

# Working Smarter Together

## Interdisciplinary Collaboration in Outpatient Palliative Care



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Center to  
Advance  
Palliative Care™

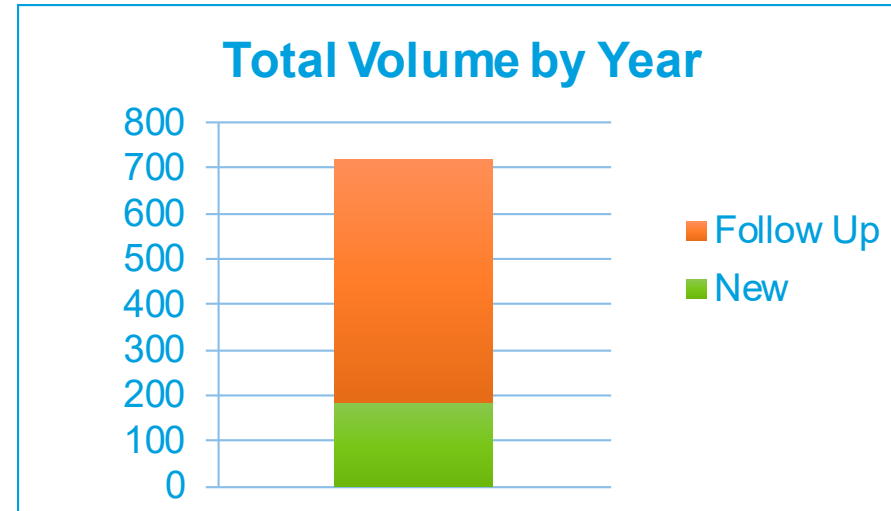
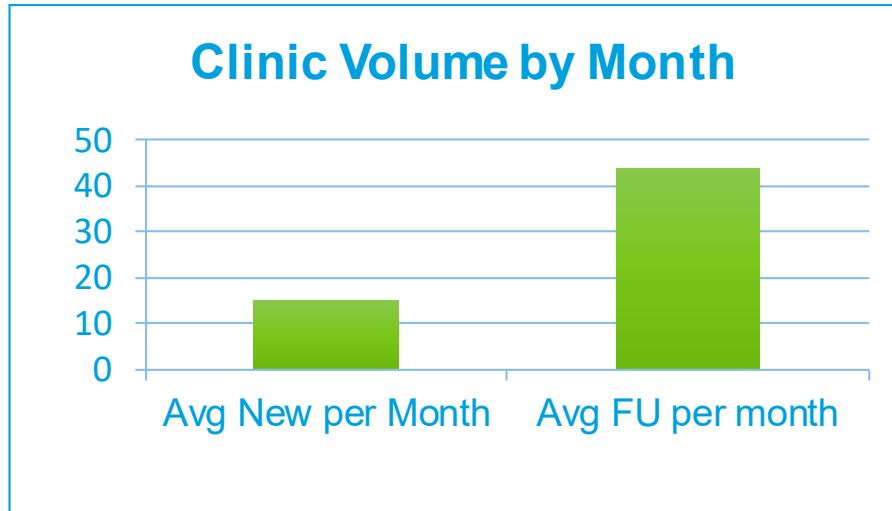
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# No disclosures

