

Upstreaming Palliative Care: Emergency Department Opportunities

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ANNUAL
ASSEMBLY

HOSPICE & PALLIATIVE CARE

Financial Disclosures

- None from all speakers

Upstreaming Palliative Care Improves Outcomes

- ❖ Cancer (Bakitas MA 2015; Dionne-Odom JN 2015; Gomes B 2015)
- ❖ Surgical Emergencies (Baimas-George M 2021)
- ❖ Emergency Department
 - Early Efforts:
 - APP Screening (Mahoney SO 2008)
 - Recent Focus:
 - ED COVID (Aaronson EL 2020, Bowman JK 2022)
 - ED Value/ROI (Wang D 2022)

Upstreaming Palliative Care: Attitudes are Changing

❖ **Unprepared but important:**

- EMS and EM Providers and EM Residencies
(Meo N 2011; Lambda 2012; Grudzen CR 2012; Grudzen CR 2013)

❖ **Guidelines:**

- Choosing Wisely Campaign: ACEP 2013
- ED Best Practices Guidelines (Loffredo AJ 2021)
- ED Quality Metrics (Goett R 2022)

❖ **Expectations:**

- HPM-related ABEM Board Questions (in process)

Upstreaming Palliative Care: ED Integration

❖ **Not enough of us (EM/HPM)**

- EM is 4th of 11 ABMS specialties boarded in HPM: 207 of 8328 (12/31/21)

❖ **Models of Integration (CAPC–IPAL-EM)**

- Traditional consult
- Basic integration
- Advanced integration
- ED-focused advanced integration

Palliative Care in the ED: Two Primary Approaches

1) Primary Palliative Care Skills Development in the ED

Simple validated tools/triggers exist to ID Pal Care pts

- **5-SPEED** (Richards CT 2011 VALIDATED IN CANCER PATIENTS; Reuter Q 2019 5-SPEED)
- **P-CaRES** (George N 2015 NEED FOR CONSULT; Bowman J 2016 ACCEPTABLE/RELIABLE; Ouchi K 2017 QUICK AND EASY; Tan A 2020 PRIM-ER)
- **Surprise Question** (Ouchi K 2018; Verhoef MJ 2019; Aaronson EL 2019 ONE YEAR; Ouchi K 2019; Haydar SA 2019 ONE MONTH)

2) Embedding PC Specialists in the ED

Primary Palliative Care Skills Development in the ED

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Building Primary Palliative Care Skills in ED Physicians

• Why?

- Shortage of emergency physicians trained in palliative care
- Incorporating these skills for ED clinicians is simply “good patient care” - COVID certainly reinforced this

• How?

- Ensure relevance! - introduce with *that* challenging patient scenario
- Utilize existing educational curriculum – CAPC, EPEC-EM, EMTalk
- Gather buy in from leadership to reinforce the importance
- Reinforce knowledge with frequent “refreshes” to ensure comfort and sustained skill

Primary Palliative Care in ED

General Best Practices Recommendations (Loffredo AJ 2021)

1. Screening and assessment of palliative care needs
 - Systematic Review (Kirkland SW 2022)
2. ED management of palliative care needs
3. GOC conversations
4. ED palliative care and hospice consults
5. transitions of care

Primary Palliative Care in ED

- PRIM-ER (Grudzen CR 2019; Tan A 2020; Chung FR 2021)
 - Successful integration requires
 - Institutional Leadership Support
 - Leveraging established QI processes
- EM residency curriculum (Benesch TD 2022; Nguyen D 2022;)
 - Didactic and Clinical Curricula

