### **Re-Teaching Hospice & PalliativeMedicine** to Family Physicians **Northwell** Tochi Iroku-Malize MD, MPH, MBA; Maureen Grissom, PhD; **Health**<sup>™</sup>

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JCKER SCHOOL of MEDICINE

# Background

Patients and families that receive well-planned care at the end of life report greater satisfaction with their own or their family member's care. Yet, there is a lack of awareness of the availability various forms of end-of-life care as well as a dearth of training for health care professionals, including family physicians.<sup>1</sup>

### **Baseline Data**

We surveyed attendees of the NY State 2017 AAFP Congress of **Delegates (COD) and the 2018 World Conference of Family Doctors** (WONCA) which included respondents from Australia, China, Finland, Korea, Lebanon, Nigeria, Singapore, Taiwan and the US.

	Study ID (Last 4 letters of Mother's Maideen Nerne and the Month/Day of Yoar Birth) For ex, Jim Jone, DOB 9/5/50 and his mother is Saly Smith would be "mith/SRDS"					
	IONLY AND	13. Initiating hospice referral is "giving up" on the patient.				
	Physician Preferences Regarding Hospice Referral and End of Life Care	Strongly disagree     Disagree     Neutral     Agree     Strongly agree				
3	<ol> <li>How important is it for you to ascertain a patient's end of life care preferences prior to initiating emergency treatment (i.e. a need to secure airway via intubation or CPR)?</li> </ol>	Time constraints Lack of reimbursement Lack of familiarity				
	Not important Somewhat important Neutral Important Very important	Fear of patient/family reaction Other (please specify)				
	<ol><li>What importance do you place on discussing advance directives with patients?</li></ol>	15. Have you ever had a patient react with anger when you mention hospice referral?				
	Irrelevant Minor Neutral Important Essential	Never Rarely Sometimes Frequently Very frequently				
1	3. It is the ER attending responsibility to sort out the patient/family wishes regarding Advance Directives.	16. Have you ever had a family member react with anger when you mention hospice referral?				
	Strongly disagree Disagree Neutral Agree Strongly agree	Never Rarely Sometimes Frequently Very frequently				
4	4. In the absence of a life threatening illness, there is no reason for patients to establish Advanced Directives.	17 Please rate the level of comfort you have for the following topics (Circle best answer)				
	Strongly disagree Disagree Neutral Agree Strongly agree	Giving bad news 1=minimal 2=low 3=moderate 4=high 5= very high				
	5. Hospice care is an important competence for physicians.	Discussion of prognosis 1=minimal 2=low 3=moderate 4=high 5= very high				
	Strongly disagree Disagree Neutral Agree Strongly agree	Pain Management 1=minimal 2=low 3=moderate 4=high 5= very high				
	6. All adults and children who are terminally ill are candidates for hospice, not just those with cancer.	Dyspnea management at end of life 1=minimal 2=low 3=moderate 4=high 5= very high				
	Correct Incorrect Not sure	Advanced directives/legal issues at end of life 1=minimal 2=low 3=moderate 4=high 5= very high				
5	7. Patients must be given a prognosis of six months or less to be eligible for hospice.	Principles of withholding/withdrawing therapy 1=minimal 2=low 3=moderate 4=high 5= very high				
	Correct Incorrect Not sure	18. How many years have you been a practicing medicine?				
1	8. If a terminally ill patient lives beyond the six month prognosis, hospice services must be terminated.	🔲 1-5 years 🔄 6-10 years 🔄 11-15 years 📄 16-20 years 📄 more than 20 years				
	Correct Incorrect Not sure	19. Please indicate your gender: Female Male Prefer Not to Answer				
9	9. When you encounter a terminally ill patient, do you suggest hospice referral?	20. Please indicate your age:				
1	10. At what point do you generally suggest hospice referral?	21-30 years 31-40 years 41-50 years 51-60 years more than 60 years				
	On the day of admission One day after admission One day before discharge	21. What is your Professional status?				
	On the day of discharge Anytime I don't	PGY 1 PGY 2 PGY3 Fellow Attending Physician Medical Student				
1	11. What importance do you place on discussing hospice referral for terminally ill patients?					
	Irrelevant Minor Neutral Important Essential	Specialty Other				

# HPM "101" Curriculum

The curriculum for was centered around the topics raised in the survey.

