

# VCU Palliative Care ECHO\*

February 28, 2019  
Surgical Palliative Care

# Continuing Medical Education

February 28, 2019 | 12:00 PM | teleECHO Conference

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The following Planning Committee and Presenting Faculty Members report having no relevant financial relationships:

**Danielle Noreika, MD**

**Emily Rivet, MD**

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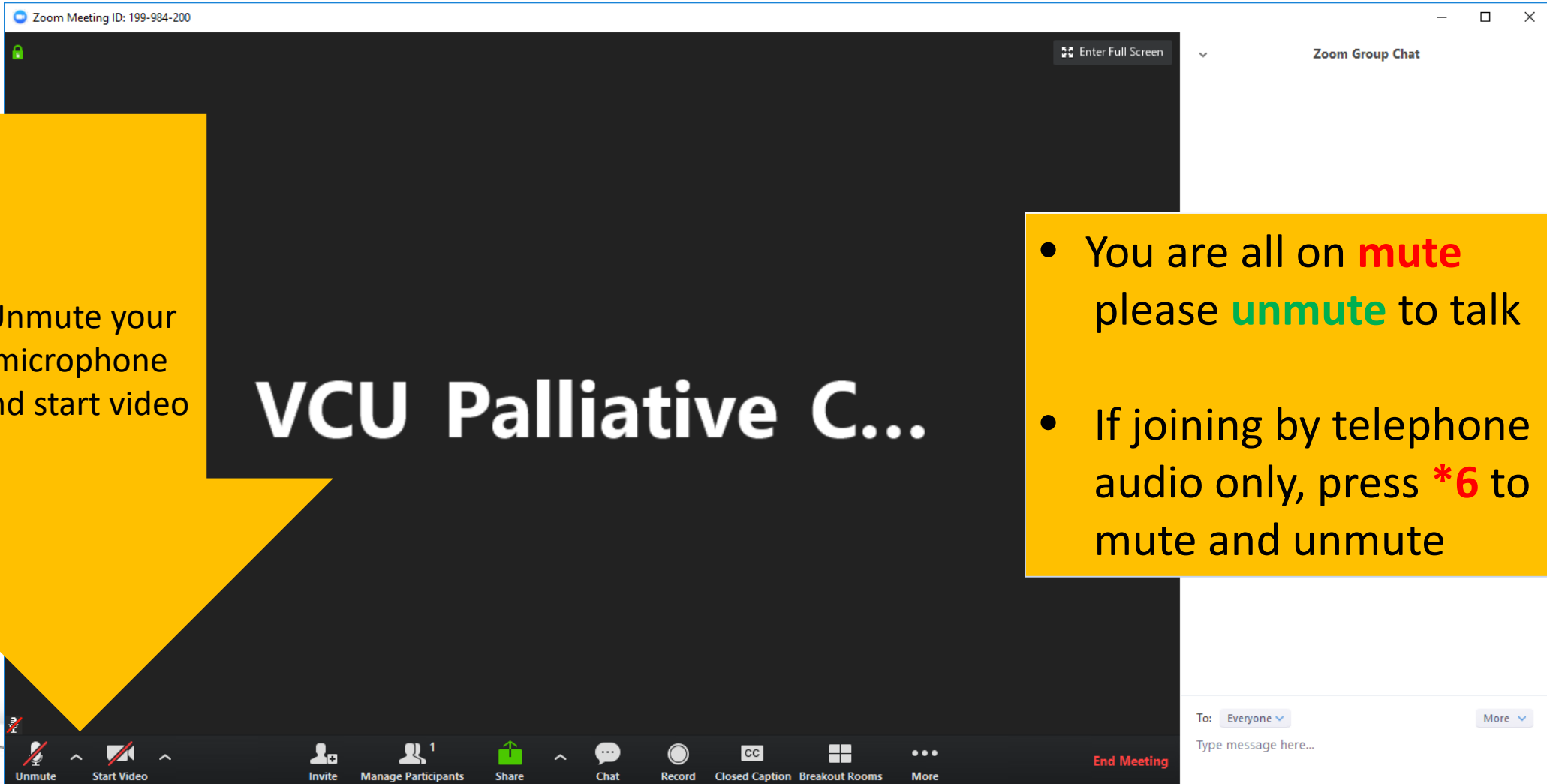
# Helpful Reminders




Unmute your  
microphone  
and start video

**VCU Palliative C...**

- You are all on **mute** please **unmute** to talk
- If joining by telephone audio only, press **\*6** to mute and unmute



# Helpful Reminders



Zoom Group Chat

- Unmute My Audio Alt+A
- Start Video
- Rename**

VCU Palliative C...

