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

Oncologic Supportive/Palliative Care Models

- WHAT
- WHEN
- HOW

Diane Portman, MD, FAAHPM
Department Chair Supportive Care Medicine
Moffitt Cancer Center

MOFFITT CANCER CENTER

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

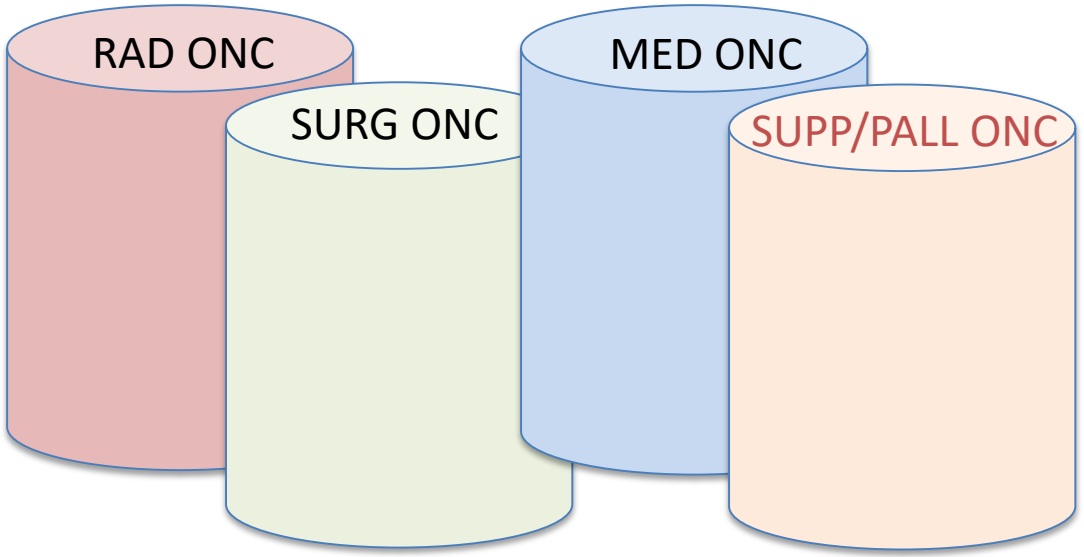
MOFFITT CANCER CENTER

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

MOFFITT CANCER CENTER

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 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

