



**2021 ACOI Annual Convention
And Scientific Sessions
October 27-30**

Palliative Oncology

A sub-specialized
approach to
supportive cancer
care.

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Disclosures

- None

OBJECTIVES



- Definitions of Palliative Care
- Prognostic Model Evaluation
- Research Supporting Palliative Oncology
- Features of Embedded Palliative Oncology
- Implementation of Palliative Oncology
- Barriers to Palliative Oncology
- Future Challenges

Definitions of Palliative Care

TABLE 1. DEFINITIONS

Primary palliative care

The basic skills and competencies required of all physicians and other health care professionals.³

Secondary palliative care

Specialist clinicians that provide consultation and specialty care.³

Tertiary palliative care

Care provided at tertiary medical centers where specialist knowledge for the most complex cases is researched, taught, and practiced.³

Systems-based approach

An organized, deliberate approach to the identification, assessment, and management of a complex clinical problem; may include checklists, treatment algorithms, provider education, quality improvement initiatives, and changes in delivery and payment models.

Potentially life-limiting or life-threatening condition

Any disease/disorder/condition that is known to be life-limiting (e.g., dementia, COPD, chronic renal failure, metastatic cancer, cirrhosis, muscular dystrophy, cystic fibrosis) or that has a high chance of leading to death (e.g., sepsis, multiorgan failure, major trauma, complex congenital heart disease). Medical conditions that are serious, but for which recovery to baseline function is routine (e.g., community-acquired pneumonia in an otherwise healthy patient) are not included in this definition.

Goals of care

Physical, social, spiritual, or other patient-centered goals that arise following an informed discussion of the current disease(s), prognosis, and treatment options.^{6,22}

David E. Weissman, M.D.¹ and Diane E. Meier, M.D.² JOURNAL OF PALLIATIVE MEDICINE Volume 14, Number 1, 2011 Identifying Patients in Need of a Palliative Care Assessment in the Hospital Setting A Consensus Report from the Center to Advance Palliative Care

Primary Palliative Care

- Pain
- Symptom Assessment
- Symptom Management
- Social/Spiritual Assessment
- Patient Centered Goals of Care
- Advance Care Planning
- Understanding Prognosis
- Ensuring Transition of Care

Secondary Palliative Care

- Complex/Refractory Symptom Management
- Complicated Social/Spiritual Distress
- Disease Specific Complications
- Creative Legacy Building
- Multi/Interdisciplinary Coordination



Tertiary Palliative Care

- Palliative Sedation
- Pain Crisis Requiring IV Opioids
- IV Ketamine Infusion
- High Risk Patients/Complications

Pictorial Models of Palliative Care



<https://www.slideshare.net/ooooottam/palliative-care-and-end-of-life-care>

Pictorial Models of Palliative Care



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Prognostic Models of Palliative Care

