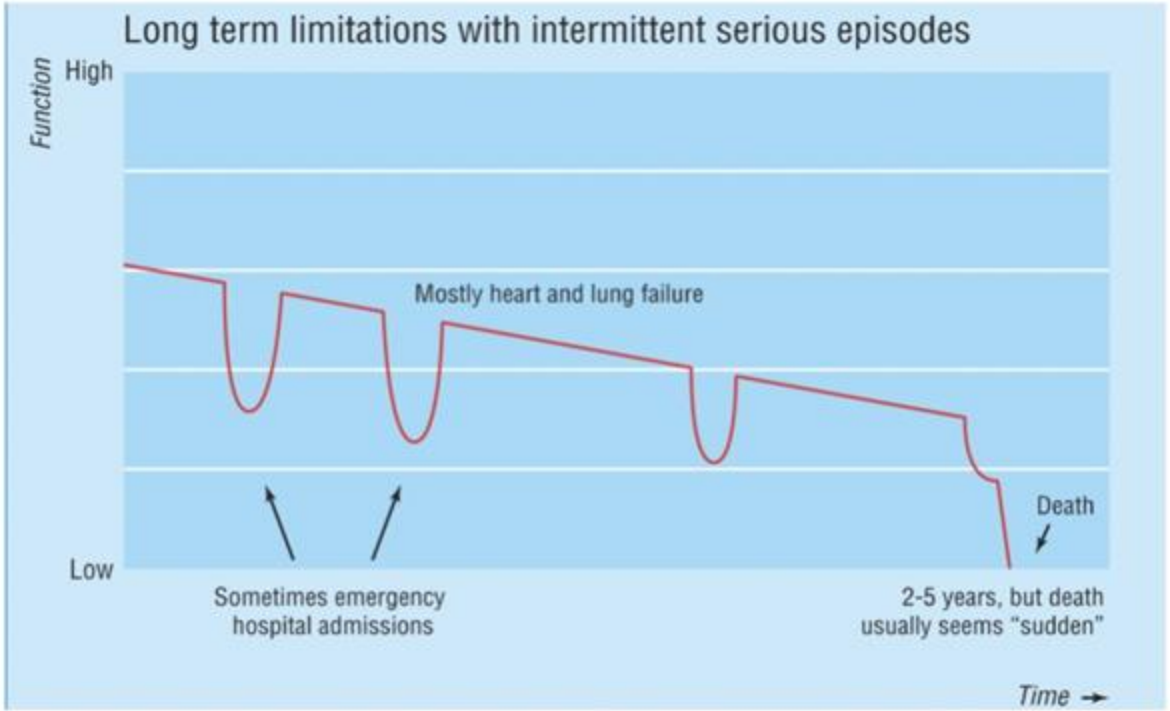
Natural Progression



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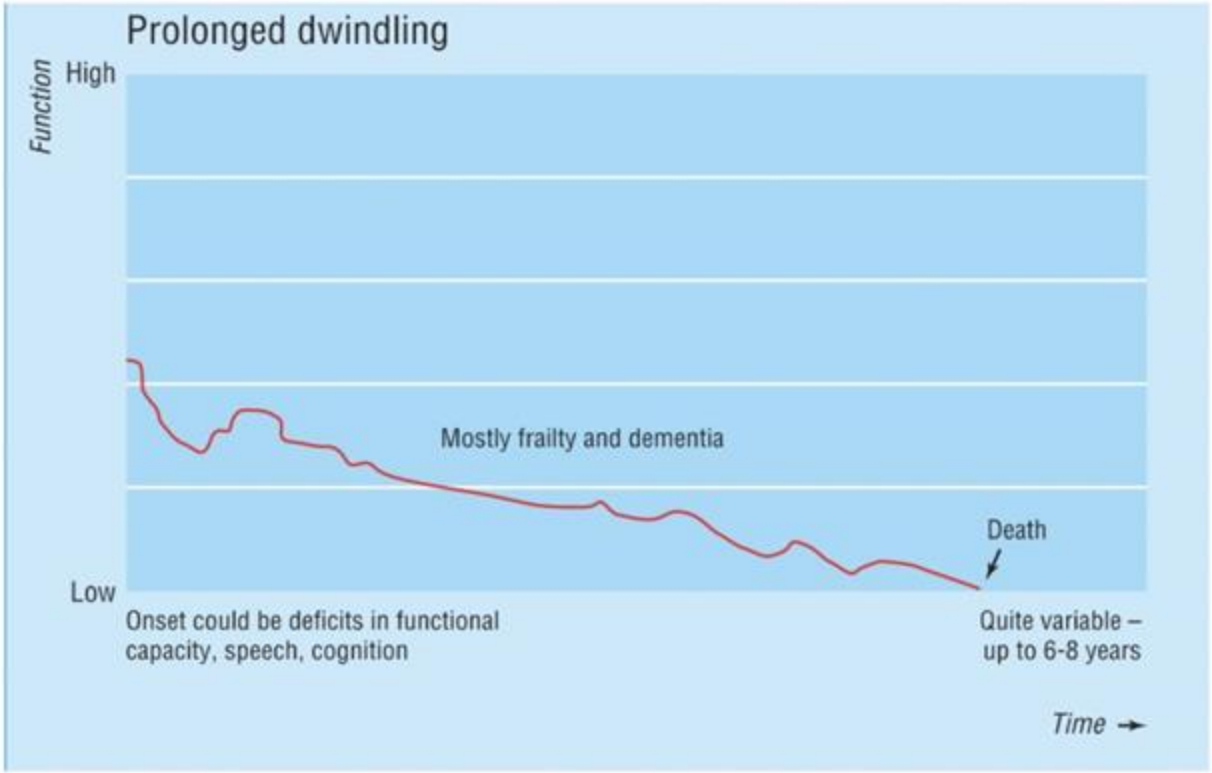
Natural Progression



Murray SA, Kendall M, Boyd K, Sheikh A. Illness trajectories and palliative care. BMJ. 2005;330(7498):1007-11.

