Playing Well in the Sandbox: Growing an Outpatient Palliative Care Clinic While Enhancing Collaboration with Interventional Pain Clinicians

Jacob J. Strand, M.D.1, Kelly Wu, M.D., Kelly J. Christensen P.A.-C1
1Section of Palliative Medicine, Division of General Internal Medicine
Mayo Clinic, Rochester, MN

Background & Significance

Pain is one of the most commonly experienced and feared symptoms faced by patients facing a serious illness and a common reason for referral to a palliative care service. Palliative care teams are able to control symptoms of pain in most circumstances. However, a substantial minority of patients will have inadequate analgesia and/or intolerable side effects with systemic therapies. For these patients, minimally-invasive interventional pain therapies can be significantly beneficial. Despite these benefits, studies demonstrate a lack of collaboration between palliative care and interventional pain providers, resulting in fewer patients receiving potentially beneficial interventions. We report on intentional processes put in place in our outpatient palliative care clinic since 2012 that have enhanced the collaboration between interventional pain and palliative care teams.

Collaborative Growth

- The outpatient palliative care clinic at Mayo Clinic in Rochester, MN experienced rapid growth over the last six years (see Figure 1).
- Internal referrals from palliative care clinic to interventional pain increased over five fold.
- Celiac plexus neurolytics blocks increased by 90%
- Intrathecal drug delivery system implantation increased by 90%

Figure 1

Total outpatient visits

<table>
<thead>
<tr>
<th>Year</th>
<th>Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>219</td>
</tr>
<tr>
<td>2010</td>
<td>326</td>
</tr>
<tr>
<td>2011</td>
<td>512</td>
</tr>
<tr>
<td>2012</td>
<td>724</td>
</tr>
<tr>
<td>2013</td>
<td>788</td>
</tr>
<tr>
<td>2014</td>
<td>971</td>
</tr>
</tbody>
</table>

Models of Interaction

- **Traditional Model**
  - Oncology
  - Interventional Pain
  - Oncology providers refer to either Palliative Care or Interventional Pain for cancer pain management, with limited interaction between services.

- **Palliative Care Centered Model**
  - Oncology
  - Interventional Pain
  - Palliative Care
  - Palliative Care providers refer to Interventional Pain if a procedure or other assistance is needed.

- **Interdisciplinary Model**
  - Oncology
  - Interventional Pain
  - Palliative Care
  - Oncology providers refer to an interdisciplinary cancer pain center in which both Palliative Care and Interventional Pain collaborate to decide how to best manage a patient’s cancer pain.

Benefits of Collaboration

**CLINICAL:**
This targeted collaborations can lead to increased cross-referral between services, reduction of “turf battles” and more rewarding and collegial relationship of between services.

**EDUCATIONAL/RESEARCH:**
At our institution, we have instituted cross-training between the two accredited fellowship programs. Palliative medicine fellows spend one month on the inpatient pain service and pain fellow rotate through the outpatient palliative care clinic. Several joint quality improvement projects are in process focusing on patient reported outcomes after interventional procedures and patient/caregiver experiences transitioning to hospice care after intrathecal pump placement.

**FINANCIAL:**
Rather than acting as independent silos of pain management, collaboration between palliative care and pain could thus yield a decrease in redundant care and better utilization of the individual expertise of each service.

References

1. Center for the Assessment of Palliative Care (www.capc.org)