Panel Recommends Primary Palliative Care Services for Medical Oncology Practices

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ASCO Perspective

“This collaboration between professional organizations is a significant step toward accessible, high-quality palliative care for all patients,” said Don S. Dizon, MD, ASCO Expert and moderator of today’s presscast. “The recommendations will help us identify essential palliative care services and set achievable goals for medical oncology practices across the country.”

ALEXANDRIA, Va. – A new guidance statement from the American Society of Clinical Oncology and the American Academy of Hospice and Palliative Medicine is being presented for the first time at the 2015 Palliative Care in Oncology Symposium in Boston.

Palliative care has proven benefits for both patients and caregivers; however, not every patient with advanced cancer has the opportunity to be seen by a palliative care specialist. Uniform access to at least basic palliative care services would be improved if medical oncology practices all delivered high-quality primary palliative care services. This statement provides the first formal consensus-based recommendations regarding the types of palliative care services that constitute high-quality primary palliative care in oncology.

“Oncologists can and already do provide many palliative services, but until now, no comprehensive guidance existed on what practices should be aiming for,” said lead study author Kathleen Bickel, MD, MPhil, an assistant professor of medicine at the White River Junction Veterans Affairs Medical Center and the Geisel School of Medicine at Dartmouth in Hanover, New Hampshire. “For the first time, we’ve set some reasonable and achievable goals for high-quality primary palliative care delivery for oncology practices in the everyday care of patients, which we hope will improve patient comfort and quality of life.”

Palliative care that is integrated in routine oncology care can improve symptom burden, quality of
life, and patient and caregiver satisfaction. The American Society of Clinical Oncology recommends concurrent use of palliative care with cancer care early in the course of illness for any patient with metastatic cancer and/or high symptom burden.

Previous research, however, has demonstrated that the small workforce of palliative care specialists is insufficient to meet the needs of patients with cancer. Therefore, experts from cancer and palliative care communities have sought alternative palliative care delivery approaches.

To develop the guidance statement, an expert multidisciplinary panel ranked 966 different palliative care service items according to their importance, feasibility, and whether the services were within the scope of medical oncology practice. Services ranked highly in all three areas (importance, feasibility, and scope) were included in the panel’s definition of high-quality primary palliative care in oncology. The panel included physicians, patient advocates, social workers, nurses, and nurse practitioners.

The majority of palliative care services included in the definition pertain to symptom assessment and management, communication and shared decision-making, and advance care planning. Examples of specific service items include: manage nausea and vomiting resistant to second-line treatment, determine the patient’s and family’s understanding of prognosis, and assess the need for hospice referral at the time of diagnosis of an incurable cancer.

This list of service items will help practices interested in improving their primary palliative care delivery to determine which services they already provide and whether they provide them consistently to all eligible patients.

Dr. Bickel emphasized that it will take time for these recommended services to be implemented in oncology practices. She stated that more work is needed to identify priorities for improvement goals, develop validated quality metrics and benchmarking, standardize palliative care delivery across oncology settings, and better identify palliative care needs of patients and their families.

View the full abstract.

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View the disclosures for the News Planning Team.

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