Palliative Care Delivery Models

Clareen Wiencek and Patrick Coyne

Objectives: *To provide an overview of the four major palliative care delivery models: ambulatory clinics, home-based programs, inpatient palliative care units, and inpatient consultation services. The advantages and disadvantages of each model and the generalist and specialist roles in palliative care will be discussed.*

Data Sources: *Literature review.*

Conclusion: *The discipline of palliative care continues to experience growth in the number of programs and in types of delivery models. Ambulatory- and home-based models are the newest on the scene.*

Implications for Nursing Practice: *Nurses caring for oncology patients with life-limiting disease should be informed about these models for optimal impact on patient care outcomes. Oncology nurses should demonstrate generalist skills in the care of the seriously ill and access specialist palliative care providers as warranted by the patient's condition.*

Key Words: *Palliative care, delivery models, generalist and specialist palliative care*

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PALLIATIVE care programs across the United States have grown by a dramatic 157% in hospitals with more than 50 beds in the past decade.[1] That growth is expected to continue.[2] However, considerable geographic variation in access and in the services provided by these programs does exist.[3] The mission, size, profit or non-profit status of the program and regulatory factors of the city or state can account for this variability. Despite this variability, there is strong evidence that palliative care improves quality of life and symptom management for patients with advanced cancers and other serious illnesses and results in cost savings or cost avoidance by reducing aggressive interventions with limited benefit.[4-10] This article presents

an overview of the features, advantages, and disadvantages of four delivery models for palliative care. These four models include ambulatory palliative care clinics, home-based palliative care, inpatient palliative care units (PCUs), and inpatient consult services. In addition, the role of the generalist and specialist provider in palliative care is discussed. This information is important for the oncology nurse and the advanced practice registered nurse (APRN) to incorporate into their practice to improve the quality of life for patients and families.

Models of Care

Ambulatory Palliative Care Clinics

Ambulatory-based palliative care clinics are a new model of care and one of the fastest growing segments given that acute inpatient care was the primary focus for the past two decades.[1,2,11] The ideal features of ambulatory-based palliative care include the collaboration of interdisciplinary team members; physicians, nurses and APRNs, social workers, chaplains, psychologists, and physical and occupational therapists who focus on the assessment and management of symptoms that impact the patient's quality of life and functional status. A recent study showed that an outpatient palliative care model decreased hospital admission, improved quality of life, and prolonged survival in patients with lung cancer.[9] In addition, the ambulatory setting may be less threatening to patients and families, and providers are more likely to refer patients for ambulatory-based palliative care. Some evidence also suggests that the renaming of palliative care to "supportive care" increases the likelihood that oncologists will make referrals to palliative care.[12,13] A palliative care approach in the ambulatory setting is appropriate for patients with advanced solid tumors (ie, lung, pancreas, colon, breast, brain and bladder; hematologic disorders such as leukemia or sickle cell disease); advanced heart failure and patients with ventricular assist devices; dementia; progressive neuro-generative disorders such as amyotrophic lateral sclerosis [ALS]; and end stage organ failure such as liver and renal failure.

Another advantage of the ambulatory setting is the decrease in emergency department visits by facilitating direct admits to acute care from the clinic setting. Also, ambulatory clinics are an ideal setting for the nurse with expert palliative care and symptom management skills to provide goal-directed and cost-effective care to patients with serious illness. Disadvantages of ambulatory palliative care may include limited physical space or facilities and limited access to all members of the interdisciplinary team and/or program resources.

Home-Based Palliative Care

Like the ambulatory clinic, home-based palliative care programs have a significant potential to decrease health care costs by reducing acute care hospitalizations. More importantly, palliative care in the home setting can serve a population of frail elderly or seriously ill for whom transportation to the hospital is a burden. There is evidence that home-based palliative care increases satisfaction with care, reduces health care costs, and reduces 30-day re-admissions.[7,14-16] Features of this model of palliative care delivery include the provision of goal-directed care that keeps patients in their home or community setting, collaboration among interdisciplinary team members, team leadership by APRNs and collaborating physicians, and integration of family or caregivers.

As mentioned previously, the advantage to home-based palliative care is bringing the care to the patient to avoid burdensome transportation to ambulatory clinics. Additional benefits include reduction in hospitalizations and cost of hospital stays, as demonstrated by the OACIS (Optimizing Advanced Complex Illness Support) program at LeHigh Valley Health System in Pennsylvania.[17] Specialized palliative care delivered in the home by APRNs allows for optimal outcomes through coordination of care, medical management, psychosocial support, and education.[17] Some of these patients are too healthy to qualify for hospice; therefore, home-based palliative care may be the preferred level of care consistent with their goals or preferences. Disadvantages may include limited access to the full interdisciplinary team or program resources more easily accessed within the walls of the affiliated health care system.

Inpatient Palliative Care Units

Most hospital-based palliative care is provided by consultation services as fewer than 10% of hospitals have designated PCUs.[18] Despite this low prevalence, inpatient PCUs concentrate the specialized skills and knowledge of nurses and physicians, resulting in optimal care of complex palliative care patients. Further, these expert clinicians collaborate with all members of the