Right click to your Zoom screen to rename your login; include your **name** and **organization**

Rename

Enter a new screen name:

First & Last Name, Institution

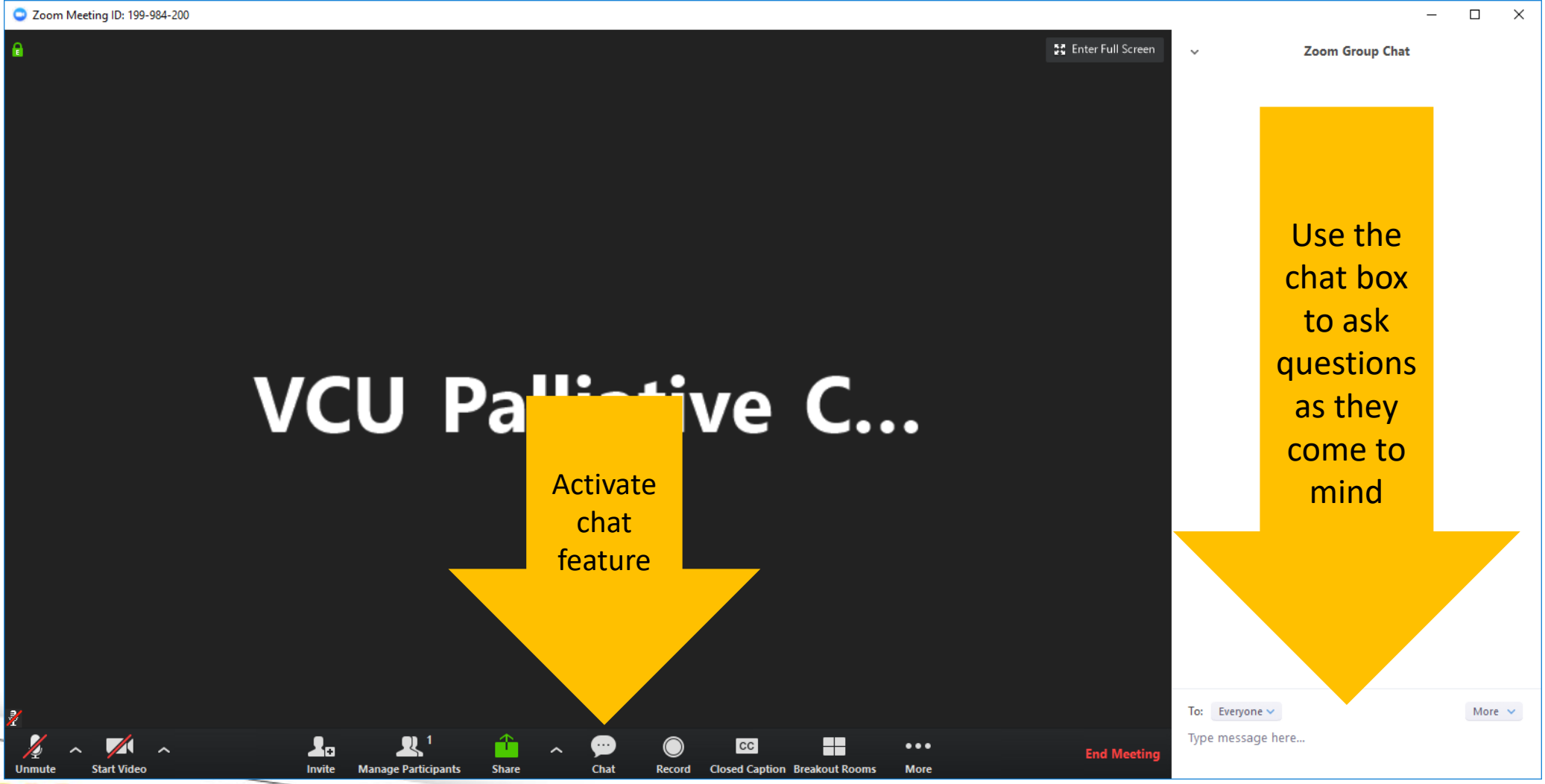
Remember my name for future meetings

OK Cancel

To: Everyone More

Type message here...

# Helpful Reminders



The screenshot shows a Zoom meeting window with a dark background. The title bar at the top left reads "Zoom Meeting ID: 199-984-200". The main content area displays "VCU Palliative C...". At the bottom, the Zoom control bar includes icons for Unmute, Start Video, Invite, Manage Participants, Share, Chat, Record, Closed Caption, Breakout