

PATIENT-CENTERED CARE
January 10

Sound Check: 11:55
Start Time: 12:00

Contact UNCLCN
Questions, Feedback, Technical Support:
Phone: (919) 445-1000
Email: unclcn@unc.edu
Website: unclcn.org

Poll Everywhere for Q&A: pollev.com/unclcn
Upcoming Live Webinars: learn.unclcn.org/live
Self-Paced, Online Courses: learn.unclcn.org/spoc

1

Poll Everywhere

Join by Web

- 1 Go to PollEv.com
- 2 Enter UNCLCN
- 3 Respond to activity

2

To Claim CE Credits

Watch 53 Minutes OR Zoom with Video to See the Slides OR Room with Site Coordinator

AND

Fill Out Evaluation AND Claim Certificate AND Claim in 7 Days

3



7

Our Presenter



Jared Lowe, MD, MOC

Dr. Jared Lowe is an Assistant Professor in Medicine. He is board certified in Internal Medicine and is board certified in Hospice and Palliative Medicine. Dr. Lowe is an attending physician in the UNC adult palliative care program and is the Medical Director for UNC Hospice.

Dr. Lowe is a native to Cornelius, North Carolina. He completed his undergraduate degree and medical school at the University of North Carolina. He received his residency training in internal medicine at Duke University and served as chief resident, as well as completed his fellowship in Hospice and Palliative Medicine at Duke University. His clinical interests are in improving the delivery of hospice and palliative care in the community. He now lives in Pittsboro, NC and enjoys all things food related.

8

Our Presenter

9

Our Presenter

- 5. Jared Lowe, MD, HMDC, is currently serving as the medical director for UNC Hospice

10

Our Presenter

- 5. Jared Lowe, MD, HMDC, is currently serving as the medical director for UNC Hospice
- 4. He has conducted research and implemented innovative programs to promote advance care planning for patients

11

Our Presenter

- 5. Jared Lowe, MD, HMDC, is currently serving as the medical director for UNC Hospice
- 4. He has conducted research and implemented innovative programs to promote advance care planning for patients
- 3. He has previously served as a the chief resident for internal medicine at Duke University Hospital.

12

Our Presenter

5. Jared Lowe, MD, HMDC, is currently serving as the medical director for UNC Hospice
4. He has conducted research and implemented innovative programs to promote advance care planning for patients
3. He has previously served as a the chief resident for internal medicine at Duke University Hospital.
2. He finds a deep sense of connection and purpose in caring for patients at the end of life

13

Our Presenter

5. Jared Lowe, MD, HMDC, is currently serving as the medical director for UNC Hospice
4. He has conducted research and implemented innovative programs to promote advance care planning for patients
3. He has previously served as a the chief resident for internal medicine at Duke University Hospital.
2. He finds a deep sense of connection and purpose in caring for patients at the end of life
1. His work is motivated by personal experiences and loss that inspired him to improve quality for seriously ill patients

14

Join by Web: [Polls.com/uncfcn](https://polls.com/uncfcn) Join by Text: Send uncfcn to 22323

Palliative care is the medical subspecialty focused on providing relief from the symptoms and stress of serious illness.

(A) True 0%

(B) False 0%

15

ACCME Disclosure

This activity has been planned and implemented under the sole supervision of the Course Director, Stephanie Wheeler, PhD, MPH, in association with the UNC Office of Continuing Professional Development (CPD). The course director and CPD staff have no relevant financial relationships with ineligible companies as defined by the ACCME.

A potential conflict of interest occurs when an individual has an opportunity to affect educational content about health-care products or services of a commercial interest with which he/she has a financial relationship. The speakers and planners of this learning activity have not disclosed any relevant financial relationships with any commercial interests pertaining to this activity.

The presenter has no relevant financial relationships with ineligible companies as defined by the ACCME.

16

ANCC Disclosure

NCPD Activity #: L23067
1.0 Contact Hours Provided

Relevant Financial Relationship:
No one with the ability to control content of this activity has a relevant financial relationship with an ineligible company.