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Pictorial Models of PC

https://www.slideshare.net/oooooottam/palliative-care-and-end-of-life-care

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Pictorial Models of PC

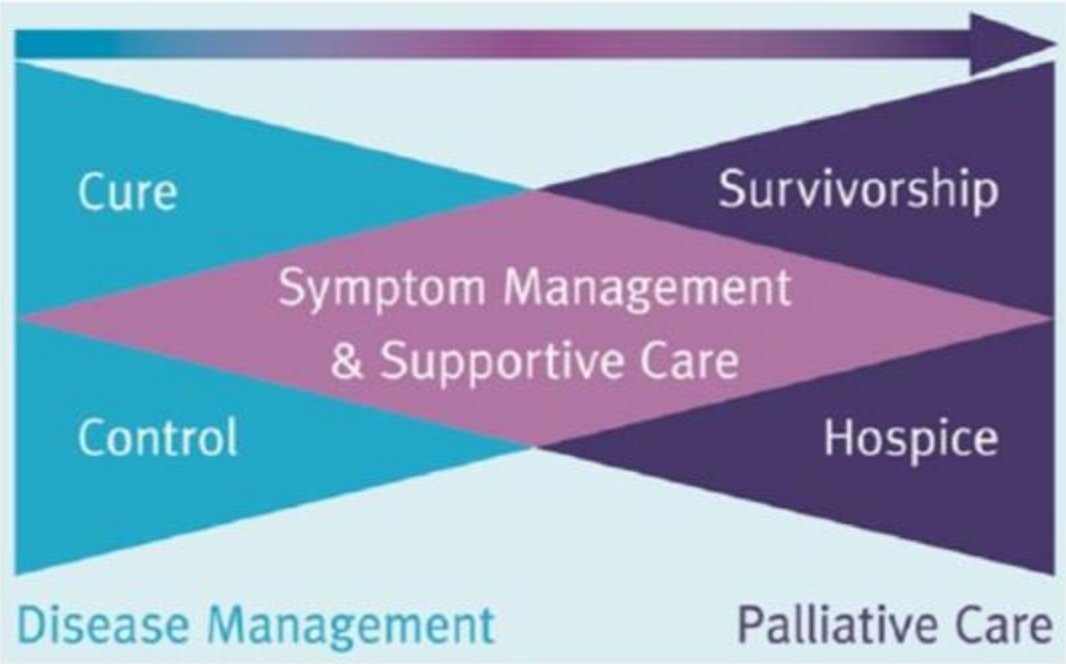

Figure 1. The bow tie model of 21st century palliative care.[19]

Hawley P. The bow tie model of 21st century palliative care. *J Pain Symptom Manage*. 2014;47:e2–e5.

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Primary PC

Pain/Symptom Assessment/Management
Social/Spiritual Assessment
Patient Centered Goals of Care
Advanced Care Planning
Understanding of Illness and Prognosis
Ensuring Transition of Care

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Breaking Bad News

SPIKES PROTOCOL

S: → Setting up the interview:
create privacy, involve significant others
make connections

P: → Assess the family perception:
open ended questions

I: → Invitation: how does the family
want to hear the information

K: → Knowledge sharing:
nontechnical terms

E: → Emotions: respond to family's emotions

S: → Strategy and Summary;
determine if family is ready for
more discussion and action

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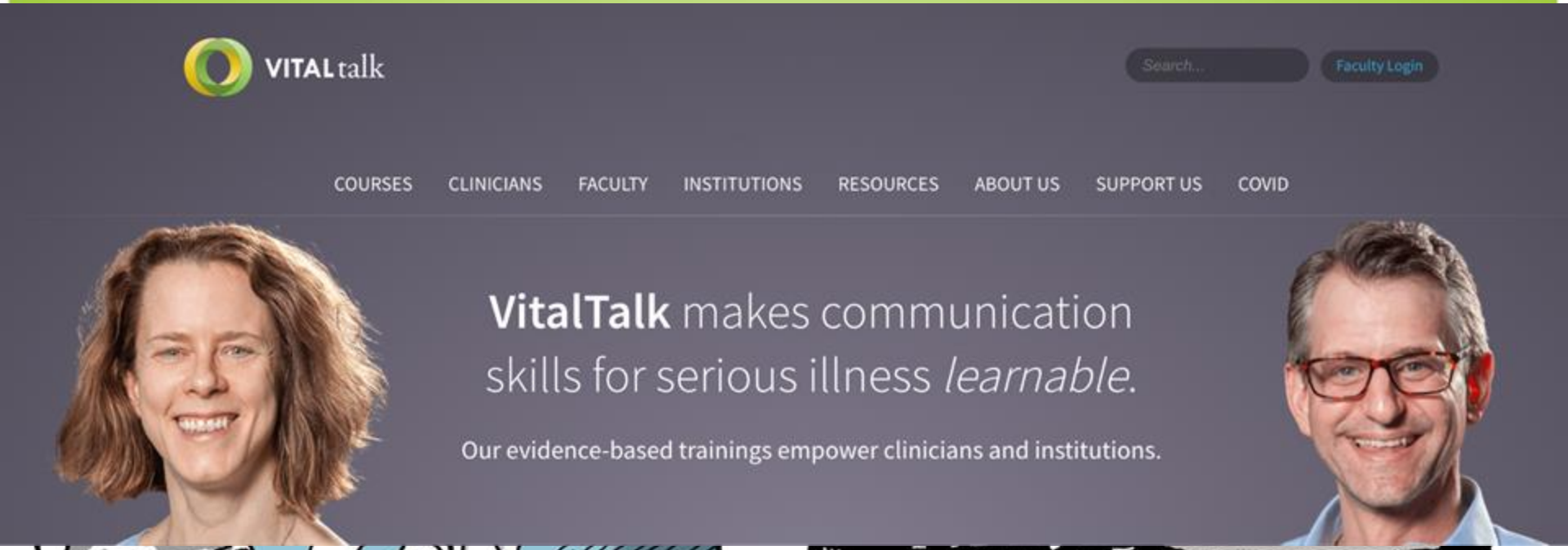
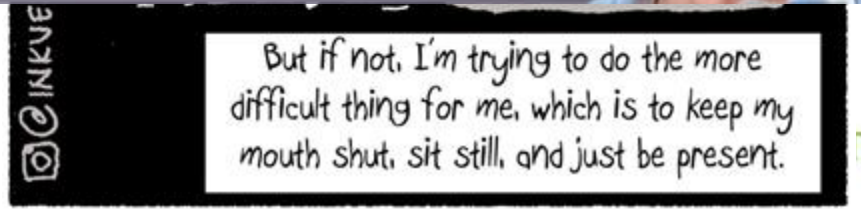
Handling Emotional Expression





