

Increasing the Accessibility of Early Palliative Care for Patients with Cancer

Jennifer Temel, MD
Professor of Medicine, Harvard Medical School
Director Supportive Oncology Unit for Research,
Care, and Education

Overview

1. Review the rationale for early palliative care for patients with serious cancers
2. Discuss the benefits and challenges of delivering early integrated palliative and oncology care.
3. Provide an overview of recent studies evaluating novel palliative care delivery models
4. Highlight strategies using technology to support patients with cancer

Why did we think about integrating palliative care services with oncology care in the first place?

Historical Role of Palliative Care in Oncology

- Established role for palliative care in the **hospital or home** setting for patients near the end of life.



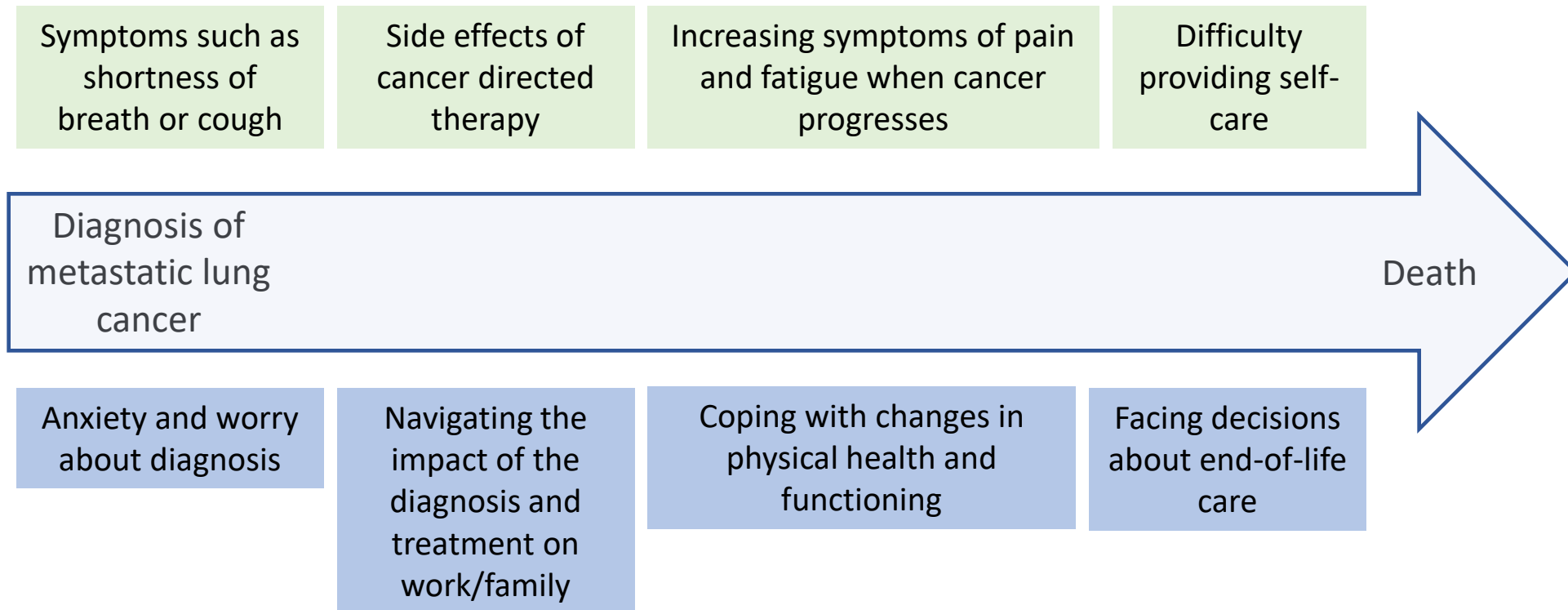
Hospital Setting: Inpatient consultations for patients with difficult symptoms or challenging end-of-life care circumstances.



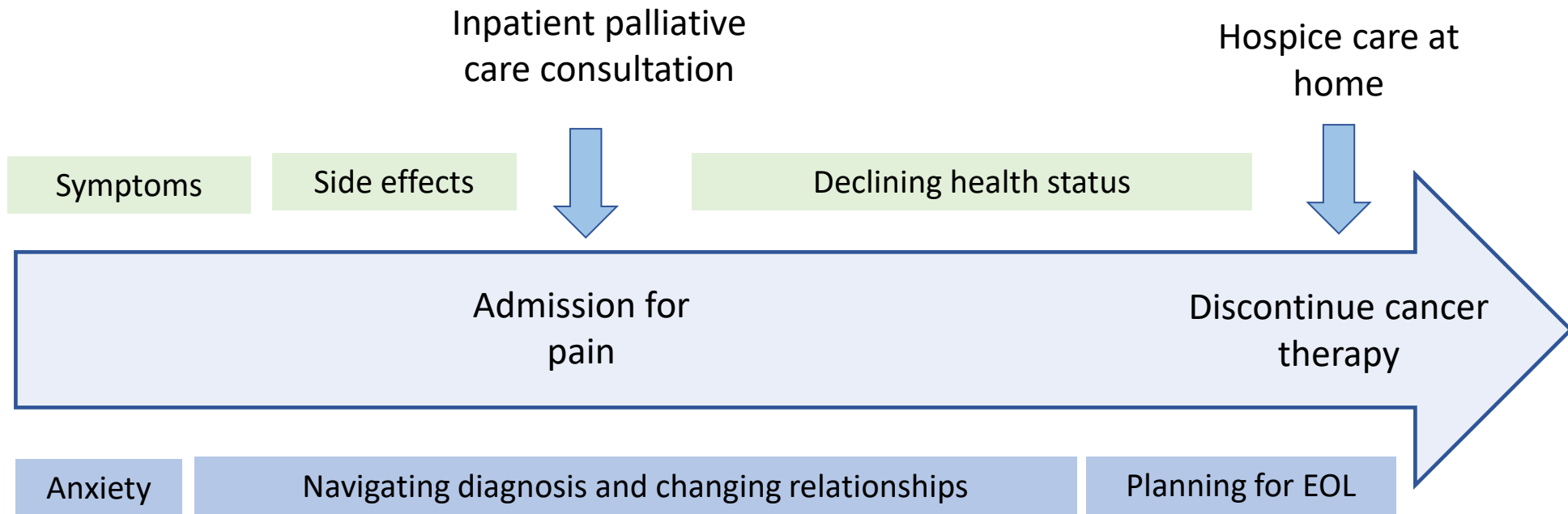
Home Setting: Many patients with cancer referred for hospice services in their homes prior to death.

- However, these models left patients and caregivers with unmet needs.

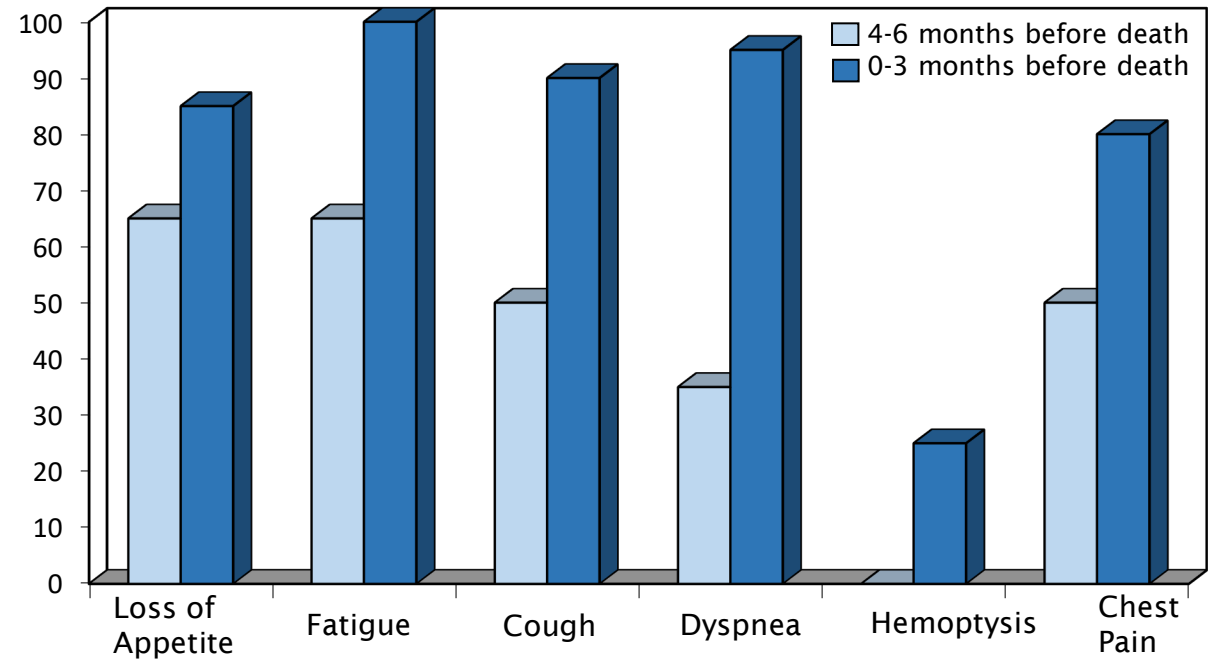
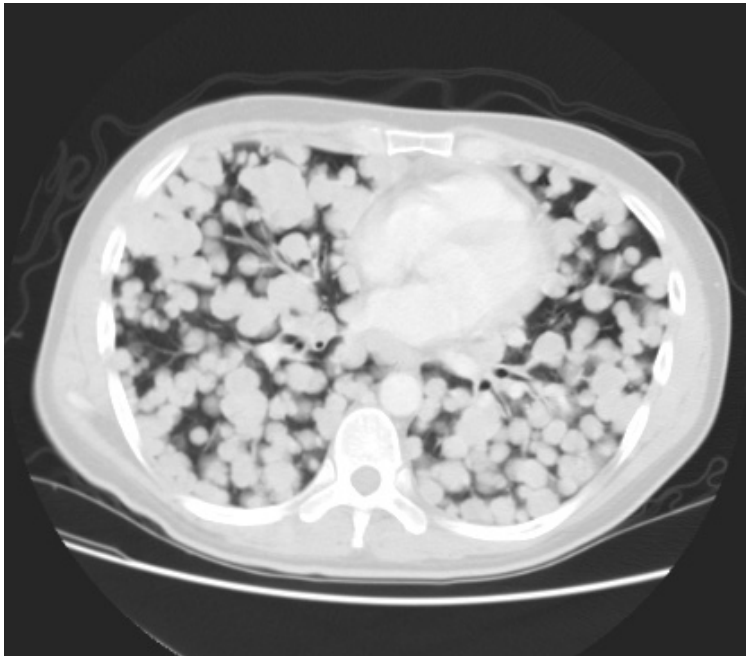
What is it like living with a serious cancer, such as metastatic non-small cell lung cancer?