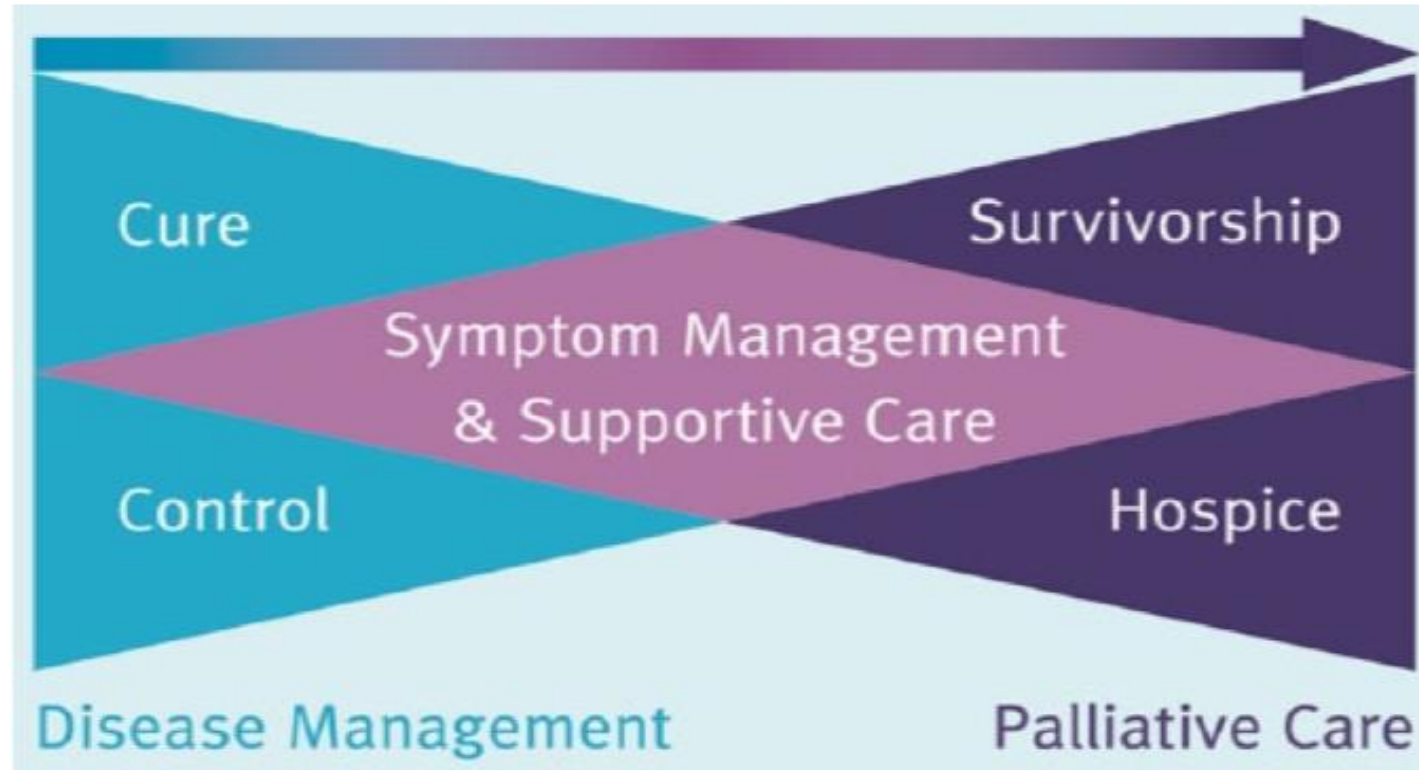


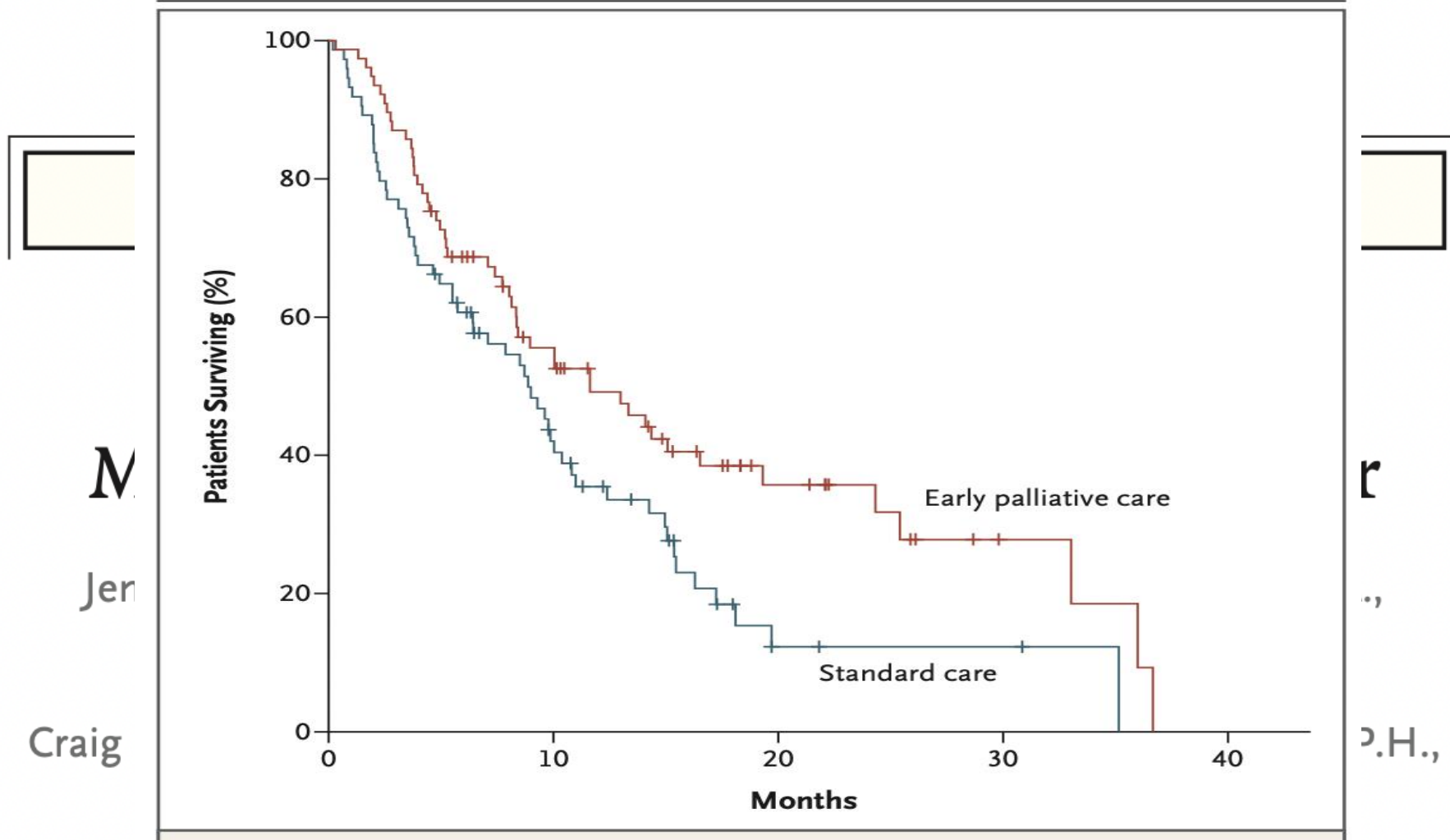
Figure 1. The bow tie model of 21st century palliative care.¹⁹