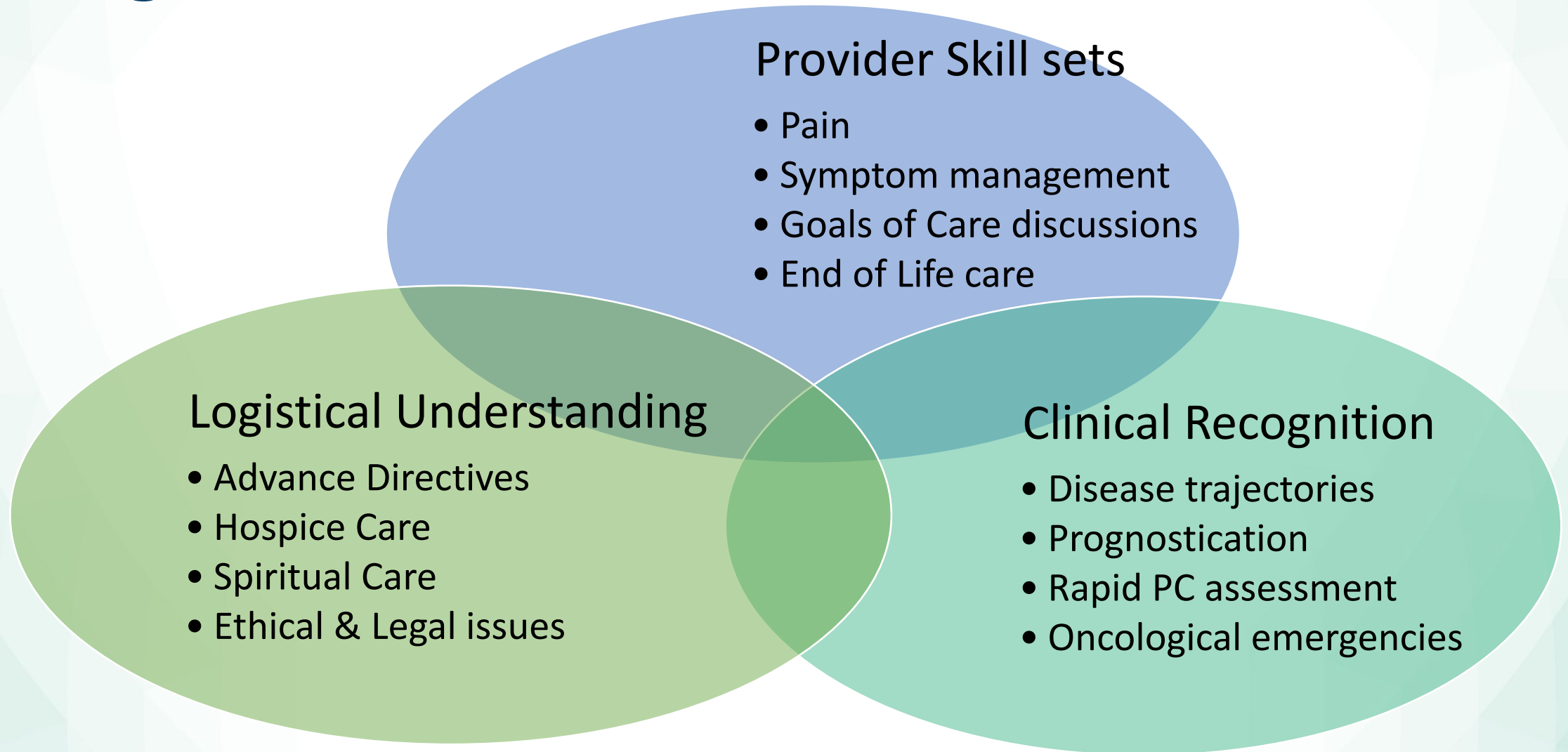
Primary Palliative Care Skills Development in the ED: **Primary Palliative Care for Emergency Medicine (PRIM-ER)**

- Quality improvement intervention carried out at 35 separate community and academic EDs with 4 core components:
 - **Evidence-based multidisciplinary primary palliative care education** – based on EPEC-EM and ELNEC
 - **Simulation-based workshops on communication in serious illness** – utilized EMTalk, a nationally recognized communication training
 - **Clinical decision support tool** – interruptive alerts within the EMR identified high risk patients, hospice patients and those with ACP documents
 - **Provider audit and feedback**