Historical Role of Palliative Care in Oncology



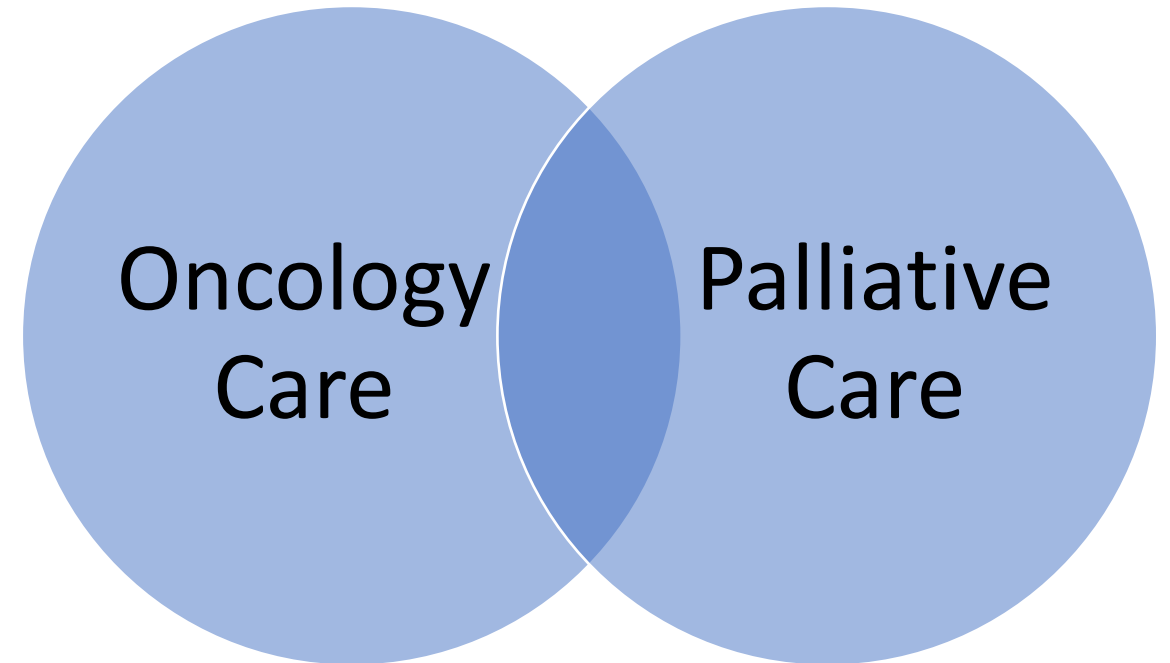
The Problem Was Clear



But How Do We Fix The Problem?



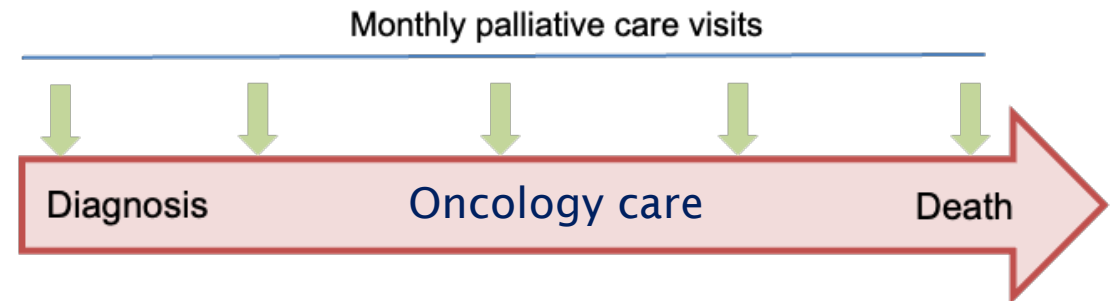
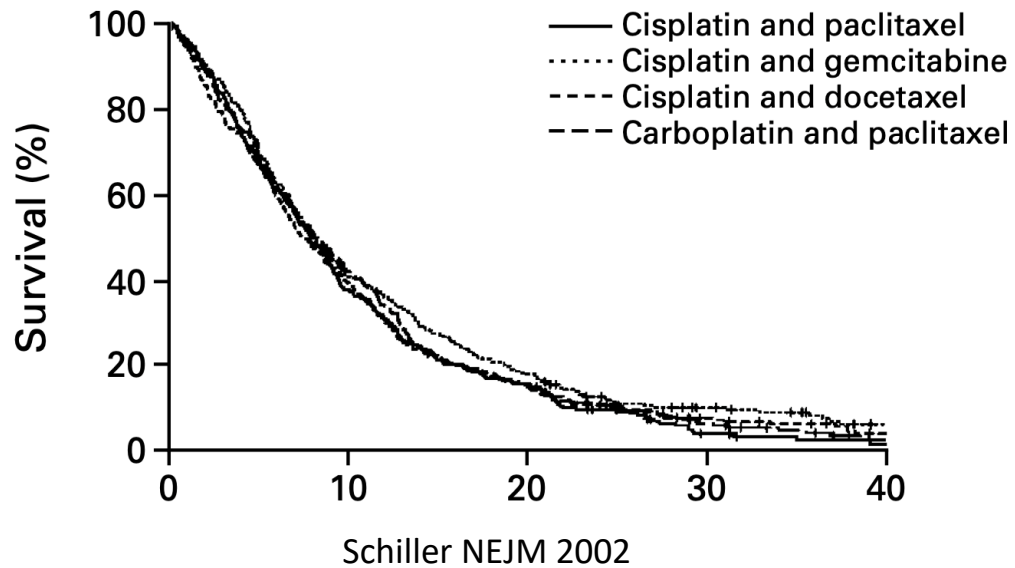
Care Should be Collaborative and Integrated



"curative" or "life-prolonging"
treatment

symptom control
and
palliative care

Building A New Oncology Care Model: Early Integrated Palliative and Oncology Care



Benefits of Early and Longitudinal Palliative Care in the Ambulatory Care Setting

Enhances quality of life

Increases use of adaptive coping strategies


Reduces symptoms of depression

Fosters prognostic awareness

Improves communication about end-of-life care preferences

Leads to earlier initiation of hospice services


Decreases caregiver distress



Early integrated palliative and oncology care in the outpatient setting improves the experience and outcomes in patients diagnosed with serious advanced cancers and their caregivers

Monthly visits in the outpatient setting can be challenging to implement.

Monthly visits from the time of diagnosis may not be appropriate for all patients.



What Are the Barriers to Implementing an Early, Longitudinal, In-Person Palliative Care Model?

Patient Barriers



Added time in the clinic (which may increase cost)



Frequency of monthly outpatient visits may not be necessary



Clinic can feel uncomfortable and may be hard for family to attend

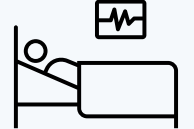
Palliative Care Barriers



Insufficient numbers of clinicians



Inadequate resources



Balancing needs of more “acute” patients and ask to see patients in many locations

Increasing The Accessibility and Patient-Centeredness of Early Palliative Care

- Can we develop novel palliative care delivery models that are more accessible and scalable (by utilizing fewer palliative care resources) and more tailored to patients' experiences?
 - **Technology based solutions**
 - Telehealth using video visits
 - Digital health applications (apps)
 - **Strategies to tailor palliative care services to patient's needs**
 - Stepped care model

Telehealth Using Video Visits

Addresses Patient Barriers



No added time in clinic and no transportation/parking costs



Ease of scheduling visits based upon patient needs



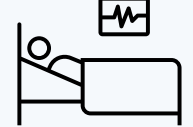
Patients more comfortable at home and family can join



