



Effective Health Care Integration of Palliative Care With Chronic Care Management

Results of Topic Selection Process & Next Steps

The nominator is interested in a new evidence review on the integration of palliative care with chronic care management to influence practice.

We identified an in-process AHRQ review covering the scope of the nomination, therefore, a new review would be duplicative of an existing product. When key questions have been drafted, they will be posted on the AHRQ Web site and open for public comment. To sign up for notification when this and other Effective Health Care (EHC) Program topics are posted for public comment, please go to <https://effectivehealthcare.ahrq.gov/email-updates>.

Topic Brief

Topic Number and Name: Integration of Palliative Care with Chronic Disease Management, #835

Nomination Date: 1/5/2019

Topic Brief Date: 3/19/2019

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Conflict of Interest: None of the investigators have any affiliations or financial involvement that conflicts with the material presented in this report.

Background

According to the World Health Organization¹, “Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Palliative care....is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.”

Despite the potential for improvements in quality of life from palliative care, palliative care is underused, particularly for non-cancer and non-hospice patients that might benefit.² The course and life expectancy for patients with serious life-threatening diseases including dementia, COPD, or heart failure is uncertain, however, they may nonetheless benefit from the integration of palliative care with ongoing chronic disease management. Some reasons for this underuse include “misunderstandings about palliative care, difficulty initiating a palliative care conversation, and the culture of the physician’s unit and the patient and caregivers.”³ Furthermore, the current shortage of palliative care specialists is predicted to get worse due to physician burnout and too few training slots.⁴ There has been an increasing focus on training primary care providers to communicate more effectively on palliative care, directly provide palliative care and/or work with specialists and multidisciplinary teams to ensure that patients have access to needed care.^{5,6}

Nominator and Stakeholder Engagement

At recent meeting convened by AHRQ a group of health systems indicated that palliative care was an important topic. Areas of interest included the elements of palliative care that could be delivered by non-specialists; resources for developing a palliative care program coordinated with primary or chronic disease care; and risk prediction to identify patients.

Key Questions and PICOs

The key questions for this nomination are:

What interventions facilitate the integration of palliative care into primary care for people with multiple chronic conditions?

To define the inclusion criteria for the key questions, we specify the population, interventions, comparators, outcomes, and setting (PICOS) of interest (Table 1).

Table 1. Key Questions and PICOS

Key Questions	
Population	People with non-cancer multiple chronic conditions
Interventions	Interventions to facilitate integration of palliative care with primary care
Comparators	Usual care
Outcomes	Morbidity Mortality Quality of life Pain management Patient and caregiver satisfaction
Setting	Outpatient

Methods

We assessed nomination for priority for a systematic review or other AHRQ EHC report with a hierarchical process using established selection criteria. Assessment of each criteria determined the need to evaluate the next one. See Appendix A for detailed description of the criteria.

1. Determine the *appropriateness* of the nominated topic for inclusion in the EHC program.
2. Establish the overall *importance* of a potential topic as representing a health or healthcare issue in the United States.
3. Determine the *desirability of new evidence review* by examining whether a new systematic review or other AHRQ product would be duplicative.
4. Assess the *potential impact* a new systematic review or other AHRQ product.
5. Assess whether the *current state of the evidence* allows for a systematic review or other AHRQ product (feasibility).
6. Determine the *potential value* of a new systematic review or other AHRQ product.

Appropriateness and Importance

We assessed the nomination for appropriateness and importance.

Desirability of New Review/Duplication

We searched for high-quality, completed or in-process evidence reviews published in the last three years on the key questions of the nomination. See Appendix B for sources searched.

Results

See Appendix A for detailed assessments of all EPC selection criteria.

Appropriateness and Importance

This is an appropriate and important topic.

Desirability of New Review/Duplication

A new evidence review would be duplicative of an existing evidence review. AHRQ is starting a systematic review that addresses the key question of the nomination. The draft key questions for “Integrating Palliative Care with Chronic Disease Management in Ambulatory Care”⁷ will be posted for comment. See Table 2, Duplication column.

Table 2. Key Questions and Results for Duplication

Key Question	Duplication (2/2016-2/2019)
KQ 1: Integration	Total number of identified systematic reviews: 1 <ul style="list-style-type: none">• AHRQ EPC: 1⁷

Abbreviations: AHRQ=Agency for Healthcare Research and Quality; KQ=Key Question

Summary of Findings

- Appropriateness and importance: The topic is both appropriate and important.
- Duplication: A new review would be duplicative of an existing product. AHRQ is starting a new systematic review that addresses the nomination.

References

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6. Paice JA¹, Battista V, Drick CA, Schreiner E. Palliative Nursing Summit: Nurses Leading Change and Transforming Primary Palliative Care: Nursing's Role in Providing Pain and Symptom Management. *J Hosp Palliat Nurs.* 2018 Feb;20(1):30-35.
7. Integrating Palliative Care with Chronic Disease Management in Ambulatory Care: Draft Key Questions. Rockville, MD: Agency for Healthcare Research and Quality.
<https://effectivehealthcare.ahrq.gov/topics/palliative-care-integration/topic-overview>. Accessed on 28 March 2019.
8. Buttorff C, Ruder T, Bauman M. Multiple Chronic Conditions in the United States. RAND Corporation. 2017.

Appendix A. Selection Criteria Assessment

Selection Criteria	Assessment
1. Appropriateness	
1a. Does the nomination represent a health care drug, intervention, device, technology, or health care system/setting available (or soon to be available) in the U.S.?	Yes
1b. Is the nomination a request for a systematic review?	Yes
1c. Is the focus on effectiveness or comparative effectiveness?	Yes
1d. Is the nomination focus supported by a logic model or biologic plausibility? Is it consistent or coherent with what is known about the topic?	Yes
2. Importance	
2a. Represents a significant disease burden; large proportion of the population	Over time, the prevalence of U.S. adults with multiple chronic conditions has remained steady, at around 42 percent. ⁸
2b. Is of high public interest; affects health care decision making, outcomes, or costs for a large proportion of the US population or for a vulnerable population	Yes. This was of high interest to health systems.
2c. Represents important uncertainty for decision makers	Yes
2d. Incorporates issues around both clinical benefits and potential clinical harms	Yes
2e. Represents high costs due to common use, high unit costs, or high associated costs to consumers, to patients, to health care systems, or to payers	Yes. Palliative care has the potential to decrease healthcare costs, increase patient satisfaction and improve quality of care.
3. Desirability of a New Evidence Review/Duplication	
3. Would not be redundant (i.e., the proposed topic is not already covered by available or soon-to-be available high-quality systematic review by AHRQ or others)	No. AHRQ is starting a new systematic review that covers the scope of this nomination.

Abbreviations: AHRQ=Agency for Healthcare Research and Quality; KQ=Key Question

Appendix B. Search for Evidence Reviews (Duplication)

Listed below are the sources searched, hierarchically

Primary Search
AHRQ: Evidence reports and technology assessments https://effectivehealthcare.ahrq.gov/ ; https://www.ahrq.gov/research/findings/ta/index.html ; https://www.ahrq.gov/research/findings/evidence-based-reports/search.html
VA Products: PBM, and HSR&D (ESP) publications, and VA/DoD EBCPG Program https://www.hsrp.research.va.gov/publications/esp/
Cochrane Systematic Reviews http://www.cochranelibrary.com/
PROSPERO Database (international prospective register of systematic reviews and protocols) http://www.crd.york.ac.uk/prosperto/