Criteria for Activity Completion:
Criteria for successful completion requires attendance at the NCPD activity and submission of an evaluation within 30 days.

Approved Provider Statement:
UNC Health is approved as a provider of nursing continuing professional development by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

17

Palliative care is the medical subspecialty focused on providing relief from the symptoms and stress of serious illness.

True 0%

False 0%

Start the presentation to see live content. For screen share software, share the entire screen. Get help at pdx.com/help

18

Navigating Serious Illness with Palliative Care and Hospice

Jared Lowe MD HMDC
January 10, 2024



19

Objectives

- Define serious illness and related terminology.
- Describe the roles of palliative care and hospice in supporting patients with serious illness.
- Review strategies for communicating with patients and families regarding serious illness and care planning.



20

The Case of Mrs A



Mrs A is an 82 year old woman with metastatic breast cancer. She has been on treatment for her cancer over the last year. She initially responded well to chemotherapy, except she has had some side effects like trouble sleeping and nerve pain in her hands and feet.

She is a North Carolina native and has been a prominent figure in her community for decades, but now she is too tired to engage in her social activities. She lives at home with her son Kevin, who has been helping her out more. Kevin is fortunate to have a job with flexibility that allows him to take her to her doctor's appointments and treatments, but he's nervous about how frequently he's had to take off work.



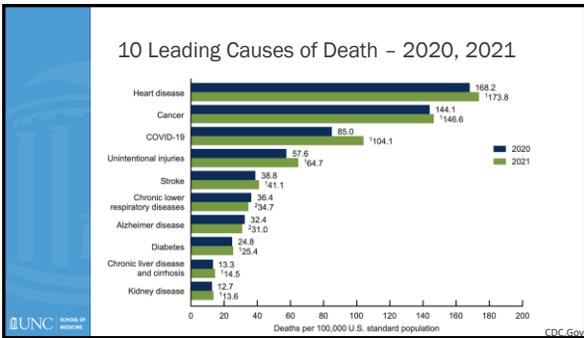
21

Serious illness is a health condition that:

- Carries a high risk of mortality AND
- Either negatively impacts a person's daily function or quality of life, OR excessively strains their caregivers.

Kelley 2013

22



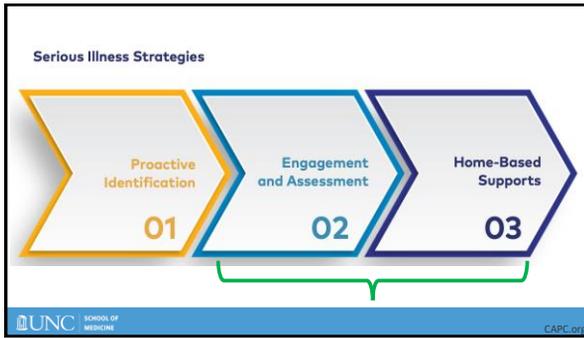
23

Making the case for embracing 'serious illness':

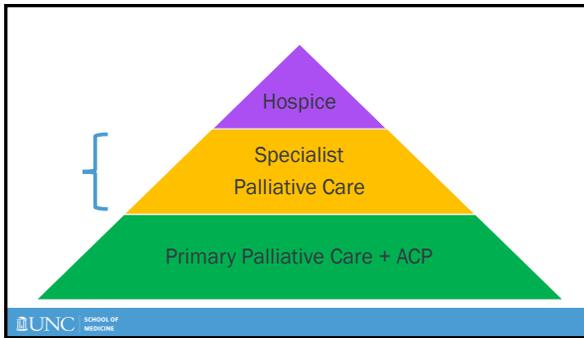
There's more to life than just it's duration

Medical knowledge is already vast and continues to expand

24



31



32

Question - Palliative care is:

Only for patients in the final days of life 0%

Only for patients who exclusively want to focus on comfort 0%

A service available only in the hospital 0%

None of the above 0%

Start the presentation to see live content. For screen share software, share the entire screen. Get help at poller.com/help

33

What is Palliative Care?