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

Integrated oncological & palliative care

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

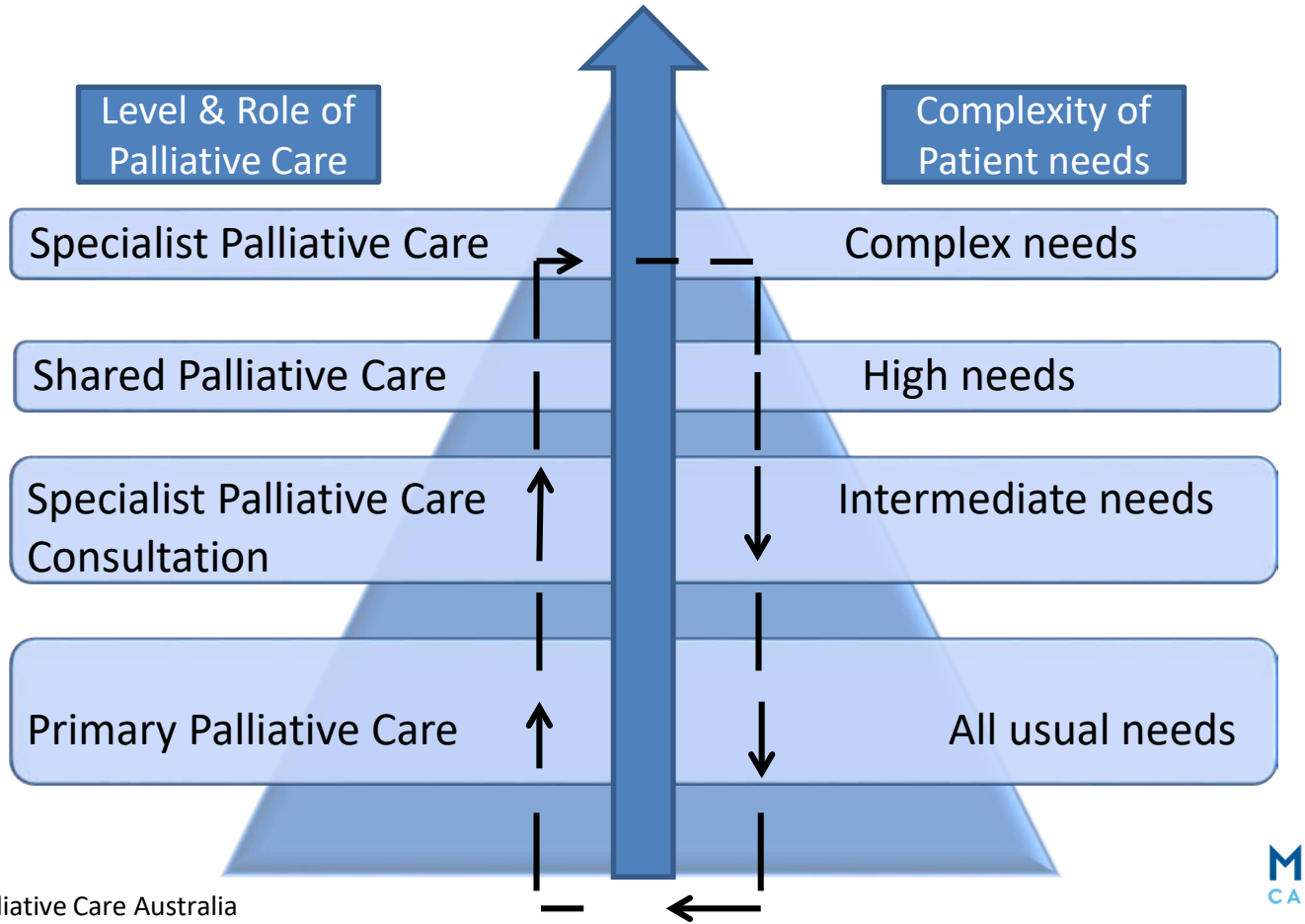
Adapted from Hui, David, and Eduardo Bruera. "Integrating palliative care into the Trajectory of cancer care." *Nature reviews Clinical oncology* 13.3 (2016): 159.

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

Waller A, Girgis A, Johnson C, Lecathelinais C, Sibbritt D, Forstner D, et al. Improving outcomes for people with progressive cancer: interrupted time series trial of a needs assessment intervention. J Pain Symptom Manage. 2012 Mar;43(3):569-81.

Needs Based Palliative Care



Adapted from Palliative Care Australia

MOFFITT CANCER CENTER

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?

Oncology Care Pathways

Provide concrete directions for pathway-driven palliative care

Pathways change practice and culture because their build is informed by specific premises:

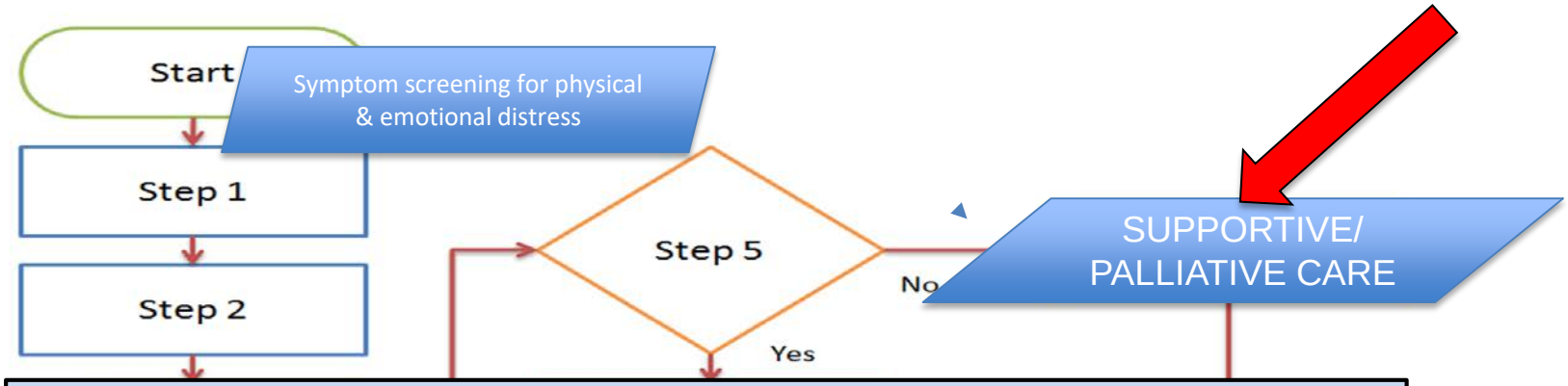
- Not, what can I offer the patient?
- But, what is best for this patient at this time?
  - Personalize cancer care by patient factors, rather than physician preference
- Treatment plans are determined for specific clinical presentations by disease state
  - Defined and narrow
  - Focused on essential 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