Handling Emotional Expression

	Example	Notes
Naming	"It sounds like you are frustrated"	In general, turn down the intensity a notch when you name the emotion
Understanding	"This helps me understand what you are thinking"	Think of this as another kind of acknowledgment but stop short of suggesting you understand everything (you don't)
Respecting	"I can see you have really been trying to follow our instructions"	Remember that praise also fits in here eg "I think you have done a great job with this"
Supporting	"I will do my best to make sure you have what you need"	Making this kind of commitment is a powerful statement
Exploring	"Could you say more about what you mean when you say that…"	Asking a focused question prevents this from seeming too obvious

Three fundamental skills

	Example	Notes
Tell me more	"Tell me more about…"	Use when you are not sure what someone is talking about (rather than jump to an assumption).
Ask-tell-ask	"What do you think about…" "Here's what the tests show" "Does that make sense…?"	Related to Assess-Knowledge-Respond in SPIKES. Think of this as one unit of information transfer
"I wish" statements	"I wish I could say that the chemo always works"	Enables you to align with the patient while acknowledging the reality of the situation

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Patient Centric GoC

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Secondary PC

Complex/Refractory Symptom Management

Complicated Social/Spiritual Distress

Disease Specific Complications

Creative Legacy Building

Multi/Interdisciplinary Coordination

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Tertiary PC

Palliative Sedation

Pain Crisis Requiring IV Opioids

IV Ketamine Infusion

High Risk Patients with Complication

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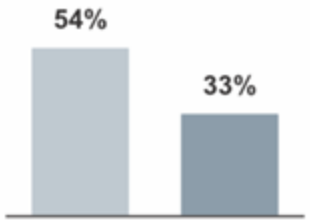
Value in Oncology - Improved OS

Palliative Care Patients Live Longer Despite Less Aggressive Care

Patients Receiving Aggressive End-of-Life Care[2]

p=0.05

n= 56, n=49

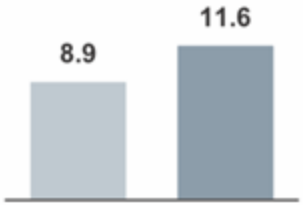


Patients' Median Survival

Months

p=0.05

n= 56, n=49



Usual Care Patients | Palliative Care Patients

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Value in Oncology - Cost

Bundled Payments

- Single payments to hospitals, physicians, and other providers
- Within IP episode or across longer episode
- Bundled payment less than individual to drive efficiency

Shared Savings

- Total cost of care for assigned population compared to risk-adjusted target expenditures
- If total expenses less than target, portion of savings returned to ACO

Readmissions Penalties

- All hospital DRGs reduced by adjustment factor calculated on "excessive readmissions"
- FY 2013 based on heart failure, AMI and pneumonia
- FY 2014 could expand to include COPD, CABG, PTCA[1] and other vascular readmissions

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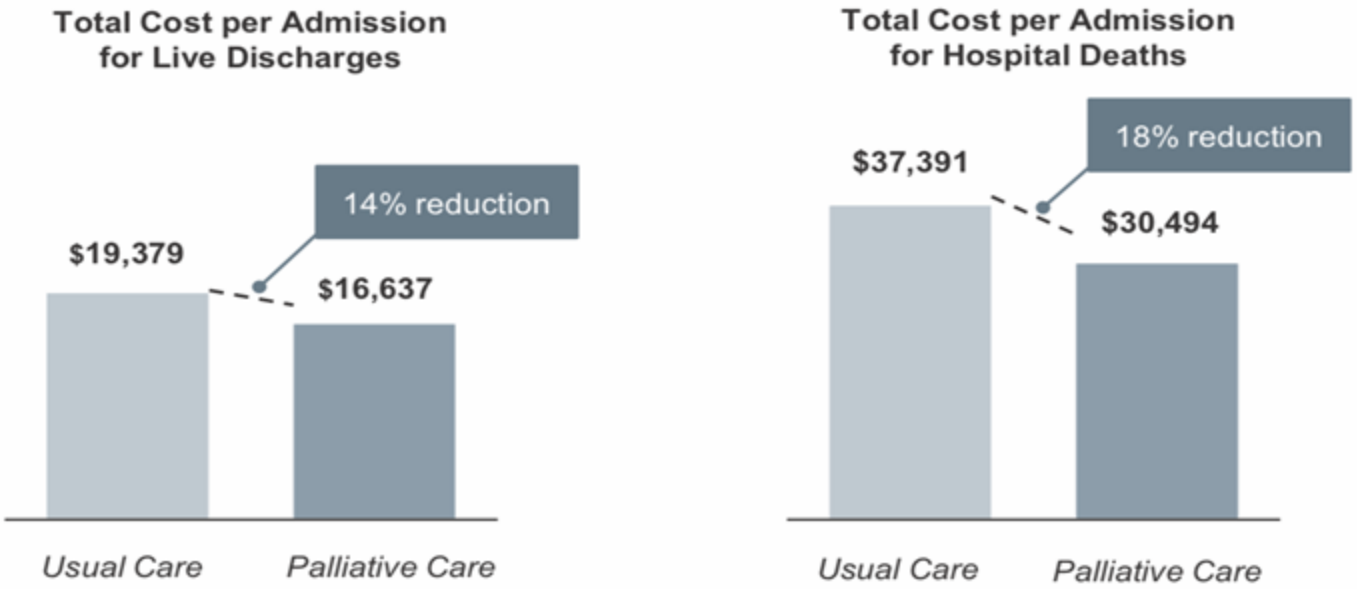
Value in Oncology - Cost

