

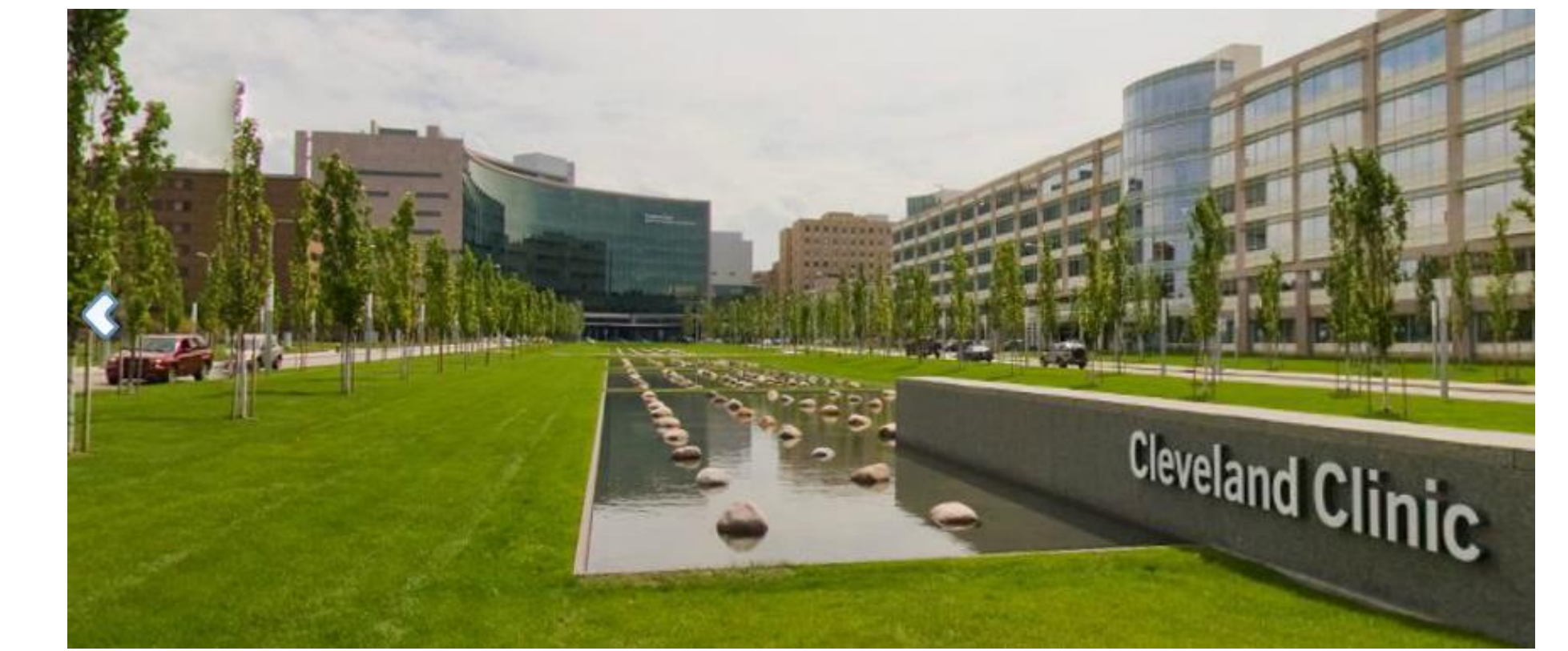
# Outpatient Palliative Cardiology Embedded Within a Heart Failure Clinic: A New Model of Care