1. Cynthia Terrano CP, Fields KK. In the Next Generation of Value-Based Contracting, Clinical Pathways Can Increase Accountability. Journal of Clinical Pathways. 2017;3(1):39-41.
2. https://www.accountablecarelc.org/sites/default/files/ACLC_CSB_Moffitt_Final_0.pdf

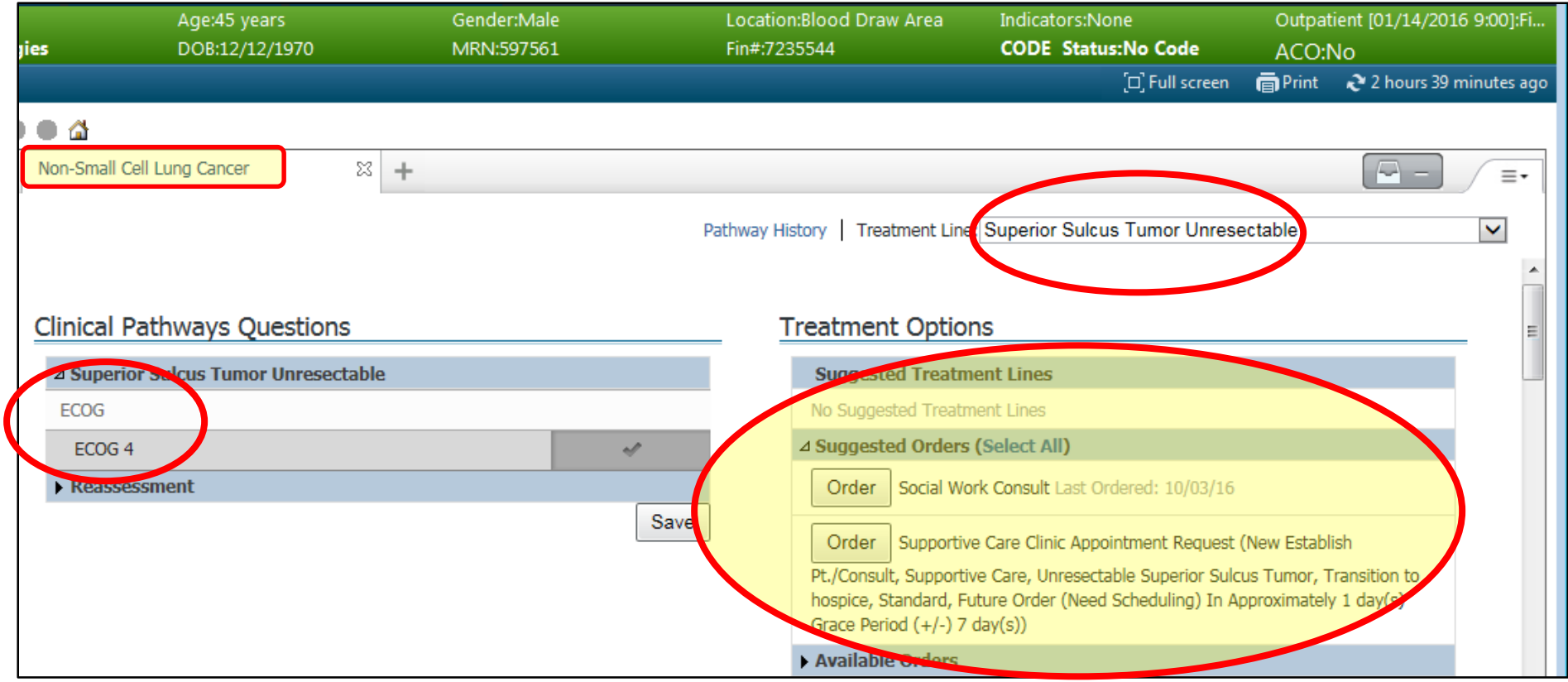
CLINICAL PATHWAY EXAMPLE



- 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



In-Clinic and Home Patient-Reported Outcomes (PRO)