- Specialized **medical care** for people with serious illness
- Focuses on **improving quality of life** for patients of **any age or diagnosis** and their families.
- Provides **relief of symptoms, pain and stress** of a serious illness

- Provided by a **team of doctors, nurses and other specialists**
- Work together with patient's other clinicians as **an extra layer of support.**
- **Provided along with curative treatment.**

UNC | SCHOOL OF MEDICINE CACP.org

34

What is Palliative Care?

Symptom Management

- Pain, shortness of breath
- Better quality of life

Decision-Making

- Sounding board
- Think through tough decisions

Advocate

- Ask about your goals so health care team works toward them

UNC | SCHOOL OF MEDICINE

35

Palliative Care Drives a Positive Patient Experience and Outcomes

IMPROVES QUALITY OF LIFE AND SYMPTOM BURDEN

Quality of Life ↑

Symptom Burden ↓

Reduces symptom distress by

66%

with improvements lasting months after initial consultation*

DRIVES HIGH SATISFACTION AND POSITIVE PATIENT EXPERIENCES

93%

of people who received palliative care are likely to recommend it to others!

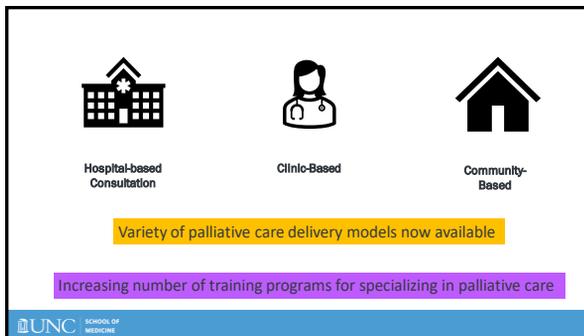
Evidence that palliative care is associated with longer survival in advanced cancer