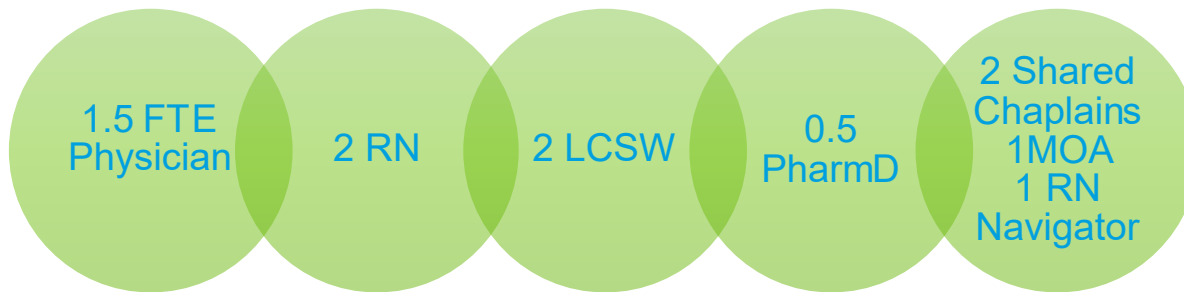
# Session Learning Objectives

1. Describe three models of interdisciplinary collaboration in outpatient palliative care.
2. Describe approaches for each interdisciplinary team member to practice at the top of their licenses in outpatient palliative care.
3. Discuss strategies to maximize interdisciplinary collaboration in outpatient palliative care using a case-based approach.

# UT SOUTHWESTERN MEDICAL CENTER PALLIATIVE CARE CLINIC



## Clinic Staffing:



## Diagnosis

Neuro #2



Mon	Tues	Wed	Thurs	Fri	Sat	Sun
☑	☑	☑	☑	☑	On Call	On Call

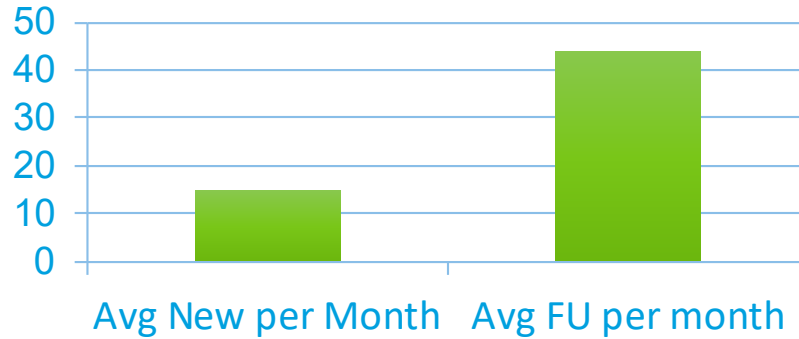
In Person + TeleVisits

Management of Prescriptions: **YES**

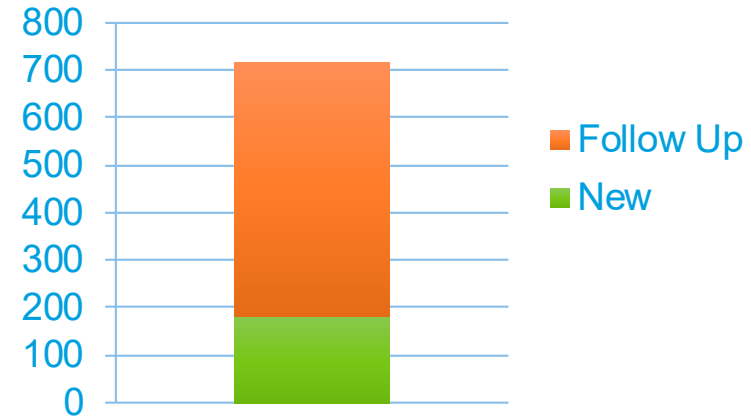
Funding Source: Hospital based + Pharmacist funded by College of Pharmacy