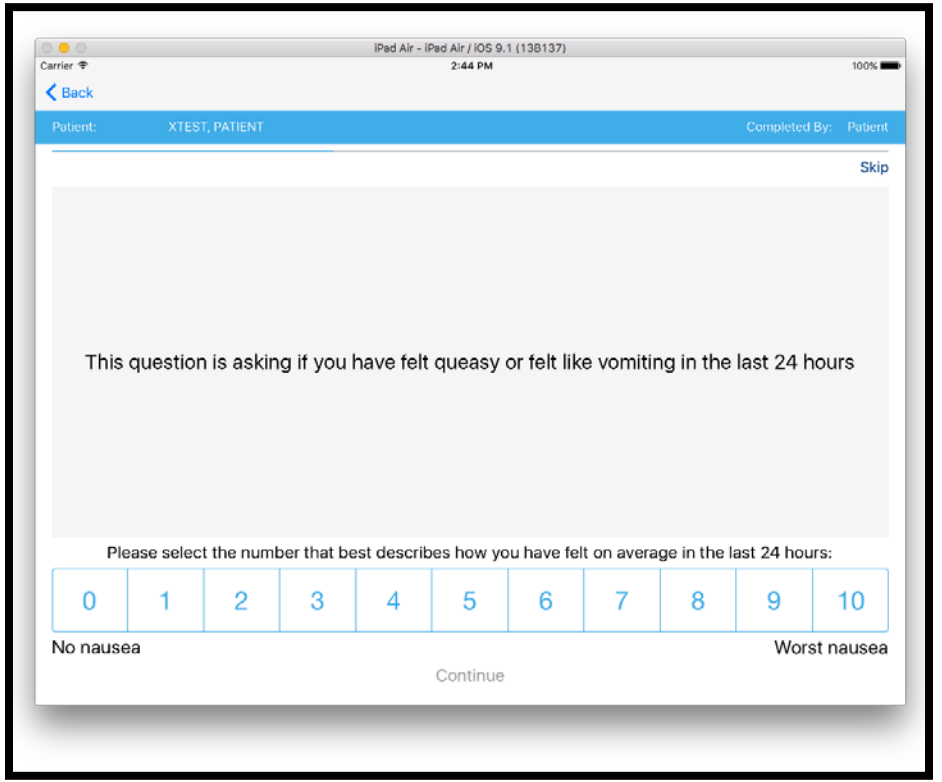
- If we are to cure or prolong life with compassion, we must attend to patients' concerns beyond the disease itself, *from their perspective*
- Direct reports from patients and/or caregivers about how they feel provide accuracy without interpretation
    - Improve shared decision making so patients receive 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

Portman D, et al. An e-App To Foster Symptom Documentation and Intervention, Journal of Palliative Medicine, Volume 20, Number 4, 2017

Implementation of an Electronic Edmonton Symptom Assessment System application

Please select the number that best describes how you feel NOW:												
No Pain	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Pain
No Tiredness *(Tiredness = lack of energy)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Tiredness *(Tiredness = lack of energy)*
No Drowsiness *(Drowsiness = feeling sleepy)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Drowsiness *(Drowsiness = feeling sleepy)*
No Nausea	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Nausea
No Lack of appetite	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Lack of appetite
No Shortness of breath	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Shortness of breath
No Depression *(Depression = feeling sad)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Depression *(Depression = feeling sad)*
No Anxiety *(Anxiety = feeling nervous)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Anxiety *(Anxiety = feeling nervous)*
Best Overall Wellbeing *(Wellbeing = how you feel overall)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Wellbeing *(Wellbeing = how you feel overall)*
Best Spiritual Wellbeing *(Spiritual Wellbeing = how you feel spiritually)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Spiritual Wellbeing *Spiritual Wellbeing = how you feel spiritually)*
No Constipation	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Constipation
No Difficulty Sleeping	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Difficulty Sleeping
No _____ other problem *(for example itichiness)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible _____

