

VCU Palliative Care ECHO*

September 12, 2019
Outpatient Palliative Care

Continuing Medical Education

September 12, 2019 | 12:00 PM | teleECHO Conference

Physicians: VCU Health Continuing Medical Education is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. VCU Health Continuing Medical Education designates this live activity for a maximum of 1 **AMA PRA Category 1 Credits™**.

Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Continuing Nursing Education: 1.5 CE Contact Hours

VCUHealth is approved as a provider of continuing nursing education by the Virginia Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Disclosures

September 12, 2019 | 12:00 PM | teleECHO Conference

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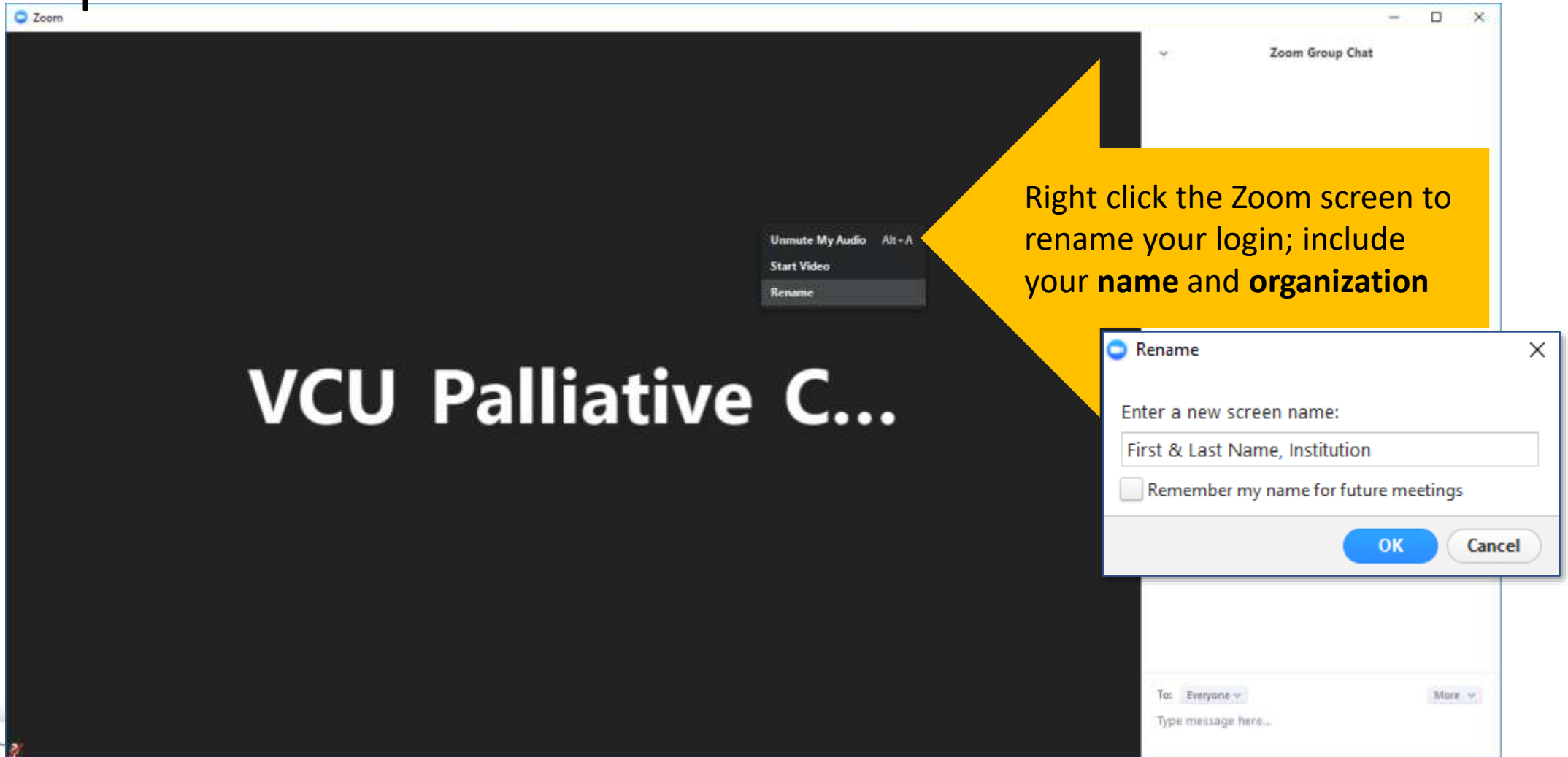
The following Planning Committee and Presenting Faculty Members report relevant financial relationships to disclose:

The following Planning Committee and Presenting Faculty Members report having no relevant financial relationships:

J. Brian Cassel, PhD
Danielle Noreika, MD

No commercial or in-kind support was provided for this activity

Helpful Reminders



The image shows a Zoom meeting window. The main screen is dark with the text "VCU Palliative C..." in white. A right-click context menu is open, showing options: "Unmute My Audio Alt + A", "Start Video", and "Rename". A yellow arrow points from the text "Right click the Zoom screen to rename your login; include your **name** and **organization**" to the "Rename" option. A "Rename" dialog box is also open, with the text "Enter a new screen name:" and a text input field containing "First & Last Name, Institution". There is a checkbox labeled "Remember my name for future meetings" and "OK" and "Cancel" buttons at the bottom.

Zoom

Zoom Group Chat

Unmute My Audio Alt + A

Start Video

Rename

VCU Palliative C...