Reductions Sufficient to Offset Program Costs

Examining the Business Case



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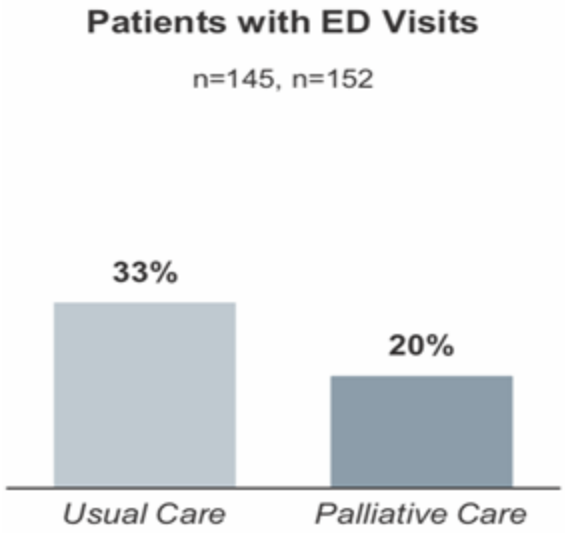
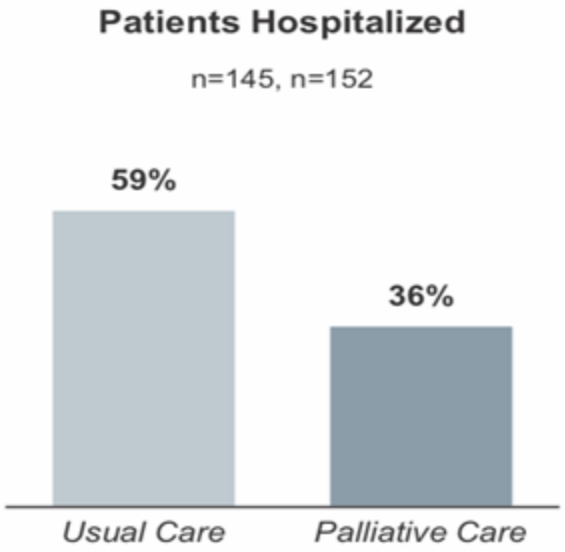
Value in Oncology - Cost

Reducing Emergency Department Visits and Hospitalizations





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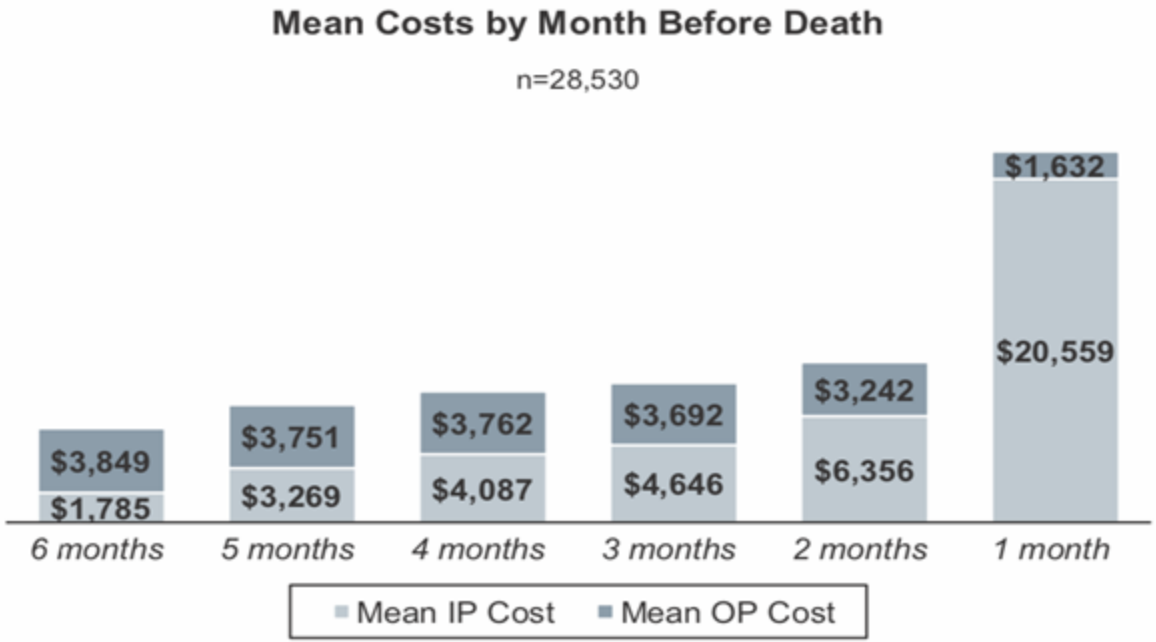
Value in Oncology - Cost