UNC | SCHOOL OF MEDICINE CACP.org; Temel 2010

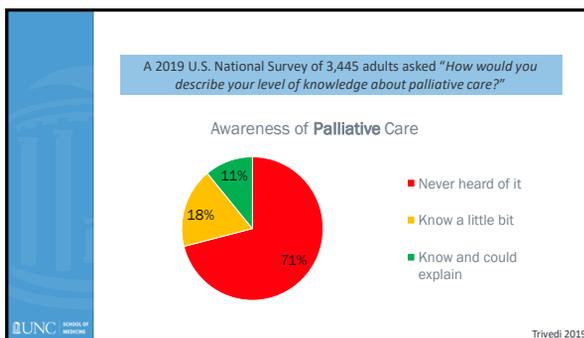
36



37



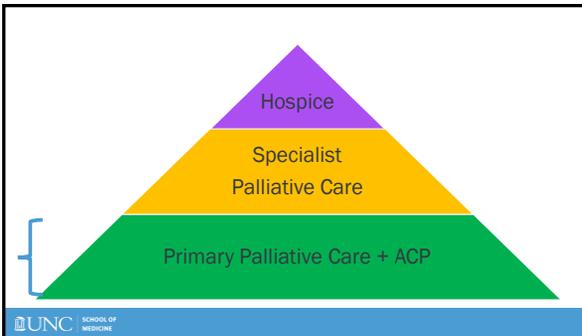
38



39



40

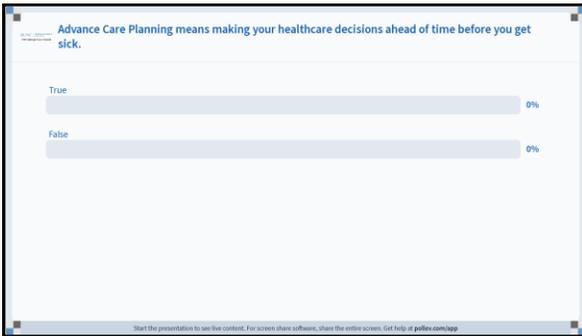


41

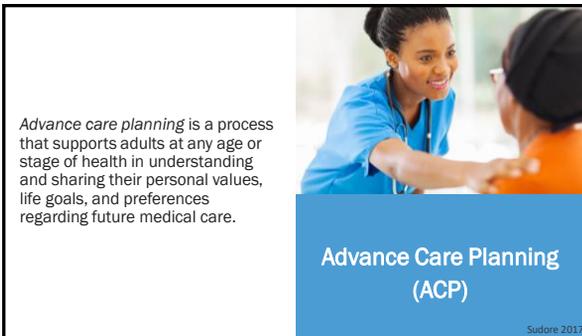
Primary vs Specialty Palliative Care

Primary Palliative Care	Specialty Palliative Care
<ul style="list-style-type: none">• Basic management of pain and other symptoms• Initiating and navigating straightforward discussions about:<ul style="list-style-type: none">• Values• Prognosis• Goals of treatment• Stressors• Code Status• Advance Care Planning	<ul style="list-style-type: none">• Management of refractory pain or other symptoms• Management of grief and existential distress• Assistance with conflict resolution related to goals of treatment options<ul style="list-style-type: none">• Within families<ul style="list-style-type: none">• Between staff and families• Among treatment teams• Assistance with complex goals of care discussions

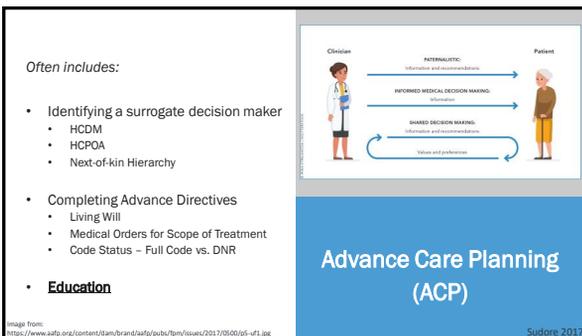
42



43



44



45

Mrs A continued -



As part of her annual wellness visit, her PCP brings up advance care planning. Mrs A identifies her son Kevin as her health care decision maker, and she takes a copy of an advance directive home to read.

Mrs A follows up with her oncologist, and she's had worsening pain in her legs despite the initial pain medication. She establishes with palliative care and starts on a new pain medication, and Kevin is connected to a caregiver support group.

Two months later, a CT scan shows that her cancer has continued to progress. She is preparing to meet with her oncologist to talk about the next line of chemotherapy. She is starting to worry that any more chemotherapy will make her even more tired and sick.



46

Serious Illness Strategies



CAPC.org

47

Shared Decision Making

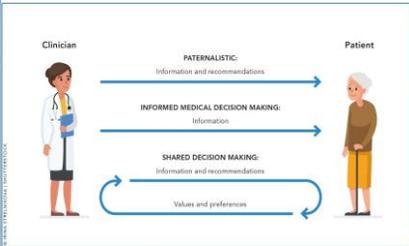


Image from: <https://www.aafp.org/content/dam/brand/aafp/sabu/fm/issue/2017/0500/05-01.jpg>



48

Mrs A continued -



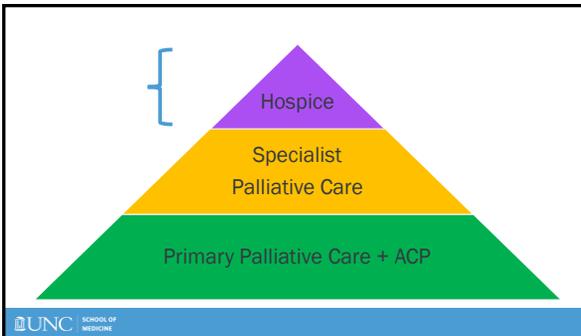
Mrs A has a conversation with her oncologist and palliative care provider:

She feels she's spending all of her time going back and forth to clinic and hospital, and she hasn't felt well in months. She knows that time is limited no matter what she does, and she doesn't want to take the risk of feeling even sicker with chemotherapy.