Right click the Zoom screen to rename your login; include your **name** and **organization**

Rename

Enter a new screen name:

First & Last Name, Institution

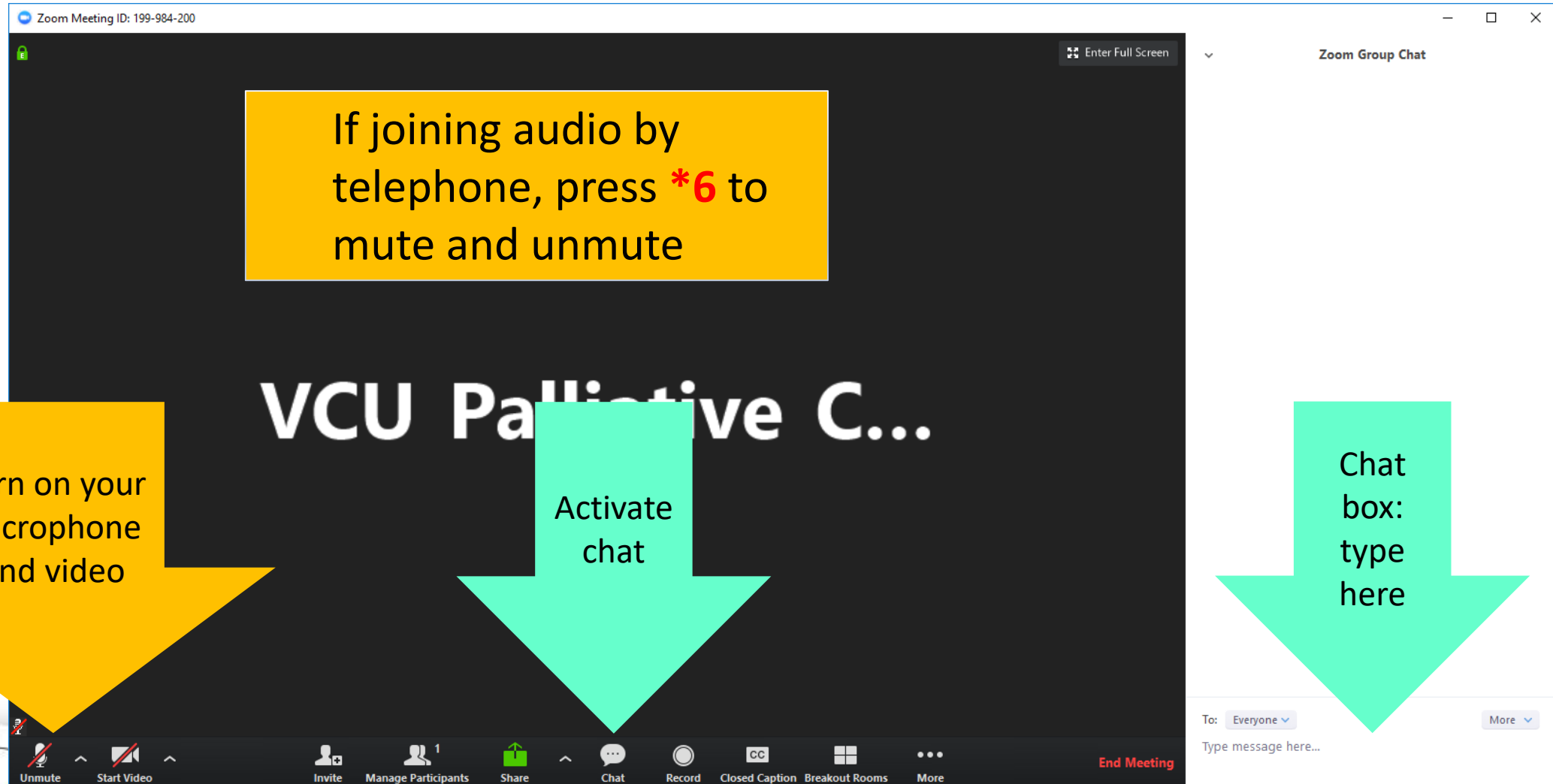
☐ Remember my name for future meetings

OK Cancel

To: Everyone v More v

Type message here...

Helpful Reminders



Zoom Meeting ID: 199-984-200

Enter Full Screen

Zoom Group Chat

If joining audio by telephone, press ***6** to mute and unmute

VCU Palliative C...

Turn on your microphone and video

Activate chat

Chat box: type here

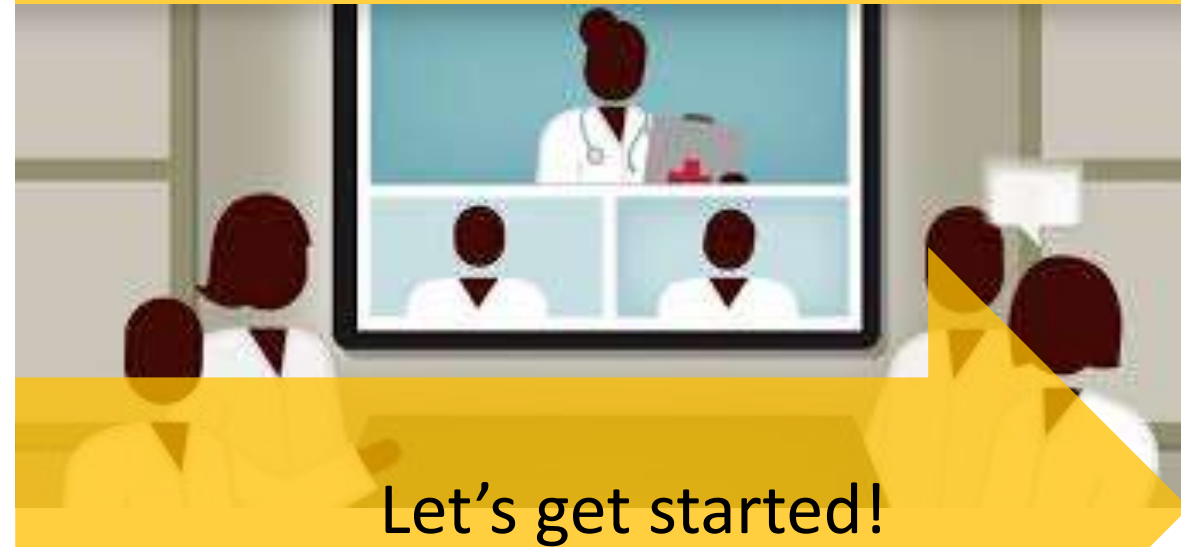
Unmute Start Video Invite Manage Participants Share Chat Record Closed Caption Breakout Rooms More End Meeting

To: Everyone Type message here...