Significant Opportunity to Improve Quality and Reduce Costs



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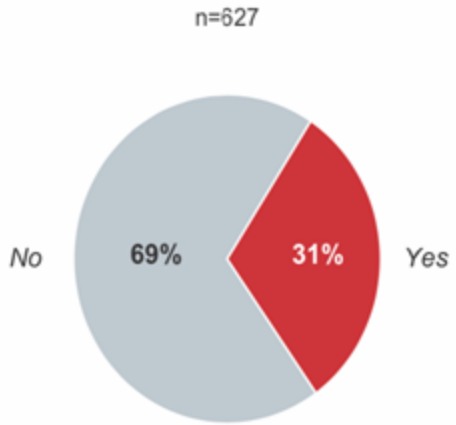
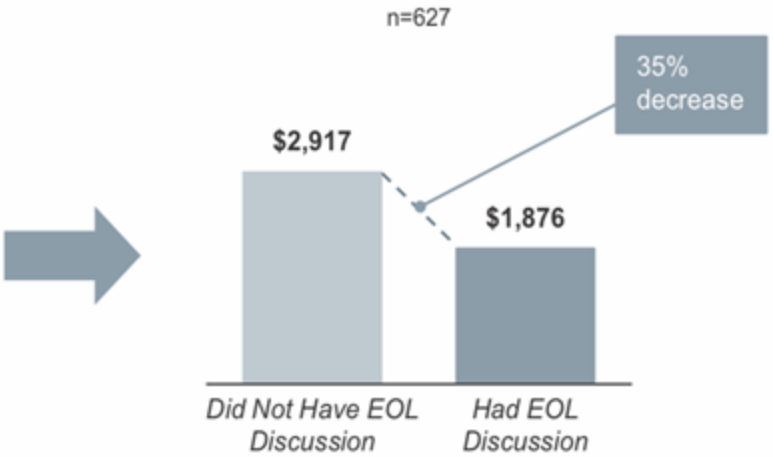
Value in Oncology - Cost

Costs Largely Driven by Aggressive Treatment

Patients Reporting End-of-Life Discussions



Aggregate Costs of Care in the Last Week of Life



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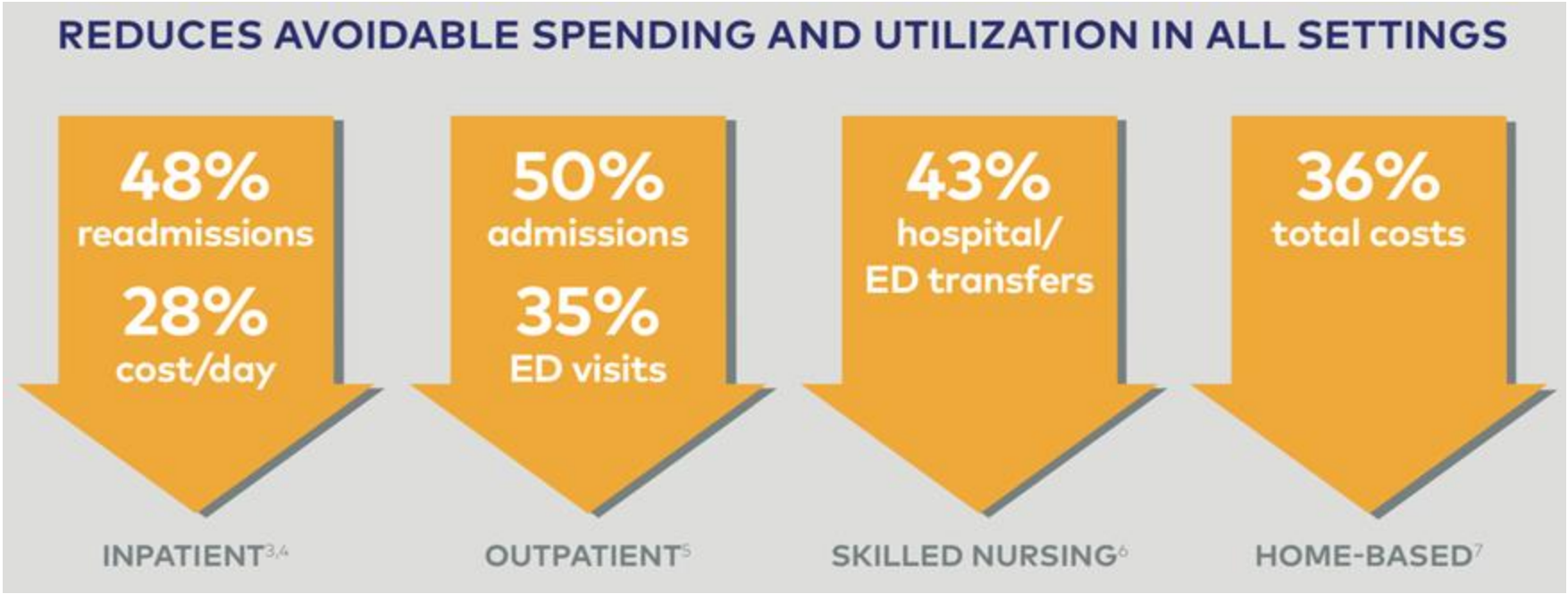
Value in Oncology - HC Utilization