Hawley, Philippa- 2017/02/01 Barriers to Access to Palliative Care
1010.1177/1178224216688887Palliative Care: Research and Treatment

Continuum of Care



Evidence Base for Integrated PC in Oncology



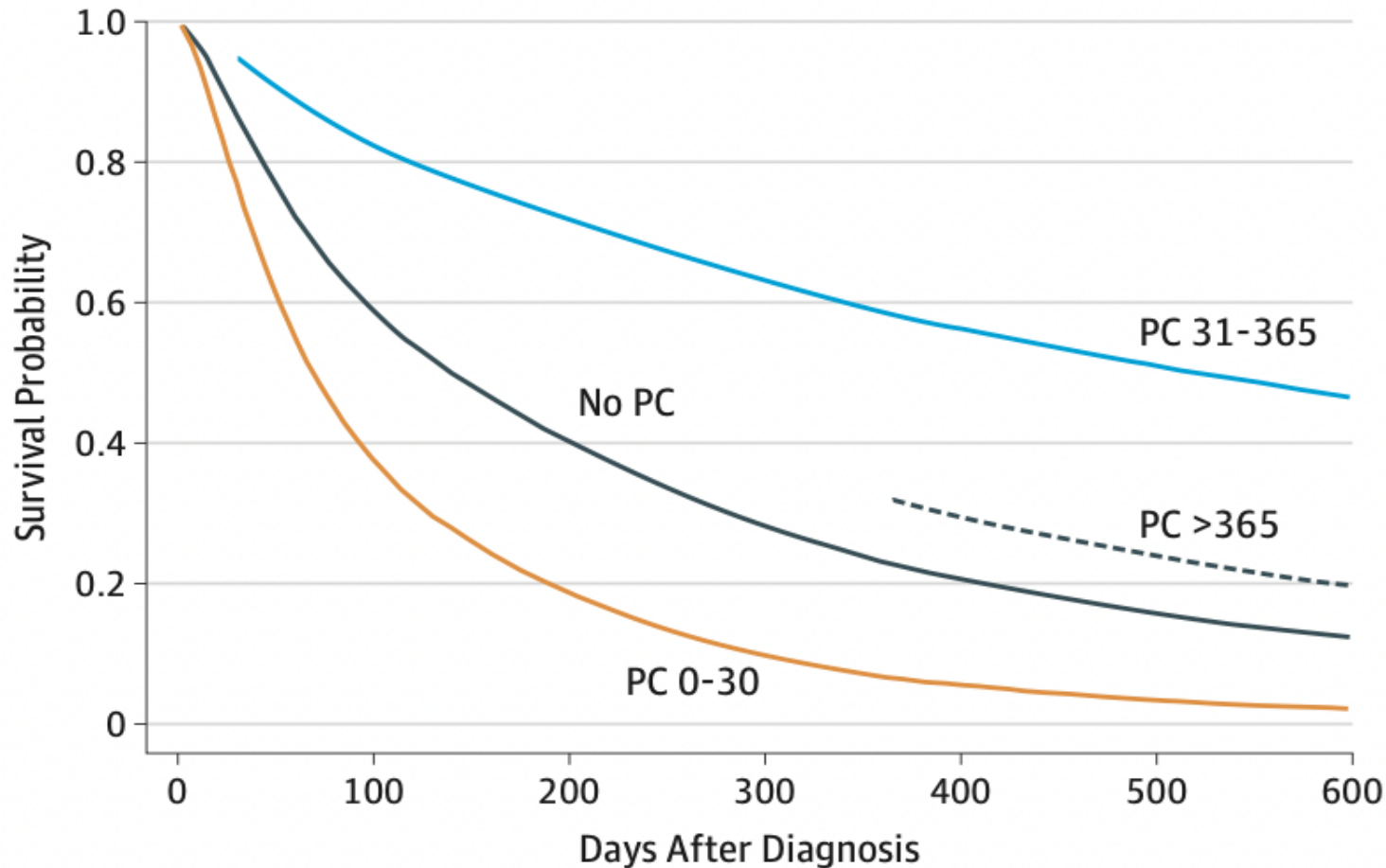
Evidence Base for Integration of PC into Oncology

