Innovations in Palliative Care to Support an Effective and Resilient Oncology Careforce

Oncologic Supportive/Palliative Care Models

• WHAT
• WHEN
• HOW
Supportive/Palliative Care

- Person and family-centered approach to care
  - Relief from symptoms and stress of serious illness to improve quality of life for patient and family
- Attends to physical, functional, psychological, practical, and spiritual consequences of illness
- Assessment and management of pain and other symptoms, assessment and support of caregiver needs, care planning and coordination of care
- Appropriate at any stage of serious illness; **beneficial when provided along with treatments of curative or life-prolonging intent**
- Provided over time to patients based on **needs** and not prognosis
- **Focused on what is most important to the patient, family, and caregiver(s), assessing their goals and preferences and determining how best to achieve them**
- **Interdisciplinary** to attend to holistic care needs of patients, family, caregivers

National Consensus project, Clinical Practice Guidelines for Quality Palliative Care, 4th edition
The Vision

- Palliative care principles and practice can be delivered by any clinician caring for oncology patients, in any setting.

- Supp/Palliative Oncology is the 4th pillar of Oncologic Care.

- All clinicians encouraged to acquire knowledge and develop core palliative care skills.
INTERGROWTH of Palliative Care & Oncology

The growing together and through each other of care components
Hallmarks of Intergrowth of Palliative Care (PC) and Oncology

**Education** - PC competencies for the oncology workforce
- Lectures & curriculums on PC for oncologists/fellows/APPs/nurses
- PC rotations for oncology fellows
- Continuing PC education for oncologists, APPs, nurses
- PC conferences for oncology professionals
- Formal assessment of PC skills in examinations aligned with established standards for expected competencies

**Clinical Structure**
- Outpatient PC clinics; multidisciplinary teams or embedding in oncology clinics
- Inpatient PC consultation teams
- Tele-ventures in PC
- Coordination with Community-based teams

**Clinical Processes**
- Access to **needs-based** PC services
- Symptom screening in clinics
- Clinical care pathways
  - Specified timing for referrals
  - Referral criteria
- Supportive/PC guidelines
- Interdisciplinary PC teams
- Nurse practitioners providing PC
- Concurrent oncology and PC treatments
- Collaborative PC/oncology clinical programs
- Multidisciplinary tumor boards including PC

**Leadership**
- Supports pilots & implementation of models of PC/Oncology integration
- Recognition of Supportive/PC as a specialty
- PC program funding
- Endorses PC program certification per national quality standards
- Includes PC parameters in reported quality metrics
- PC and Oncology on equal footing in same service line to promote collaboration
- Promotion of public awareness & advocacy for PC in Oncology

Needs Based Palliative Care

• Provided by the service most suited to the intensity of patient needs
  • Often needs can be well-managed within primary oncology care
  • Sometimes needs warrant palliative care specialty services for advice and recommendations, but the care can still be provided by the primary team
• For a small proportion of patients, complex symptom problems may need high levels of multidisciplinary and specialist input or more intense care
  • Patients may move in and out of different levels of need and care
  • Instruments which allow objective assessment of the level of need have been devised and tested
  • Screening may be used at regular intervals by all providers

Needs Based Palliative Care

- **Level & Role of Palliative Care**
  - Specialist Palliative Care
  - Shared Palliative Care
  - Specialist Palliative Care Consultation
  - Primary Palliative Care

- **Complexity of Patient needs**
  - Complex needs
  - High needs
  - Intermediate needs
  - All usual needs

Adapted from Palliative Care Australia
Addressing needs by Consensus

As we seek to create systems that support intergrowth

• How do we standardize needs-aligned PC at the right times for improved quality?

• How do we all engage providers?
Pathways change practice and culture because their build is informed by specific premises:

- Not, what can I offer the patient?
- But, what is best for this patient at this time?
  - Personalize cancer care by patient factors, rather than physician preference
- Treatment plans are determined for specific clinical presentations by disease state
  - Defined and narrow
  - Focused on essential steps or tasks
  - Support quality by standardization of evidence-based best practice care
    - Provide consistency of care within the treating team
- Oncology, Palliative & Pathway team stakeholders develop together by consensus
  - Encourages collaboration and discussion surrounding best practice

Evidence & needs based clinical care pathways include Palliative Care at important clinical milestones for each type of cancer

- Permit care strategies that use symptoms as high alerts
- Prompt conversations that help patients and care givers plan and receive treatments that mesh with stated goals
- Improve intergrowth of Supportive/Palliative Care and oncology throughout the care continuum
- By improving care and reducing reduce variability, costs also decrease