CAPC infographic 2018

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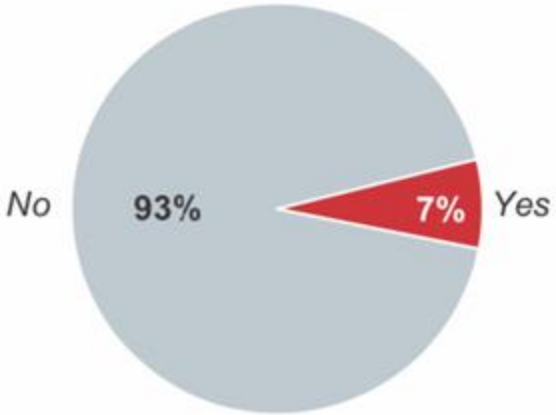
Value in Oncology - ACP

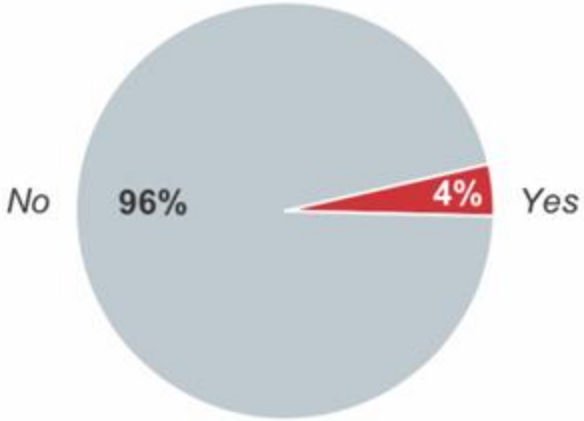
Patients Who Discussed Advanced Directives with their Oncologists

n=75



Patients Who Discussed Advanced Directives with their Physicians

n=1,009



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National Recognition

NCCN National Comprehensive Cancer Network®

- Recommends screening every cancer patient for palliative care needs
- Palliative care is recommended for patients with:
  - Uncontrolled symptoms
  - Moderate to severe distress associated with cancer diagnosis
  - Serious co-morbid physical or psychosocial conditions
  - Life expectancy of less than one year
  - Patient and family concerns

ASCO™

- Suggests that physicians should initiate discussions about prognosis with patients soon after an advanced cancer diagnosis
- Physicians must explain the risks and benefits associated with certain treatments
- If a certain treatment is unlikely to extend survival, palliative care should be offered as a concurrent or alternate therapy

Commission on Cancer

- Recommends that palliative care services should be available either on-site or by referral beginning at diagnosis and should be available continuously as needed
- Suggests that the palliative care team should consist of at least one physician and one non-physician clinician

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Time Intensive Interventions

2.8 Hours spent by the palliative care team per patient

162 Hours spent by the palliative care team on patient care across one year

Confronting Reality

"With the pressures of full-capacity practice, oncologists may be less likely to initiate a broad discussion of [health-related quality of life] themes repeatedly as clinical realities change."

Muir et al., 2010

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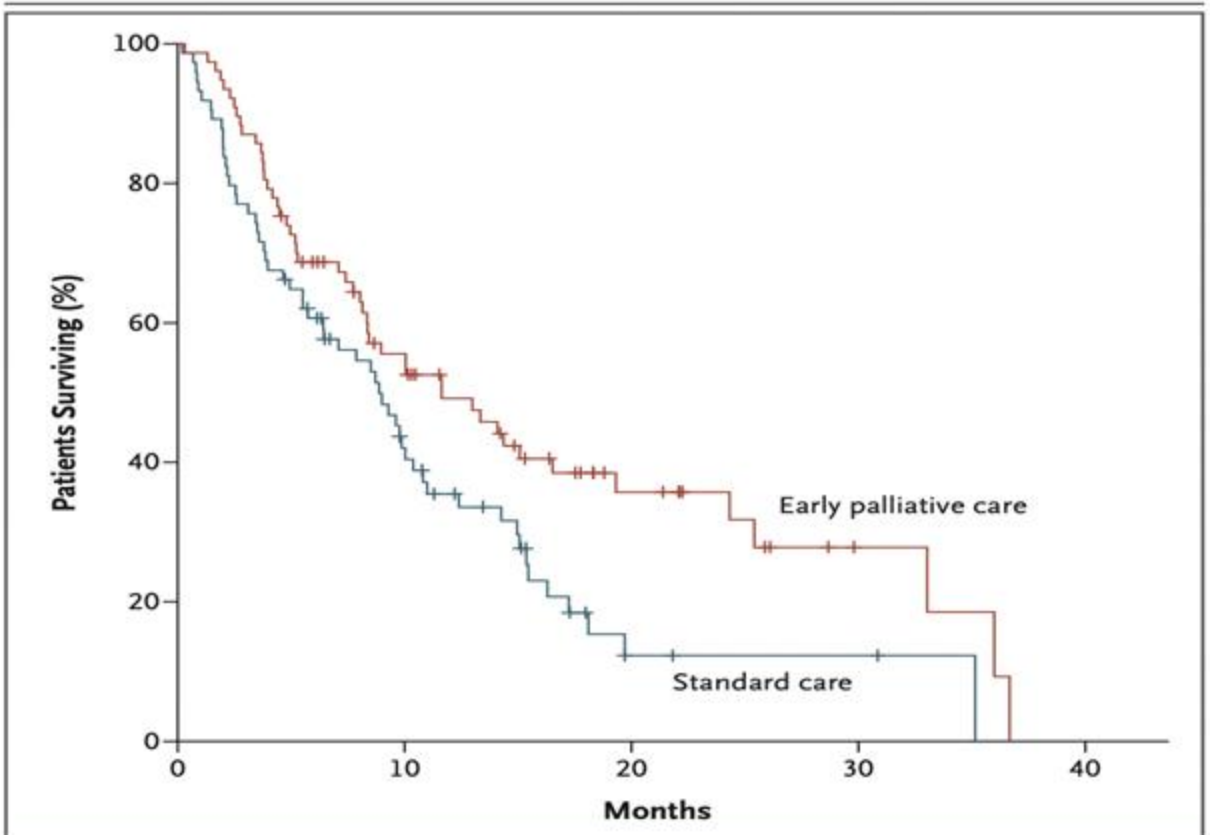
Research Supporting Pall Onc