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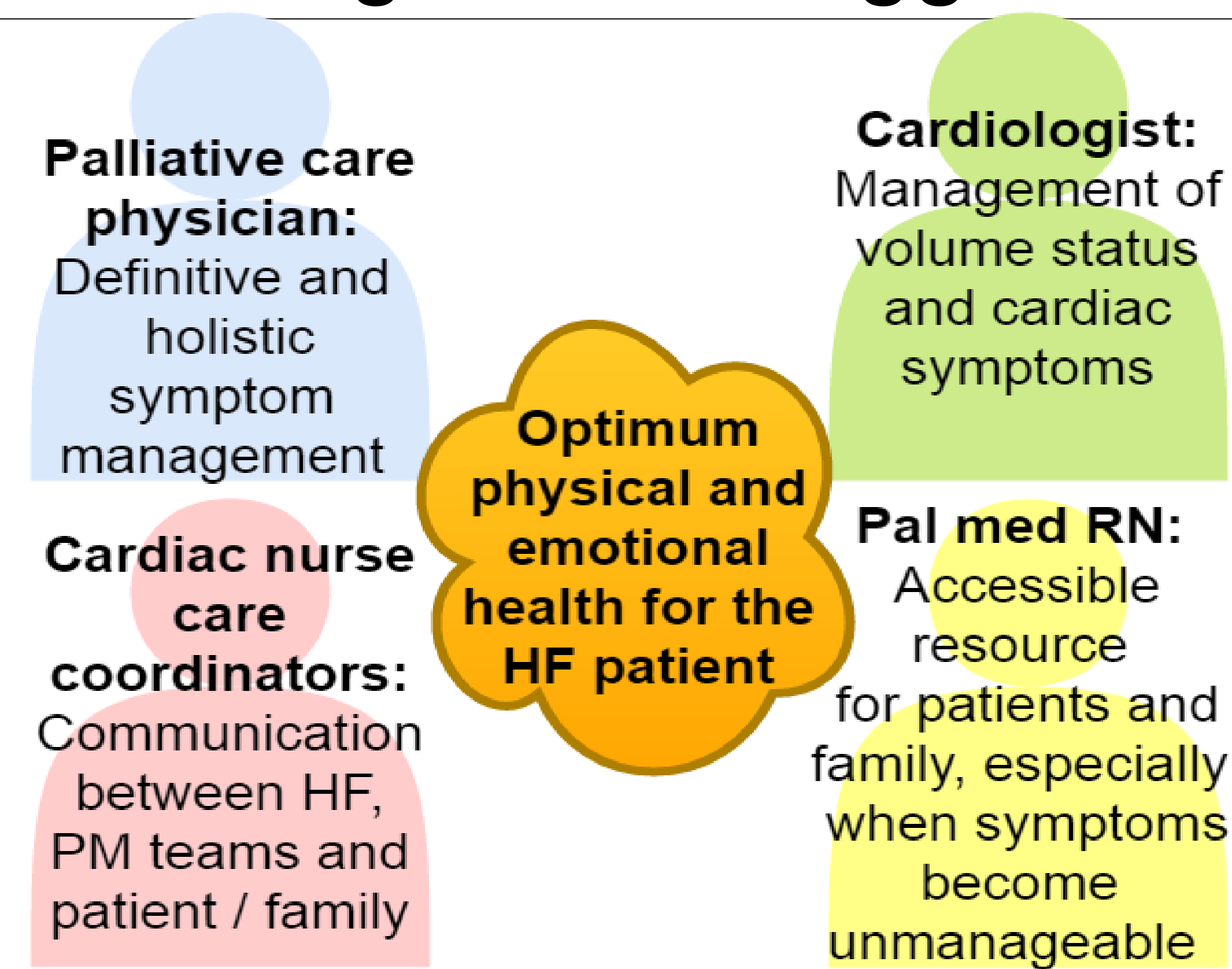


## BACKGROUND

- Role of palliative care in Heart Failure *outpatients* is poorly studied.

## THE CLEVELAND CLINIC MODEL

- We created an outpatient palliative care service embedded within the HF clinic.
- Referrals from inpatient consults and outpatient cardiologists. No triggers used