In-person care is often inefficient for clinicians



Utilizes fewer resources

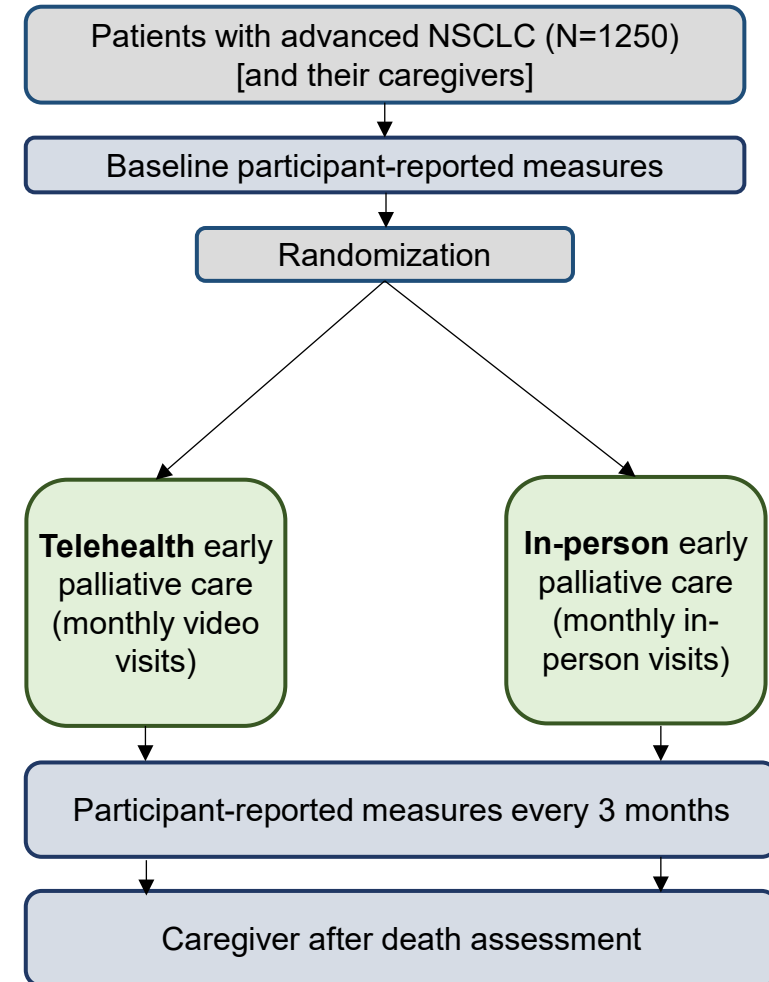


Still challenging to deliver care to all but avoids need to be in multiple locations

Are Video Visits an Effective Way To Deliver Palliative Care?

Primary Study Goal:

- To evaluate the equivalence of the effect of delivering early palliative care using video versus in-person visits on patient-reported quality of life



REACH PC

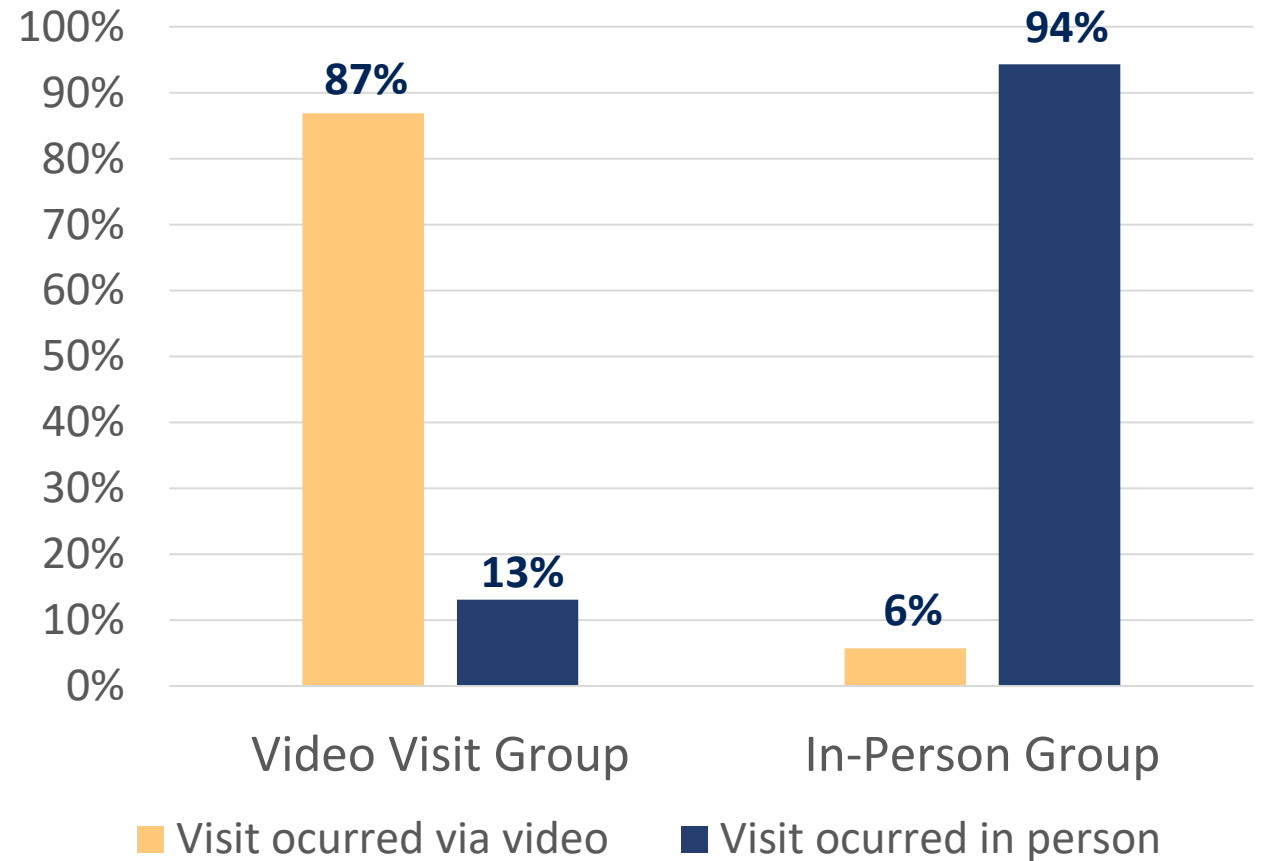
Intervention Delivery & Fidelity

Number of Palliative Care Visits by 24 Weeks

Mean (SD)

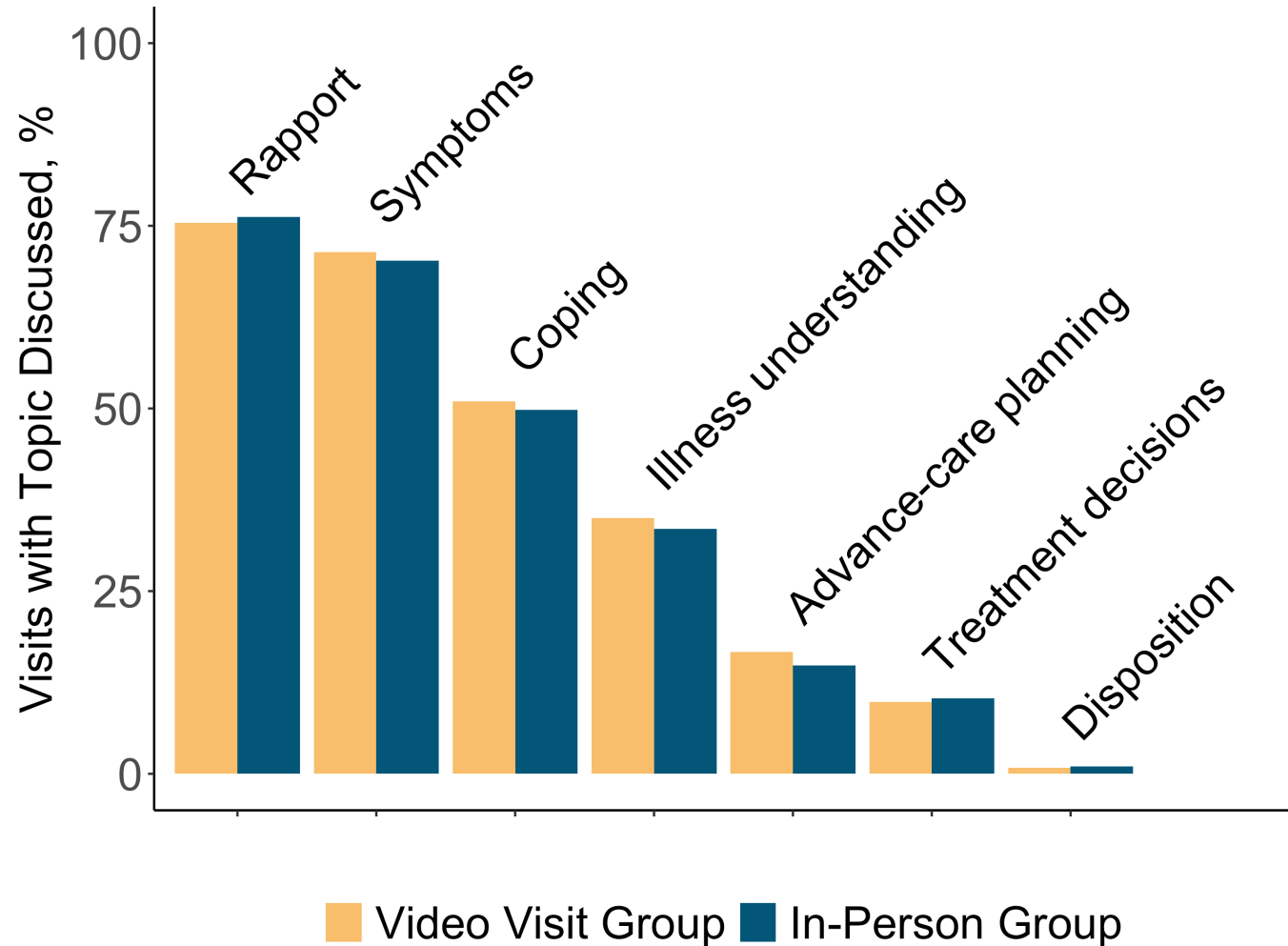
Video Visit	In-Person
4.7 (2.5)	4.9 (2.7)