Rooms, and More. A red "End Meeting" button is on the far right. On the right side, a "Zoom Group Chat" window is open, showing a "To: Everyone" dropdown and a "Type message here..." input field. Two large yellow arrows point downwards from the text annotations to the "Chat" icon in the control bar and the chat input field.

Zoom Meeting ID: 199-984-200

VCU Palliative C...

Activate chat feature

Zoom Group Chat

Use the chat box to ask questions as they come to mind

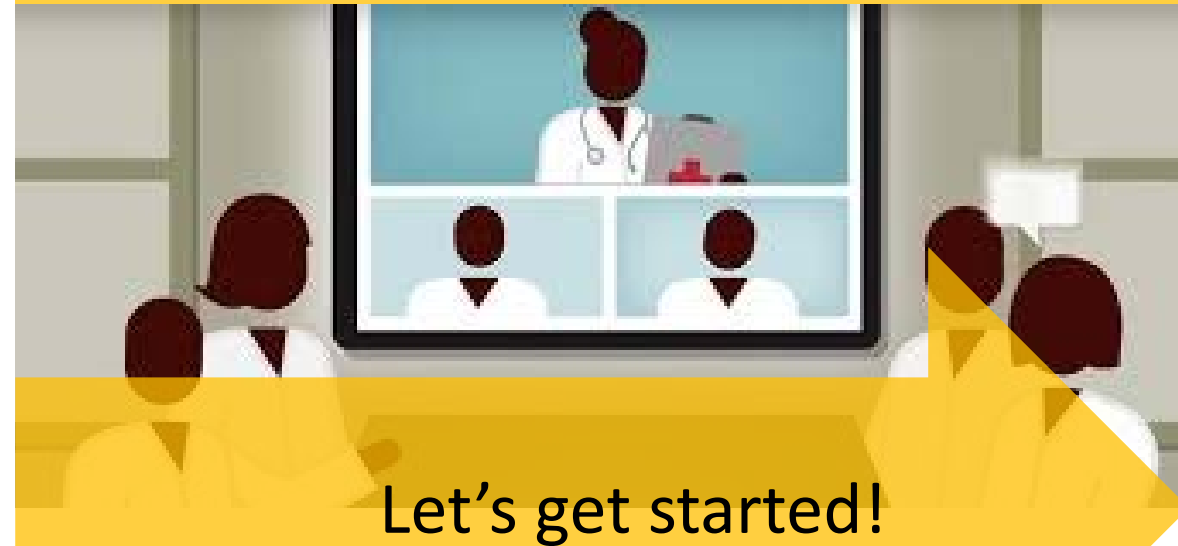
Unmute Start Video Invite Manage Participants Share Chat Record Closed Caption Breakout Rooms More End Meeting

To: Everyone Type message here...

