Capturing and Trending Symptoms in a Clinic-Based and Home-Based Palliative Care Program

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Summary

- NTSP operates a Palliative Care program with two delivery models: Clinic-based and Home-based, with the Home program managed by an external agency. Delivery model is determined by patient's functional status and ability to travel to the clinic for visits.
- Care is focused on the patient, with a goal of increasing quality of life by increasing symptom management, reducing unnecessary hospital utilization, and completing advanced directives.
- We developed a standard template for our IDT meetings based on the assessments we conducted to allow for better tracking and capturing of symptoms in order to improve symptom management.

Background

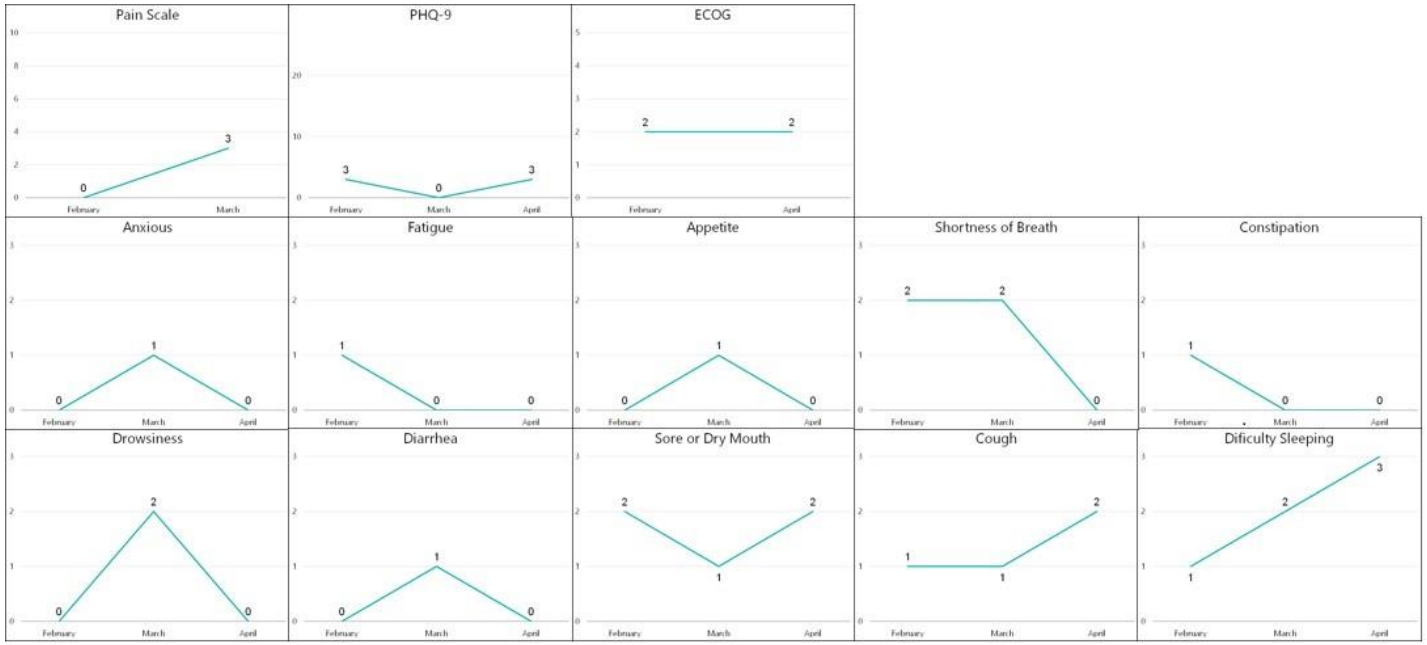
North Texas Specialty Physicians (NTSP) is a physician-led Independent Physician Association in Ft. Worth, TX at global risk for the healthcare of over 80,000 Medicare Advantage members. The care delivery models include a care management company, complete network of specialist physicians, and primary care physicians, some of whom are employed by the organization. A palliative care program is administered through one of the company owned primary care clinics. The palliative care program was implemented with the primary goal of improving the care of chronically ill patients by managing symptoms. Other secondary goals include reducing unnecessary and inappropriate medical care in this vulnerable population.
NTSP's Palliative Care program has both a clinic based and a home based delivery model. Patients are selected for one or the other, based on their functional status and ability to travel.

Methods

Patients are typically referred to the program by their PCP. Once enrolled, the social worker or 3rd party agency makes contact and performs assessments, specifically the PHQ2/PHQ9, Pain Scale, ECOG, and Edmonton Symptom Assessment. These assessments are also conducted at every subsequent visit and recorded in the EHR, along with other clinical information, providing a compiled data resource for both the medical director and interdisciplinary team to effectively manage care. Our Clinical Pharmacist (Pharm D) also performs a medication reconciliation on each patient upon enrollment, as well as after any hospital discharge.

Sample IDT Meeting Template

Last	First	Age	Admit Date	Diagnosis/es	PCP	Last Visit Date	LV Type	Next Appt	Pharm Review	ACP Docs
Last	First	65	2/1/2017	ESRD, Non-Cancer Hepatic-Cirrhosis	Dr. Doc	4/17/2017	Social Worker - Telephone	5/13/2017	2/15/2017	MOST, MPOA
Medical/Physical Update	PCP has referred her to a new liver spec. Concerns about blood pressure. Recommended monitoring and med changes. Pharm D reached out for additional consult and will be monitoring for blood pressure changes.									
Social Update	Went to mom's for 2 weeks. Pt continues to have what she calls "breakdowns" related to emotional status. Registered for grief share once she returns. Continued to provide emotional support, validating feelings and assisted with teaching and developing coping skills, and help with re-organizing her life and gaining access to needs since she no longer has an in-home caregiver.									
Concerns/Needs	Identify and increase socialization and social support system. 1 on 1 counseling. Insurance appears to have no behavioral health benefit.									



Discussion

Successes:

- Symptom-management was usually achieved as evidenced by ESA, PHQ, ECOG, and Pain Scale assessments
- Worsening symptoms were more quickly seen and acted upon
- Allowed easy tracking and trending of symptoms for patients when transitioning from clinic-based to home-based program, and standardized template which external agency also used helped with oversight and monitoring of Home program patients

Challenges:

- Some patients admitted to the hospital even with close monitoring of symptoms and status
- Developing a method to use standardized symptom management to predict and prevent unnecessary hospitalizations
- Having a small internal team on clinic-based program has limited capacity of team members to perform visits and enter info on a timely basis

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