Palliative Care Visit Modality by Group



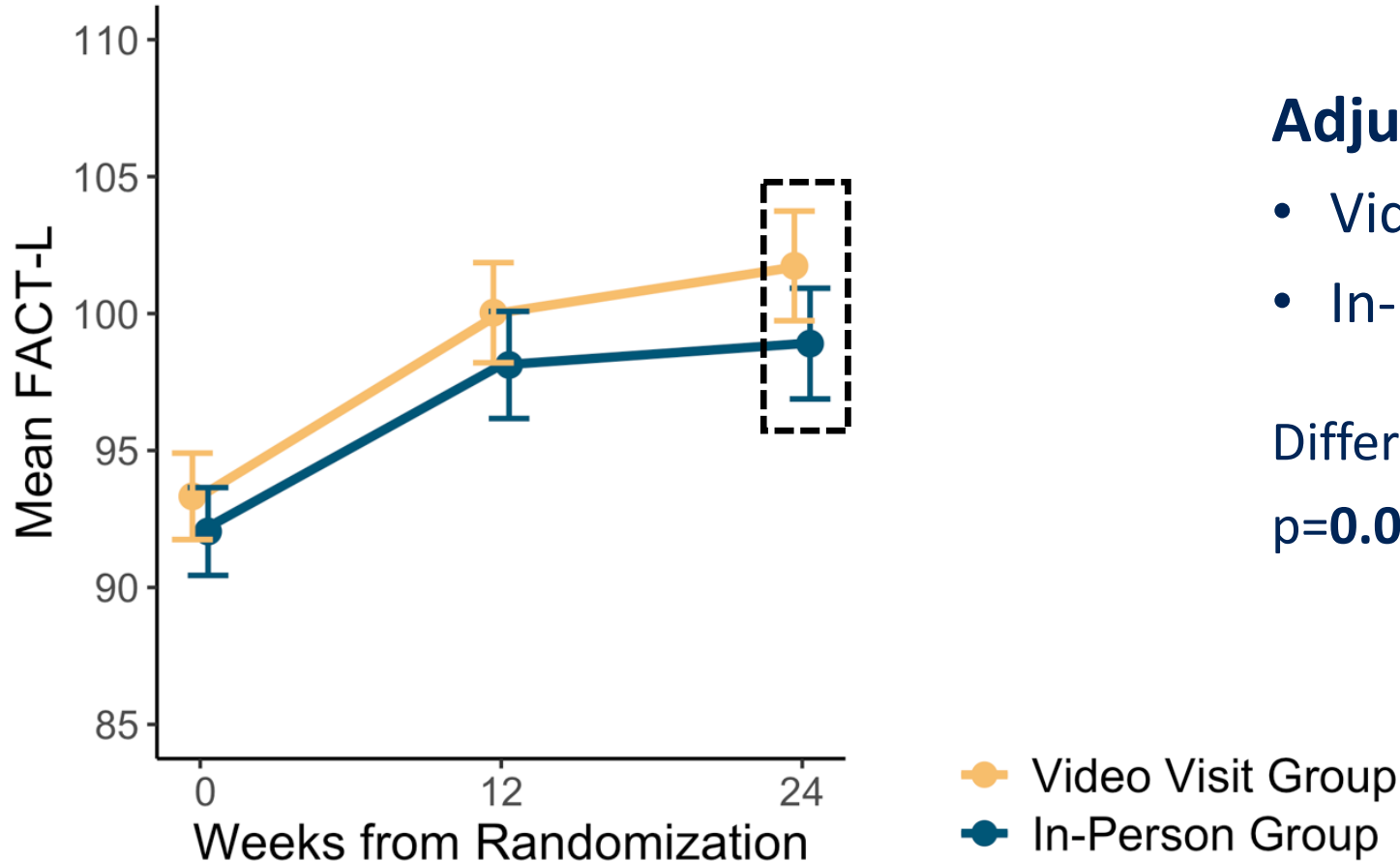
Intervention Delivery & Fidelity

**Clinician Documented
Topics Discussed in
Palliative Care Visits**
Visit Summary Forms
N=5,219



Primary Outcome: Patient Quality of Life (QOL)

Higher scores indicate better QOL (range: 0-136)



Adjusted Mean FACT-L at 24 Weeks:

- Video Visit Group: **99.7**
- In-Person Group: **97.7**

Difference (90% CI): **2.0 (0.1, 3.9)**

p=0.04 for equivalence

Greer, Temel JAMA 2024

Efficiency of Care Delivered via Telehealth

\$ Less costly



Patients



Healthcare Systems

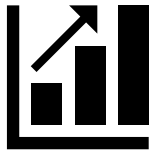


Less time consuming



Better for the environment

Triaging/Tailoring Palliative Care Services

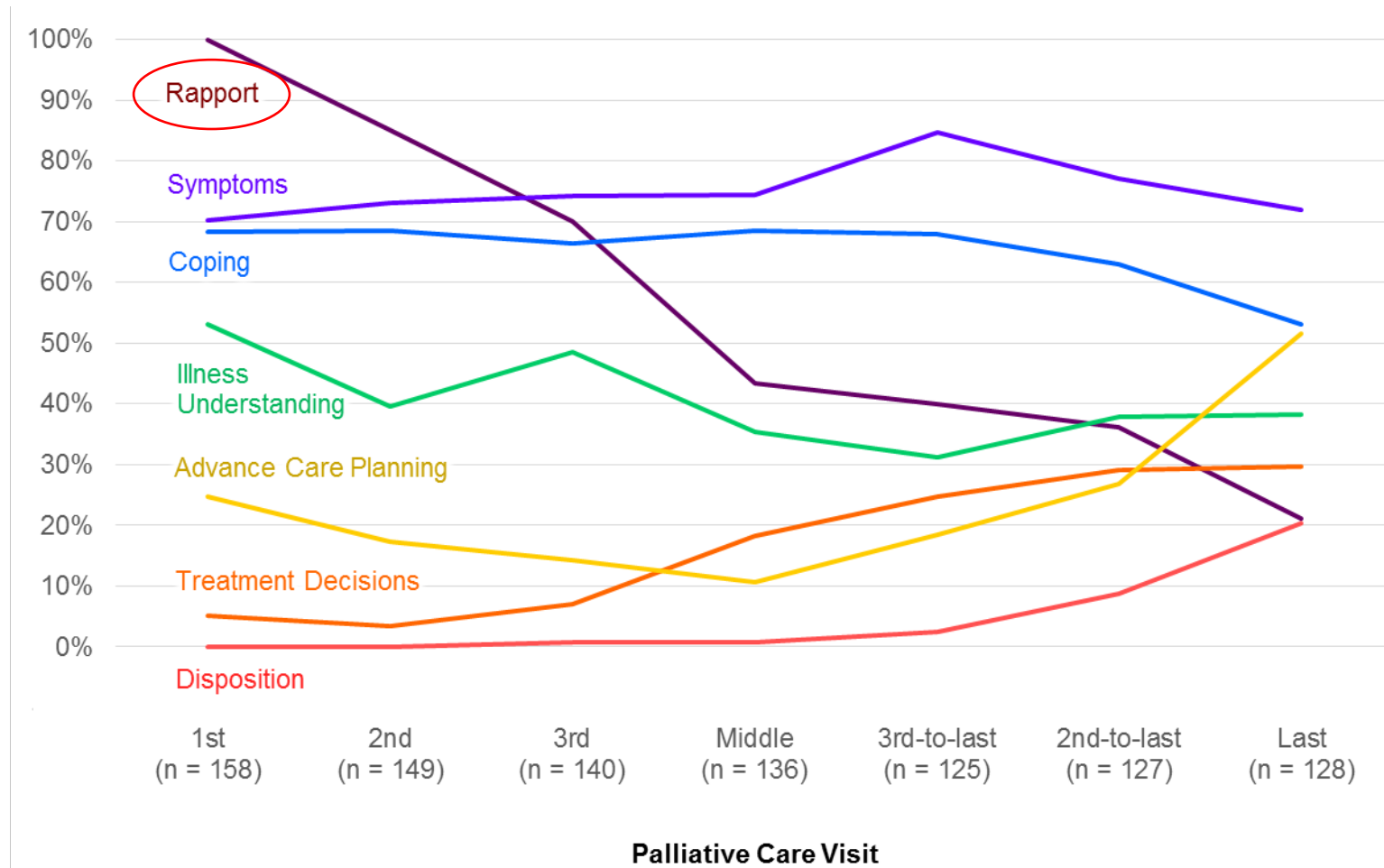


- Can we identify patients at times of need to determine when to introduce or intensify palliative care resources?



- While utilization of earlier palliative care has improved over the last decade, we cannot rely exclusively on oncology clinicians' assessment of patients' palliative care needs.

Importance of “Early” Palliative Care



Hoerger JCO 36 (11) 2018

Importance of “Early” Palliative Care

VIEWPOINT

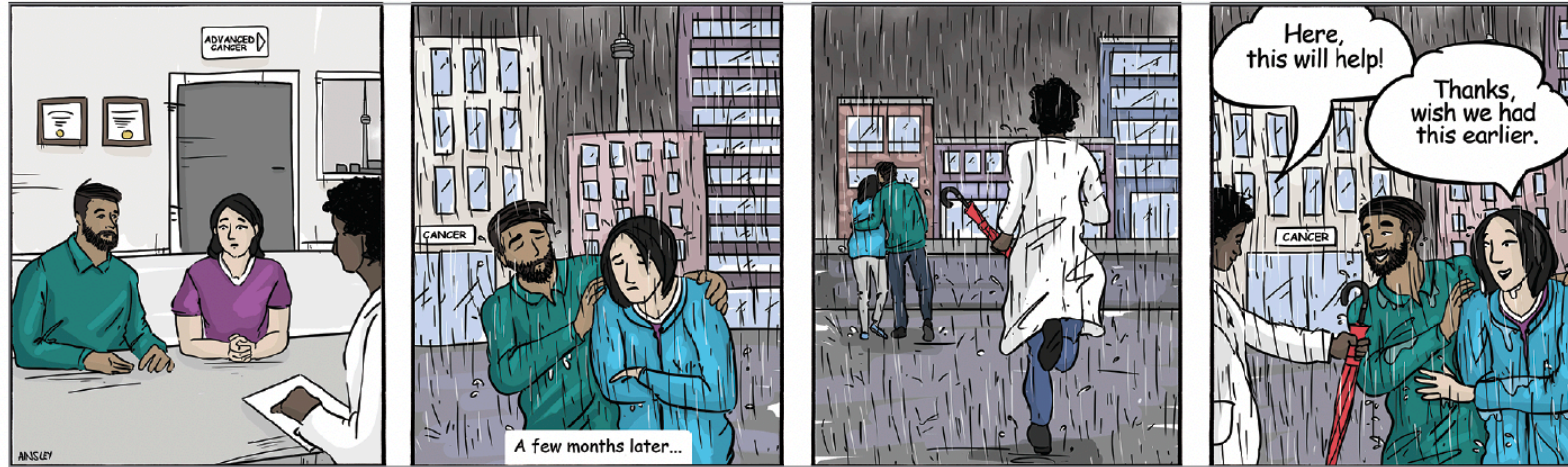
Palliative Care Is the Umbrella, Not the Rain—
A Metaphor to Guide Conversations in Advanced Cancer

“We propose that early palliative care may be presented metaphorically as an umbrella to have in the case of rain. Unfortunately, the umbrella of palliative care is often confounded with the rain of symptoms, complications, and distress that occur during progressive cancer.”