# What to Expect

- I. Didactic Presentation  
20 minutes + Q&A
- II. Case Discussions (x2)
  - Case Presentation  
5 min.
  - Clarifying questions from spokes,  
then hub  
2 min. each
  - Recommendations from spokes,  
then hub  
2 min. each
  - Summary (hub)  
5 min.
- III. Closing and Questions

- Bi-weekly tele-ECHO sessions (1.5 hours)
- Didactic presentations developed by inter-professional experts in palliative care
- Website: [www.vcuhealth.org/pcecho](http://www.vcuhealth.org/pcecho)
- Email: [pcecho@vcuhealth.org](mailto:pcecho@vcuhealth.org)



# Hub Introductions

| VCU Team  |  |
|---|--|
| <b>Clinical Director</b>  | Danielle Noreika, MD, FACP, FAAHPM<br>Medical Director/Fellowship Director VCU Palliative Care   |
| <b>Clinical Experts</b>   | Egidio Del Fabbro, MD – VCU Palliative Care Chair<br>Jason Callahan, MDiv – Palliative Care Specialty Certified<br>Tamara Orr, PhD, LCP – Clinical Psychologist<br>Diane Kane, LCSW – Palliative Care Specialty Certified<br>Felicia Hope Barner – RN<br>Candace Blades, JD, RN – Advance Care Planning Coordinator<br>Brian Cassel, PhD – Palliative Care Outcomes Researcher |
| <b>Support Staff</b><br>Program Manager<br>Practice Administrator<br>IT Support | Teri Dulong-Rae / Bhakti Dave, MPH<br>David Collins, MHA<br>Frank Green  |



# Spoke Participant Introductions

Name and Institution

# Surgical Palliative Care

Emily B Rivet, MD MBA FACS FASCS

February 2019



# History of Surgical Palliative Care

- Dr Balfour Mount is a Canadian urologist and surgical oncologist who first used the term “palliative care” (1973)
- In 2005, ACS put forth statement of principles advocating palliative care for a “broad range of surgical patients... not restricted to those at the end of life”
- *Surgical Palliative Care: A Resident’s Guide* published in 2009 is available for free download on the ACS website

# Examples:

**Malignant bowel obstruction**

**Traumatic injury**

**Inflammatory bowel disease**

DT-LVAD

Surgical decision making in elderly or frail patients

End of life care for surgical patients

Wounds/ ostomies

Head and neck cancer

Feeding tube placement

Palliative surgery

Traumatic injury or diagnosis of serious illness



Failure recovery directed care



Traumatic injury or diagnosis of serious illness



Failure recovery directed care



ORIGINAL ARTICLE

## Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer

Jennifer S. Temel, M.D., Joseph A. Greer, Ph.D., Alona Muzikansky, M.A., Emily R. Gallagher, R.N., Sonal Admane, M.B., B.S., M.P.H., Vicki A. Jackson, M.D., M.P.H., Constance M. Dahlin, A.P.N., Craig D. Blinderman, M.D., Juliet Jacobsen, M.D., William F. Pirl, M.D., M.P.H., J. Andrew Billings, M.D., and Thomas J. Lynch, M.D.

- Patients with newly diagnosed metastatic non-small cell lung cancer randomly assigned to receive early palliative care integrated with standard oncologic care or oncologic care alone
- Primary outcome was change in QOL at 12 weeks
- Median survival was longer in patients receiving early palliative care (11.6 months vs 8.9 months) despite receiving less “aggressive” end of life care

Temel JS, Greer JA, Muzikansky A, Gallagher ER, Admane S, Jackson VA, Dahlin CM, Blinderman CD, Jacobsen J, Pirl WF, Billings JA. Early palliative care for patients with metastatic non–small-cell lung cancer. *New England Journal of Medicine*. 2010 Aug 19;363(8):733-42.

