



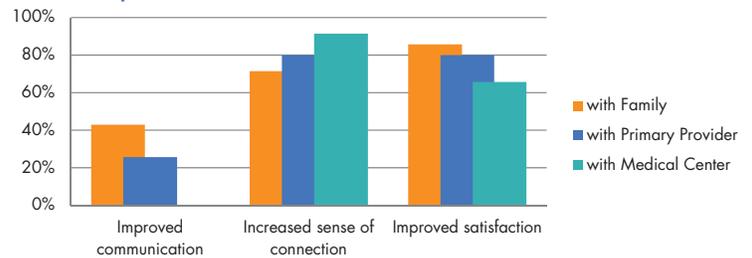
# Clinic-based palliative care decreases symptoms and improves patient satisfaction

Palliative care (PC) clinics supply a critical, extra layer of support to patients with complex conditions or uncertain prognoses. By providing early access to expert assistance with symptom management and medical decision-making, and by attending to the social, emotional and spiritual issues that often arise in the setting of serious illness, PC clinics positively affect patient health, well-being and satisfaction. In a review of the literature addressing the impact of outpatient palliative care, including results from four controlled trials, Rabow and colleagues noted evidence of **improved symptoms, improved quality of life, and greater satisfaction** among patients who used such services.<sup>1</sup>

For example, in a prospective study of **patients with metastatic cancer cared for in an oncology PC clinic, Follwell et al. found statistically significant improvements for pain, fatigue, nausea, depression, anxiety, drowsiness, appetite, dyspnea, insomnia, and constipation** at 1 week (all  $p \leq 0.005$ ) and 1 month (all  $p \leq 0.05$ ) following initial consultation.<sup>2</sup> The investigators also found **significant improvement in patient satisfaction with multiple aspects of care following initial PC consultation.** Areas that showed the greatest

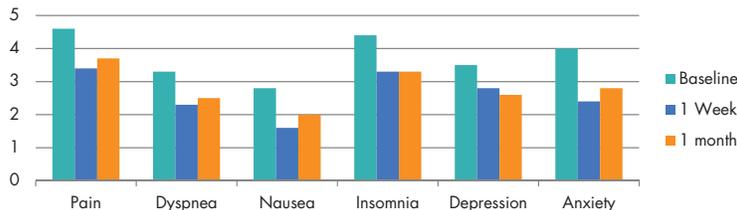
improvement were “Information given about how to manage pain,” “Doctor’s attention to symptoms,” “Pain relief,” “How thoroughly the doctor assesses symptoms,” and “Speed with which symptoms are treated” (all  $p < 0.0001$ ).

**Patient Report of PC Effect on Communication, Connection and Satisfaction<sup>3</sup>**



In addition to improving physical and psychological symptoms, PC clinics can have a profound impact on patient satisfaction with care. In a controlled trial of interdisciplinary PC integrated in primary care practices conducted by Rabow et al., **participants reported that the PC intervention led to improved satisfaction with family caregivers (85.7%), primary care providers (80%), and the medical center (65.7%).<sup>3</sup>** All participants reported feeling “cared for,” “valued,” “listened to,” or receiving “compassionate” treatment from the PC team.

**Distress Scores at Baseline, and 1 Week and 1 Month Following PC Clinic Consultation<sup>2</sup>**



1. Rabow M, et al. Moving upstream: a review of the evidence of the impact of outpatient palliative care. *J Palliat Med* 2013; 16(12).
2. Follwell M, Burman D, Le L, et al. Phase II study of an outpatient palliative care intervention in patients with metastatic cancer. *J Clin Oncol* 2009; 27(2): 206-213.
3. Rabow MW, et al. Patient perceptions of an outpatient palliative care intervention: “It had been on my mind before, but I did not know how to start talking about death.” *J Pain Symptom Manage* 2003;26:1010-1015.



