Primary Palliative Care for Emergency Medicine (PRIM-ER)

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Research in emergency care

Window to population health

Research agenda to end disparities, & address the needs of society’s most vulnerable
Background

Increasing ED visits by older adults with serious illness

Most prefer to receive care at home and to minimize life-sustaining procedures

Palliative care improves quality of life and decrease health care use
Default Approach
Primary palliative care skills training for emergency providers (PRIM-ER)

1. Evidence-based, multidisciplinary primary palliative care education (EPEC-EM, ELNEC);

2. Simulation-based workshops on communication in serious illness (EM Talk);

3. Clinical decision support; and

4. Provider audit and feedback.
Implementation Strategies

1. Identify and prepare champions
2. Training and educational materials
3. Audit and feedback
4. Incentives
5. Learning collaborative
6. Consultation
7. System & organizational changes
   • Clinical decision support
   • Referral systems and workflow
Cluster Randomized, Stepped Wedge Trial Across 35 EDs
18 Health Systems

Clinical Sites
- Allegheny Singer Research Institute
- Baystate Medical Center
- William Beaumont Hospital
- Brigham and Women's Hospital
- Christiana Care Health Service, Inc.
- Henry Ford Health System
- Icahn School of Medicine at Mount Sinai
- Mayo Clinic
- NYU School of Medicine
- Ochsner Clinic Foundation
- Rutgers University
- Ohio State University
- University of California, San Francisco
- University of Florida College of Medicine
- Trustees of the University of Pennsylvania
- University of Texas MD Anderson Cancer Center
- University of Utah
- Yale University
Identify High-Risk Patients
Calculate Gagne Index to identify patients at high risk of short-term mortality (score >6) based on review of 12 months of prior inpatient, outpatient and carrier claims.

Facility Extraction
All ED visitors 66+ years to any participating ED

Exclude if transferred from SNF

Exclude if hospice in prior 12 months

First ED visit to participating ED when Gagne >6

Outcomes
Disposition at index ED visit, healthcare utilization and survival at 6 months

12 months prior ------------------ Index ED visit ------------------ 6 months post
If you want to go fast, go alone.
If you want to go far, go together.