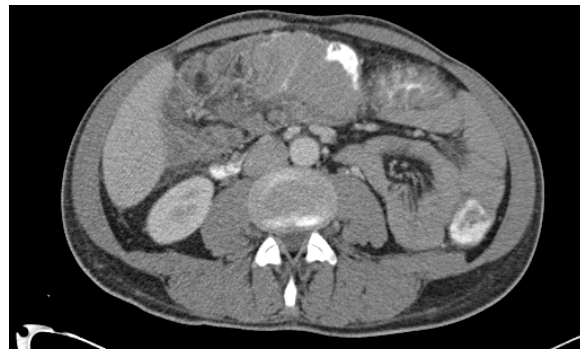
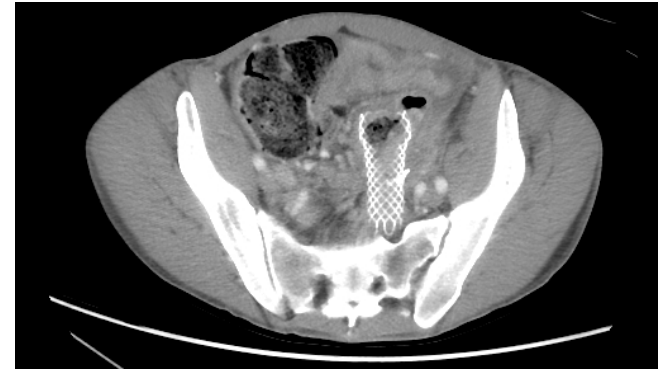
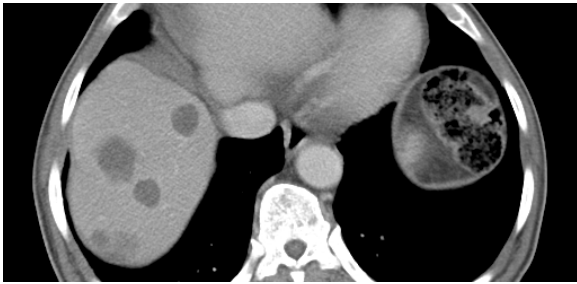
# Malignant Bowel Obstruction

Medical, surgical, intermediate or combined options

Important to realistically discuss risks and benefits of each approach in context of prognosis

**Palliative** surgery: operations performed in patients with serious illness and poor prognosis in order to relieve symptoms and improve quality of life





# Malignant Bowel Obstruction

## Medicine

Anti-emetics

Opioids

Anti-cholinergic

Octreotide

Steroids

PPIs

If partial, pro kinetics

Enemas/ suppositories

?TPN

\* routes for medications: IV/SQ/SL/PR

## Surgery

Resection

Bypass

G/J tube: surgical, endoscopic, IR

Stoma

Stent

Cytoreductive surgery and intraperitoneal chemotherapy

Drainage of ascites

# Comparative Study Surgery, Venting Gastrostomy or Medical Management for Malignant Bowel Obstruction

National Cancer Institute Surveillance, Epidemiology and End Results (SEER) registry linked with Medicare claims data for patients w stage IV ovarian or pancreatic cancer

Overall median survival after 1<sup>st</sup> MBO admission < 3 months

< 5% had PC consultation

Patients with VGT had lowest readmission rate, higher hospice referral, less ICU care and less deaths in hospital although survival also lower, likely reflecting patient selection

Lilley EJ, Scott JW, Goldberg JE, Cauley CE, Temel JS, Epstein AS, Lipsitz SR, Smalls BL, Haider AH, Bader AM, Weissman JS. Survival, Healthcare Utilization, and End-of-life Care Among Older Adults With Malignancy-associated Bowel Obstruction: Comparative Study of Surgery, Venting Gastrostomy, or Medical Management. *Annals of Surgery*. 2017 Mar 23.

# Palliative Surgery for MBO Systematic Review 2014

17 studies, 868 patients, 1977-2008, peritoneal carcinomatosis

Relief of symptoms or resumption of diet in 32-100%

30 D mortality 6-32%

Serious complications 7-44% (ECF, wound infection, wound dehiscence, early obstruction, high out-put ostomy, MI, HF, DVT/PE, pneumonia, leak, infection)

32-71% symptom free or tolerating a diet 60D post-op

Median survival after diagnosis 26- 273D, related to prognostic features (154-192 vs 26-36D)

Prognostic features include ascites, palpable mass, relief of obstruction

Hospitalization consumed 11-62% of patient's remaining life

Olson TJ, Pinkerton C, Brasel KJ, Schwarze ML. Palliative surgery for malignant bowel obstruction from carcinomatosis: a systematic review. JAMA surgery. 2014 Apr 1;149(4):383-92.