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# Early, clinic-based palliative care reduces aggressive end-of-life care

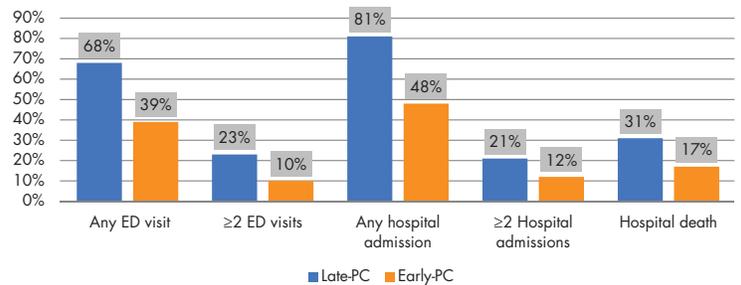
Clinic-based palliative care (PC) services can be expensive to operate. Personnel costs for a specially trained interdisciplinary team are significant, and the relatively long appointment times, which are needed to explore complex, sensitive issues such as goals of care and end-of-life planning, combine to create costs that are often double the revenues generated through billing.<sup>1</sup> However, by engaging with patients early in the disease course, clinic-based PC services are able to support patients, over time, in achieving maximum symptom control and in making informed choices about which health services they wish to utilize, in which settings. As a result, patients who receive early, clinic-based PC often consume fewer and more appropriate health care services, compared to patients who receive no palliative care, or late palliative care. This pattern has been validated in several well-designed studies.

In a landmark randomized trial, Temel and colleagues found that **patients with non-small cell lung cancer who received standard oncologic care plus concurrent (early) palliative care received less chemotherapy in the final two weeks of life and had fewer hospitalizations in the last month of life** ( $p=0.05$ ), compared to patients who received standard oncologic care.<sup>2</sup> Further, compared to patients who received standard oncologic care, **patients who received early palliative care were less likely to receive chemotherapy within 60 days of death** (odds ratio, 0.47; 95% CI, 0.23 to 0.99;  $p=0.05$ ), **had a longer interval between the last dose of**

**chemotherapy and death** (median, 64.00 days [range, 3 to 406 days] v 40.50 days [range, 6 to 287 days];  $p=0.02$ ), **and were more likely to be enrolled in hospice care for longer than 1 week** (60.0% v 33.3%  $p=0.004$ ).<sup>3</sup>

Hui and colleagues found similar advantages when they examined how the timing of PC referral can affect end-of-life care.<sup>4</sup> Among the 366 decedents studied, 120 (33%) had an early PC referral (>3 months before death), and 246 (67%) had late PC referral ( $\leq 3$  months before death.) **Earlier PC referral was associated with fewer emergency room visits** (39% vs 68%;  $p<0.001$ ), **fewer hospitalizations** (48% vs 81%;  $p<0.003$ ), **and fewer hospital deaths** (17% vs 31%;  $p<0.004$ ) **in the last 30 days of life.** In multivariate analysis, outpatient PC referral (odds ratio, 0.42; 95% confidence interval, 0.28-0.66;  $p<0.001$ ) was independently associated with less aggressive end-of-life care.

Use of Hospital and Emergency Services in the Last Month of Life<sup>4</sup>



\*Early PC= initial referral >3 months before death;  
Late PC= initial referral  $\leq 3$  months before death

- Rabow MW, Smith AK, Braun JL, et al. Outpatient palliative care practices. *Arch Intern Med* 2010; 170(7): 654-655.
- Temel J et al. Early Palliative Care for Patients with Metastatic Non-Small-Cell Lung Cancer, *New England Journal of Medicine*, 2010;363:733-42.
- Greer JA, et al. Effect of early palliative care on chemotherapy use and end-of-life care in patients with metastatic non-small-cell lung cancer. *J Clin Oncol* 2012;30:394-400.
- Hui D et al. Impact of Timing and Setting of Palliative Care Referral on Quality of End-of-Life Care in Cancer Patients. *Cancer*. 2014 Jun 1;120(11):1743-9.