• Multidisciplinary and comprehensive
• Strategies for all therapeutic modalities from diagnosis to end-of-life
• Stratify treatment recommendations based on prognostic variables, medical conditions, and patient choice
• Include diagnostic evaluation and management steps
• Up-to-date literature references and cost considerations
EHR SCREENSHOT
Pathway example including Supportive/Palliative Care

Clinical Pathways Questions
- Superior Sulcus Tumor Unresectable
  - ECOG
  - ECOG 4
- Reassessment

Treatment Options
- Suggested Treatment Lines
  - No Suggested Treatment Lines
- Suggested Orders (Select All)
  - Order Social Work Consult Last Ordered: 10/03/16
  - Order Supportive Care Clinic Appointment Request (New Establish)
    Pt./Consult, Supportive Care, Unresectable Superior Sulcus Tumor, Transition to hospice, Standard, Future Order (Need Scheduling) In Approximately 1 day(s) Grace Period (+/-) 7 day(s)
In-Clinic and Home Patient-Reported Outcomes (PRO)

• If we are to cure or prolong life with compassion, we must attend to patients’ concerns beyond the disease itself, *from their perspective*
• Direct reports from patients and/or caregivers about how they feel provide accuracy without interpretation
  • Improve shared decision making so patients receive preferred treatments based on their individual tolerances and priorities
• Focus clinicians toward what needs attention
• Address effects of disease and medical treatment on patient well-being via real-time patient symptom reports that integrate into the EHR

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Score Options</th>
<th>Worst Possible Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Pain</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td>Worst Possible Pain</td>
</tr>
<tr>
<td>Tiredness (Lack of energy)</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td>Worst Possible Tiredness (Lack of energy)</td>
</tr>
<tr>
<td>Drowsiness (Feeling sleepy)</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td>Worst Possible Drowsiness (Feeling sleepy)</td>
</tr>
<tr>
<td>Nausea</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td>Worst Possible Nausea</td>
</tr>
<tr>
<td>Lack of appetite</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td>Worst Possible Lack of appetite</td>
</tr>
<tr>
<td>Shortness of breath</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td>Worst Possible Shortness of breath</td>
</tr>
<tr>
<td>Depression (Feeling sad)</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td>Worst Possible Depression (Feeling sad)</td>
</tr>
<tr>
<td>Anxiety (Feeling nervous)</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td>Worst Possible Anxiety (Feeling nervous)</td>
</tr>
<tr>
<td>Best Overall Wellbeing</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td>Worst Possible Wellbeing (Wellbeing = how you feel overall)</td>
</tr>
<tr>
<td>Spiritual Wellbeing</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td>Worst Possible Spiritual Wellbeing (Spiritual Wellbeing = how you feel spiritually)</td>
</tr>
<tr>
<td>Constipation</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td>Worst Possible Constipation</td>
</tr>
<tr>
<td>Difficulty Sleeping</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td>Worst Possible Difficulty Sleeping</td>
</tr>
<tr>
<td>Other problem</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td>Worst Possible Other problem (For example, itchiness)</td>
</tr>
</tbody>
</table>
### Patient Reported Symptoms in the EHR

#### Flowsheet Symptom “Vital Signs”

<table>
<thead>
<tr>
<th>Pt-reported Symptom Scored (ESAS)</th>
<th>Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pt.-reported (ESAS) Person completing</td>
<td>H 10</td>
</tr>
<tr>
<td>Pt.-reported (ESAS) Pain</td>
<td>H 7</td>
</tr>
<tr>
<td>Pt.-reported (ESAS) Tiredness</td>
<td>6</td>
</tr>
<tr>
<td>Pt.-reported (ESAS) Drowsiness</td>
<td>5</td>
</tr>
<tr>
<td>Pt.-reported (ESAS) Nausea</td>
<td>H 8</td>
</tr>
<tr>
<td>Pt.-reported (ESAS) Lack of Appetite</td>
<td>6</td>
</tr>
<tr>
<td>Pt.-reported (ESAS) Shortness of Breath</td>
<td>H 8</td>
</tr>
<tr>
<td>Pt.-reported (ESAS) Depression</td>
<td>H 8</td>
</tr>
<tr>
<td>Pt.-reported (ESAS) Anxiety</td>
<td>H 8</td>
</tr>
<tr>
<td>Pt.-reported (ESAS) Overall Wellbeing</td>
<td>H 8</td>
</tr>
<tr>
<td>Pt.-reported (ESAS) Spiritual Wellbeing</td>
<td>H 8</td>
</tr>
<tr>
<td>Pt.-reported (ESAS) Constipation</td>
<td>3</td>
</tr>
<tr>
<td>Pt.-reported (ESAS) Difficulty Sleeping</td>
<td>H 7</td>
</tr>
</tbody>
</table>