Zimmermann JAMA Oncology 8(5) 2022

Figure. Illustrated Metaphor of Late vs Early Palliative Care

A Late palliative care referral



B Early palliative care referral



Zimmermann JAMA Oncology 8(5) 2022

(Actual) Text from an MGH Palliative Care Clinician

Dang Fer EIPC is so magical- I have a step pt that has been largely asymptomatic, we've been having a few nothing burger visits, then suddenly today she wanted to talk about prognosis, preferences for eol care, what kind of help she will need so she can plan because she's a widow- it was awesome. She is doing fine so the Convo was calm and not putting out a fire

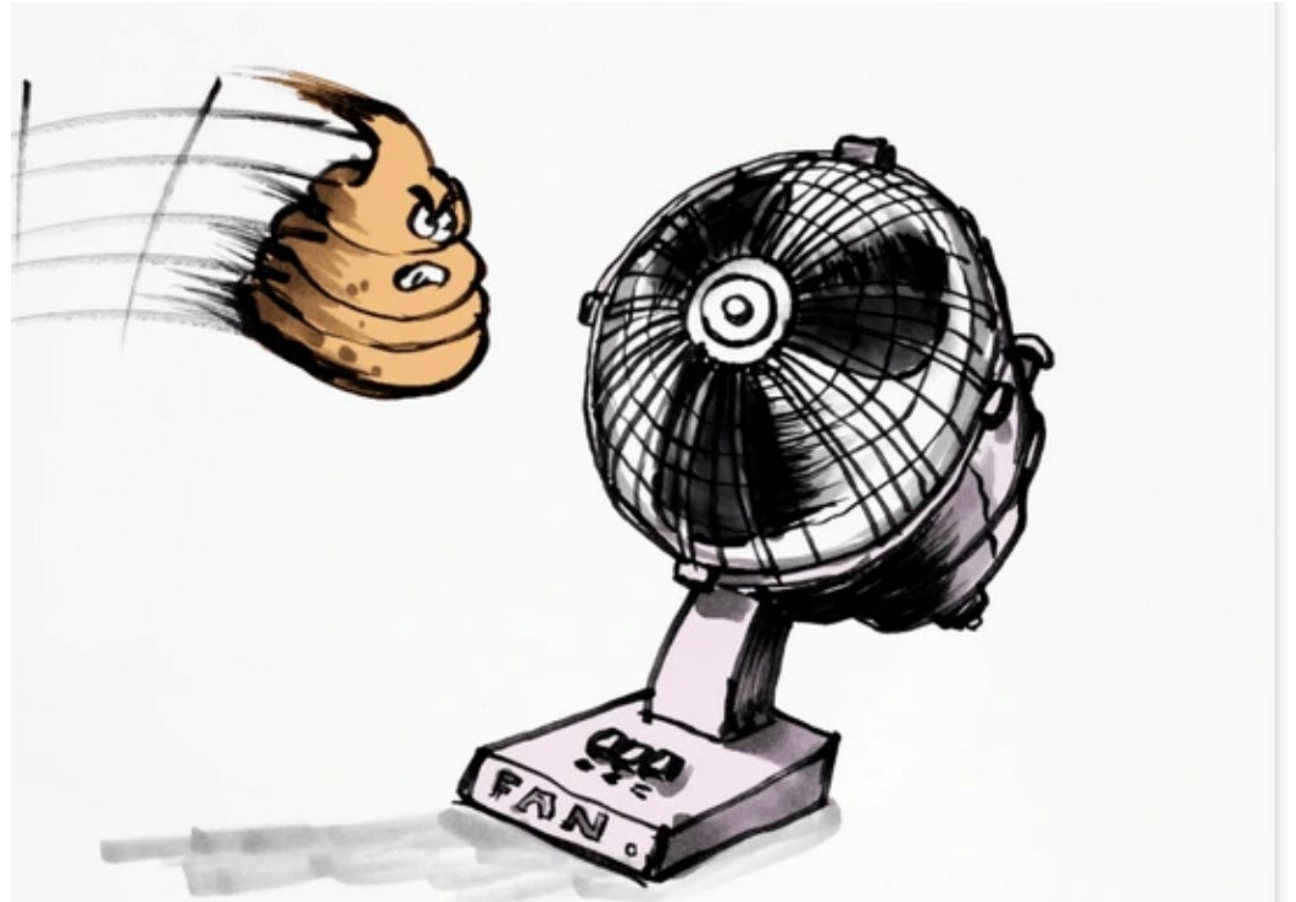
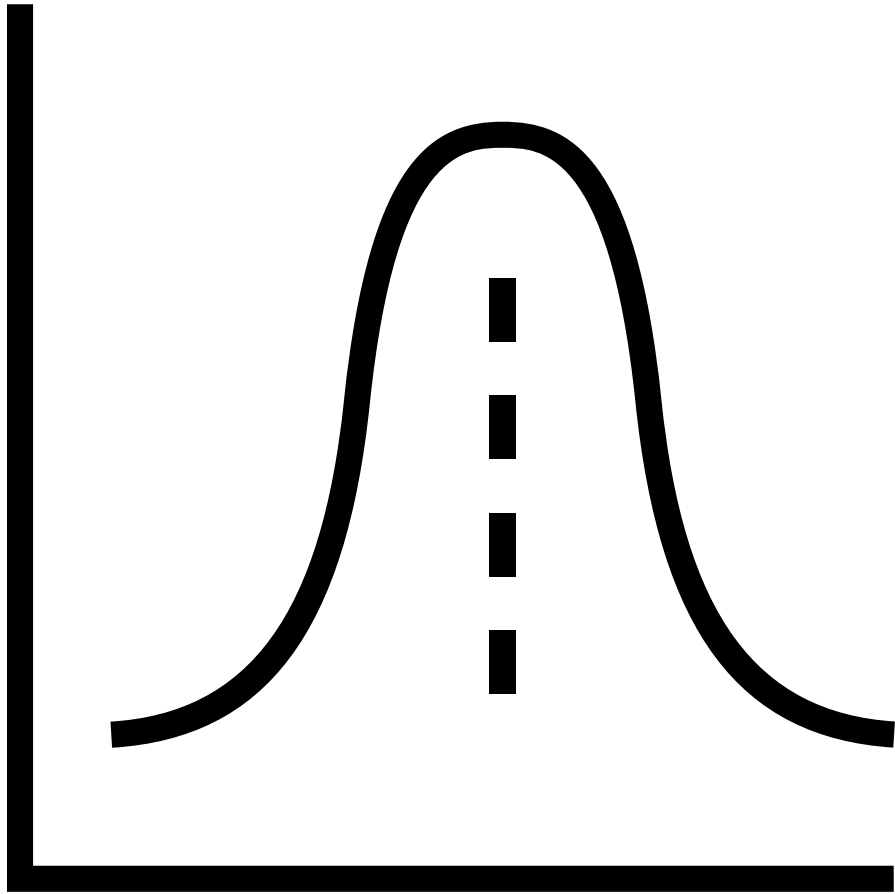


Text Message



GLOSSARY

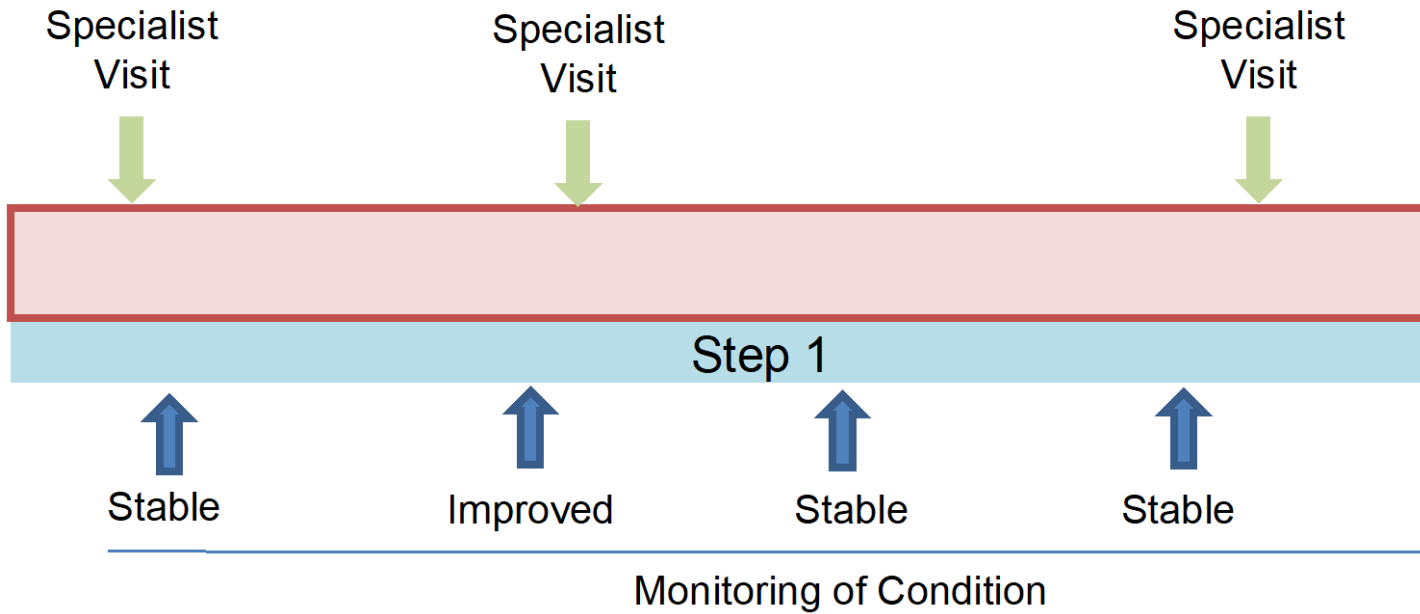
1. **Fer** = my nickname (I don't like Jen or Jenny...so Fer)
2. **EIPC** = Early Integrated Palliative Care
3. **Nothing burger** = no big deal



