Palliative Care: Overview and Issues in CHF

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What is Palliative Care?

• Goal: improve quality of life for people with life-limiting illnesses and their families during any stage of illness
• Prevent/relieve suffering by early assessment & treatment in four domains:
  – physical
  – psychosocial
  – spiritual
  – practical
Palliative Care: Concurrent with Curative-Restorative Care

Hospice care is only one part of palliative care!
Palliative Care

• **Primary**
  – Basic skills and competencies required of all health care professionals

• **Secondary**
  – Care provided by specialist clinicians and organizations

• **Tertiary**
  – Academic medical centers where palliative care is practiced, researched, and taught

von Gunten CF, JAMA 2002
Palliative Care: Effective in Certain Settings, Populations, Outcomes

• Hospital-based palliative care consultation associated with reduced hospital costs,¹ improved patient² and family³ experience of care

• Home-based palliative care increases care satisfaction, likelihood of dying at home; improves symptoms⁴

¹Morrison RS et al, Arch Intern Med 2008; Morrison RS et al, Health Affairs 2011
⁴Gomes B et al, Cochrane Database Syst Rev 2013; Brumley R et al JAGS 2007; but contrary findings in Luckett et al J Pain Symptom Manage 2013
Palliative Care: Gaps in the Evidence

• Outpatient care
  – Few studies$^1,2,3$
  – Limited studies on non-cancer illnesses$^1$
• What “dose” of palliative care is needed?
• What elements of palliative care lead to the outcomes?

$^1$Rabow MW et al, Arch Intern Med 2004
$^3$Bakitis M et al, JAMA 2009
$^3$Temel JS et al, NEJM 2010
Palliative Care: Issues in the Field
“Right patient, right time, right place”

• Patient: how to identify the right patients
  – Ideally population-based
  – Prognosis vs. needs-based?
  – Issues around disease-focused palliative care

• Timing: sentinel event, care transition, patient-reported need?

• Place: ideally services are seamless, independent of place, based on need
Palliative Care: Issues in the Field

• Interventions/delivery models
  – Primary vs. specialist approaches
  – Need for structured interventions or methods to assess intervention/program quality

• Measuring quality
Palliative Care: National VA efforts

• PROMISE Center (Mary Ersek, PhD, RN)
  http://www.cherp.research.va.gov/CHERP/PROMISE/
  Bereaved family survey

• Quality Improvement Resource Center (Karl Lorenz, MD)
  Palliative care National Clinical Template

• Implementation center (Carol Luhrs, MD)
  – PC-PACT, PC-ICU

• National Center for Ethics: roll-out of life-sustaining treatment initiative
Palliative Care: Issues in HF

- Where do Veterans with HF die?
- How do Veterans with HF interact with palliative care
  - Who are seen by a consult service?
    - Inpatient/outpatient, patient & facility characteristics; variability
  - How many receive hospice services?
  - How do these services influence care quality?
- Who with HF have advance directives or advance care planning and why?
Palliative Care: Issues in HF

• Problem: many with HF die in hospital, ICU
  – Expensive
  – Inconsistent with preferences
    • Is it really?¹

• Problem: dyspnea, fatigue
  – “Traditional” palliative care medication treatments need further study in HF
  – Other potential solutions: multifaceted interventions

¹Barclay S et al, Br J Gen Pract 2011
Collaborative Care to Alleviate Symptoms and Adjust to Illness (CASA) Heart Failure Trial

Four year, multi-site randomized controlled trial of 312 patients with symptomatic heart failure

NIH R01NR013422
CASA Heart Failure Trial

• Assess the effect of a structured symptom management and psychosocial care intervention on heart failure-specific health status
  – Secondary outcomes: symptom burden, quality of life, self-care, hospitalizations, cost

• Outcome assessments at baseline, 3, 6, & 12 months
CASA Implementation Studies

Importance of early study of implementation

• Is there a need to provide all intervention components to all patients?
• What are the implementation and sustainability barriers/facilitators?
• How can the intervention be adapted to the rural setting?