#### Symptom Score Trend from EHR

[Graph showing symptom score trend over time]
Most of the patient experience happens between clinic visits

- Patient and clinical team connections **between visits** are necessary
- We need digital solutions to incorporate the patient voice to inform care throughout the journey
  - Symptom management, psychosocial and behavioral needs
  - Right care at right time
  - Anywhere care – extends coverage to the home
Home-based Supportive/Palliative Care App

- Word cloud presents symptoms and medication side effects to patients
- Cloud design drives continuous patient engagement and collects the equivalent of pages of survey questions in just a few taps

- Customized for each patient, condition and medication with machine learning intelligence to continually personalize the patient experience, look for progressing symptoms and give management tips

- Sophisticated algorithms look for emotional and physical issues, positive and negative symptoms, severity levels and medication side effects, to predict who needs help now; triages the need for help

The App’s Clinician Triage Page – How it Works

- Combines alerting system, symptom & activity tracking, care coordination, and patient communication
- Prioritizes patients (by alerts, severity, risk) and identifies those needing care team engagement
- Lets clinicians drill down on a specific patient to see detailed patient data so they can quickly grasp what is happening and the reasons: **Why is the patient a high priority?**

<table>
<thead>
<tr>
<th># of patient alerts</th>
<th># days since last check-in</th>
<th>Recent patient events</th>
<th>Pain level</th>
</tr>
</thead>
<tbody>
<tr>
<td>(if any.) Hover over for alert details.</td>
<td></td>
<td>(in order: vitals, med usage, messages, photos, activity.) Hover over for details.</td>
<td>(or other, e.g. SOB, anxiety, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient</th>
<th>Days</th>
<th>F/U</th>
<th>Recent Events</th>
<th>Well Being</th>
<th>Scales</th>
<th>RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis, Dan</td>
<td>0</td>
<td>22</td>
<td></td>
<td></td>
<td>9</td>
<td>3</td>
</tr>
</tbody>
</table>

**Patient name.** Hover over for information, diagnosis, and meds.

**# days until scheduled follow-up.**

**Patient wellbeing trends** (better, same worse.) Hover over for symptoms reported.

**Risk score** (if applicable.)
• Remote supportive/palliative care video conferencing addresses symptoms, reduces travel, spares cost to patients with impaired functional status
  – High satisfaction and improved comfort
• How can Telehealth support other priorities for patients with cancer and good functional status?
  • Multidisciplinary e-visits to maintain comfort and guide care while fostering patient travel or work
• Support meaningful experiences and creation of treasured memories
  – Telehealth videoconferencing to facilitate patient legacy-making, dignity and staff resiliency
  • Staff inspired and motivated by palliative Telehealth encounters that enable critical legacy-making and dignity-promoting experiences for patients living with cancer

Innovative Team based Clinic Care

• Patients experience appetite and weight loss that interfere with anti-cancer treatments, increase fatigue and cause emotional distress to patients and caregivers
• Various resources, but multiple separated visits are burdensome, cause delays; uneven communication between providers
• **Vitality Clinic**-clinicians working side by side in one location to minimize visits and develop coordinated care plan with patient and caregiver as part of the team
  – Multidisciplinary collaboration between supportive care, nutrition, rehabilitation and oncology specialists
  – Identify symptoms that interfere with a patient’s desire or ability to eat
  – Optimize oral nutritional strategies
  – Help patients conserve energy and maintain strength
  – Provide educational and emotional support
  – Identify other supportive care needs, like symptom management and advance-care planning

Critical Teammates in Supportive Cancer Care

- **Advanced Practice Professionals** - more training programs, higher output, younger average age
  - Screening & prevention, survivorship, surveillance follow-ups
- At Moffitt
  - 1.2/1 APPs/physician with significant growth per year
  - Seeing new patients, often as first new patient contact, engaging in **diagnosis & acute treatment** in Palliative/Supp care and oncology clinics
- Collaborative partnership with oncologists and PC physicians
- Raising the bar for primary supportive/palliative and holistic oncology care
  - Developing On-boarding including assessment skills, symptom management and communications skills training

- **Palliative/Supportive Care Pharmacist**
  - Oncology pharmacists are uniquely positioned to improve the quality of care provided to patients with cancer within the team-based setting
  - Unique qualifications and perspective contribute to the value of care provided to PC patients; favorable ROI

---

• Collaborative care innovation models for intergrowth of needs-based palliative care in oncology
  • Pathways
  • Digital Symptom & distress screening in clinic and home
  • Televentures
  • Team-based care