Taylor LJ, Nabozny MJ, Steffens NM, Tucholka JL, Brasel KJ, Johnson SK, Zelenski A, Rathouz PJ, Zhao Q, Kwekkeboom KL, Campbell TC. A Framework to Improve Surgeon Communication in High-Stakes Surgical Decisions: Best Case/Worst Case. JAMA surgery. 2017 Feb 1.

# Traumatic Injury

Patients with sudden acute change in health status due to acute injury (“sudden advanced illness”)

Frail, chronically ill patients with decline and “ground level fall” as a result of underlying disease

Acute care surgery has generally embraced the notion of palliative care with highly varied models

Nonetheless, access to palliative care remains low and care pathways have yet to be defined

# Inflammatory Bowel Disease

- 1 manuscript on palliative care for IBD published in 2000
- Significant unrecognized palliative care needs
  - Chronic symptoms: abdominal pain, nausea, anorexia, fatigue
  - Complex medical decision making
  - Need for caregiver support, impact on relationships
  - Crohn's is an incurable chronic illness with serious symptoms
  - Total pain
  - Chronic wounds, fistulas, ostomies
  - High rates of health care use, hospitalization, need for nutritional support, invasive procedures

# Surgical Palliative Care Professional models

Basic or core palliative care versus specialist or “advanced palliative care”

Fellowship training and board certification versus certificates or other alternate training pathways

Fellowship after 2<sup>nd</sup> or 3<sup>rd</sup> year of residency, immediately after residency or after a period of time in practice

Surgical practice with palliative expertise, transition to clinical activities exclusively focused on palliative care, two distinct and complementary clinical practices in both palliative care and surgery



# Case Presentation 1

Cynthia Straub

Bon Secours

# Case Presentation 1

- Patient is a 24 y/o admitted for a 6 week abx treatment for severe sepsis, vertebral osteomyelitis, and endocarditis with very large vegetation.
- How would you treat this patient with multiple issues?
  - Pain and symptom management
  - Psychosocial distress

# Case Presentation 1

1. Acute back pain (left iliosacral joint area)
2. Nausea
3. Vomiting
4. Diarrhea
5. Drug abuse, currently in treatment at River City Methadone Clinic
6. Noncompliance
7. Insomnia
8. Potential for opioid induced constipation
9. Acute left shoulder pain from diffuse bilateral blood clot showering from the vegetation
10. Endocarditis: vegetation on tricuspid valve (that ultimately destroyed the valve)

# Case Presentation 1

- We were asked to help treat pain due to complex issues, mostly revolving around her history of drug use. Her mother and siblings all had history of heroin use, siblings were in jail 2/2 drug issues and pt had a court date to address her drug use.
- Pain was treated with continuing methadone, adjusting dose to bid instead of daily to help with pain and also drug to drug interactions, IV and oral liquid dilaudid. Per discussions with Methadone clinic, recommended liquid oral to prevent cheeking. Pt was instructed that as we got closer to her discharge date we would be titrating the dose of pain med down so that she would be discharged with NO prescriptions for opioids, but also would not go through withdrawal. This became an issue because around week 5/6 pt's condition worsened as blood clots were showering into her lungs and her pain worsened.

# Case Presentation 1

- Psychosocial: Historically, pt was treated a year before for abscess, and during that admission mother was caught with a syringe in the tubing of pt's PCA. This admission mother basically moved in because she was homeless. Initially a friend who presented as a sister was staying as well, however, after many nights of her being altered mentally, and wandering into other patient's rooms, she was asked to leave. (Pt shared that this friend accompanied her mother to the Methadone clinic, where mother would get her dose of methadone, hold it in her mouth until she was in a place where she could spit it out and share with friend.)

# Case Presentation 1

Additionally many nights pt had room full of friends, loud, and they were asked to leave, security was frequently called. Pt shared from the beginning that she wanted to get clean from the drugs but her mother and friends interfered with this. Based on her behavior, pt seemed to want to do the right thing, but was manipulated by her mother. Sometimes mother would tell the RNs that pt needed pain medication but the pt would deny this. Our Chaplain developed a good relationship with pt and was very helpful. Pt became a favorite with the nurses, many felt motherly towards her, however mother was a huge problem and burned many of the RNs out.