JAMA Oncology

Association of Palliative Care Receipt and Survival in Lung Cancer

Donald R. Sullivan,
Lissi Hansen, PhD,
Sara E. Golden, MP

Figure 2. Association of Survival With Receipt of Palliative Care (PC)

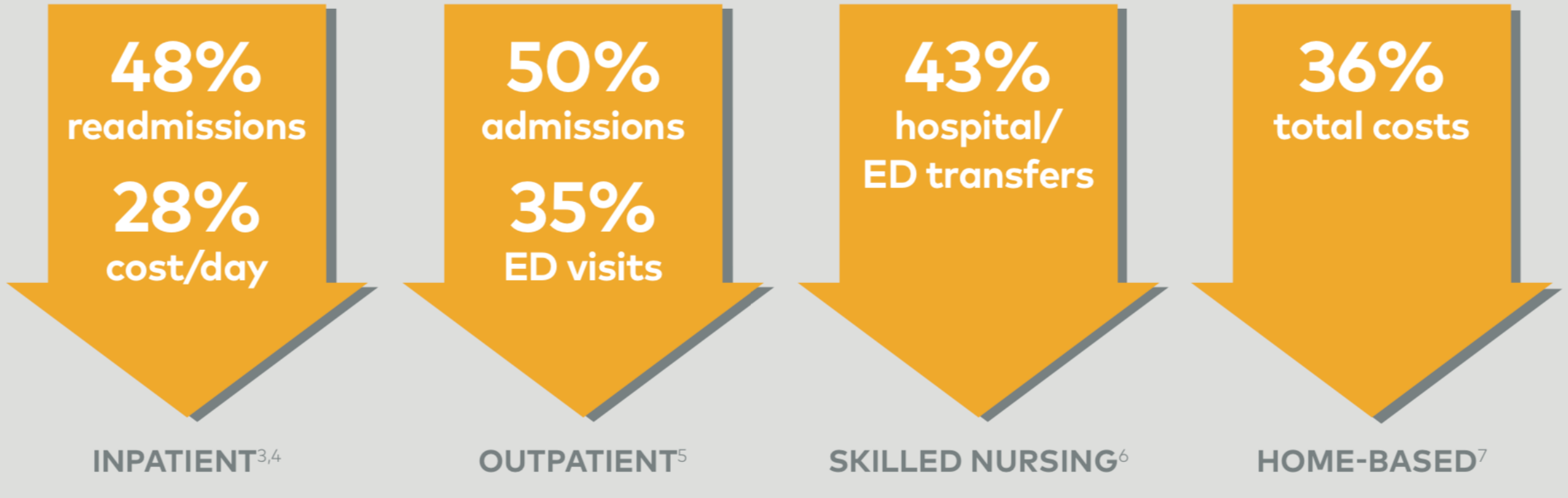


Lung Cancer



Value in Oncology

REDUCES AVOIDABLE SPENDING AND UTILIZATION IN ALL SETTINGS



CAPC infographic 2018

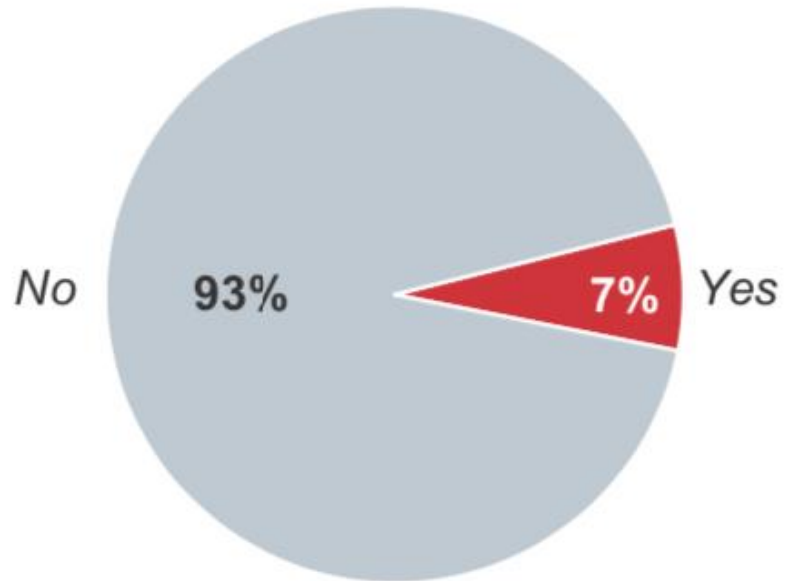
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Value in Oncology

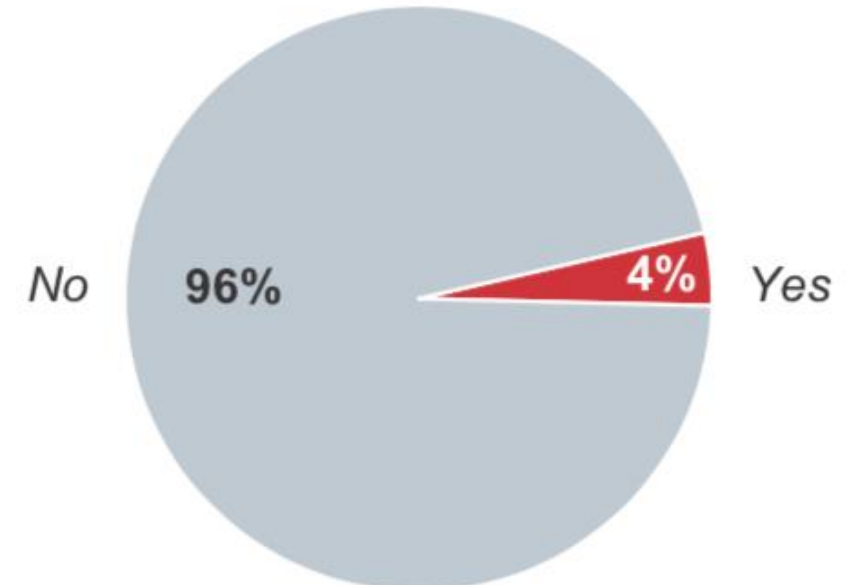
Patients Who Discussed Advanced Directives with their Oncologists