What to Expect

- I. Didactic Presentation
20 minutes + Q&A
- II. Case Discussions
 - Case Presentation
5 min.
 - Clarifying questions from spokes,
then hub
2 min. each
 - Recommendations from spokes,
then hub
2 min. each
 - Summary (hub)
5 min.
- III. Closing and Questions

- Bi-weekly tele-ECHO sessions (1.5 hours)
- Didactic presentations developed by inter-professional experts in palliative care
- Website: www.vcuhealth.org/pcecho
- Email: pcecho@vcuhealth.org



Hub Introductions

VCU Team	
Clinical Directors	<p>Egidio Del Fabbro, MD VCU Palliative Care Chair and Program Director</p> <p>Danielle Noreika, MD, FACP, FAAHPM Medical Director/Fellowship Director VCU Palliative Care</p>
Clinical Experts	<p>Candace Blades, JD, RN – Advance Care Planning Coordinator</p> <p>Brian Cassel, PhD – Palliative Care Outcomes Researcher</p> <p>Jason Callahan, MDiv – Palliative Care Specialty Certified</p> <p>Felicia Hope Coley, RN</p> <p>Diane Kane, LCSW – Palliative Care Specialty Certified</p> <p>Tamara Orr, PhD, LCP – Clinical Psychologist</p>
Support Staff Program Manager Telemedicine Practice Administrator IT Support	<p>Teri Dulong-Rae & Bhakti Dave, MPH</p> <p>David Collins, MHA</p> <p>Frank Green</p>

Spoke Participant Introductions

Name and Institution

Objectives

- Describe the necessary partnerships with referrers and other community services to build a successful outpatient program
- Select appropriate measures for evaluating an outpatient palliative care program
- Integrate patient and stakeholder needs into business plan for an outpatient program

Outpatient palliative care

J Brian Cassel, PhD
Palliative Care Research Director
Associate professor, Hematology/Oncology &
Palliative Care
Virginia Commonwealth University
Brian.Cassel@VCUHealth.org

What it looks like

- Office / clinic-based PC:
 - MD, APRN, RN, access to SW and others
 - May be provided at referring provider practice (e.g., oncology clinic/office) or stand-alone site
 - Relies heavily on fee-for-service revenue
 - Oncology seems most common
- Home-based PC:
 - APRN, RN, SW with access to MD and others
 - May be supplemented by some tele / AV contacts
 - Similarities with home-based primary care
 - Difficult to do without contracts (enhanced fee-for-service, monthly bundle, or subsidy from larger entity)

CBPC is timely and concurrent

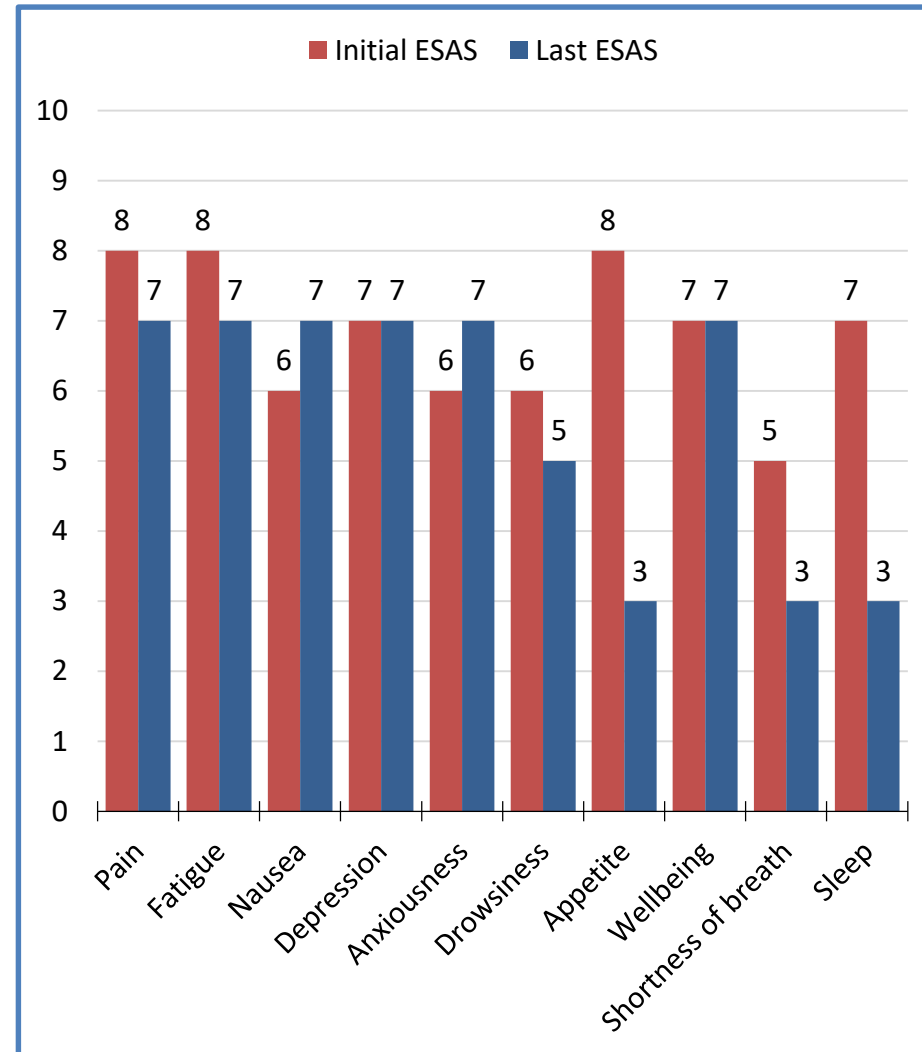
VCU Massey Cancer Center

- 49 year-old woman diagnosed with stage IV NSCLC (with brain metastases) developed severe nausea/vomiting & vertigo 4 months into treatment.
 - Aggressive management of symptoms in supportive care clinic
 - Allowed her to improve & continue with cancer treatment while avoiding hospital admission.
 - Followed in both supportive care (PC) clinic & MedOnc clinic.
 - Lived 20 months after diagnosis and 16 months after first PC visit, transitioned to hospice in her final weeks of life.
-
- Timing of inpatient hospital PC before death: 3 weeks
 - Timing of clinic-based PC before death: 5 months