## METHODS

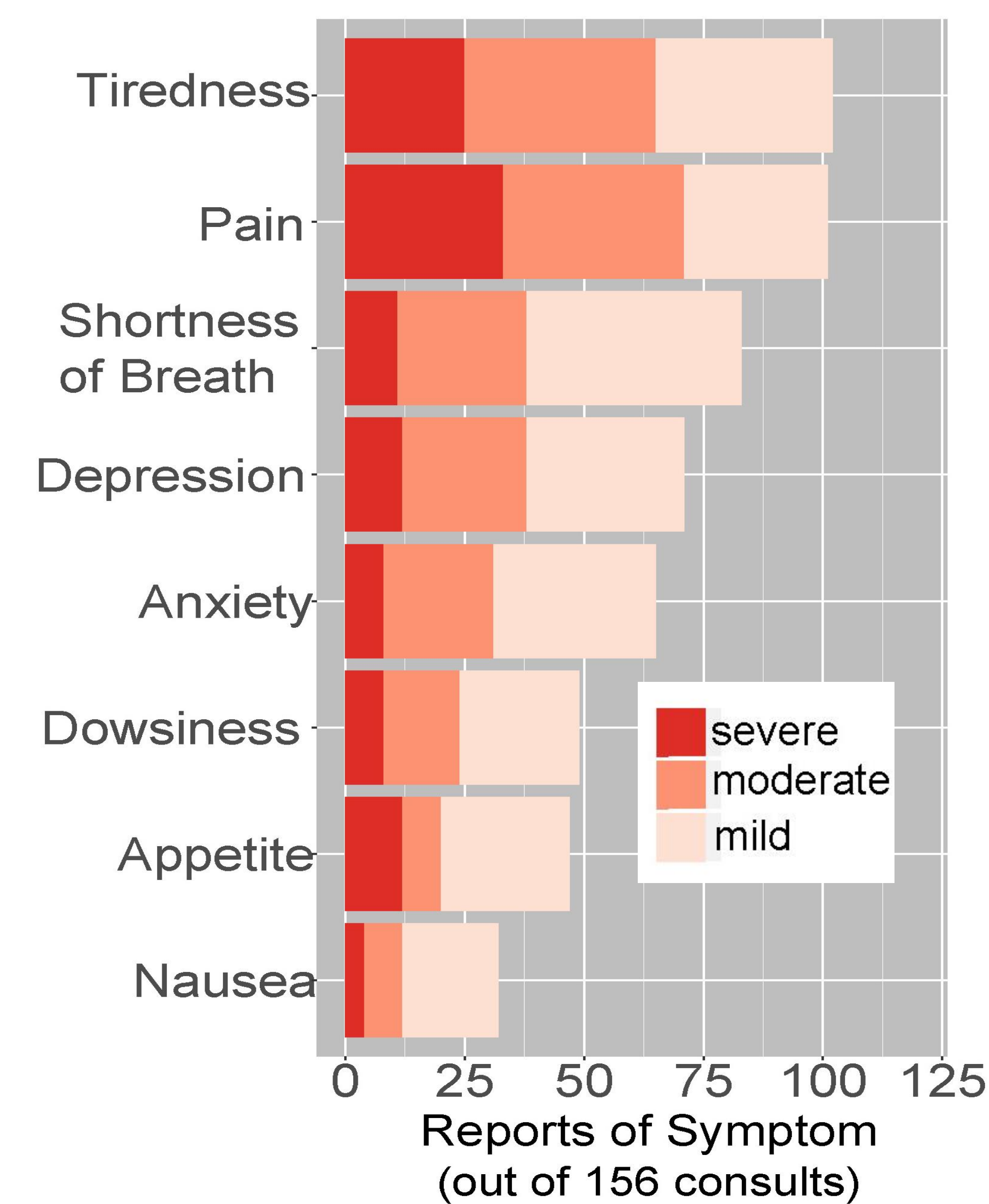
- Retrospective chart review.
- Symptoms assessed with modified Edmonton Symptom Assessment System (ESAS).
- Functional status assessed with the Palliative Prognostic Index (PPI).