She feels at peace with her life. It's most important for her now to maximize time with family and being at home, and she wants whatever help she can have to manage her pain and support her family.



52



53

Which of these statements are true about hospice care?

- A) Hospice is for patients who's primary goal is comfort 0%
- B) Only patients with a life expectancy of six months or less can have hospice 0%
- C) Hospice is responsible for all of a patient's caregiving needs at home 0%
- D) A and B only 0%
- E) A, B, and C 0%

Start the presentation to see live content. For screen share software, share the entire screen. Get help at pollen.com/help

54

Hospice Care (1983 - Medicare Hospice Benefit)

A program of care and support for the terminally ill (a life expectancy of 6 months or less, if the illness runs its natural course) and their families, AND is willing to forego disease-oriented therapy

- Focuses on quality of life for patients and their caregivers
- Care delivered by an interdisciplinary team 24/7:
 - Physicians
 - APNs
 - RNs
 - NAs
 - Social Workers
 - Chaplains
- Significant contributions of volunteers and communities

- Care provided primarily in the home, also in congregate living facilities and inpatient hospice units ("hospice homes")
- Hospice is intended to provide virtually all care for the patient. It covers:
 - Hospice physician and nursing visits
 - Medical equipment and supplies
 - Prescription drugs*
 - Hospice aide services
 - Respite care
 - Inpatient care in high acuity situations

*coverage depends on relatedness to the terminal condition

55

The Continuum of Care

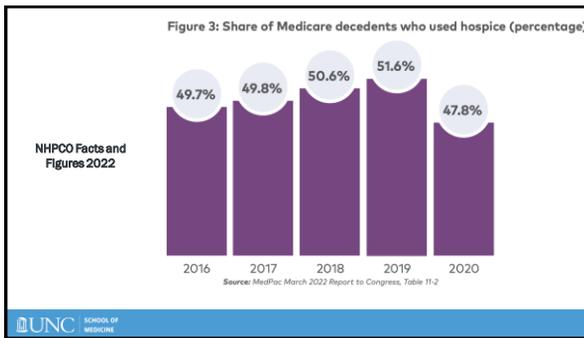
Best Care Possible

Adapted from Lynn J. (2005). "Living long in fragile health: The new demographic shape and of the care." *Practical Geriatric Medicine*, 2(4): 10.

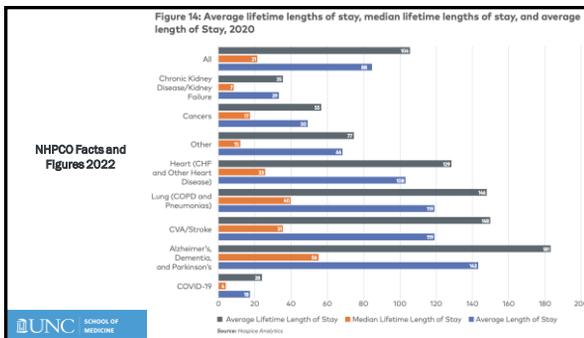
56

Hospice	Palliative Care
Pain & Symptom Management	Pain & Symptom Management
Patient & Family Support	Patient & Family Support
Communication/Decision Making	Communication/Decision Making
Alternative insurance benefit: Meds/Equipment/Home supports	Component of existing health insurance, dependent on health system offerings
Prognosis < 6 months if disease follows expected course	Independent of Prognosis
Goal: exclusively comfort. Avoid hospitalizations	Co-exists with disease-based evaluation/treatment, hospitalizations
Where: primarily home , long-term care, inpatient facilities	Where: primarily hospitals Developing in outpatient clinics, home, long-term care

57



58



59

Mrs A enrolls in hospice

Mrs A starts hospice care at home. She gets help with medications and equipment in the house, and she really likes the nurse that visits her once a week. She starts to feel settled into a new routine at home, and she surprises everyone when she decides to rejoin her book club.