# UNIVERSITY OF IOWA PALLIATIVE CARE CLINIC

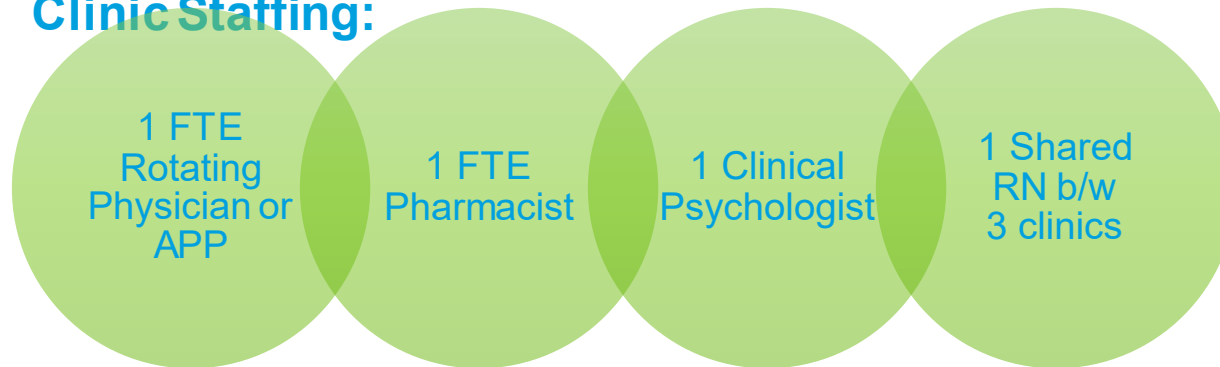
## Clinic Volume by Month



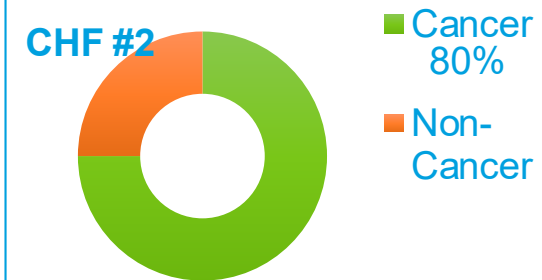
## Total Volume by Year



## Clinic Staffing:



## Diagnosis



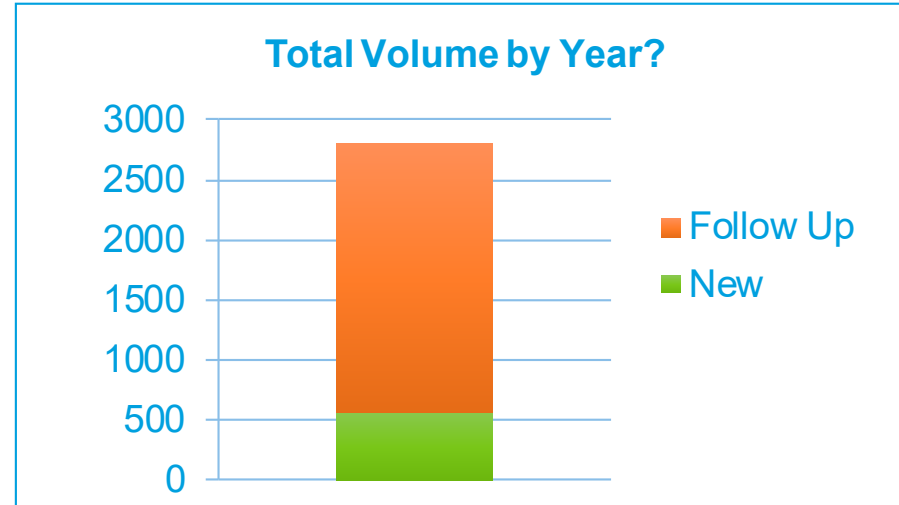
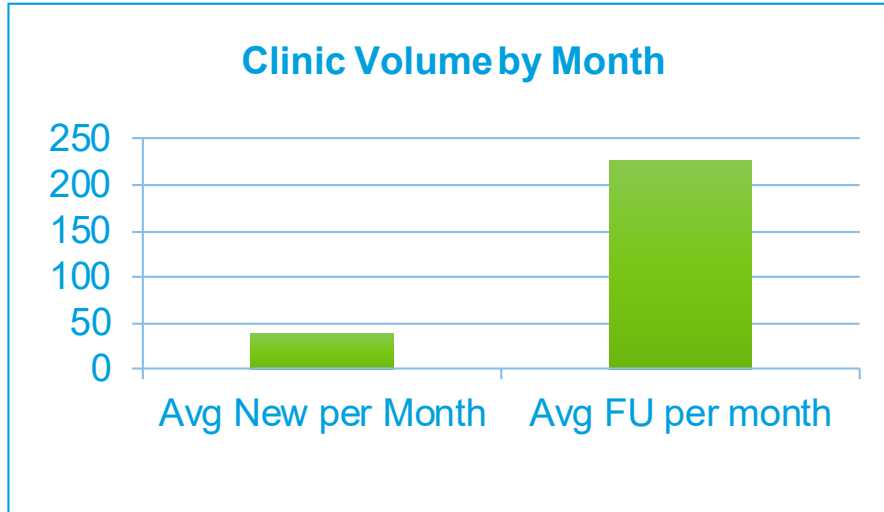
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In Person ONLY

