Introduction

- Community-based palliative care is a growing specialty. Patient-reported outcomes measures (PROMs) are the gold standard for measuring subjective experiences in palliative care.
- In the US, the Edmonton Symptom Assessment Scale (ESAS) is commonly used as a PROM.
- An alternative option is the Integrated Palliative Outcome Score (IPOS).

IPOS

- A 10 question measure of global symptom burden addressing physical, emotional, social and spiritual domains with good validity and reliability in palliative populations.

Program Description

- PalliaCare-Cincinnati is a community-based palliative care program in the TriHealth system, established in 2017.
- IPOS is used in conjunction with phase of illness & ECOG (East. Coop.Onc.Grp) at each face to face assessment.
- A dashboard was created in the electronic medical record (EMR) for tracking of outcomes.

Review of first 50 patients outcomes

- For the review, an abbreviated version of IPOS (IPOS-5) was used. This included questions on pain, breathing, anxiety, feeling peaceful and patient information needs.
- Scores were collected at initial and last face to face assessment.
- A lower IPOS score is desirable.

Results - Change in IPOS-5

- The mean IPOS-5 score reduced by 30%.
- All subscales of IPOS-5 also reduced by 12-50%.
- Results indicate clinical improvement in the subjective improvement of the patients on the program.

Phase of Illness Categories

| STABLE | Patient's problems and symptoms are adequately controlled by established plan of care and further interventions to maintain symptom control and quality of life have been planned and family/carer situation is relatively stable and no new issues are apparent. |
| UNSTABLE | An urgent change in the plan of care or emergency treatment is required because the patient experiences a new problem that was not anticipated in the existing plan of care and/or the patient experiences a rapid increase in the severity of a current problem and/or family/carer's circumstances change suddenly impacting on patient care. |
| DETERIORATING | The care plan is addressing anticipated needs, but requires periodic review, because the patient's overall functional status is declining and the patient experiences a gradual worsening of existing problem(s) and/or the patient experiences a new, but anticipated, problem and/or the family/carer experience gradual worsening distress that impacts on the patient care. |
| DYING | Dying = death is likely within days |
| DECEASED | The patient has died; bereavement support provided to family/carers is documented in the deceased patient's clinical record. |

IPOS in unstable phase of illness

- 42% of patients were in an unstable phase of illness at initial assessment compared to 18% at the last assessment.
- Mean IPOS-5 reduced by 35% at last assessment, reflected in all subscales of IPOS-5.
- For the most unstable patients, there is a positive impact of the program on the overall well being.
- Reduction in number of patients in unstable phase can be a proxy success measure.

Summary

- The use of IPOS in PalliaCare Cincinnati has demonstrated its application as a PROM in community-based palliative care in the US. It is an option for programs & can be successfully used as part of the EMR. This is in line with previous work in other countries.
- Broader use in a large number of patients is required to further test its application in the US.

References


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