Facilitators and Barriers to Implementing Automatic Palliative Care Consultation for Hospitalized Patients with Solid Malignancies (SA531)

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Objectives

• Describe two different models of integrated palliative care delivery for hospitalized cancer patients.
• Discuss barriers and facilitators to implementation of integrated palliative care delivery.
• Discuss the impact of integrated palliative care among hospitalized cancer patients at two different academic institutions.

Hospitalized advanced cancer patients have a high symptom burden and need for support. Successful integration of palliative care into standard oncologic care is becoming increasingly important as data demonstrates that it is associated with improved mood and better quality of life and possibly survival. As such, current oncologic guidelines suggest the early integration of palliative care, particularly for those patients with advanced malignancies. Despite this, palliative care consultation occurs late in the trajectory of illness, and this likely contributes to poor patient outcomes.

In this session we will compare and contrast two different delivery models implementing automatic palliative care consultations for hospitalized patients with cancer at two separate academic institutions. One program demonstrated improvement in healthcare utilization (30 day readmission rates, referral to hospice and observed/expected mortality) while the other did not. The session will be led by a multinstitutional, multi- and interdisciplinary team of oncology and palliative care physicians and nurses. We will discuss the initiation and implementation of these programs focusing on hospital and oncology buy-in. We will describe the criteria used to identify patients and discuss the methods employed to ensure appropriate patients received a consult. In addition, we will discuss our results (healthcare utilization, symptom management, and patient satisfaction). Furthermore, the panelists will discuss mistakes and lessons learned in navigating this terrain. The session will conclude with specific recommendations to engage stakeholders and ways to measure outcomes.

In the current era of healthcare reform there has been a change in focus from volume to value with many hospitals and healthcare systems interested in growing and integrating palliative care into standard of care for patients with serious illness. The models described can be adapted to other patient populations and institutions. The implementation and results are important for palliative care experts to continue to delivery palliative care innovation.