Management of Prescriptions: **YES**

Funding Source: Hospital Based

# MAYO CLINIC ARIZONA PALLIATIVE CARE CLINIC



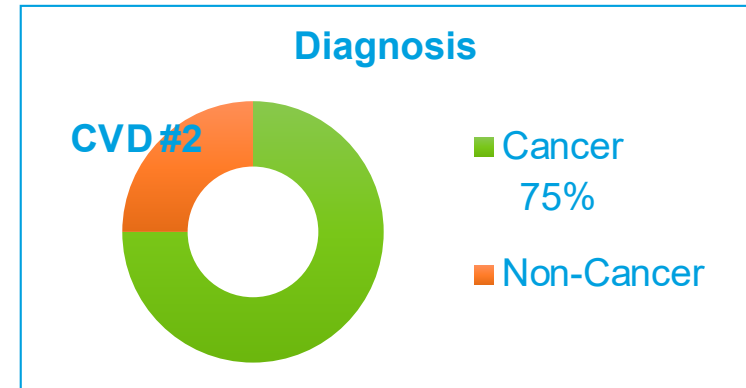
1-2 FTE Physician +  
1-2 FTE APP

2 RN

Clinic Staffing Model

2 Social Workers

1 Chaplain

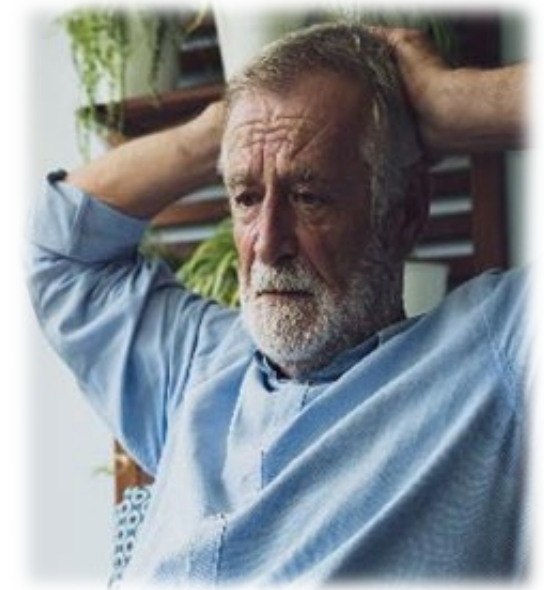


Mon	Tues	Wed	Thurs	Fri	Sat	Sun
☑	☑	☑	☑	☑	On Call	On Call

In Person + TeleVisits  
 Management of Prescriptions: **YES**  
 Funding Source: Institutional

# Case Presentation: Jerry

- Jerry is a 65 year old man with metastatic gastric cancer
- He moved from out of state to live with his sister 1 month ago
- Since his move, he's had 3 Emergency Room (ER) visits and 1 hospitalization for uncontrolled nausea and pain. Due to his history of QTc prolongation, the only antiemetic he received was lorazepam which he ran out of 3 days ago. He says nobody has been willing to prescribe pain medications. He admits to drinking >5 beers a day to alleviate his pain.
- His sister says he often forgets to take his medications because he has "too many medications".
- Sister's goal is for him to get a second opinion. He's scheduled to establish care in the Oncology clinic next week.
- The hospitalist refers the patient to palliative care "for better management in the outpatient".



