

Defining high-quality palliative care in oncology practice: an ASCO/AAHPM Guidance Statement

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Presented By Kathleen Bickel at 2015 Palliative Care in Oncology Symposium

Background

- Palliative care integrated into oncology care improves symptom burden, quality of life and patient and caregiver satisfaction
- Not all cancer patients have access to specialist palliative medicine
- Oncology practices do provide some palliative care services
- ASCO and AAHPM partnered to create a consensus definition of high-quality primary palliative care in medical oncology

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Defining high-quality primary palliative care in oncology



Project Aim: Determine which palliative care elements constitute primary palliative care delivery in United States oncology practices for adult patients with advanced cancer or high symptom burden

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Consensus process

- 31 member multidisciplinary panel
- Reviewed 966 palliative care service items across 9 domains

Palliative Care Domains

1. Symptom Assessment/Management
2. Psychosocial Assessment/Management
3. Spiritual and Cultural Assessment/Management
4. Communication and Shared Decision-Making
5. Advance Care Planning
6. Coordination/Continuity of Care
7. Appropriate Palliative Care and Hospice Referral
8. Carer Support
9. End-of-Life Care

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Consensus process - Rating

- Each service item rated using 3 constructs:
 - Importance
 - Feasibility
 - Scope of practice
- Likert scale 1 (low) – 9 (high)
- Composite Rating: Include, Uncertain, Exclude

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Composite rating

- Only service items rated highly in all 3 constructs “Included” as part of primary palliative care in oncology definition

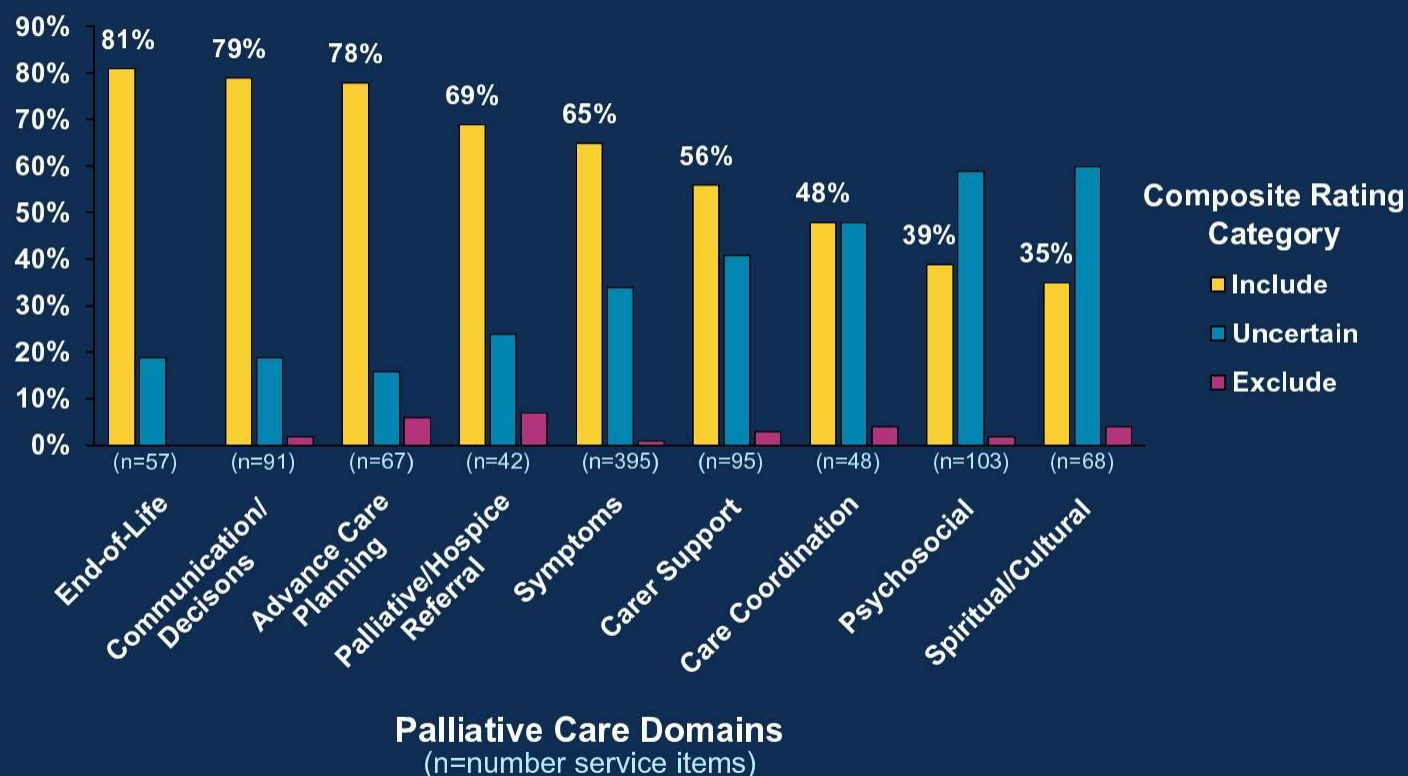
Palliative Care Service Item	Construct	Score Categories (n=number of panelists)			
		Low Score 1-3	Mid Score 4-6	High Score 7-9	Median Score
76. Systematically assess for pain using a validated quantitative instrument at least monthly	Importance	1	5	25	8
	Feasibility	2	9	20	7
	Scope	2	7	22	7

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Distribution of palliative care service items

Proportion of Service Items within Domain
(denominators vary)



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Grand Totals

Composite Rating Category	Number of Service Items	Column %
Include	598	62%
Uncertain	347	36%
Exclude	21	2%
Total	966	100%

Examples of palliative care service items

Palliative Care Domain	Composite Rating Category	
	Include	Uncertain
1. Symptom Assessment/Management	Systematically assess for pain using a validated quantitative instrument at every clinical encounter	Manage a patient using medical marijuana with moderate to severe uncomplicated pain with opioids
2. Psychosocial Assessment/Management	Obtain a basic psychosocial history at initial clinical encounter	Assist with applications for insurance (e.g. Medicare, Medicaid)
3. Spiritual and Cultural Assessment/Management	Assess and record current faith group, if any, in medical record	Perform screening for possible spiritual issues
4. Communication and Shared Decision-Making	Determine patient/family understanding of prognosis	Discuss potential cost to patient/family of any potential treatment, acknowledging effects cost may have on family finances and future plans

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Summary

- Joint ASCO/AAHPM guidance statement to define high-quality primary palliative care delivery in medical oncology
- Highest consensus in end-of-life care, communication and shared decision-making, and advanced care planning domains
- Early-stage, definition project – guidance, *not guidelines*
- Purpose is to help oncology practices improve their delivery of primary palliative care

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Limitations

- Panel composition:
 - 1/3 panelists self-identified as dual oncology and palliative care physicians
- Implementation readiness:
 - No feedback on whom in the practice should provide the services
 - No endorsement of specific assessment tools (e.g. Distress Thermometer)

Implications and next steps

- Foundation for future palliative care-related quality improvement and educational activities
- Identify priority areas
- Standardize primary palliative care delivery across oncology settings

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