# Case Presentation 1

- Week 5-6 pt declined, was taken to OR for valve replacement and attempts to remove some of the blood clots in her lungs, but after a few weeks on ecmo and cvvhd pt died.

# Accessing CME credit





# Submit your evaluation to claim your CME

After our live ECHO session, visit [www.vcuhealth.org/pcecho](http://www.vcuhealth.org/pcecho)

Click “Claim CME and Provide Evaluation”

The screenshot shows the VCU Health website for the Palliative Care ECHO program. The main content area includes a title, a description of the program, and links for registration, case study submission, and contact. A sidebar menu on the right lists various telehealth programs, with a red arrow pointing to the 'Claim CME and Provide Evaluation' option under the 'VCU Health Palliative Care ECHO' section.



# Submit your evaluation to claim your CME

+

**VCU Health Palliative Care ECHO Survey** Resize font: + | -

Please complete the survey below.

Thank you!

|  |  |
|--|--|
| <b>Name</b><br><small>* must provide value</small>   | <input type="text"/>   |
| <b>Credentials (MD, DO, NP, RN, ...)</b><br><small>* must provide value</small>  | <input type="text"/>   |
| <b>Email Address</b><br><small>* must provide value</small>  | <input type="text"/>   |
| <b>I attest that I have successfully attended the Virginia Palliative Care ECHO Clinic.</b><br><small>* must provide value</small> | <input type="radio"/> Yes<br><input type="radio"/> No  |
| <b>Do you intend to make changes based on this presentation?</b><br><small>* must provide value</small>                            | <input type="radio"/> Yes<br><input type="radio"/> No<br><span>reset</span>  |
| <b>What was the quality of the brief lecture?</b><br><small>* must provide value</small>   | <input type="radio"/> Poor<br><input type="radio"/> Fair<br><input type="radio"/> Neutral<br><input type="radio"/> Good<br><input type="radio"/> Excellent<br><span>reset</span>   |
| <b>What feature of the TeleECHO clinic did you enjoy most?</b><br><small>* must provide value</small>                              | <input type="radio"/> Didactic Presentation<br><input type="radio"/> Case Presentation<br><input type="radio"/> Discussions & interactions between hubs and spokes (participants)<br><input type="radio"/> Other<br><span>reset</span> |
| <b>What other palliative related topics would you like addressed?</b>  |  |





# View previously recorded ECHOs for CME

To view previously recorded sessions and claim credit, visit

[www.vcuhealth.org/pcecho](http://www.vcuhealth.org/pcecho)

Click "Curriculum"

The screenshot shows the VCU Health Palliative Care ECHO website. The main heading is "VCU Health Palliative Care ECHO". Below it, there is a paragraph describing the program's partnership with community practices. A navigation menu on the right side is open, showing options like "About Telehealth at VCU Health", "For Patients", "For Providers", and "Curriculum". A red arrow points to the "Curriculum" option. A large yellow starburst graphic with the text "COMING SOON" is overlaid on the bottom part of the page.





# View previously recorded ECHOs for CME

Select the session you would like to view

The screenshot shows the VCU Health website's Curriculum page for Palliative Care ECHO. The page includes a navigation bar with options like 'Explore VCU Health', 'CAREERS at VCU Health', 'SUPPORT VCU Health', 'MY VCU HEALTH Patient Portal', and 'CONTACT VCU Health'. The main content area is titled 'Curriculum' and features a table of sessions. A large yellow starburst with the text 'COMING SOON' is overlaid on the page content.

| Topic                                      | Date     | Speaker                |
|--|----------|------------------------|
| Introduction to Palliative Supportive Care | 11/19    | Danielle M. MD         |
| Basics of Advance Care Planning            | 11/14/19 | Candace Blades, RN, JD |

Learning Objectives for the first session:

1. hosp...