Symptoms, function improved

VCU Massey Cancer Center

- 55 year old male
- Recurrence of SCC base tongue (IV-A)
- Latest treatment: cisplatin + radiation
- 17% weight loss in 3 months
- Referred for pain and cachexia
- Supportive care clinic 8 weeks
- Opioid rotation to methadone
- Metoclopramide: nausea, early satiety
- Compliant with duloxetine, psychologist
- Total testosterone=132, replaced
- Gained: +5 kg (11%)
- BMI: 15.4 → 17.3
- SPPB: 6/12 → 9/12
- 6MW: 485 → 1252 feet
- Handgrip: 33 → 38



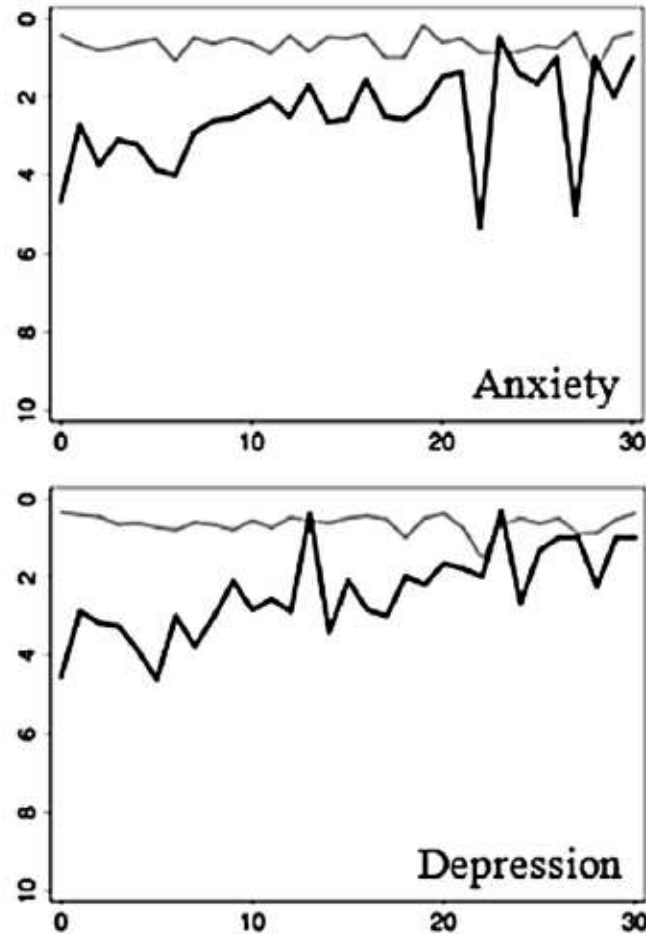
SBBP = Short Physical Performance Battery
6MW = Six minute walk test

CBPC outcomes

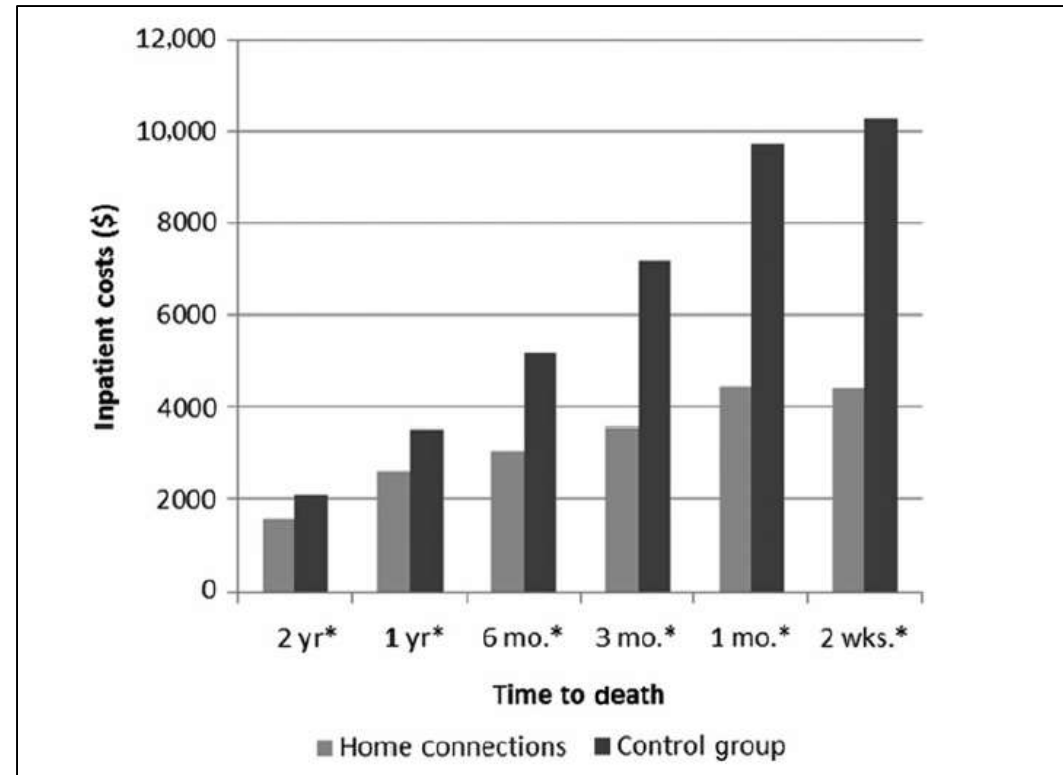
Program / population	Positive effects	Source
PC in primary care clinic for adv CHF, COPD, cancer	Dyspnea, anxiety, spiritual well-being, sleep quality, satisfaction with care	Rabow: Arch IM 2004, JPSM 2003
Outpatient PC for adv NSC lung cancer	Survival, quality of life, depressive symptoms	Temel NEJM 2010 / JPM 2016
Home-based PC for home-bound Ca, CHF, COPD	Satisfaction, more at-home deaths, fewer ED visits and hospitalizations	Brumley JAGS 2007
Home-based PC for all conditions (cancer, CV, respiratory, etc.)	Anxiety, appetite, dyspnea, well-being, depression, nausea; hospice use; lower healthcare costs	Kerr JPM 2014, JPSM 2014
Home-based PC for MSSP (ACO) beneficiaries	Increased hospice enrollment & length; less hospital use & lower costs	Lustbader JPM 2017
Home-based PC for MA; CHF, Cancer, COPD, dementia	Less hospital use and lower healthcare costs; patient experience high	Cassel JAGS 2016
Psycho-educ telehealth for adv cancer & care-givers	Patient survival, caregiver depression	Bakitas & Dionne-Odom JCO 2015