# Role of Outpatient Palliative Care Clinical Social Worker

## REFERRING PATIENTS TO SW: A CHEAT SHEET FOR PROVIDERS

### Routine Psychosocial Stressors

- Children in the home
- Questions re: work, disability, insurance
- Concerns re: patient or family coping
- Caregiver support
- Transportation needs
- Home health, DME, or hospice discussion
- Financial stressors

**Notify SW via EMR;  
SW to follow up by phone**

### Time-Sensitive Needs and/or Crises

*Provider has concerns about letting patient leave clinic without addressing the issue.*

- Significant emotional distress during appt
- Same-day hospice referral
- Completion of advance care directives
- Safety concerns
  - Possible suicidal or homicidal ideation
  - Possible abuse or neglect

**Page SW to clinic**

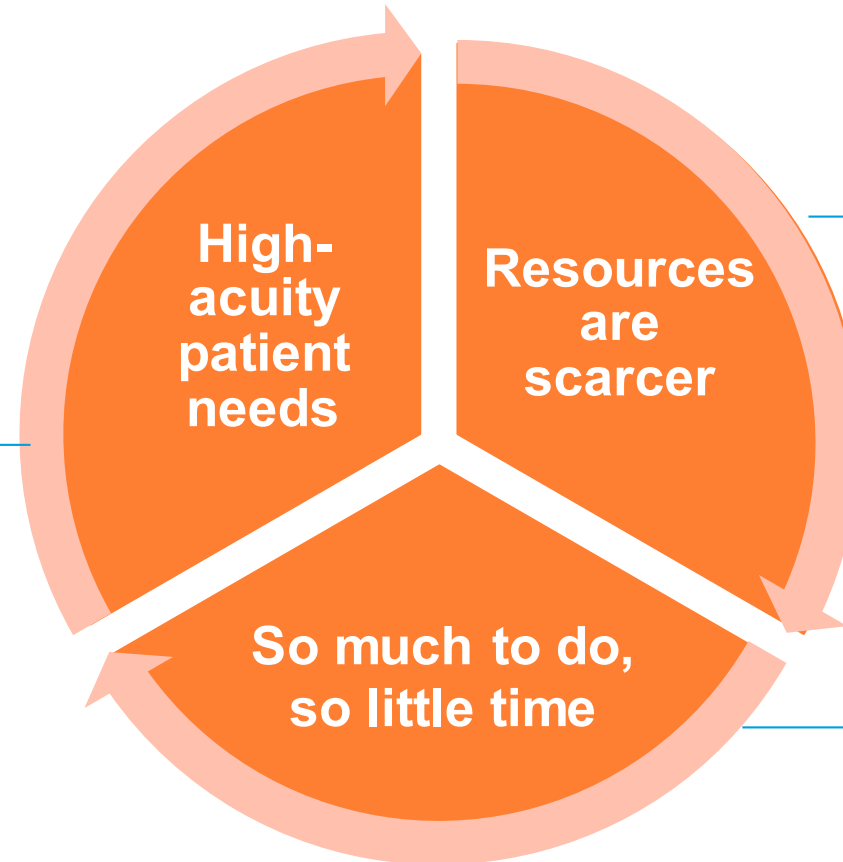


# Role of Clinical Social Worker

## SOCIAL WORK AND COVID-19

Families are experiencing unprecedented:

- Levels of stress
- Emotional upheaval
- Difficulty navigating the medical system



As COVID precautions are observed and demand increases for certain resources, it is hard for patients to access those supports.

SWs are asked to address exponentially more complex psychosocial needs, but may not have:

- Adequate resources
- Adequate support

# Role of Clinical Social Worker

How does the rest of the team help SW to meet patients' psychosocial needs more effectively?

Most important and helpful:

**The entire clinic team understands what SW does.**

# Role of Clinical Social Worker

## HELPING SW PRACTICE AT TOP OF LICENSE

### Clinic Operations

“Referring Patients to SW” flow chart is posted in clinic

SW helps train clinic staff: providers, RNs, schedulers, etc.