- **Definition of hospice & palliative medicine**
- Advance Directives
- Role of physicians in HPM care
- HPM eligibility and role in continuum of health care
- **Topics within HPM brief overview** 
  - Giving bad news
  - Prognostication
  - Pain management
  - Dyspnea •

250

200

- Legal issues
- Principles of withholding/wihdrawing therapy
- Sessions were via didactics, workshops and simulations.
- Since COVID19 these sessions are now virtual allowing for greater participation by community physicians.

## **Preliminary Results**

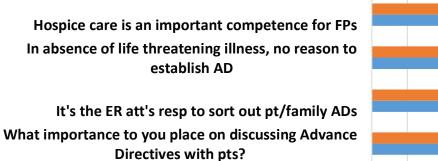
#### How confident are you in managing hospice and palliative care?

12. Who generally initiates the discussion for hospice placement for your patients Patient Family member Myself Hospice RN Palliative of

ΠYe 22. Have you received palliative/hospice care training? ΠYe 

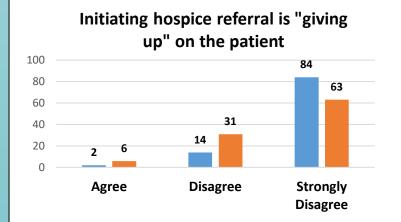
SAMPLE CHARACTERISTICS	NYSAFP COD	World Conference of Family Doctors
Ν	56	18
Gender	25 Male 27 Female 4 Prefer not to answer/No Resp	7 Males 8 Females 3 Prefer not to answer/No Resp
Training Level	46 Attendings 5 Medical Students 2 Residents 2 No Response	13 Attendings 1 Fellow 1 RN 3 No Response
Prior Training	32 No Prior Training 22 Prior Training 2 No Response	6 No Prior Training 10 Prior Training 2 No Response
Need for Future Training	45 Would Like More Training 9 No Further Training Needed 2 No Response	<ul><li>12 Would Like More Training</li><li>3 No Further Training Needed</li><li>3 No Response</li></ul>

#### **HPM Attitudes & Experience**



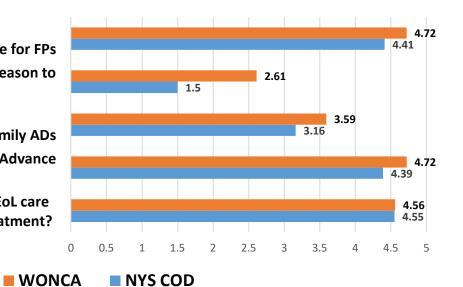
How important is it for you to ascertain pts EoL care preferences prior to initiating emergency treatment?

1 = Not Important at all  $\rightarrow$  5 = Essential 1 = Strongly agree  $\rightarrow$  5 = Strongly Disagree

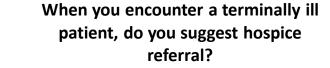


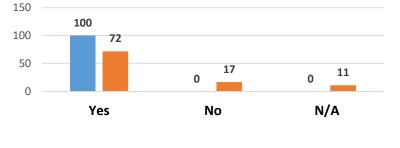
How often, if ever, have you had FAMILIES react with anger when mentioning hospice referral?

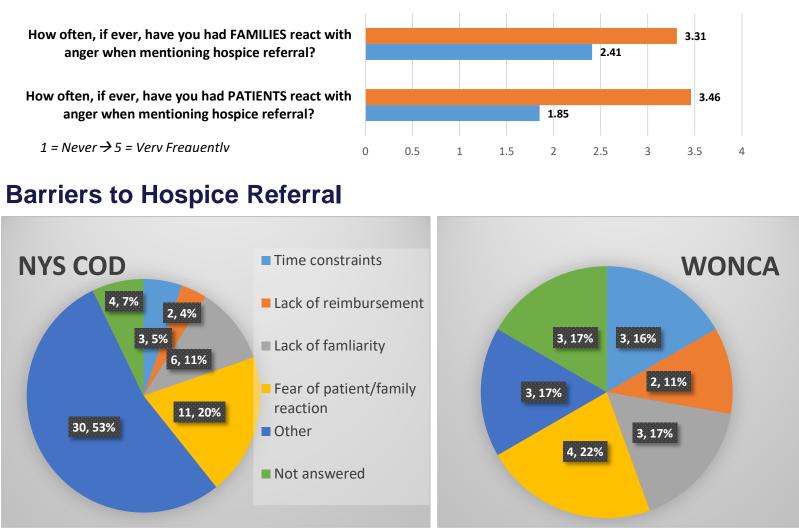
How often, if ever, have you had PATIENTS react with