Symptoms controlled, costs lower

“Home Connections” (Buffalo NY)



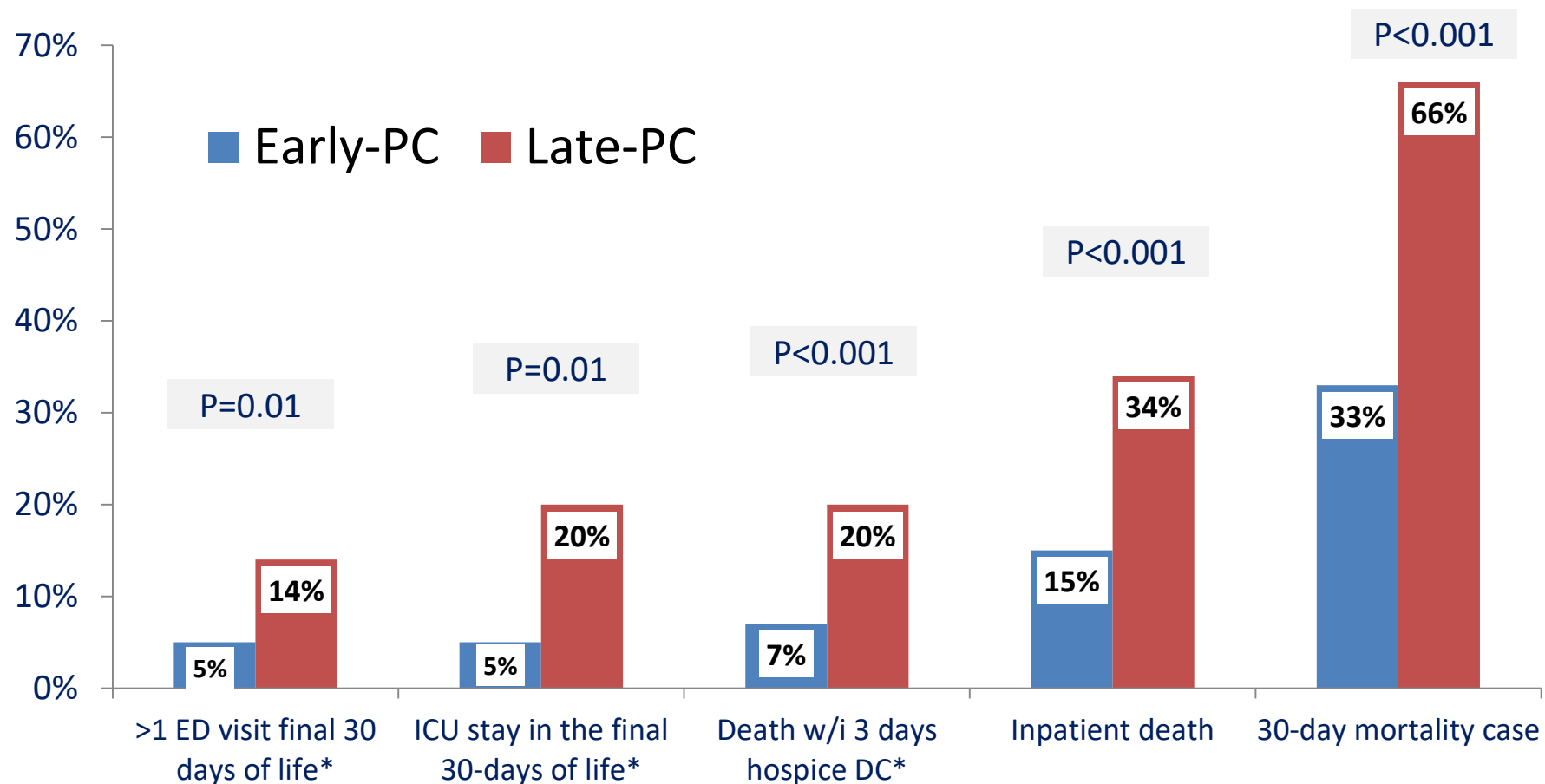
Mean ESAS item scores (y-axis) as a function of the week of enrollment (x-axis) within groups categorized by the score at enrollment: good scores (0-2) on onset are represented by the gray line and moderate (4-6) and/or poor (7-10) scores at onset are represented by a black solid line (n=428).



- [Kerr, Donohue, Tangeman et al. \[Cost outcomes\] JPM 2014 Dec;17\(12\):1328-35.](#)
- [Kerr, Tangeman, Rudra et al. \[Clinical outcomes\] JPSM. 2014 Nov;48\(5\):883-92.](#)

UCSF Symptom Management Service

297 cancer patients, 204 with Late-PC: first PC within 90 days of death
93 with Early-PC: first PC >90 days preceding death