SW runs weekly IDT meetings

SW delegates certain referrals (home health, DME, intra-system referrals) to nurse navigator

### SW Development and Advocacy

Track referral data to justify additional SW FTEs

Collaborate with SWs in other disciplines

Advance own clinical practice

- Pursue clinical license and specialty certifications (LCSW, APHSW-C, OSW-C)
- Use CAPC training modules to expand skill-set and train new SWs

# Role of Outpatient Palliative Care Registered Nurse (RN) Coordinator

## ➤ PATIENT EDUCATION

- First point of contact for new consults, educates on Pal Med role & discusses pertinent medication, symptom management & follow-up needs
- Instructs on how to contact clinic for urgent needs (24/7 physician/APP on-call), reinforces importance of timely medication refill requests

## ➤ CARE COORDINATION

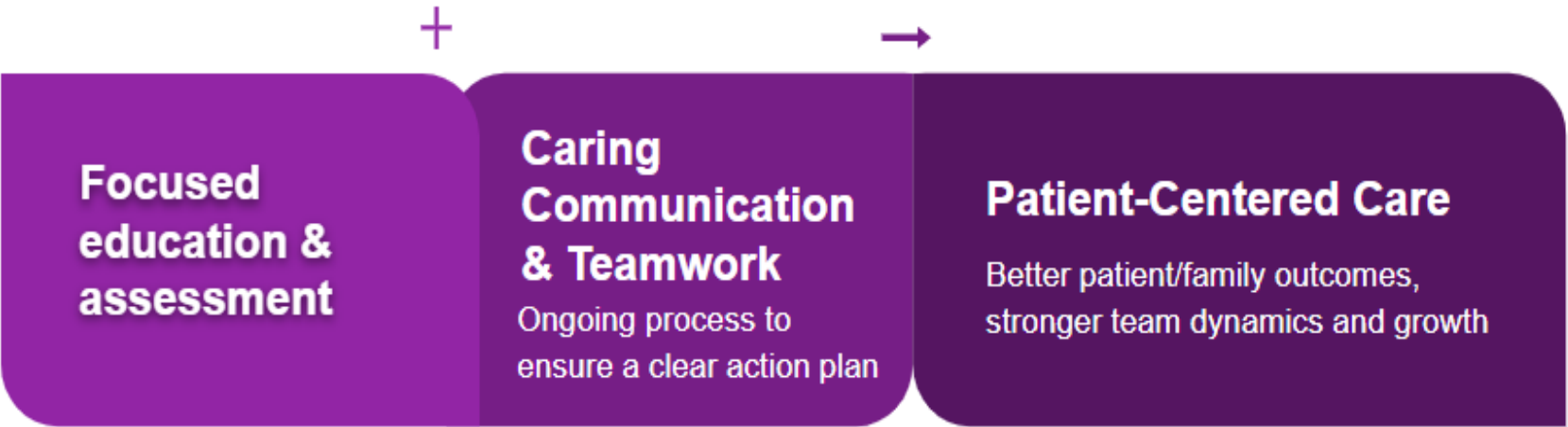
- Triage incoming calls & portal messages based on urgency, gathers assessment information & presents to physician/APP, follows-up with patient/family
- Collaborates closely with other departments including Oncology, Pain Clinic, and ER
- Interfaces with pharmacies & prior authorization team to reduce patient/family burden

# Role of RN Coordinator

## ➤ TEAM COMMUNICATION:

- Participates in team discussions on M, W, F; leading once per week. Brings forward unique, high-risk & complex patient situations for team feedback. Documents IDT meetings in patient chart, takes follow-up action as needed.
- Delegates appropriate tasks to MAA, such as hospice notifications and home health orders.
- Act as front line patient contact between visits and focus on rapport building; vital as physician, APP & SW are not able to see patients as often as desired

# Role of RN Coordinator - Key Take-Away:



# Role of Outpatient Palliative Care Clinical Pharmacist



## Optimize Medication Safety & Efficacy in Clinic

### Interview Upon Patient Arrival

- Comprehensive medication review
- Targeted symptom screening
- Palliative care education



### Interprofessional Team Discussion

- Preliminary care plan
- Medication clinical monitoring
- Analgesic stewardship/safety



### Visit Wrap-Up

- Pend orders
- Complete after visit summary
- Patient/caregiver medication education

Potential to lead/engage in ACP discussions

Time spent with pharmacist is billable

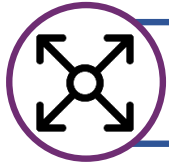


Herndon CM, et al. *Am J Health Syst Pharm.* 2016;73(17):1351-67.