Primary Palliative Care Skills Development in the ED:

EM Residency Curricula

Building Curriculum



Knowledge

- Pain & Symptom Control
- Advance directives
- What is Hospice

Recognition

- Disease trajectories
- Rapid Goals of Care

Application

- Symptom management
 - Pain
 - Nausea/vomiting
 - Dyspnea
 - Agitation
- Care Transitions

EM Training Program Opportunities

- Didactic (faculty and residents)
 - Workshops:
 - Communication Skills: Vital Talk, OSCE, Sim-Lab
 - Lectures: High Yield Topics
- Clinical
 - Mandatory
 - Pre-rotation CAPC modules
 - 1-2 weeks (EM2)
 - Elective

“...opportunities we have to introduce our patients to palliative care early on”

"I realize part of the art of medicine is not only delivering bad news to patients, but also coping with the challenge of preserving my sanity in doing so."

Primary Palliative Care Education for EM Providers

Advantages

- Several existing resources on core pall care skills are available
- No additional staffing resources required
- Captive audience/Set times
- Consistent exposure to HPM principles
- COVID reinforced the importance so buy in may already be there!

Disadvantages

- Can be challenging to draw academic time away from traditional ED educational topics
- May be preceptor dependent experiences clinically
- Requires a regular cadence of refreshers
- Initiatives are often spearheaded by ED/pall care champions - but what if you don't have one at your institution?

Embedding PC Specialists in the ED

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Models of PC Consultation in the ED

Inpatient PC team performs
ED consults

Single Embedded
Clinician

Embedded
Multidisciplinary
Team

Limited hours of
availability for
“immediate” consultation

“Middleground”

Gold standard?
High-resource utilization

Typical Embedded Programs

- Several embedded programs have launched nationally
- Typical model: embedded MD/APP at certain hours (e.g. 11a-7p)
- “Pushed and Pulled” Consults
 - Screening for unmet PC needs
 - Education/empowerment to place consults
- Defining clinical outcomes/goals upfront
 - e.g., decreased HLOS/cost, consult volume, patient-centered outcomes, etc.

Challenges of Embedded PC

- Needs buy-in from institution and key stakeholders
- Funding and sustainability questions
- Spectrum of PC clinician comfort in the ED setting
 - Recreating the wheel
- Scalability/Reproducibility: varying PC needs and resources between institutions

Advantages of Embedded PC

- Increased access to upstream PC services
- May reduce hospital length of stay and cost with high value ROI
- Embedded PC programs highly valued by ED clinicians
 - 98% (MGH), 99% (Rush), and 100% (Scripps)
 - 91% reported increased likelihood of consulting in future
- Increases education of ED staff on primary PC

Sources: Aaronson, 2020; Wang, 2022; and Neugarten, 2022

Take Home Points for ED/PC Initiatives

- ED/PC champions are key drivers of any initiative to assure buy-in
- Successful ED/palliative care initiatives require institutional leadership support and leveraging established QI processes
- Model implemented should match resources and needs of individual institution (IPAL-EM/CAPC)
- Utilize well established, evidence based educational curricula to build primary palliative care skills in ED physicians (EPEC-EM, PRIM-ER)
- Consistent, intentional reinforcement is required to sustain any palliative care initiative in the ED

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Funding Source

This work is supported within the National Institutes of Health (NIH) Health Care Systems Research Collaboratory by cooperative agreement (UG3/UH3 AT009844) from the National Institute on Aging. This work also received logistical and technical support from the NIH Collaboratory Coordinating Center through cooperative agreement U24AT009676. Support was also provided by the NIH National Center for Complementary and Integrative Health Administrative Supplement for Complementary Health Practitioner Research Experience through cooperative agreement (UH3 AT009844) and by the National Center for Complementary and Integrative Health of the National Institutes of Health under award number (UH3AT009844). The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.