



Palliative Care in the Outpatient Setting

Questions for Deliberation: March 31, 2016 Public Meeting

Definitions

For the purposes of this New England CEPAC report/meeting, we use the following definitions:

Generalist Palliative Care

Palliative care is often provided by professionals that have some clinical experience and basic training in palliative care concepts but whose primary specialty is not palliative care, including primary care physicians, generalists, oncologists, and other medical disciplines. These providers conduct needs assessments, educate patients about their disease, and provide basic symptom management and psychosocial support.¹

Specialist Palliative Care

Specialist palliative care teams can be comprised of hospice and palliative medicine (HPM) certified clinicians and advanced practice nurses with higher specialty education in palliative care. Specialist palliative care providers are those who have extensive training and experience in palliative care, and focus on those more complex aspects of disease management, including controlling refractory physical symptoms and worsening depression or anxiety, assisting with conflict resolution, and addressing issues of futility.¹

Other Patient Centered Outcomes

Patient-centered outcomes include those outcomes other than quality of life which reflect patient preferences, needs, and values. Included in these are measures of anxiety/depression (e.g., CES-D), spiritual/psychosocial factors (e.g. Spiritual Well Being Scale), death at home, and patient satisfaction (e.g. Reid-Gundlach Satisfaction with Services).

Quality of Life (QoL)

QoL reflects general aspects of physical or mental health perceptions, and can be measured with general or disease-specific instruments (e.g. the general FACT-G or the FACT-L lung cancer scale).

Voting Questions

Comparative Clinical Effectiveness

Patients with Cancer

1. Is the evidence adequate to demonstrate that, as compared to patients with cancer who receive usual care in the outpatient setting, patients with cancer who receive palliative care in the outpatient setting have better outcomes in terms of:

a. *Improved quality of life?*

Yes No

b. *Reduced hospitalization and ED use?*

Yes No

c. *Improvement in other patient-centered outcomes?*

Yes No

2. Is the evidence adequate to demonstrate that, as compared to patients with cancer who receive generalist level palliative care in the outpatient setting, patients with cancer who receive palliative care from a specialist team in the outpatient setting have better outcomes in terms of:

a. *Improved quality of life?*

Yes No

b. *Reduced hospitalization and ED use?*

Yes No

c. *Improvement in other patient-centered outcomes?*

Yes No

Patients with Mixed Diagnoses

3. Is the evidence adequate to demonstrate that, as compared to patients with mixed diagnoses who receive usual care in the outpatient setting, patients with mixed diagnoses who receive palliative care in the outpatient setting have better outcomes in terms of:

a. *Improved quality of life?*

Yes No

b. *Reduced hospitalization and ED use?*

Yes No

c. *Improvement in other patient-centered outcomes?*

Yes No

4. Is the evidence adequate to demonstrate that, as compared to patients with mixed diagnoses who receive generalist level palliative care in the outpatient setting, patients with mixed diagnoses who receive palliative care from a specialist team in the outpatient setting have better outcomes in terms of:

- a. *Improved quality of life?*
Yes No
- b. *Reduced hospitalization and ED use?*
Yes No
- c. *Improvement in other patient-centered outcomes?*
Yes No

Comparative Value

Care Value

5. Given the available evidence, what is the *care value** of palliative care in the outpatient setting vs. usual care in the outpatient setting?
- a. *Low* b. *Intermediate* c. *High*

Provisional Health System Value

6. Given the available evidence, what is the overall *provisional health system value*** of palliative care in the outpatient setting?
- a. *Low* b. *Intermediate* c. *High*

* **Care value** is determined by looking at four elements: comparative clinical effectiveness, incremental costs per outcomes achieved, other benefits or disadvantages, and contextual considerations. Care value represents the long-term perspective, at the individual patient level, on patient benefits and the incremental costs to achieve those benefits.

** **Provisional health system value** represents a judgment integrating consideration of the long-term care value of a new intervention with an analysis of its potential short-term budget impact if utilization is unmanaged.

References

1. Quill TE, Abernethy AP. Generalist plus specialist palliative care--creating a more sustainable model. *The New England journal of medicine*. 2013;368(13):1173-1175.