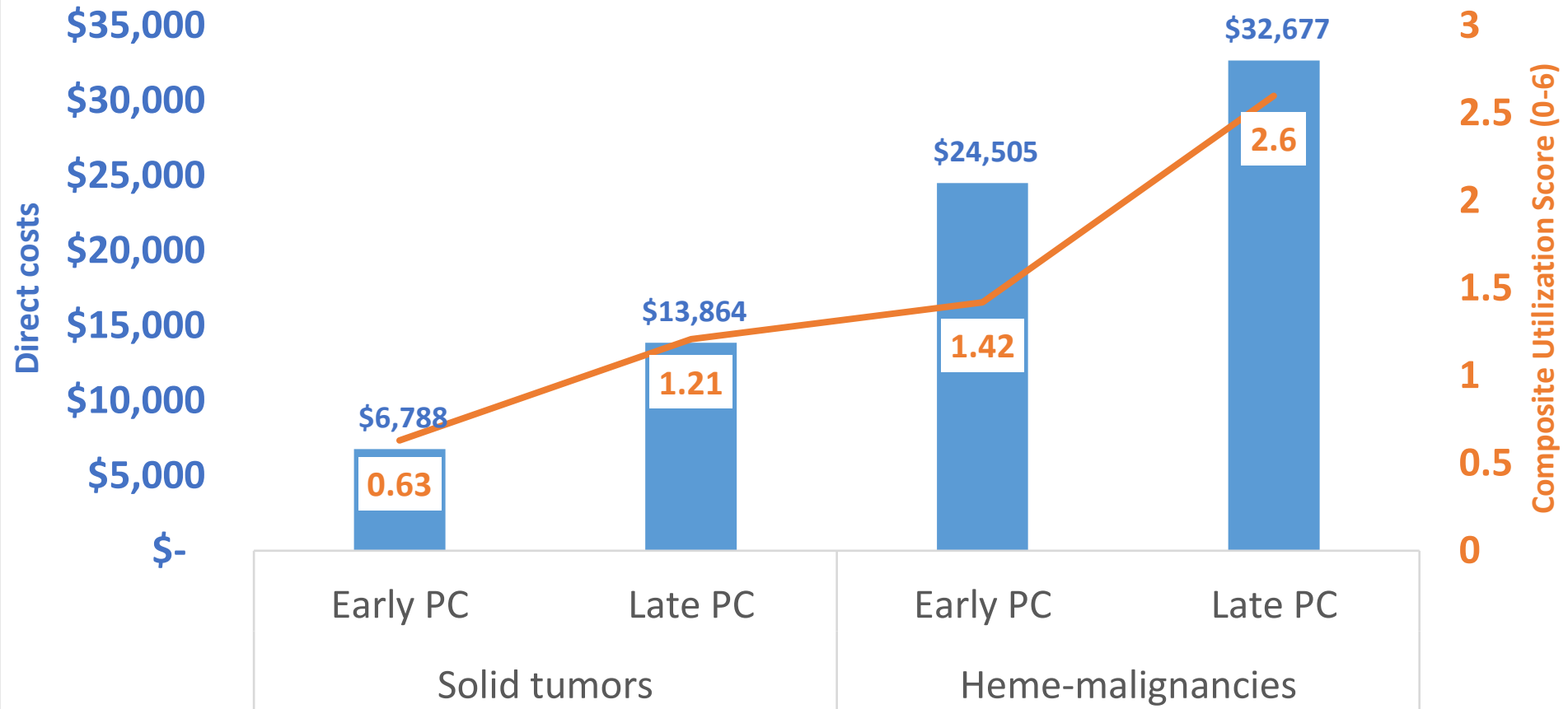


*NQF measures

Scibetta C, Kerr K, McGuire J, Rabow MW. *The Costs of Waiting: Implications of the Timing of Palliative Care Consultation among a Cohort of Decedents at a Comprehensive Cancer Center.* J Palliat Med. 2016 Jan;19(1):69-75.

VCU study early vs. late PC

433 pairs solids, 50 pairs hemes

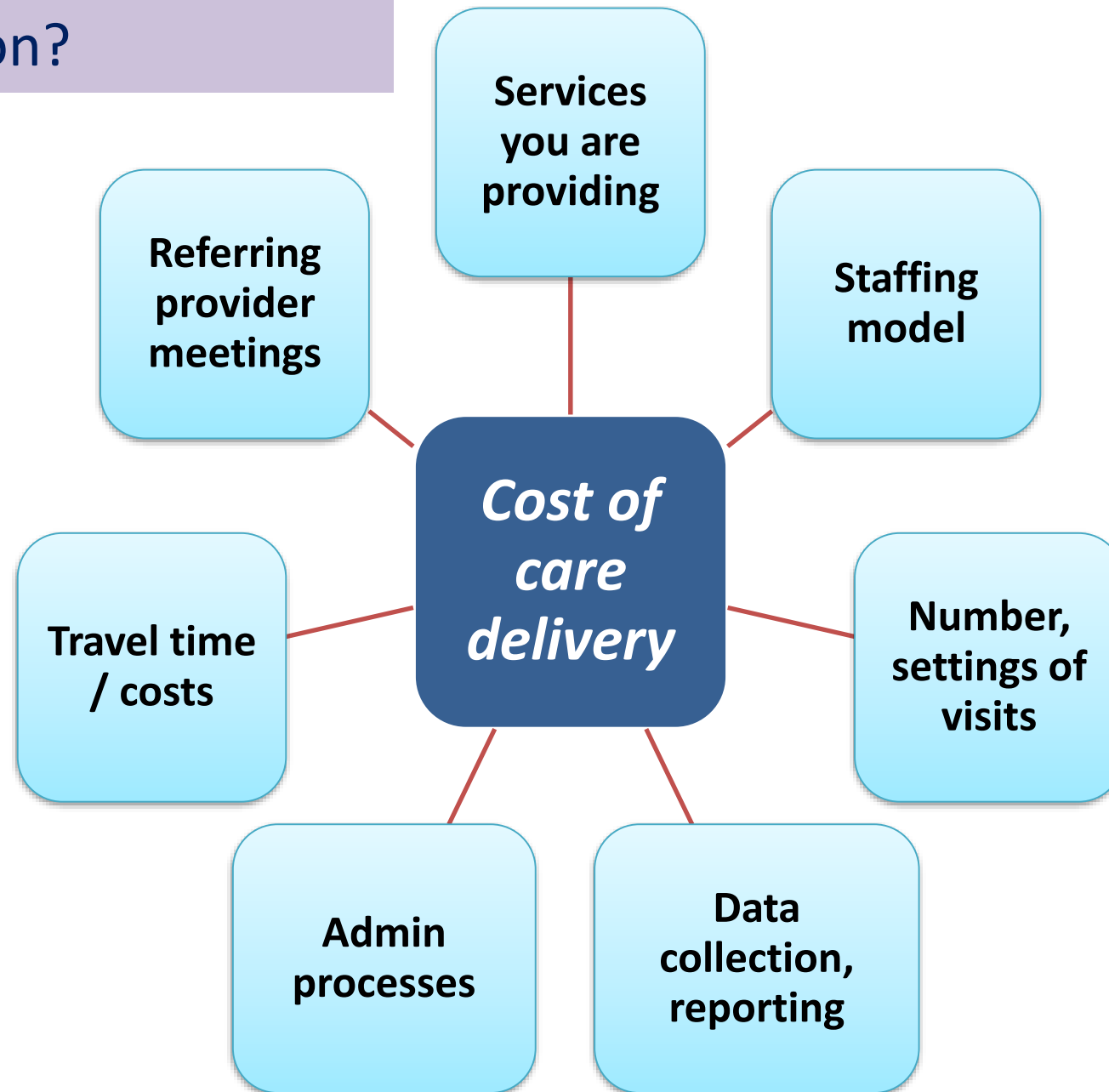


Solids: $p < .0001$ for costs and composite score. Hemes: $p = .041$ for costs, $p = .001$ for composite.
Interaction effects: $p = .439$ for direct costs, $p = .023$ for composite score