e-ESAS App Screenshot Example

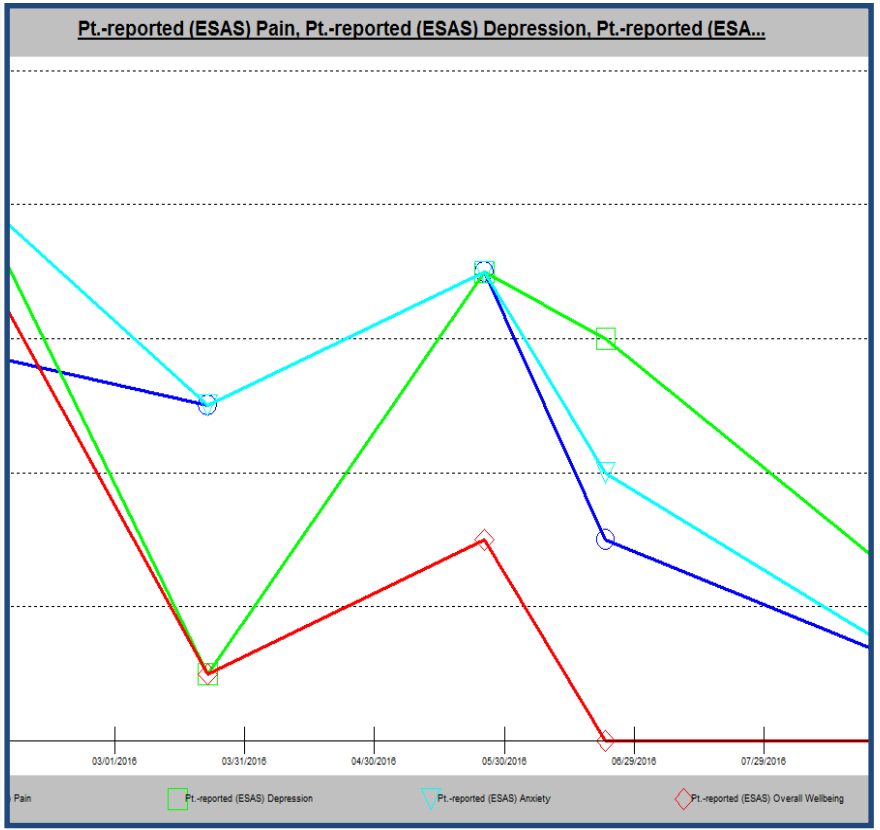


Patient Reported Symptoms in the EHR

Flowsheet Symptom “Vital Signs”