Learning Objectives for the second session:

1. Define advance care planning.
2. Overview of legal documents in advance care...

Telehealth sidebar menu:

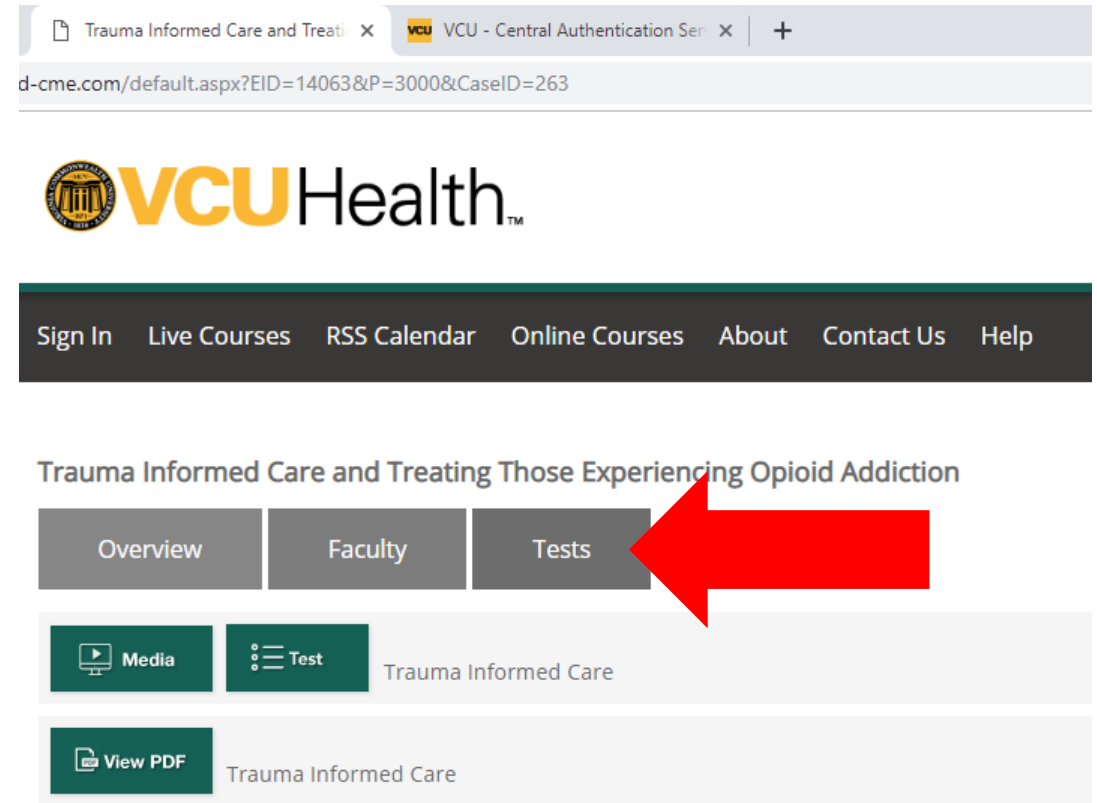
- About Telehealth at VCU Health
- For Patients
- For Providers
- Virginia Opioid Addiction ECHO
- VCU Health Palliative Care
- Register Now!
- Case Study
- About
- Curriculum
- Claim CME and Provide Evaluation
- Virginia Sickle Cell Disease ECHO
- Telehealth Programs



# View previously recorded ECHOs for CME

Click “Tests” to view video of the session and take a short quiz for continuing education credit

**COMING SOON**



The screenshot shows a web browser window with the URL `d-cme.com/default.aspx?EID=14063&P=3000&CaseID=263`. The page header features the VCU Health logo and a navigation menu with links for Sign In, Live Courses, RSS Calendar, Online Courses, About, Contact Us, and Help. The main content area is titled "Trauma Informed Care and Treating Those Experiencing Opioid Addiction" and includes three tabs: Overview, Faculty, and Tests. A red arrow points to the Tests tab. Below the tabs, there are two rows of content: the first row has a "Media" button and a "Test" button (with a red arrow pointing to it) for "Trauma Informed Care"; the second row has a "View PDF" button for "Trauma Informed Care".



# THANK YOU!

We hope to see you at our next ECHO

