

Defining high-quality palliative care in oncology practice: an ASCO/AAHPM Guidance Statement

Kathleen E. Bickel¹, Kristen McNiff, Mary K. Buss, Arif Kamal,
Dale Lupu, Amy P. Abernethy, Michael S. Broder, Charles L. Shapiro,
Anupama Kurup Acheson, Jennifer Malin, Tracey L. Evans,
Monika K. Krzyzanowska

¹White River Junction Veterans Affairs Medical Center, Geisel School of Medicine at Dartmouth, and the Dartmouth Institute
White River Junction, VT and Hanover, NH



American Society of Clinical Oncology



AMERICAN ACADEMY OF
HOSPICE AND PALLIATIVE MEDICINE

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Background

- Palliative care integrated into oncology care improves symptom burden, quality of life and patient and caregiver satisfaction
- Not all cancer patients have access to specialist palliative medicine
- Oncology practices do provide some palliative care services
- ASCO and AAHPM partnered to create a consensus definition of high-quality primary palliative care in medical oncology

Defining high-quality primary palliative care in oncology



Project Aim: Determine which palliative care elements constitute primary palliative care delivery in United States oncology practices for adult patients with advanced cancer or high symptom burden

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Consensus process

- 31 member multidisciplinary panel
- Reviewed 966 palliative care service items across 9 domains

Palliative Care Domains

1. Symptom Assessment/Management
2. Psychosocial Assessment/Management
3. Spiritual and Cultural Assessment/Management
4. Communication and Shared Decision-Making
5. Advance Care Planning
6. Coordination/Continuity of Care
7. Appropriate Palliative Care and Hospice Referral
8. Carer Support
9. End-of-Life Care

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Consensus process - Rating

- Each service item rated using 3 constructs:
 - Importance
 - Feasibility
 - Scope of practice
- Likert scale 1 (low) – 9 (high)
- Composite Rating: Include, Uncertain, Exclude

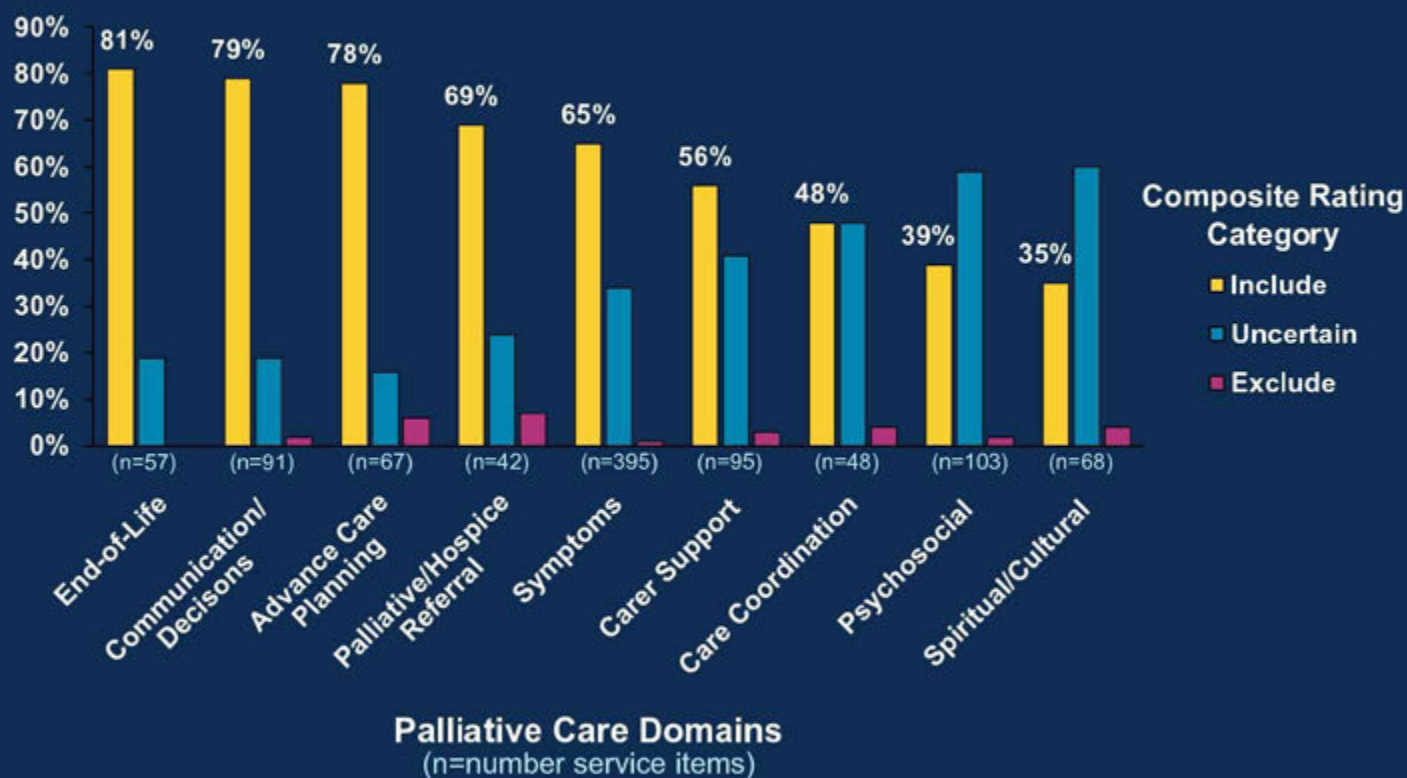
Composite rating

- Only service items rated highly in all 3 constructs “Included” as part of primary palliative care in oncology definition

Palliative Care Service Item	Construct	Score Categories (n=number of panelists)			
		Low Score 1-3	Mid Score 4-6	High Score 7-9	Median Score
76. Systematically assess for pain using a validated quantitative instrument at least monthly	Importance	1	5	25	8
	Feasibility	2	9	20	7
	Scope	2	7	22	7

Distribution of palliative care service items

Proportion of Service Items within Domain
(denominators vary)



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Grand Totals

Composite Rating Category	Number of Service Items	Column %
Include	598	62%
Uncertain	347	36%
Exclude	21	2%
Total	966	100%

Examples of palliative care service items

Palliative Care Domain	Composite Rating Category	
	Include	Uncertain
1. Symptom Assessment/Management	Systematically assess for pain using a validated quantitative instrument at every clinical encounter	Manage a patient using medical marijuana with moderate to severe uncomplicated pain with opioids
2. Psychosocial Assessment/Management	Obtain a basic psychosocial history at initial clinical encounter	Assist with applications for insurance (e.g. Medicare, Medicaid)
3. Spiritual and Cultural Assessment/Management	Assess and record current faith group, if any, in medical record	Perform screening for possible spiritual issues
4. Communication and Shared Decision-Making	Determine patient/family understanding of prognosis	Discuss potential cost to patient/family of any potential treatment, acknowledging effects cost may have on family finances and future plans

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Summary

- Joint ASCO/AAHPM guidance statement to define high-quality primary palliative care delivery in medical oncology
- Highest consensus in end-of-life care, communication and shared decision-making, and advanced care planning domains
- Early-stage, definition project – guidance, *not guidelines*
- Purpose is to help oncology practices improve their delivery of primary palliative care

Limitations

- Panel composition:
 - 1/3 panelists self-identified as dual oncology and palliative care physicians
- Implementation readiness:
 - No feedback on whom in the practice should provide the services
 - No endorsement of specific assessment tools (e.g. Distress Thermometer)

Implications and next steps

- Foundation for future palliative care-related quality improvement and educational activities
- Identify priority areas
- Standardize primary palliative care delivery across oncology settings

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