n=75



Patients Who Discussed Advanced Directives with their Physicians

n=1,009



Advisory Board - Integrating Palliative Care into Oncology Practice - 2011

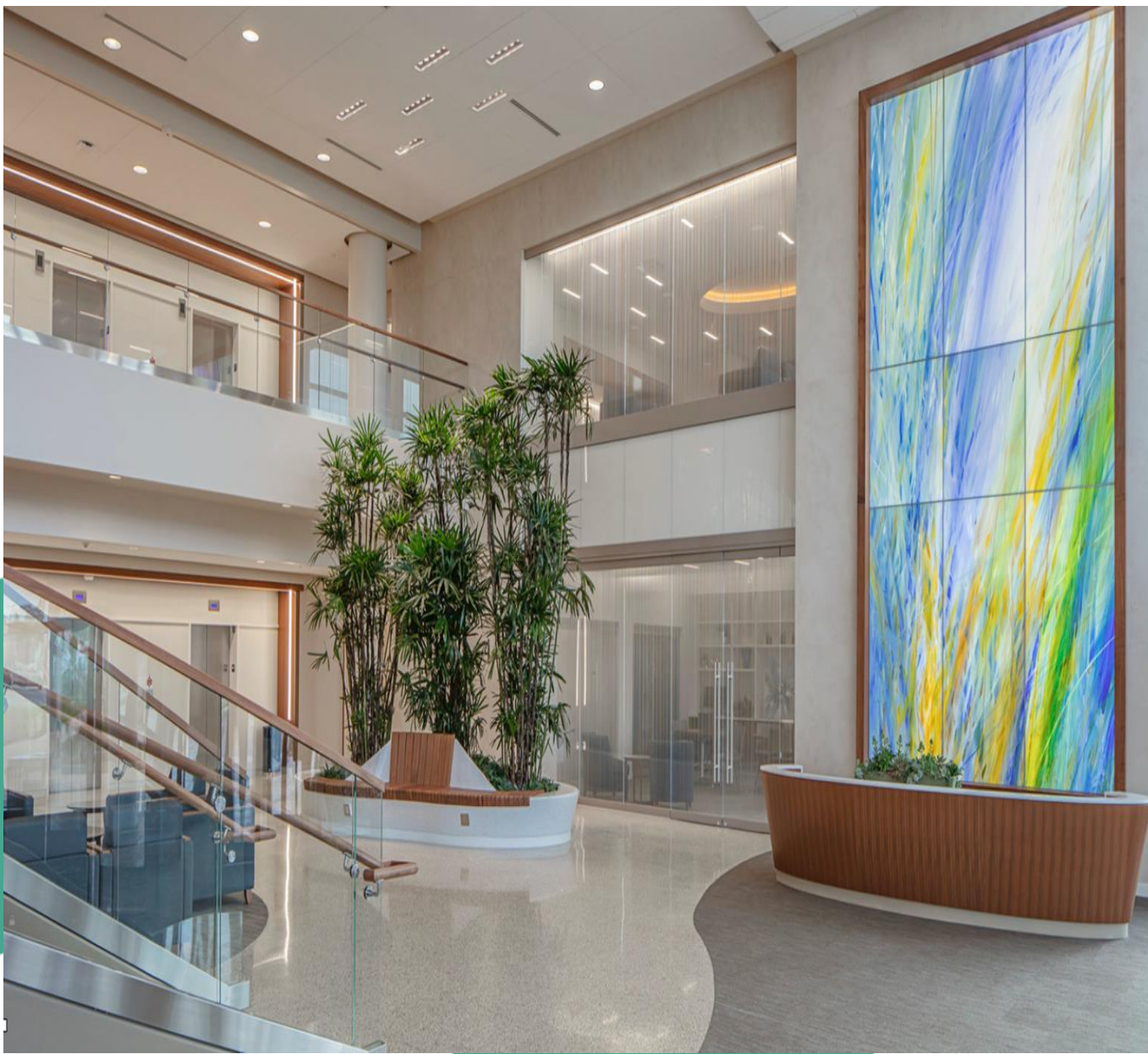
National Recognized Guidelines



- Recommends screening every cancer patient for palliative care needs
 - Palliative care is recommended for patients with:
 - Uncontrolled symptoms
 - Moderate to severe distress associated with cancer diagnosis
 - Serious co-morbid physical or psychosocial conditions
 - Life expectancy of less than one year
 - Patient and family concerns
- Suggests that physicians should initiate discussions about prognosis with patients soon after an advanced cancer diagnosis
 - Physicians must explain the risks and benefits associated with certain treatments
 - If a certain treatment is unlikely to extend survival, palliative care should be offered as a concurrent or alternate therapy
- Recommends that palliative care services should be available either on-site or by referral beginning at diagnosis and should be available continuously as needed
 - Suggests that the palliative care team should consist of at least one physician and one non-physician clinician



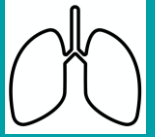
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Upper/Lower GI. Thoracic/H&N/CNS

Specialist endoscopists (IOSE), CRC,
Med Onc, Bronchoscopy, CT Surgery

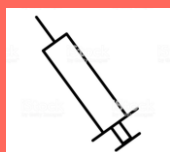
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Breast/Gynecology

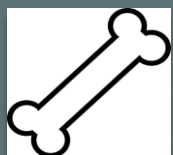
Breast Surgeons, Med Onc, Gynecologic
Oncologists