Why payers and some providers are interested in early, ambulatory PC

- EOL care can be hugely expensive, some of which may be avoidable
- Payers and at-risk providers (HMO-owned health systems, entities with risk-bearing contracts) want to reduce expenditures
- Accountable care organizations (ACOs) and providers / health systems participating in CMS Bundled Payment program may share in cost-savings
- In the fee-for-service world, there are penalties for over-utilization (CMS re-admissions) and quality and patient experience metrics are tied to reimbursement (CMS value-based purchasing)
- For some hospitals, revenues don't keep up with costs of EOL hospitalizations (Medicare, Medicaid, uninsured)
- Some hospitals are overly full and may want to reduce the bed-days used for symptom-related care
- Some providers (hospices, home health) are branching out into palliative care as a separate revenue stream

Clinic, home, tele-medicine,
or combination?



References and resources

- Rabow M, Kvale E, Barbour L et al. Moving upstream: a review of the evidence of the impact of outpatient palliative care. J Palliat Med. 2013 Dec;16(12):1540-9.
- Pimentel LE, De La Cruz M, Wong A, et al. Snapshot of an Outpatient Supportive Care Center at a Comprehensive Cancer Center. J Palliat Med. 2017 Apr;20(4):433-436.
- Temel JS, Greer JA, Muzikansky A, et al. Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer. N Engl J Med. 2010 Aug 19;363(8):733-42.

Case Presentation

Accessing CME and CEU Credits

Claim CME / CEU at www.vcuhealth.org/pcecho



VCU Health Palliative Care ECHO



Our VCU Health Palliative Care ECHO program partners with community practices caring for patients with serious illness and applies our interdisciplinary care team - a mix of physicians, nurses, social workers, psychologists, chaplains and more - to provide patient care support and education throughout Virginia.

We have a long-standing palliative care program with an inpatient unit, consult service and supportive care clinic to provide serious illness care. Many communities in Virginia do not have access to palliative care and we're here to help.

- [View Palliative Care ECHO sessions](#) (CME/CEU available).
- [Register now for an upcoming clinic.](#)
- [Submit a case study](#) (registered participants only).
- Live Session Participants: [Claim CME/CEU](#).

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Telehealth

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Virginia Opioid Addiction
ECHO ▾

VCU Health Palliative Care
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Curriculum

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ECHO ▾

Telehealth Programs ▾



Submit your evaluation to claim your CME

VCU Health Palliative Care ECHO Survey

Resize font:
+ | -

Please complete the survey below.

Thank you!

Name <small>* must provide value</small>	<input type="text"/>
Credentials (MD, DO, NP, RN, ...) <small>* must provide value</small>	<input type="text"/>
Email Address <small>* must provide value</small>	<input type="text"/>
I attest that I have successfully attended the Virginia Palliative Care ECHO Clinic. <small>* must provide value</small>	<div><input type="radio"/> Yes <input type="radio"/> No</div>

reset

View recorded sessions at www.vcuhealth.org/pcecho



VCU Health Palliative Care ECHO



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Curriculum



[Register now](#) for an upcoming clinic on palliative care.

Upcoming Clinics

Mindfulness and Provider Self Care

June 13, 2019

Previous Clinics

Introduction to Palliative and Supportive Care

Feb. 14, 2019

[View session for CME](#)

Presented by Danielle Noreika, MD

Learning Objectives:

- Define palliative care and differentiate from hospice.
- Describe reasons for referral to palliative care.
- Describe basic structure of palliative care team.

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Curriculum

Register Now!