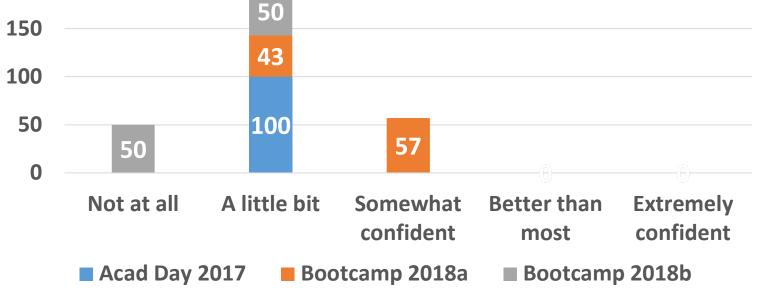


#### NYS COD

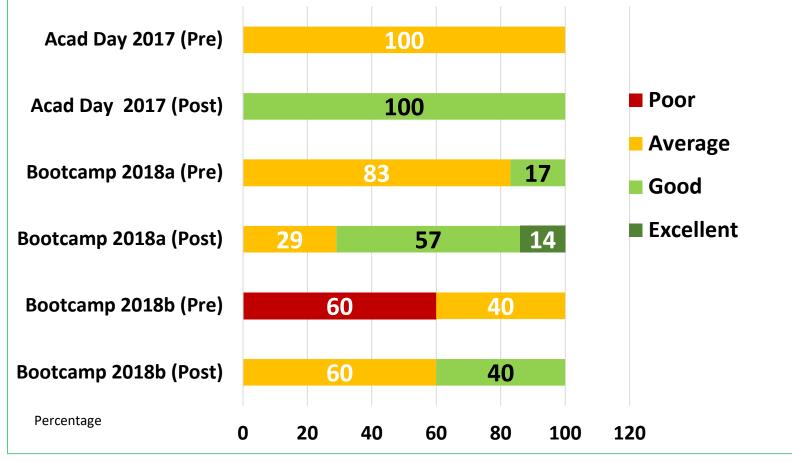








#### My level of understanding of hospice and palliative care (Pre/Post) is:



# **Conclusions/New Directions**

- Among residents, medical students and attendings, there was a • range of exposure to HPM and a general feeling that more training would be beneficial.
- Participants self-reported that they benefitted and increased • their understanding following the Hospice and Palliative Medicine 101 Session.
- We have created and implemented an elective & track for the 2020-2021 academic year.
  - Complete assigned modules/videos/readings
  - Attend live session with preceptor/mentor 0
  - Determine & Complete project 0
    - Must have stated objectives and competencies based guidelines
    - Must be approved and signed by the site director
  - Present topic at FMRP didactic session 0
  - 0 Participate in local/regional/national conference
- We have incorporated the CAPC and AAFP HPM online ulletresources for training
- We have rolled out HPM 201 clinical cases across the board. •

### References

- 1. World Health Association. WHO definition of Palliative Care. 2016. available from http://www.who.int/mediacentre/factsheets/fs402/en/
- 2. NICE. End of life care for adults Quality Standard, 2011. Available from www.nice.org.uk/guidance/qs13/resources/end-of-life-care-for-adults-2098483631557 Date last accessed: October, 2016.
- 3. You JJ, Downar J, Fowler RA, et al. Barriers to goals of care discussions with seriously ill hospitalized patients and their families: a multicenter survey of clinicians. JAMA Intern Med. 2015 Apr;175(4):549-56. doi: 10.1001/jamainternmed.2014.7732. Erratum in: JAMA Intern Med. 2015 Apr;175(4):659. PMID: 25642797.