Ma JD, et al. *JCO Oncol Pract.* 2021;17(2):102-106.

Millette KW. *Fam Pract Manag.* 2020;27(5):29-36.

# Role of Clinical Pharmacist



## Serve as a Provider Extender Between Visits

Triage patient phone calls

Assess medication safety/efficacy

Assist with medication availability and affordability

Analgesic stewardship initiatives

Facilitate medication-related care transitions



## May Have Prescriptive Authority

Expanded Pharmacist Scope of Practice Laws in Select States

Veteran's Affairs Healthcare System

Healthcare System Collaborative Practice Agreements

Valgus J, et al. *J Oncol Pract.* 2010;6(6):e1-4.

Atayee RS, Best BM, Daniels CE. *J Palliat Med.* 2008;11(8):1077-82.



# How Can the Clinical Pharmacist Help Jerry?

## **Comprehensive medication review**

- Explore thoughts about “too many medications”
- Understand approaches to medication management

## **Targeted symptom screening**

- Pain, mood screening; analgesic, anxiolytic, antidepressant history

## **Interprofessional team discussion**

- Pharmacologic and nonpharmacologic approaches to improve symptoms
- Obtaining EKG and management of QTc prolonging medications

## **Individualized medication education**

- Modifications to symptom management care plan
- Risks of concurrent alcohol and analgesics; naloxone education

## **Care coordination/patient outreach to optimize care plan**

- Prior authorization/third party benefit inquiry
- Efficacy/safety of medications for symptom management