## RESULTS

### HF Palliative Care Clinic Patient Demographics

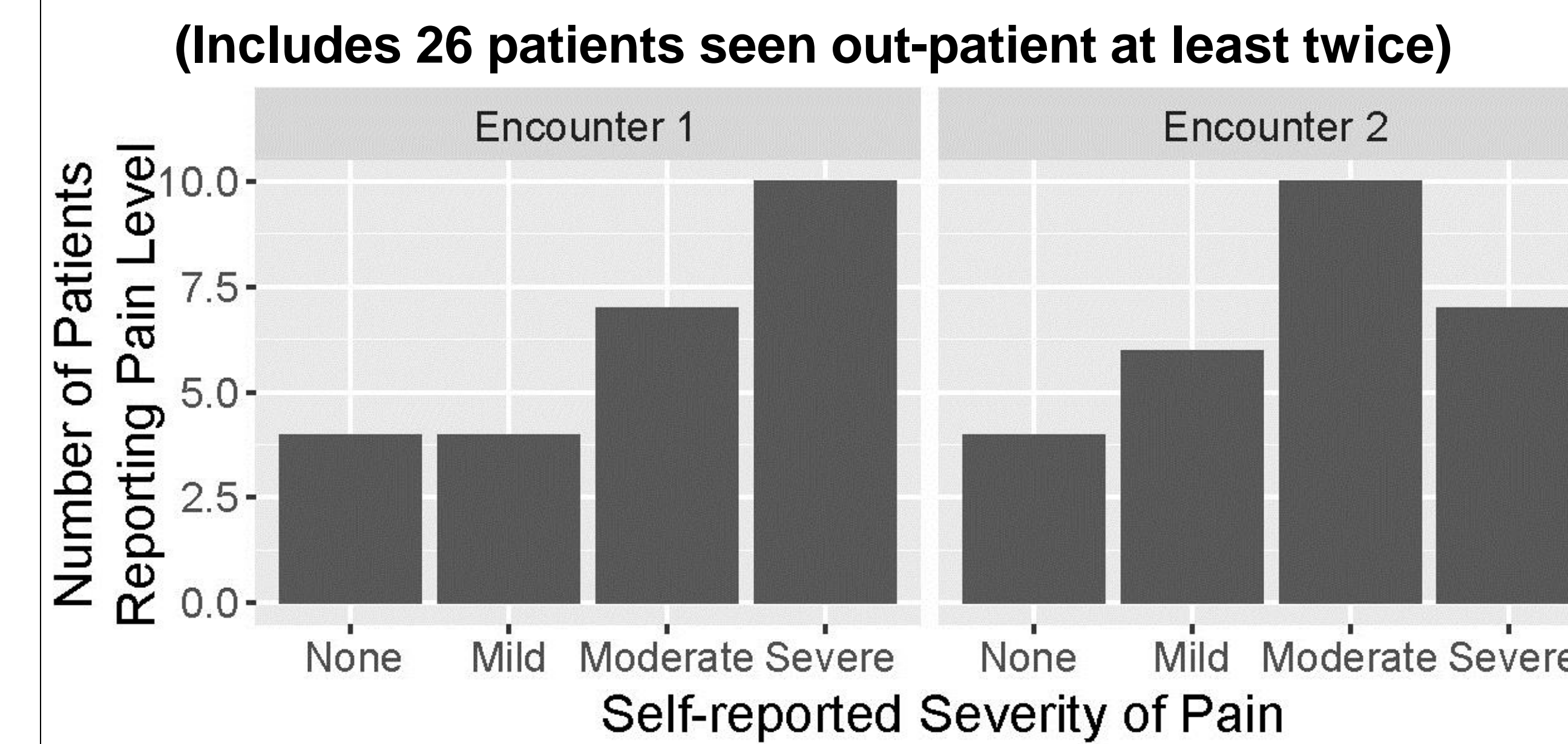
	N	Percentage
<b>Gender</b>		
Male	44	62
Female	27	38
<b>Age</b>		
20-40	12	17
40-60	23	32
60-80	28	39
80+	8	11
<b>Advanced Directive</b>		
None	21	30
Living Will	4	6
Power of Attorney	17	24
LW + PoA	29	41
<b>Advanced Intervention</b>		
None	48	68
LVAD	20	28
Transplant	3	4
<b>Palliative Performance Index</b>		
<2	46	65
2-4	16	23
>4	9	13