**FLOOR
04**



**FLOOR
03**

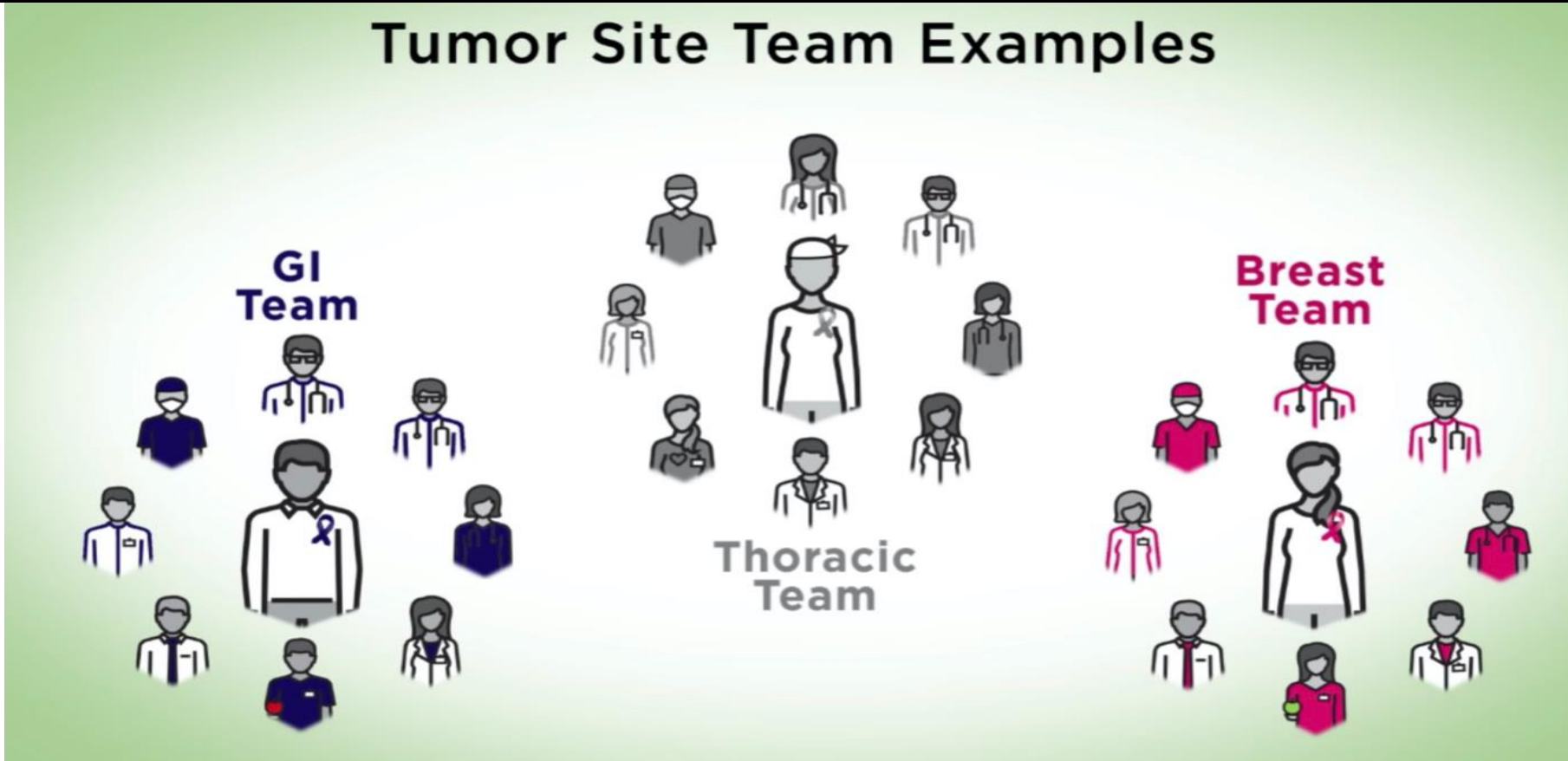
Infusion
Cytotoxic Chemotherapy, ImmunoOncology
Targeted Precision Oncology, Radiopharm