Research Supporting Pall Onc

JAMA Oncol

Associ

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Donald R. Sulliv

Lissi Hansen, Ph

Sara E. Golden,

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Lung Cancer

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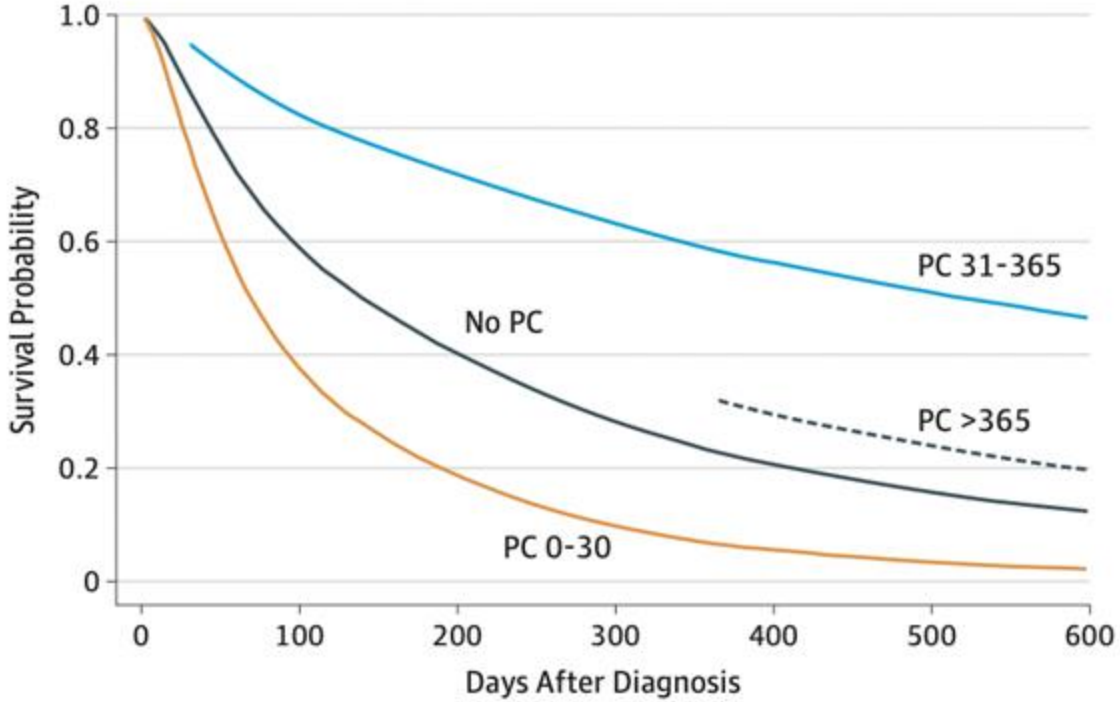
Figure 2. Association of Survival With Receipt of Palliative Care (PC)



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Barriers to Palliative Care

Barriers to Access to Palliative Care

Pippa Hawley

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Palliative Care: Research and Treatment
1–6

DOI: 10.1177/1178224216688887
SAGE

ABSTRACT: Despite significant advances in understanding the benefits of early integration of palliative care with disease management, many people living with a chronic life-threatening illness either do not receive any palliative care service or receive services only in the last phase of their illness. In this article, I explore some of the reasons for failure to provide palliative care services and recommend some strategies to overcome these barriers, emphasizing the importance of describing palliative care accurately. I provide language which I hope will help health care professionals of all disciplines explain what palliative care has to offer and ensure wider access to palliative care, early in the course of their illness.

KEYWORDS: palliative care, health service delivery, models of care, barriers to care

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Introduction

Understanding how palliative care adds to a traditional medical model of disease management has advanced significantly in recent years. In 2014, the World Health Assembly Resolution on Palliative Care[1] called for all countries to incorporate pallia-

caregiver outcomes, such as reduced stress and dysfunctional grief. In addition, most studies show at least cost neutrality, with many showing substantial cost avoidance by transfer of care from acute care settings to patients' preferred locations—at home or in

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The Oncologist®

Symptom Management and Supportive Care

Association Between a Name Change from Palliative to Supportive Care and the Timing of Patient Referrals at a Comprehensive Cancer Center

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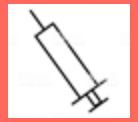
Upper/Lower GI.
Thoracic/H&N/CNS (IOSE), CRS, Med Onc, Bronchoscopy, CT Surgery

FLOOR
05


Breast/Gynecology
Breast Surgeons, Med Onc, Gynecologic Oncologists

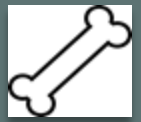
FLOOR
04





FLOOR
03

Infusion
Cytotoxic Chemotherapy,ImmunoOncology Targeted Precision Oncology, Radiopharm