### Symptoms reported to HF palliative care



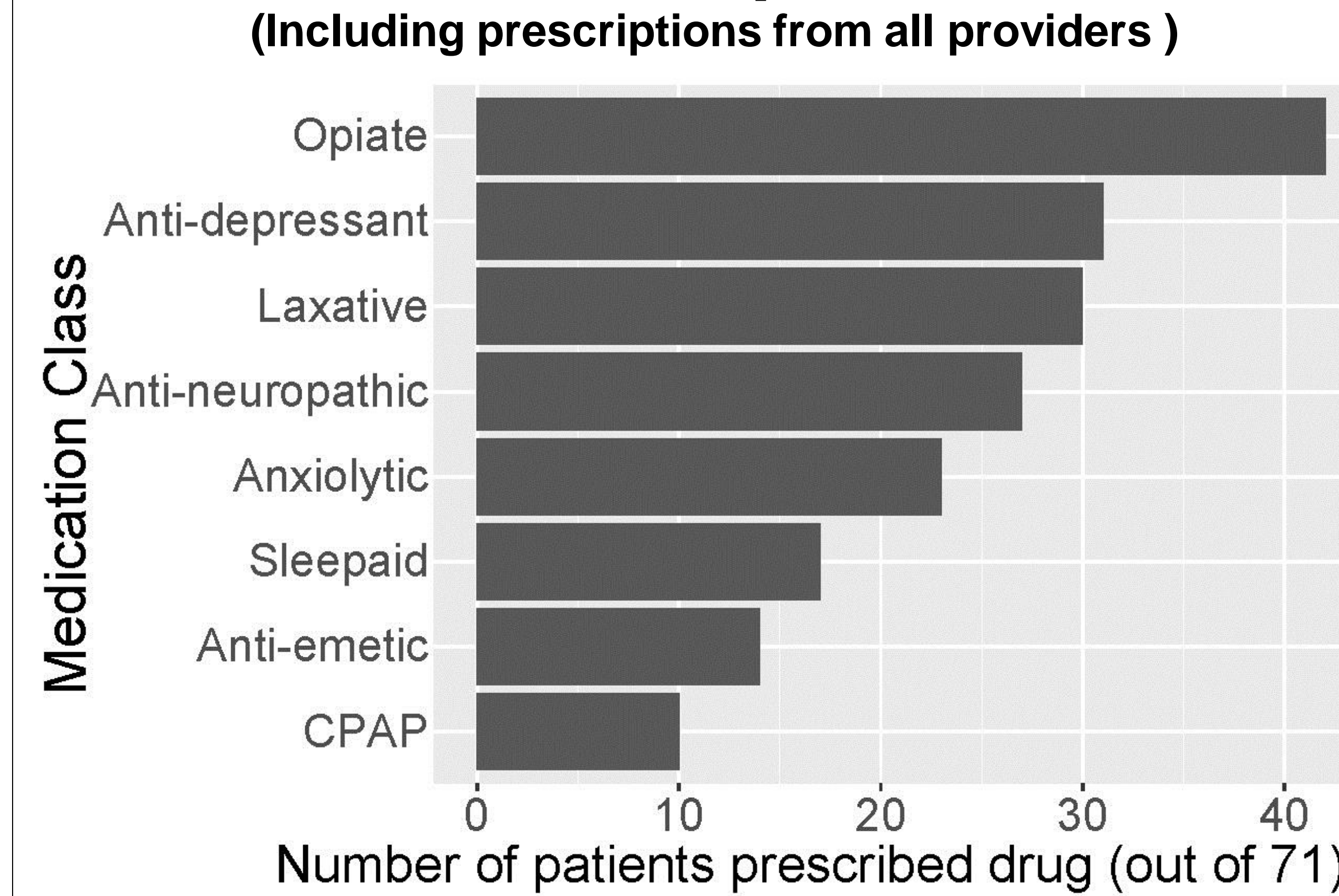
### Pain Level at First and Second Consultations

(Includes 26 patients seen out-patient at least twice)