Three months later, she's spending all of her time in bed, has no appetite, and starts sleeping most of the day. The hospice social worker talks Kevin through preparing for death and what decisions he'll need to make.

Another month later, Mrs A dies at home. Kevin participates in the hospice's bereavement support over the next year as he prepares for the next phase of his life.

NHPCO Facts and Figures 2022

UNC SCHOOL OF MEDICINE

60

Counseling on Palliative Care and Hospice

Determine goals of care and how they fit into available services

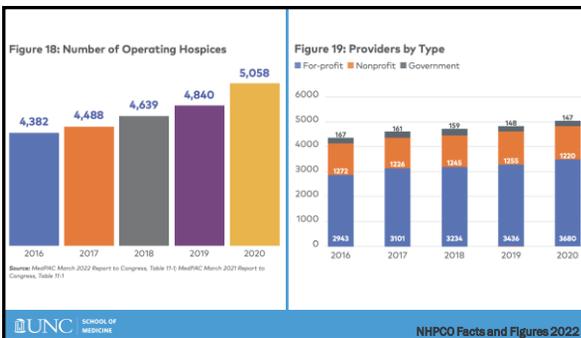
- For palliative care, emphasize role alongside curative treatments
- For hospice, align on a comfort-focused plan of care and the "hospice philosophy"

Critical to educate and clarify misconceptions

- Understanding benefits (and limitations) of the services, particularly lack of in-home caregiving
- Ask about prior experiences – the word 'hospice' is like the word 'hospital'

UNC SCHOOL OF MEDICINE

61



62

Counseling on Palliative Care and Hospice

Determine goals of care and how they fit into available services

- For palliative care, emphasize role alongside curative treatments
- For hospice, align on a comfort-focused plan of care and the "hospice philosophy"

Critical to educate and clarify misconceptions

- Understanding benefits (and limitations) of the services, particularly lack of in-home caregiving
- Ask about prior experiences – the word 'hospice' is like the word 'hospital'

Provide anticipatory guidance

UNC SCHOOL OF MEDICINE

63



Objectives

- Define serious illness and related terminology.
- Describe the roles of palliative care and hospice in supporting patients with serious illness.
- Review strategies for communicating with patients and families regarding serious illness and care planning.

64



Thank you!

Jared Lowe MD HMDC
Jared.lowe@unhealth.unc.edu

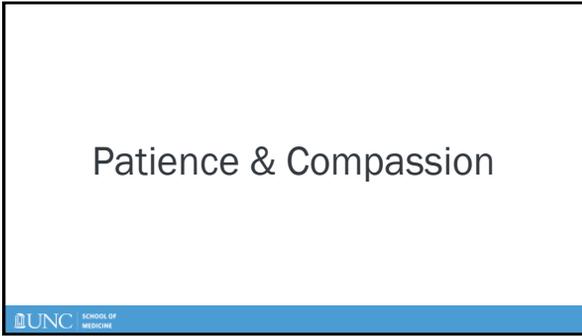
65



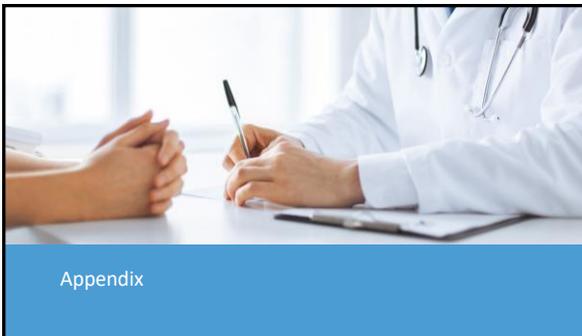
References

- 1) Kelley AS, Bollens-Lund E. Identifying the Population with Serious Illness: "The Denominator Challenge". *J Palliat Med*. 2018 Mar 1; 21(Suppl 2): S7-S16.
- 2) Kelley AS, Morrison S. Palliative Care for the Seriously Ill. *N Engl J Med* 2015; 373:747-755
- 3) Vogt et al. *The Oncologist*, Volume: 26, Issue: 6, Pages: e1058-e1065, First published: 09 March 2021, DOI: (10.1002/onco.13751)
- 4) Temel et al. *N Engl J Med* 2010; 363:733-742
- 5) Trivedi et al. *J Palliat Med*, 2019 Dec 1; 22(12): 1578-1582.
- 6) Sudore et al. Defining Advance Care Planning for Adults: A Consensus Definition from a Multidisciplinary Delphi Panel. *J Pain Symptom Manage*. 2017 May; 53(5): 821-832.e1.