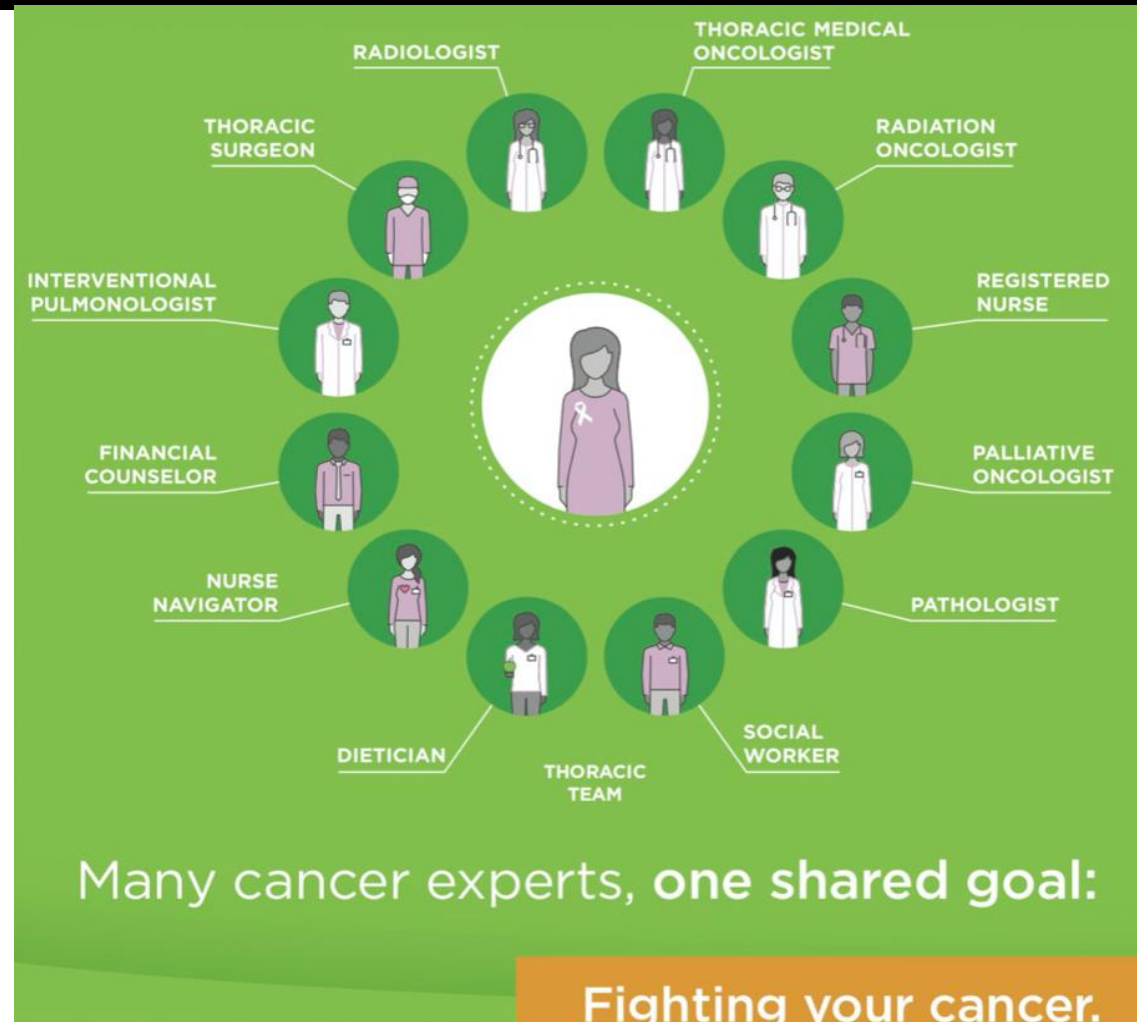
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02**

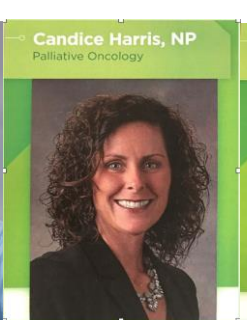
GU/Melanoma/Sarcoma. Hematology
Dermato-Oncologist, Orthopedic
Oncologist,
Med Onc, Benign/Malignant Hematologist

Tumor Site Model



Patient Centered Care





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Time Intensive Intervention



2.8

Hours spent by the palliative care team per patient

162

Hours spent by the palliative care team on patient care across one year



Confronting Reality

“With the pressures of full-capacity practice, oncologists may be less likely to initiate a broad discussion of [health-related quality of life] themes repeatedly as clinical realities change.”

Muir et al., 2010

Advisory Board - Integrating Palliative Care into Oncology Practice - 2011

National Palliative Care Delivery

What modern experience do patients have with palliative care across the US?



70%

Inpatient PC

2019 CAPC Report Card showing all hospitals in the US with an inpatient palliative care consult service



7%

Outpatient PC

2019 CAPC programs reporting data from outpatient programs



5%

Sub-specialized PC

2019 CAPC Outpatient programs who were sub-specialized ie. Palliative Oncology



93%

PC Patient Experience

2017 NICHM Survey regarding patients who receive PC likelihood to recommend to others

BARRIERS TO PALL ONC

Culture in oncology is rapidly changing from aggressive disease directed to a quality and value based

01

ACCEPTANCE

- Primary vs Specialty
- Time Intensive
- Multi-Disciplinary
- Synergy vs Antagonist

ADVOCACY

- Administrative champion
- Med Onc champion
- Rad Onc champion
- Surgical champion

02

03

VALUE

- FFS vs QBM
- Meaningful Use
- QI/Value Based Research

FUTURE CHALLENGES

As cancer incidence increase, our population ages and cancer survivorship improves, the need for specialty supportive oncology efforts will be critical

01

COLLABORATION

- Institution
- Locoregional
- State wide
- Multi-Institutional

RESEARCH

- Quality Based Metrics
- PROs
- Funding

02

03

EDUCATION

- Provider
- Graduate Med Ed
- Patients
- General Public



Placeholder text