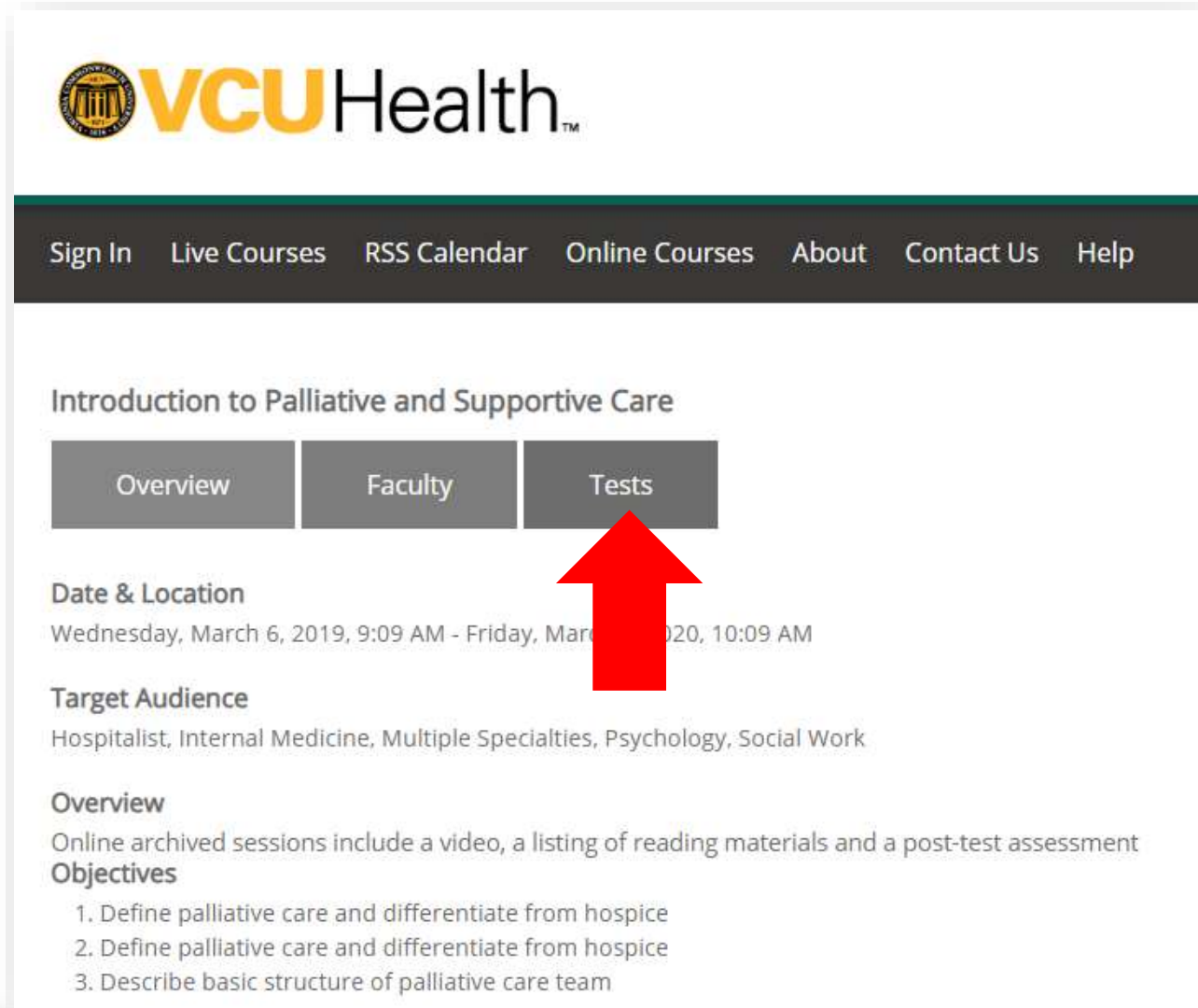
Submit Your Case Study


Virginia Sickle Cell Disease
ECHO ▾

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View previously recorded ECHOs for CME

Click “Tests” to view video of the session and take a short quiz for continuing education credit



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Introduction to Palliative and Supportive Care

[Overview](#) [Faculty](#) [Tests](#)

Date & Location
Wednesday, March 6, 2019, 9:09 AM - Friday, March 15, 2020, 10:09 AM

Target Audience
Hospitalist, Internal Medicine, Multiple Specialties, Psychology, Social Work

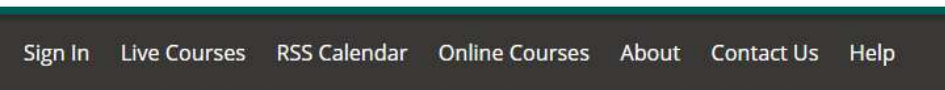
Overview
Online archived sessions include a video, a listing of reading materials and a post-test assessment

Objectives

1. Define palliative care and differentiate from hospice
2. Define palliative care and differentiate from hospice
3. Describe basic structure of palliative care team

View your CME/CEU transcript

- Go to vcu.cloud-cme.com and click “My CE”
- Log in with the email you used to register for our ECHO session



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Instructions: Click a button to proceed.



View your CME/CEU transcript

If you have never logged in before,
you may be prompted to enter
more information before you can
view your transcript



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 print

Please complete the information below. Required fields are noted with a red asterisk. Scroll down and click Submit. If you are new to this system, you will need to login with your email address and the password you created below.

[Reset My Password](#)

I am eligible for the following credit categories

- | | |
|--|---|
| <input type="checkbox"/> AMA PRA Category 1 Credits™ | <input checked="" type="checkbox"/> Non-Physician Attendance |
| <input type="checkbox"/> AAFP - American Academy of Family Physicians | <input type="checkbox"/> AAP - American Academy of Pediatrics |
| <input type="checkbox"/> ACPE - Accreditation Council for Pharmacy Education | <input type="checkbox"/> ABIM - American Board of Internal Medicine MOC Part II |
| <input type="checkbox"/> ANCC - American Nurses Credentialing Center (contact hours) | <input type="checkbox"/> ASET - The Neurodiagnostic Society ACE |
| <input type="checkbox"/> ADA CERP - American Dental Association Continuing Education Recognition Program | <input type="checkbox"/> ABP - American Board of Pediatrics MOC Part II |
| <input type="checkbox"/> ABA MOCA 2.0 Part 2 | <input type="checkbox"/> General Attendance |
| <input type="checkbox"/> American Psychological Association | <input type="checkbox"/> ABIM MOC Part 2 |
| | <input type="checkbox"/> ABPN MOC Part 2 |

Basic Information

Employee Category

- ☐ I am an employed member of VCU Health Staff.
☐ I am a community member of VCU Health Staff.
☒ I am NOT a member of VCU Health Staff.

Salutation

First

MI

Last

Suffix

THANK YOU!

We hope to see you at our next ECHO

September 12, 2019

Outpatient Palliative Care

Brian Cassel, PhD

Further Reading

Rabow M, Kvale E, Barbour L, Cassel JB, Cohen S, Jackson V, Luhrs C, Nguyen V, Rinaldi S, Stevens D, Spragens L, Weissman D. *Moving upstream: a review of the evidence of the impact of outpatient palliative care*. J Palliat Med. 2013 Dec;16(12):1540-9. Epub 2013 Nov 13. PMID: [24225013](#) DOI: [10.1089/jpm.2013.0153](#)

Pimentel LE, De La Cruz M, Wong A, Castro D, Bruera E. *Snapshot of an Outpatient Supportive Care Center at a Comprehensive Cancer Center*. J Palliat Med. 2017 Apr;20(4):433-436. doi: [10.1089/jpm.2016.0370](#). Epub 2017 Feb 22. PMID: [28379814](#)

Temel JS, Greer JA, Muzikansky A, Gallagher ER, Admane S, Jackson VA, Dahlin CM, Blinderman CD, Jacobsen J, Pirl WF, Billings JA, Lynch TJ. *Early palliative care for patients with metastatic non-small-cell lung cancer*. N Engl J Med. 2010 Aug 19;363(8):733-42. PMID: [20818875](#) DOI: [10.1056/NEJMoa1000678](#)