66



67



68

Carolina Communication – Goals of Care Discussion Guide

This guide serves as a road map for goals of care communication. All steps and suggested language may not apply to every patient or discussion.

<p>1. Set up the conversation</p> <ul style="list-style-type: none"> - Ask permission 	<ul style="list-style-type: none"> • I'm hoping we can talk about where things are with your illness and where they might be going – is that ok?
<p>2. Assess illness understanding and information preferences</p>	<ul style="list-style-type: none"> • What is your understanding of where you are now with your illness? • How much have you heard about what is going on with this illness as we look towards the future? • How much information about what is likely to be ahead with your illness would you like? • What questions do you have about your illness now and what to expect in the future?
<p>3. Reframe when current information isn't working</p> <ul style="list-style-type: none"> - Warning about - Disease progression 	<ul style="list-style-type: none"> • I have bad news to share. I think that the current treatments aren't having the desired effects. • We're in a different place now. • I'm concerned that one may be getting shorter. (Specify as a range – e.g., days to weeks, weeks to months.) • I'm concerned that this may be as strong as you feel, and things are likely to get more difficult. • One to two sentences are usually enough to orient – details include too much information, medical jargon.
<p>4. Express and respond to emotion</p> <ul style="list-style-type: none"> - Use of silence 	<ul style="list-style-type: none"> • Name the emotion: e.g., it seems like you are ____ I'm sensing that you feel ____ about this news. • Show understanding: I can only imagine how difficult this can be. • "Silent" statements: I wish that the silence had responded for the treatment. • Explore: Tell me more about that – what's going through your mind.
<p>5. Explore goals and values</p> <ul style="list-style-type: none"> - Sources of strength - Role of support - Current abilities - Treatment - Family 	<ul style="list-style-type: none"> • Tell me about some of the things you enjoy doing. What gives your day quality? • Given that time may be limited, what's most important to you at this point of your life? • What gives you strength as you think about the future? What fears or worries do you have about the future? • What activities are so central to your life that you can't imagine living without them? • If you become sicker, how much are you willing to go through for the possibility of more time? • What does your family know about your priorities and wishes?
<p>6. Summarize & align with values</p>	<ul style="list-style-type: none"> • It sounds like (s,u,d) are the most important things to you at this time. Am I hearing you correctly?
<p>7. Make recommendations & plan</p>	<ul style="list-style-type: none"> • Given your goals and priorities and what we know about your illness at this stage, I recommend ____ • What do think about this plan? • We're in this together.
<p>8. Document your discussion</p>	<ul style="list-style-type: none"> • Write Advance Care Planning note so others can easily access content of your communication.

Adapted from the Anshie Liles Serious Illness Conversation Guide (www.anshiesllc.org) and the WhatAin'tMMP tool (whatainmmp.org) - Version 01.23.18

69

Communication Do: Respond to Emotion

NURSE Statements

Name

- "It sounds like you're worried."

Understand

- "It must be hard with how quickly this has happened."

Respect

- "I can see how hard you've worked to advocate for her."

Support

- "I will work with you to figure out the next steps."

Explore

- "Can you tell me more about how you feel about this?"

I Wish Statements

"Can't you do more to treat my illness?"

- I wish we had a more effective treatment for your condition.

"I want to stay alive until my daughter gets married next year."

- I wish I could promise that. It sounds like it is hard to think about leaving your family.

"I want everything done to get him better."