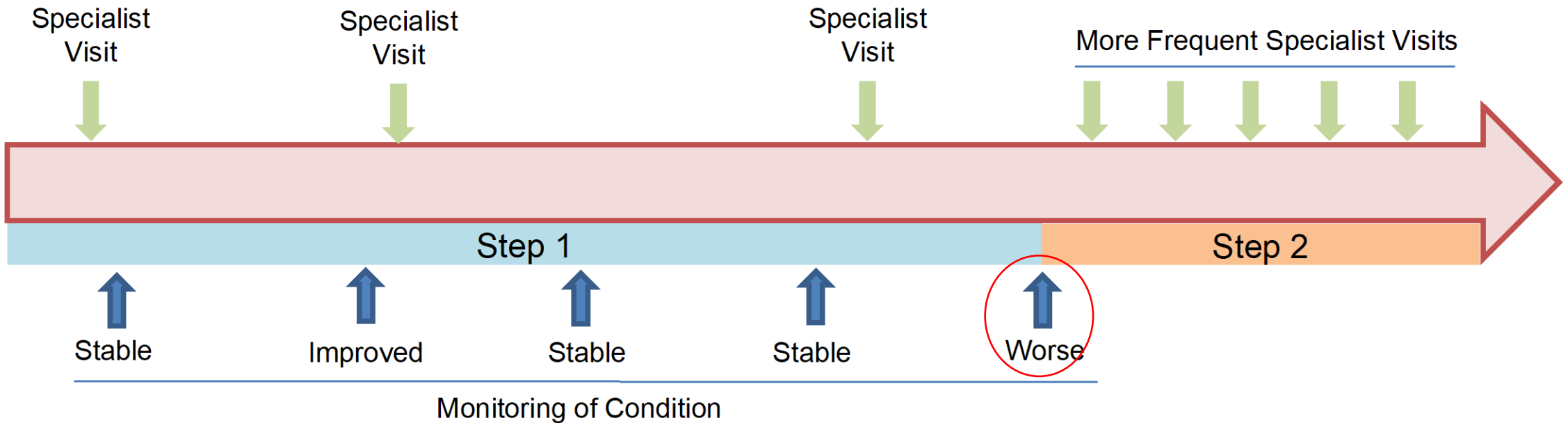
Utilizing Stepped Care To Deliver More Patient-Centered Care and Utilize Fewer Palliative Care Resources

- “Stepped care” is an evidence-based method to increase access to and efficiency of health care services.
- With stepped care, all patients receive low-intensity treatment with more intensive intervention reserved for those with greater needs.
- Patients require close monitoring using objective measures to determine which patients are not receiving adequate benefits from low-intensity treatment.