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

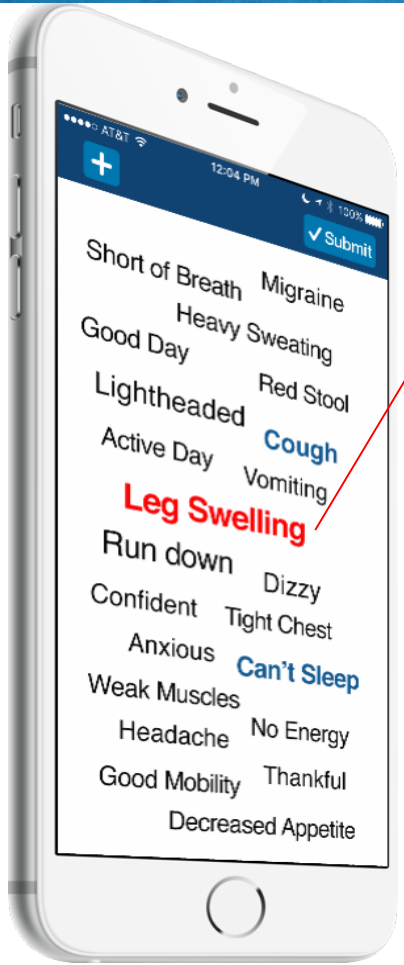
Symptom Score Trend from EHR



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

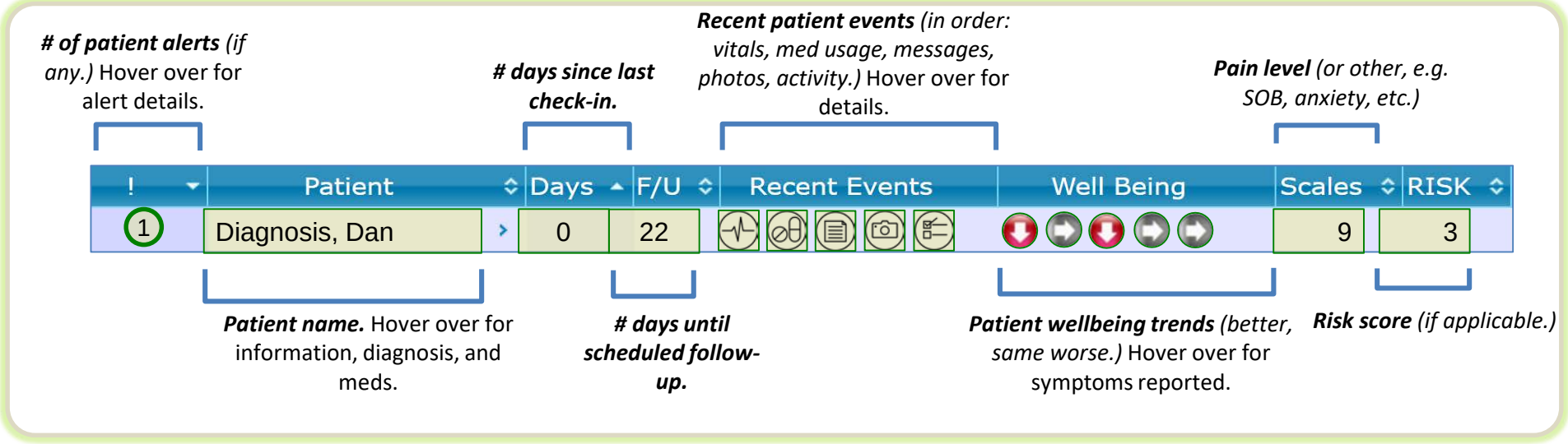


- Word cloud presents symptoms and medication side effects to patients
  - *Cloud design drives continuous patient engagement and collects the equivalent of pages of survey questions in just a few taps*
- Customized for each patient, condition and medication with machine learning intelligence to continually 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

1. Bonsignore L, Bloom N, Steinhauser K, Nichols R, Allen T, Twaddle M, Bull J. Evaluating the Feasibility and Acceptability of a Telehealth Program in a Rural Palliative Care Population: TapCloud for Palliative Care. Journal of pain and symptom management. 2018 Jul 1;56(1):7-14.
2. http://www.consumerehealthengagement.com/

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**?



Team Televentures in Care Delivery

- 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

1. Worster, Brooke, and Kristine Swartz. "Telemedicine and palliative care: an increasing role in supportive oncology." *Current oncology reports* 19, no. 6 (2017): 37
2. Portman D, Thirlwell S, Donovan KA. Completing the Bucket List: Leveraging Telemedicine in Oncologic Palliative Care to Support Legacy-Making and Dignity. Journal of pain and symptom management. 2018 Jun 1;55(6):e1-2.

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

1. Portman, Diane G., et al. "Leveraging a team mental model to develop a cancer anorexia-cachexia syndrome team." *Journal of oncology practice* 12.11 (2016): 1046-1052
2. https://www.moffitt.org/take-charge/take-charge-story-archive/the-power-of-vitality-clinic-helps-patients-who-have-lost-appetite-and-weight/
3. Portman, Diane, Sarah Thirlwell, and Kristine A. Donovan. "The influence of a cachexia clinic on palliative care integration in oncology." American Society of Clinical Oncology (2017): 124-124.

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

1. Lehn, Julie M., et al. "Pharmacists Providing Palliative Care Services: Demonstrating a Positive Return on Investment." Journal of palliative medicine (2018).

2. Vulaj, Vera, et al. "Oncology pharmacist opportunities: closing the gap in quality care." *Journal of oncology practice* 14.6 (2018): e403-e411.

Summary

- 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

MOFFITT CANCER CENTER