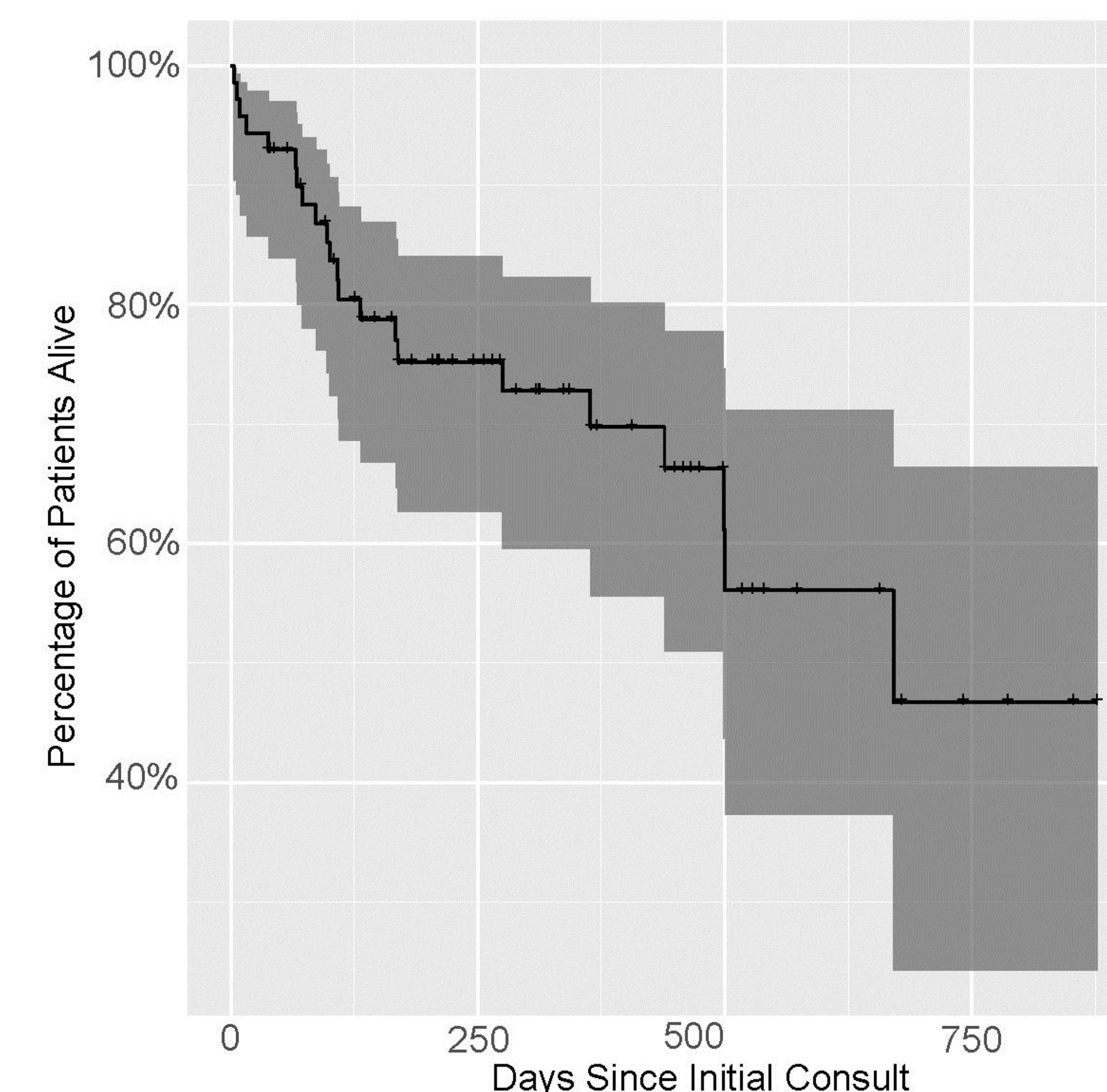


### Medications prescribed

(Including prescriptions from all providers)



### Survival after first consult



From left to right: Heart failure RN and CNP with Palliative Care RN and Physician.

## CONCLUSIONS

- Novel integrated models of cardiac-palliative outpatient care are feasible.
- Outpatients living with chronic HF have a significant symptom burden and may benefit from outpatient specialist palliative care, though prospective investigation of outcomes is needed.