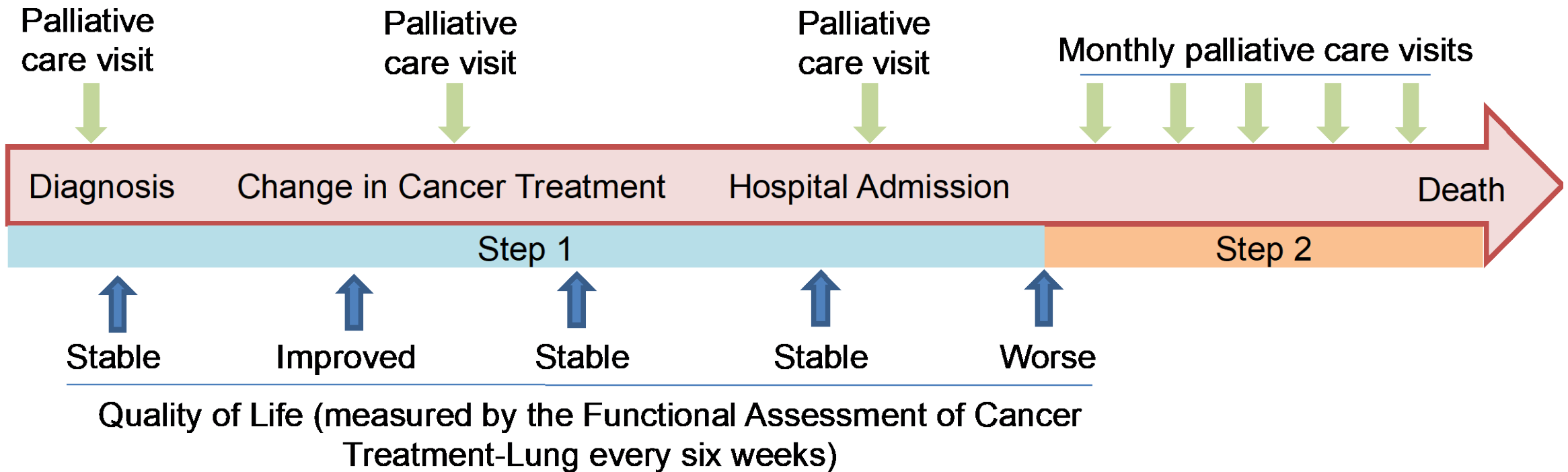
Stepped Care

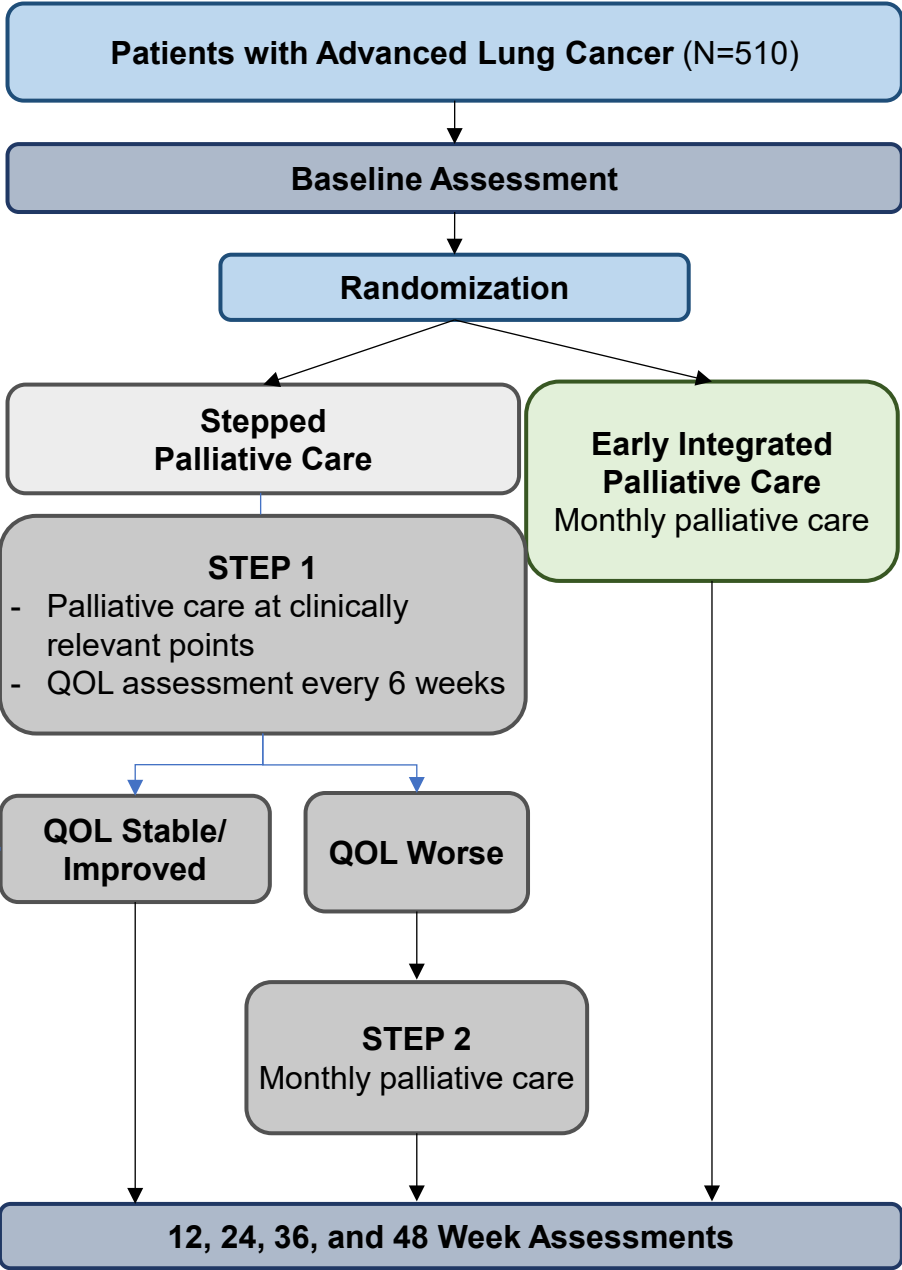


Stepped Care

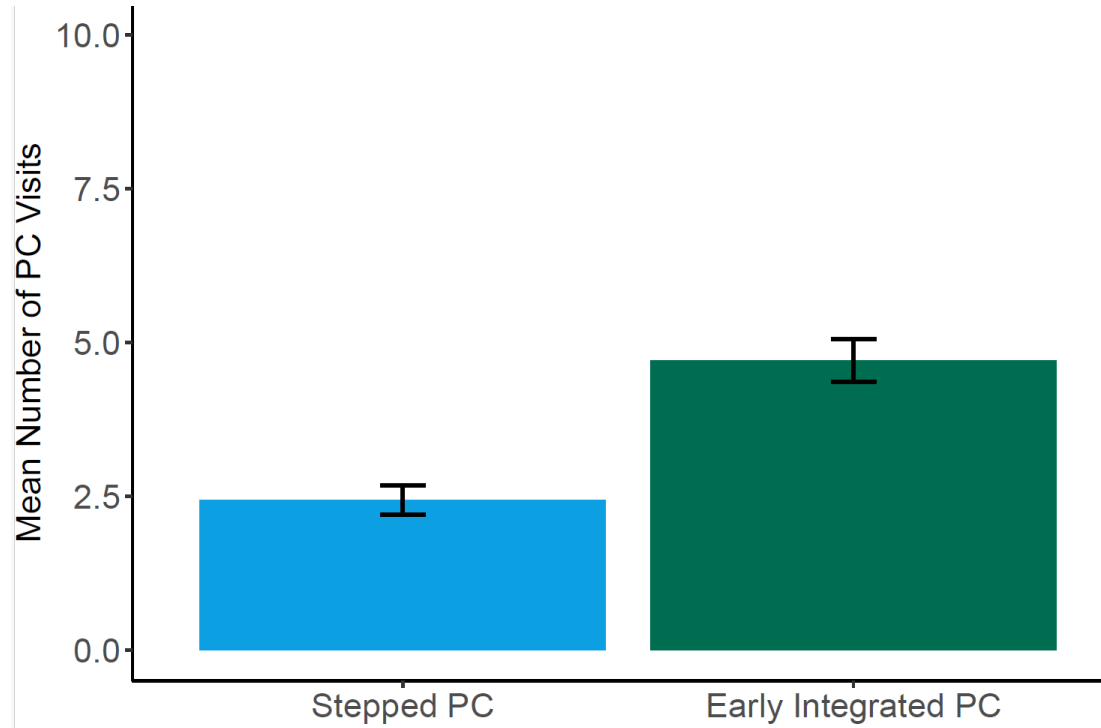


Stepped Care Model of Early Palliative Care





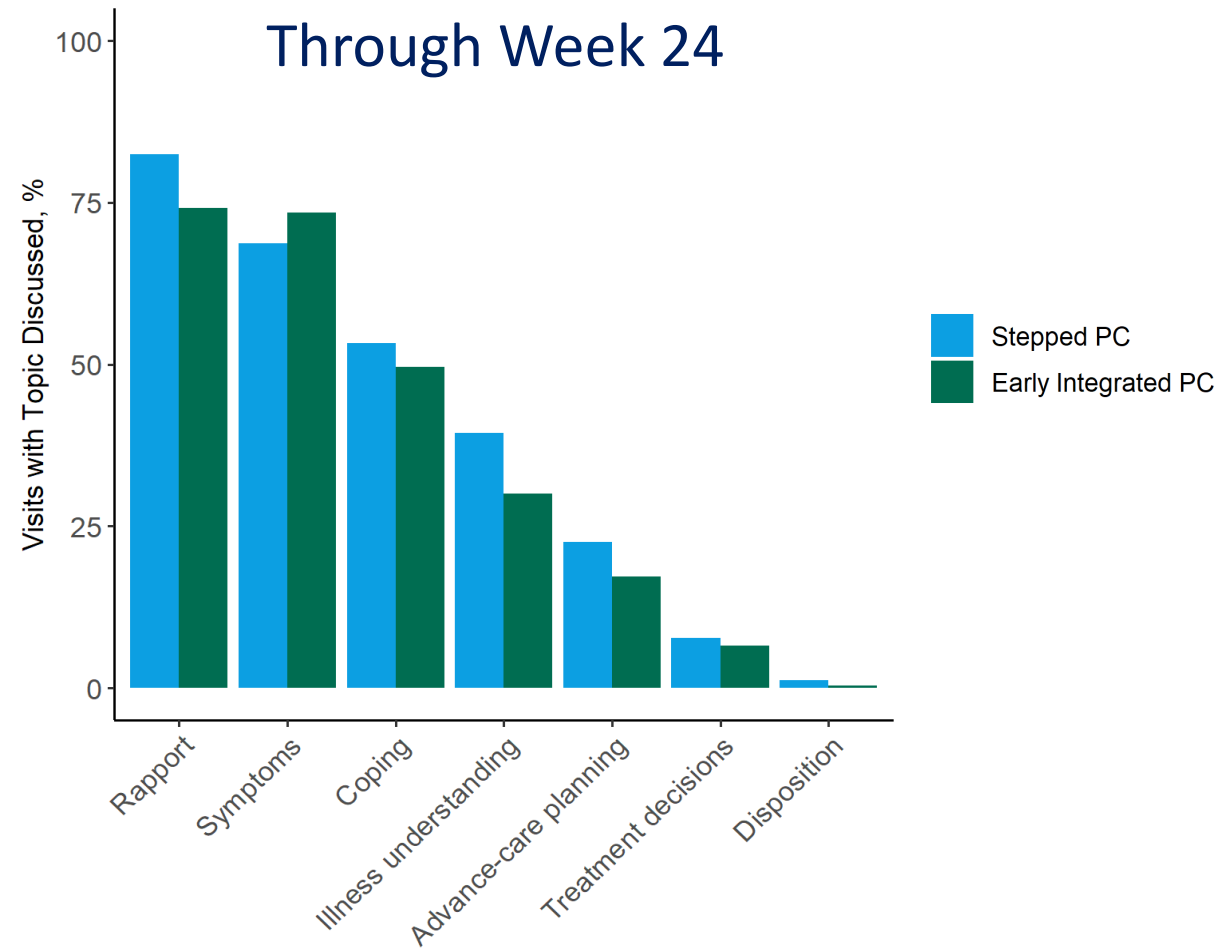
Intervention Delivery



Number of PC Visits by Week 24
Adjusted means: **2.4 vs 4.7 visits per patient**
Difference (95% CI): **-2.3 (-2.7, -1.8)**
p < 0.001 for superiority (secondary outcome)

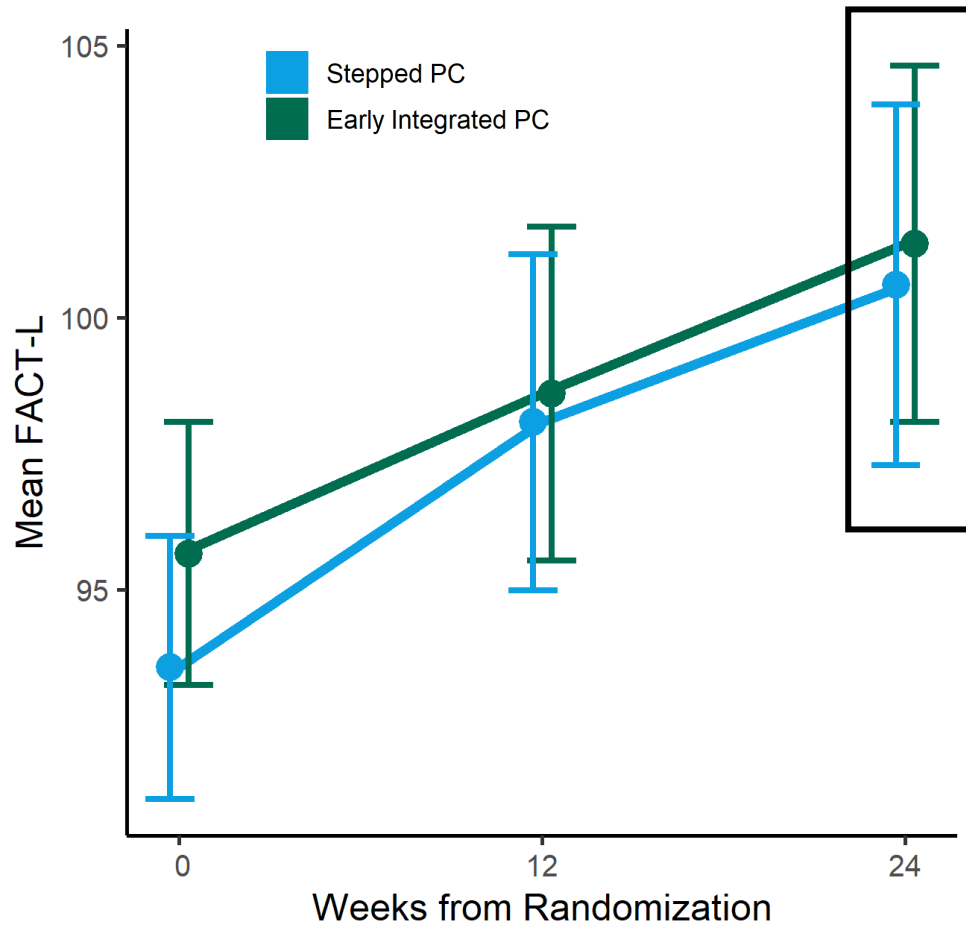
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Fidelity of Intervention Delivery



