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# EMERGING MODELS OF PROVIDING ONCOLOGY PALLIATIVE CARE

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**OBJECTIVE:** *To describe palliative care integration into oncology, including several models that facilitate this integration, important considerations when initiating a program, special oncologic populations that would benefit from palliative care, and challenges to consider.*

**DATA SOURCES:** *Palliative care and oncology literature over the past decade.*

**CONCLUSION:** *Multiple models exist to facilitate the integration of palliative care based on the needs of the providers or payers. There are several special populations that would benefit from early integration of palliative care.*

**IMPLICATIONS FOR NURSING PRACTICE:** *Nurses play a critical role in identifying patients, providing early primary palliative care, and facilitating collaborative relationships with and referring to specialist palliative care.*

**KEY WORDS:** *palliative care, models of palliative care integration, specialist palliative care, oncology.*

Palliative care is a specialty that provides interdisciplinary care to individuals with life-threatening illnesses such as cancer and their family members. Integrating palliative care concurrent with oncology care has

been shown to significantly improve quality of life, symptom burden, patient satisfaction, and survival.<sup>1–4</sup> Given these findings, it is not surprising that the presence of palliative care in hospitals has increased dramatically over the past 15 years, according to data gathered by the American Hospital Association and the National Palliative Care Registry, a joint project of the Center to Advance Palliative Care (CAPC), and the National Palliative Care Research Center (NPCRC), both at the Icahn School of Medicine at Mt. Sinai. The most recent figures indicate that 75% of hospitals with more than 50 beds offer palliative care services.<sup>5</sup> Such data reinforces the continued recognition by hospital administration that palliative care makes substantial contributions to patient care.

Based on a review of the literature through PubMed over the last decade, the purpose of this article is to summarize the current state of the

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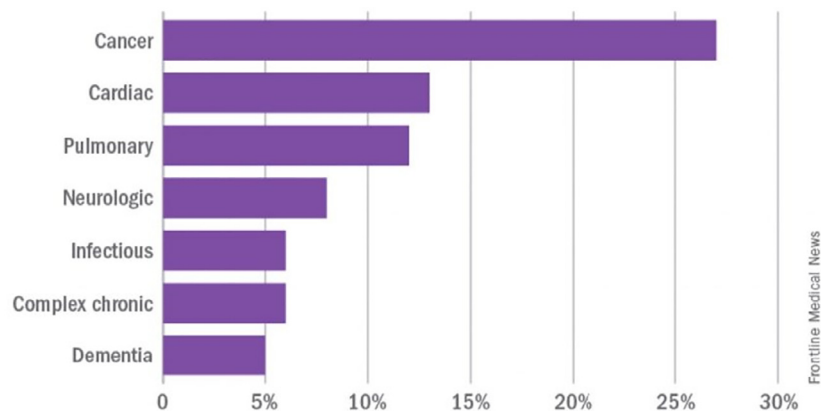
integration of palliative care into oncology practice, including discussion of several models that have been identified to facilitate this integration, important considerations when initiating a program, special oncologic populations that would benefit from palliative care, and some challenges to consider when integrating palliative care in various settings. Finally, the information provided in this article has been carefully considered with the intent of providing oncology nurses the knowledge that can facilitate strong partnerships to improve patient care.

### STANDARDIZING AND INTEGRATING ONCOLOGY AND PALLIATIVE CARE

Currently, palliative care is most commonly provided to individuals diagnosed with cancer, as shown in Figure 1.<sup>6</sup> Surveys of cancer centers attest to the widespread adoption of palliative care into oncology practice. A 2009 survey of cancer centers<sup>7</sup> indicated that more than 80% of cancer centers had palliative programs. However, less than one third had designated palliative care beds, and National Cancer Institute (NCI)-designated centers were much more likely than non-NCI centers to have outpatient programs (66% vs. 29%,  $P < .001$ ). In these programs, the time from inpatient palliative care involvement to death was a median of 7 days, versus 90 days for encounters in outpatient palliative care clinics, indicating a key relationship between setting and timing of palliative care

involvement. A more recent survey of NCI centers<sup>8</sup> indicated that 100% had inpatient palliative care consult services and one third had inpatient palliative care units. Almost all (91%) had outpatient palliative care clinics and 23% had home-based palliative care services. These figures illustrate the continued progress that the specialty of palliative care has made to reach the patients and families that are in need of this important service.

Several key events have occurred in recent years to facilitate the standardization of palliative care within oncology care to meet the aims of achieving comprehensive cancer care, which includes the integration of palliative care for all patients with cancer by 2020.<sup>9</sup> In 2012, the American Society of Clinical Oncology (ASCO) published the provisional clinical opinion on the integration of palliative care into standard oncology care.<sup>10</sup> Two years later, the American Academy of Hospice and Palliative Medicine (AAHPM) and ASCO cosponsored the inaugural conference of “Palliative Care in Oncology”; this is now an annual event. In 2017, ASCO published an updated clinical guideline based on a revised systematic review that recommended the integration of specialist palliative care in oncologic care early in the disease process and concurrent with active treatment.<sup>11</sup> Specialist palliative care provides patient and family-centered care coordinated and delivered by an interdisciplinary team that includes at minimum: physician, advanced practice nurse, psychologist, social worker, chaplain, physical therapist, pharmacist, and a nurse.<sup>12</sup>



Note: Survey was completed by 351 adult or mixed adult/pediatric palliative care programs.

Source: Center to Advance Palliative Care

FIGURE 1. Most common primary diagnoses in palliative care.<sup>6</sup>

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