

## Integrating Palliative Care with Chronic Disease Management in Ambulatory Care

AHRQ Preliminary Key Questions	C-TAC comments
<p>1. How can ambulatory healthcare professionals identify which patients with serious life-threatening chronic diseases are likely to benefit from palliative care?</p> <p>-What guidance exists about how and when ambulatory healthcare professionals should engage patients with life-threatening chronic diseases with palliative care?</p> <p>-What prediction models or tools exist to identify which patients are likely to benefit from palliative care? What is the evidence of the efficacy of these models or tools on diagnostic thinking, or patient outcomes?</p> <p>-What triggers or other factors (patient characteristics or community markers) have been identified that may identify when and which patients could benefit from palliative care?</p>	<p>This is an appropriate question given that the specialty palliative care workforce is not and will never be large enough to meet the needs of all with serious illness who need or could benefit from palliative care. Therefore, primary palliative care, that delivered by non-specialists to most people with serious illness is needed.</p> <p>Palliative care is most beneficial for those with serious or advanced illness. The literature search will uncover papers on how to define that population and C-TAC's <a href="#">definition</a> of advanced illness is: "when one or more conditions becomes serious enough that general health and functioning begin to decline, treatment may no longer lead to preferred outcomes, and care oriented toward comfort may take precedence over attempts to cure – a process that extends to the end of life and that for some individuals and their families may lead to transition to hospice".</p>
<p>2. What educational tools and resources have been developed for patients and caregivers to increase awareness and knowledge about palliative care options for patients with serious life-threatening chronic diseases?</p> <p>-What is the evidence of the effectiveness of tools or resources in increasing patient and caregiver awareness, understanding of palliative care, and options for palliative care?</p>	<p>This is an important question but your systematic review is unlikely to find much evidence on it as the palliative care field is only recently resourced to begin working on such educational tools/resources. There is also</p>

	<p>little evidence on effective tools, would that there were more!</p>
<p>3.What shared decision-making tools and resources have been developed for patients and caregivers about palliative care for patients with serious life-threatening chronic diseases? -What is the evidence on patient satisfaction and outcomes for tools developed for value clarification and/or advance care planning for patients and caregivers?</p>	<p>There are some tools for preference-dependent treatment and the State of Washington has a system to validate decisional tools. There is also a range of tools to help people engage in advance care planning and C-TAC's <a href="#">Respecting Choices</a> affiliate has been much studied and validated.</p>
<p>4.What training or educational materials are available for ambulatory care providers about how to integrate palliative care with ongoing chronic disease management for their patients with serious life-threatening chronic diseases?</p> <p>a.What training or educational materials are available for ambulatory care providers to improve awareness, knowledge, and understanding about the appropriateness of palliative care for patients with serious life-threatening illness? What is the evidence of effectiveness?</p> <p>b.What training or educational materials are available for ambulatory care providers to improve their skills in communicating about palliative care for patients with serious life-threatening illness? What is the evidence of effectiveness?</p> <p>c.What training or educational materials are available for ambulatory care providers to improve referral and coordination for palliative care services for patients with serious life-threatening illness? What is the evidence of effectiveness?</p> <p>d.What training or educational materials are available for ambulatory care providers to improve their ability to integrate palliative care with ambulatory chronic disease management for patients with serious life-threatening illness? What is the evidence of effectiveness?</p>	<p>There is now a new and 4<sup>th</sup> edition of palliative care clinical guidelines just issued by the <a href="#">National Consensus Project</a> and housed in the National Coalition of Hospice and Palliative Care. There is also a range of clinician training materials offered by the Center to Advance Palliative Care (<a href="#">CAPC</a>), the End-of-Life Nursing Education Consortium (<a href="#">ELNEC</a>), <a href="#">Ariadne Lab's Serious Illness Conversation Project</a>, <a href="#">VitalTalk</a>, and California State University (<a href="#">CSU</a>).</p> <p>a. There is a growing evidence base on triggers to identify people in need of palliative care, primarily in the hospital and ICU setting. Beyond that, health plans have developed proprietary algorithms to identify likely patient candidates many of which focus on utilization and prognosis as opposed to need, which is the more appropriate gauge.</p> <p>b. There are now several evidence-based training programs for advance</p>

	<p>care/serious illness conversations, e.g. Respecting Choices, Ariadne Lab’s Serious Illness Conversation Guide, Vital Talk.</p> <p>c. I am not familiar with resources to train primary care providers in palliative care beyond the CAPC and CSU efforts. Project Echo is being used to help providers in rural areas to develop these skills.</p> <p>d. These are limited beyond advanced illness management and serious illness clinical models themselves, which usually use palliative care specialists to deliver the care. Such training materials are slowly evolving and strongest for those with cancer or heart failure.</p>
<p>5. What are the different models[i] for integrating palliative care with ambulatory chronic disease management (e.g. shared care, consultative model, stepped care)?</p> <p>-What is included as part of the palliative care "touch" for persons with chronic disease?</p> <p>-What models are more appropriate for specific priority populations?</p> <p>-What components of these models contribute to their effectiveness? For what populations? In what settings?</p>	<p>There are now numerous models in the literature and C-TAC did a <a href="#">summary</a> of policy barriers from such models in 2018 available at</p> <p>The key components are for the patient and family to have 24/7 to an interdisciplinary team that can provide care and support in lieu of an ED visit or hospitalization.</p>
<p>General comments on the key questions.</p>	<p>We appreciate the opportunity to provide input and look forward to having <a href="#">C-TAC</a> be a resource on this topic.</p>