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Quality of Life



Quality of Life at Week 24

Adjusted means: **100.6 vs 97.8**

Difference (lower one-sided 95% CL): **2.9 (-0.1)**

Non-inferiority margin: **-4.5**

$p < 0.001$ for non-inferiority (primary outcome)

Higher scores indicate better quality of life

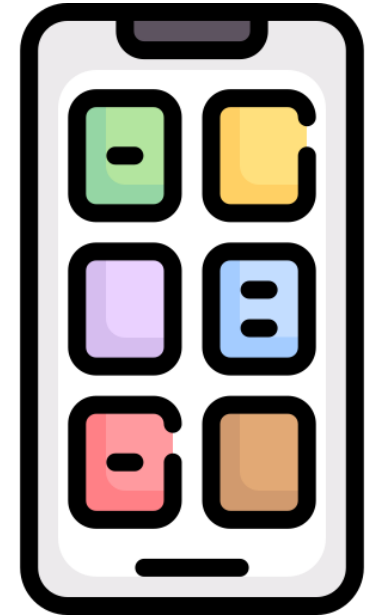
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These Novel Palliative Care Delivery Models Help But Do Not Solve the Problem

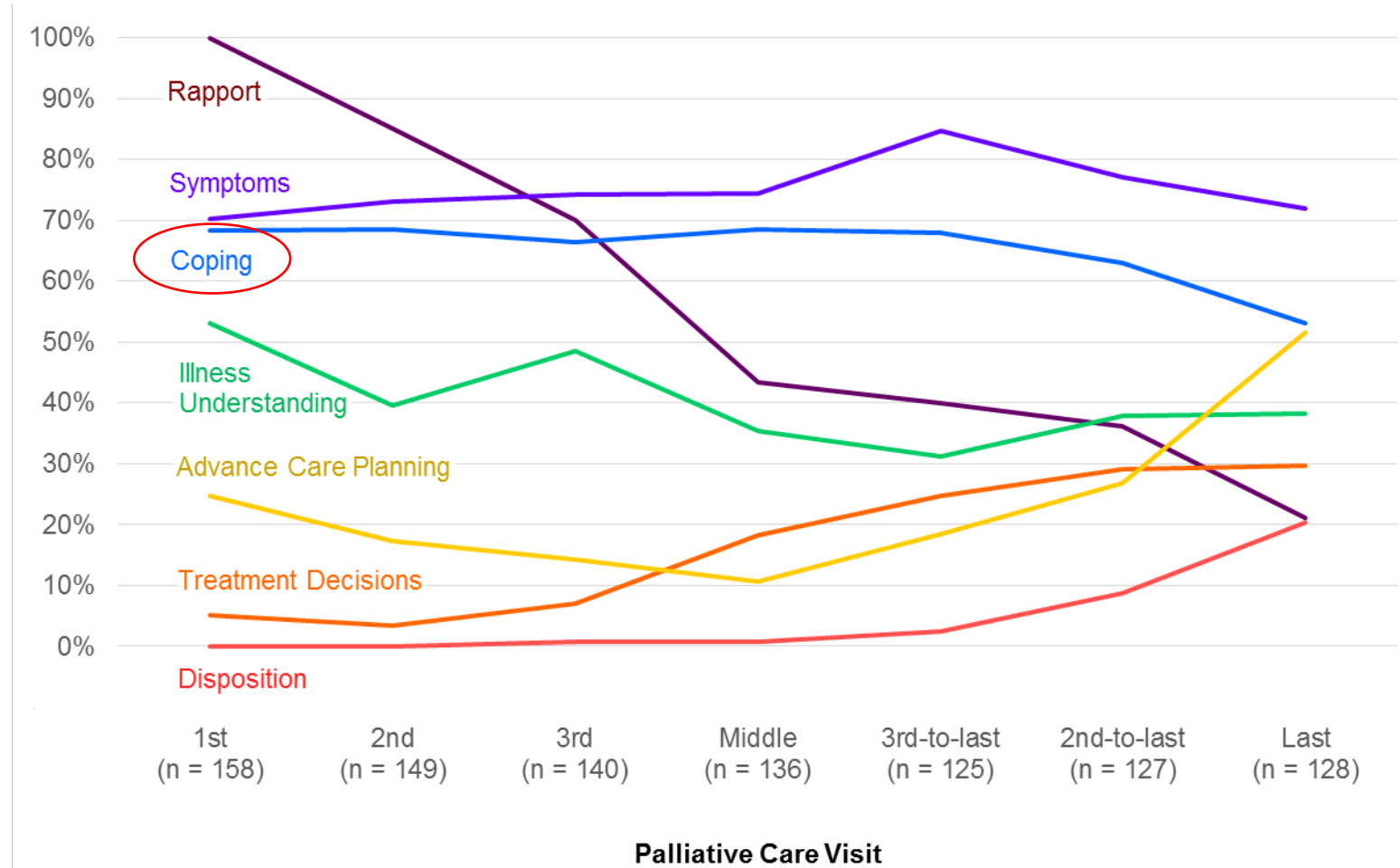
- Delivering palliative care using telehealth or with a stepped care model requires fewer palliative care resources and clinicians, but does not solve the issue of access to palliative care services.
- One potential solution includes primary palliative care, i.e., training non-palliative care clinicians to deliver palliative care, but data are still forthcoming on whether this is a feasible and effective palliative care delivery model.

Digital Health Interventions to Address Patient's Palliative Care Needs

- There is a growing body of literature on digital health interventions to deliver behavioral therapy and manage symptoms.
- Digital health interventions are a patient-centered approach for individuals to receive information and support at the right time and place.
- Potential for hybrid care models that leverage mobile health interventions and palliative care clinicians to optimize care.



Palliative Care Across the Illness Trajectory



Hoerger JCO 36 (11) 2018

Can we translate some of the critical components of early palliative care into a mobile health intervention?

- Developed based upon the rigorous data that early palliative care improves quality of life and our data about the importance of coping in driving the benefits of palliative care.
 - Modules mirror the domains of quality of life.
 - Coping strategies integrated throughout



THRIVE Content





"It's an excellent tool to have - you get hit with this diagnosis and have no idea what you're going to come up against. It gave a lot of information and was easy to understand."

"You go into this, and you don't know anything about cancer, and this is very informative as to what people experience with the treatment and all the different things you're going to run into and all the feelings that you're going to feel."

"I use the coping strategies every night when I go to bed now. The breathing, it helped me tremendously."

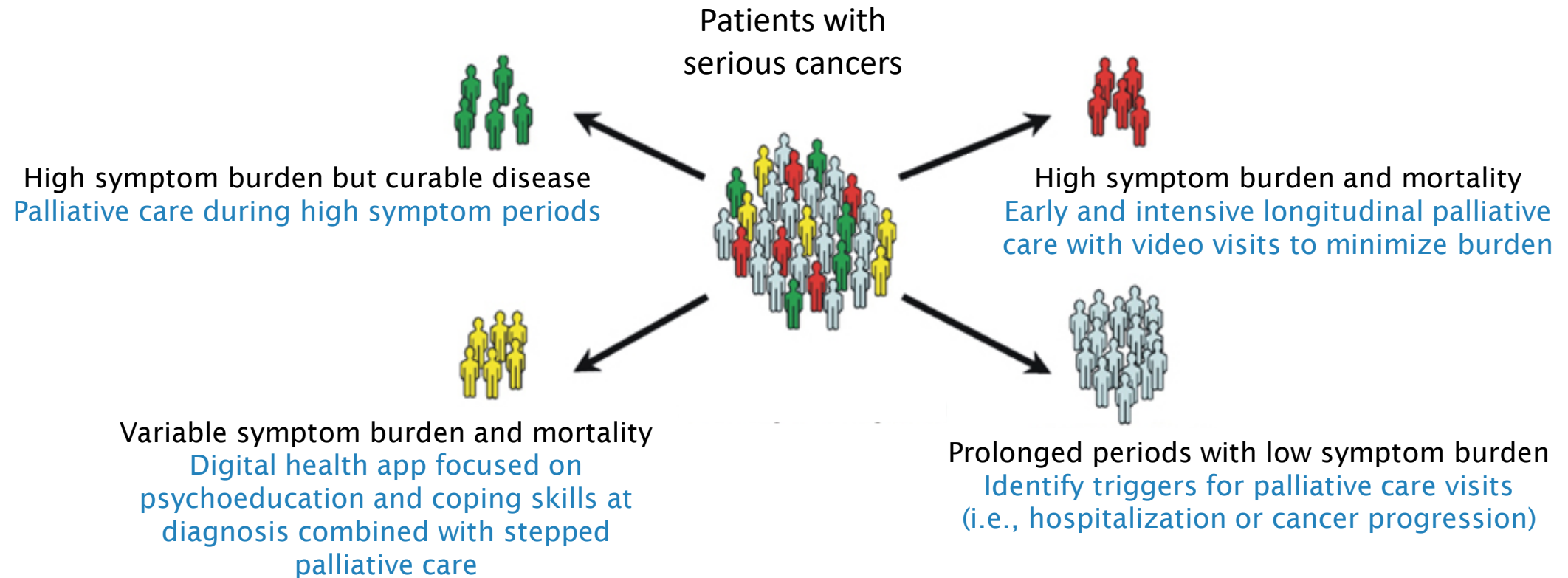
THRIVE Randomized Trial

Patient-Centered and Scalable Palliative Care

Patients with
serious cancers



Patient-Centered and Scalable Palliative Care



Summary

- The role of early palliative care for patients with serious cancers is established, but workforce and healthcare system barriers make implementation challenging.
- Palliative care delivered via telehealth or using a stepped care model are now evidence-based strategies to provide early palliative care.
- Ongoing research is evaluating digital health interventions as a possible means to scale early palliative care further.