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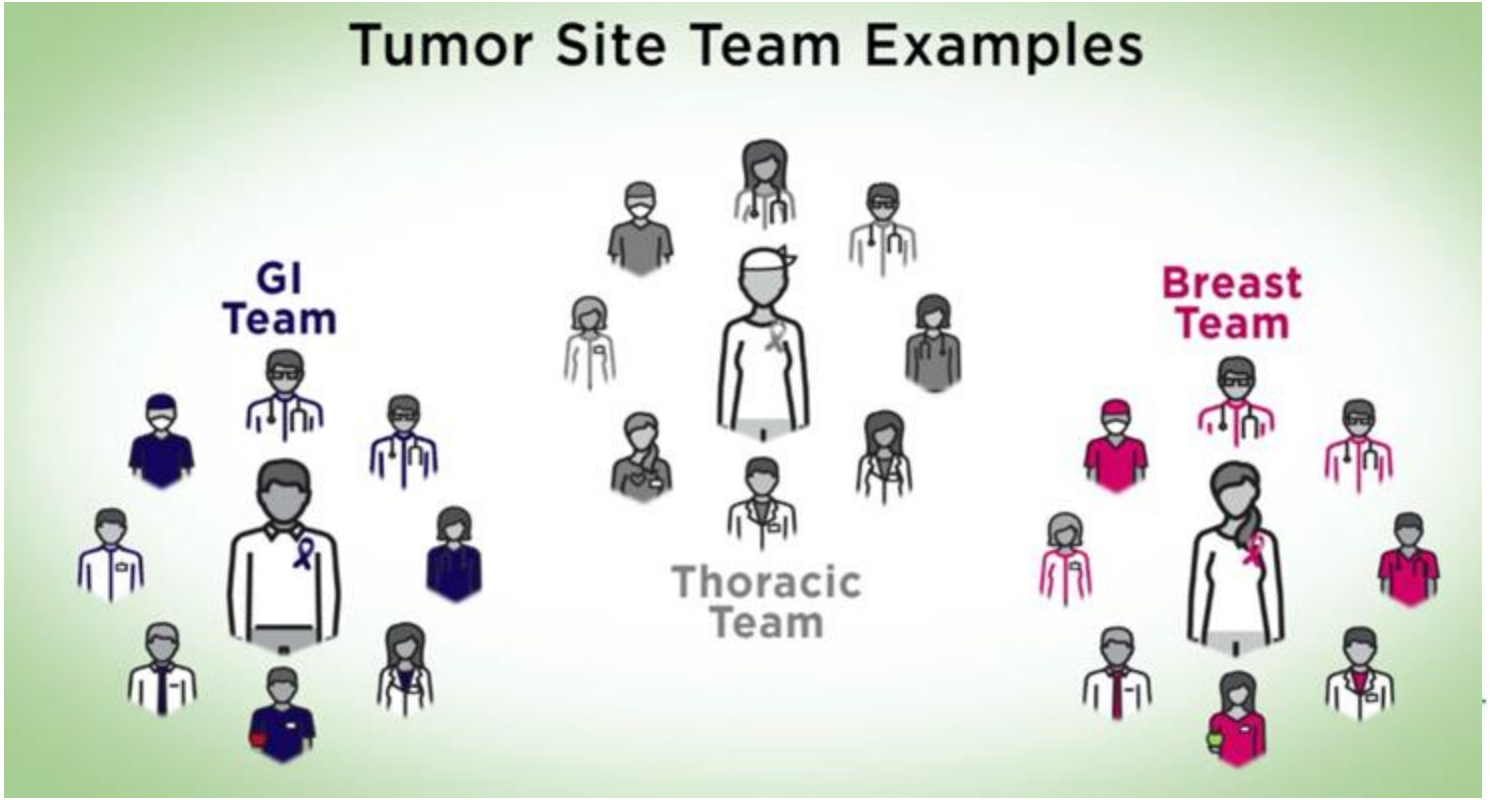
02

GU/Melanoma/Sarcoma. Hematology
Dermato-Oncologist, Orthopedic Oncologist, Med Onc, Benign/Malignant Hematologist

Tumor Site Model



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Patient Centered Care

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BARRIERS TO PALL ONC

Culture in oncology is rapidly changing from aggressive disease directed to a quality and value based

01

ACCEPTANCE

- Primary vs Specialty
- Time Intensive
- Multi-Disciplinary
- Synergy vs Antagonist

ADVOCACY

- Administrative champion
- Med Onc champion
- Rad Onc champion
- Surgical champion

02

03

VALUE

- FFS vs QBM
- Meaningful Use
- QI/Value Based Research

FUTURE CHALLENGES

As cancer incidence increase, our population ages and cancer survivorship improves, the need for specialty supportive oncology efforts will be critical

01

COLLABORATION

- Institution
- Locoregional
- State wide
- Multi-Institutional

02

RESEARCH

- Quality Based Metrics
- PROs
- Funding

03

EDUCATION

- Provider
- Graduate Med Ed
- Patients
- General Public

ASCO Palliative Care Community of Practice

SETTINGS

Thread Subject	Replies	Last Post
New Leadership - Join me in Congrats	5	2 days ago by Tingting Zhang, PhD Original post by Ramy Sedhom, MD
CMS expanded payment for care management for Medicare beneficiaries	7	6 days ago by Tingting Zhang, PhD
Leadership Opportunities	11	15 days ago by Mazie Tsang, MD, MS Original post by Ramy Sedhom, MD
Submission process for ASCO2024	14	29 days ago by Tara Kaufmann, MD, MSCE Original post by Thomas LeBlanc, MD, FASCO, MHS, FAAHPM

Dr. Lynn Schuchter's Presidential Theme

The Art and Science of Cancer Care: From Comfort to Cure

We need to pursue the art of conversation with our patients as boldly as we do the science of cancer cures.

1) Essential to cancer care is truly understanding and listening to each patient – who they are, what they've experienced, and what they value most.

2) Our search for cures harnesses the power of science, yet it is one piece of the progress puzzle. There are steps we can take to ensure every patient reaps the benefits of scientific discovery.

3) We can't all be palliative care specialists, but as cancer clinicians we all need to provide palliative care and end of life care to our patients when appropriate.

Questions

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