- I wish we had treatments that could turn things around and allow him to wake up.



70

Eliciting Patient Values

VALUES

- Vital Goals
- Activities
- Limits
- Uncertainties/Worries
- Experience with Illness
- Strength Supports

Substituted Judgement

- If she could speak, what do you think she would say about this?
- What would she say about what she would want to avoid?
- In terms of quality of life, what would be most important to her?
- Would she be OK with the most likely outcome of this ICU care?
- Would she be OK with undergoing these invasive treatments?



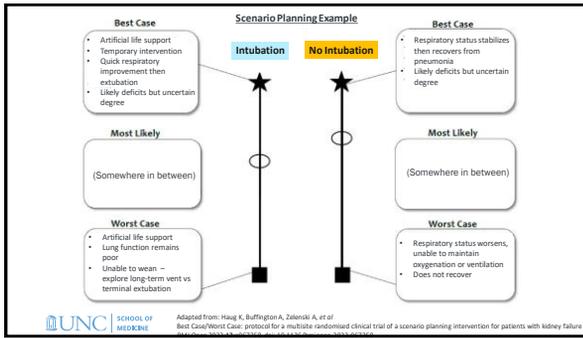
71



I've never been good at giving bad news. Perhaps you'd like to spend a few minutes with our hospital's new empathy robot.



72



73

Time-Limited Trials

Time Limited Trial acknowledges uncertainty and allows for the evolution of shared prognostic understanding over time

- **Mutually agreed-upon** care plans that propose the use of a treatment or procedure for a set period of time
- Clinician and patients or surrogates agree on next steps should patient improve, decline, or remain the same at the end of a trial period
- Need to outline what 'improve' and 'decline' look like, and discuss what potential next steps would be

74

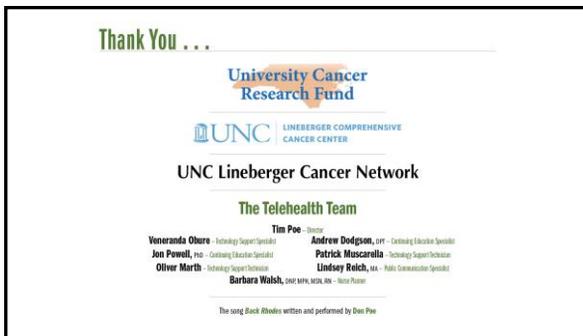
Additional Resources

- **Vital Talk**
- **Serious Illness Care Program by Ariadne Labs**
- **Center to Advance Palliative Care (CAPC)**

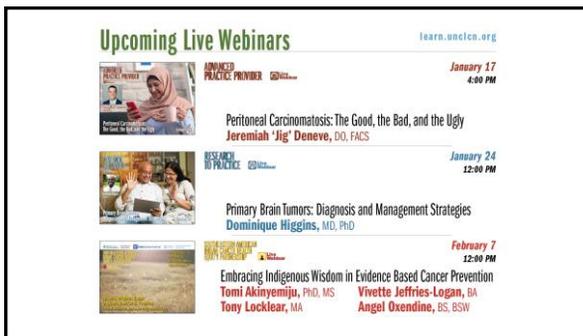
75



76



77



78

Self-Paced, Online Courses learn.unclcn.org/spoc

**Catawba Indian Nation & Levine Cancer Institute:
Partners in Healing**
Daniel R Carrizosa, MD Melissa Wheeler, BSW, MHA
Darcy Deago, BSN, RN

Sarcoma Management in North Carolina
Mark Woodcock, MD

The Role of Specialty Pharmacy
Sonali Acharya, PharmD

79

We Thank You for Participating Today!

UNC Lineberger Cancer Network

Ask to sign up for our monthly e-newsletter

Email: unclcn@unc.edu

Call: (919) 445-1000

Check us out at

unclcn.org and learn.unclcn.org

Look for us on these social media platforms

facebook.com/unclcn
unclcn.org
linkedin.com/in/unclcn

80