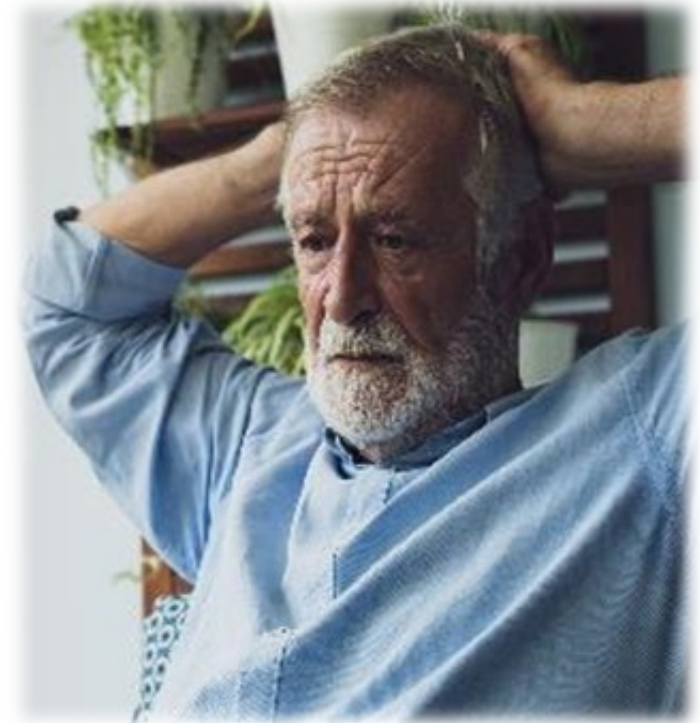
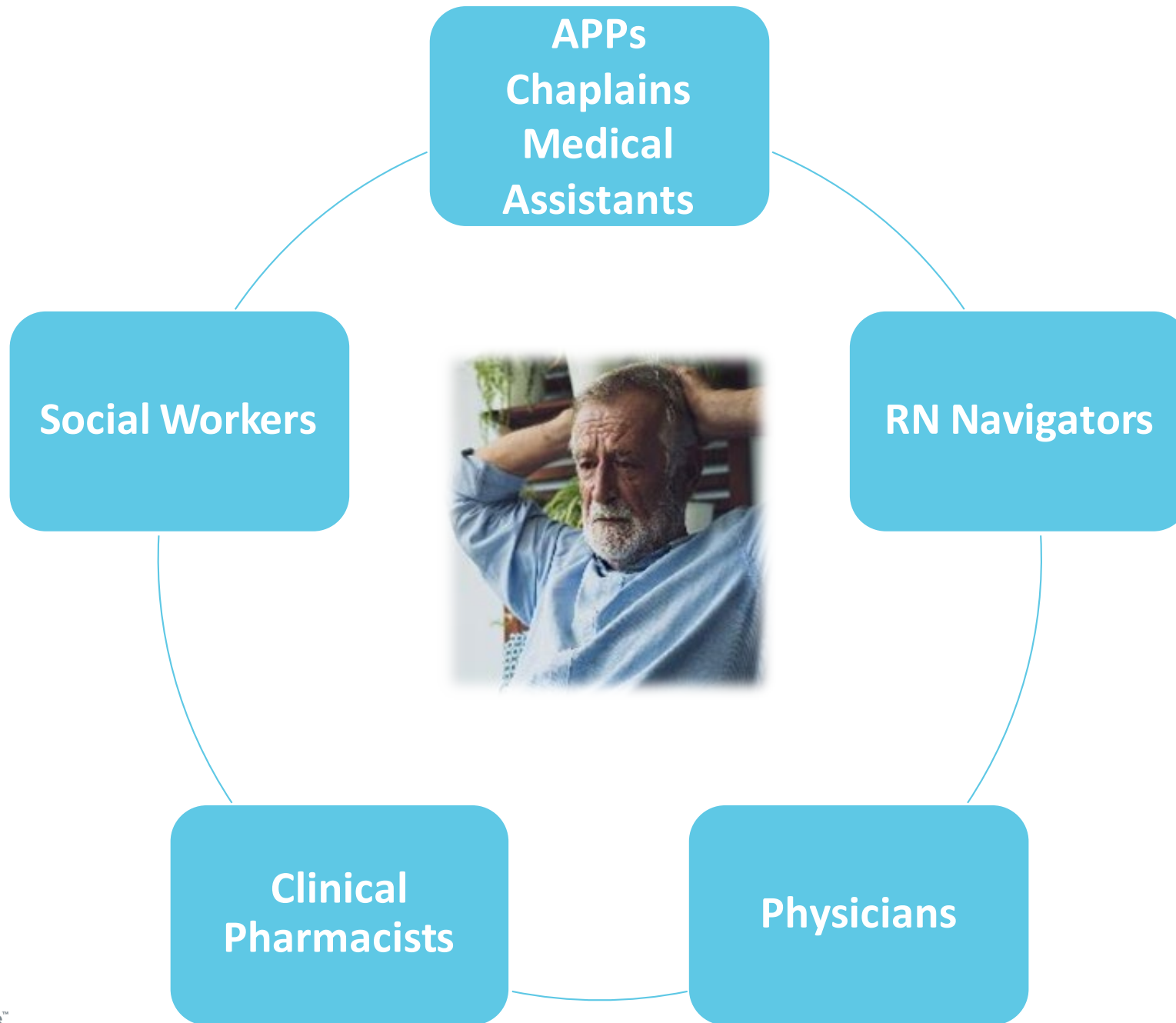


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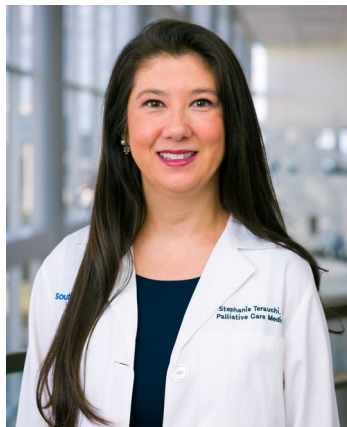
# Session Pearls

- Patients in need far outnumber palliative care providers, so it is essential to maximize the expertise of every team member.
- Interprofessional communication between team members ensures effective and efficient collaboration.
- When patients connect with multiple medical professionals who have different roles and areas of expertise, the resulting care is holistic, comprehensive, and patient-/family-centered.
- When everyone on the palliative care team is empowered to practice at the top of their license and to engage meaningfully in patient care, we see
  - A greater sense of purpose and fulfillment in the work
  - More inclusive team collaboration
  - Higher staff retention
  - Reduction in burnout

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# Thank You



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