



ACC.18™

67<sup>th</sup> Annual Scientific Session & Expo

ORLANDO  
MARCH 10 - 12  
2018



# THINGS EVERY CARDIOLOGIST SHOULD KNOWN ABOUT PALLIATIVE CARE

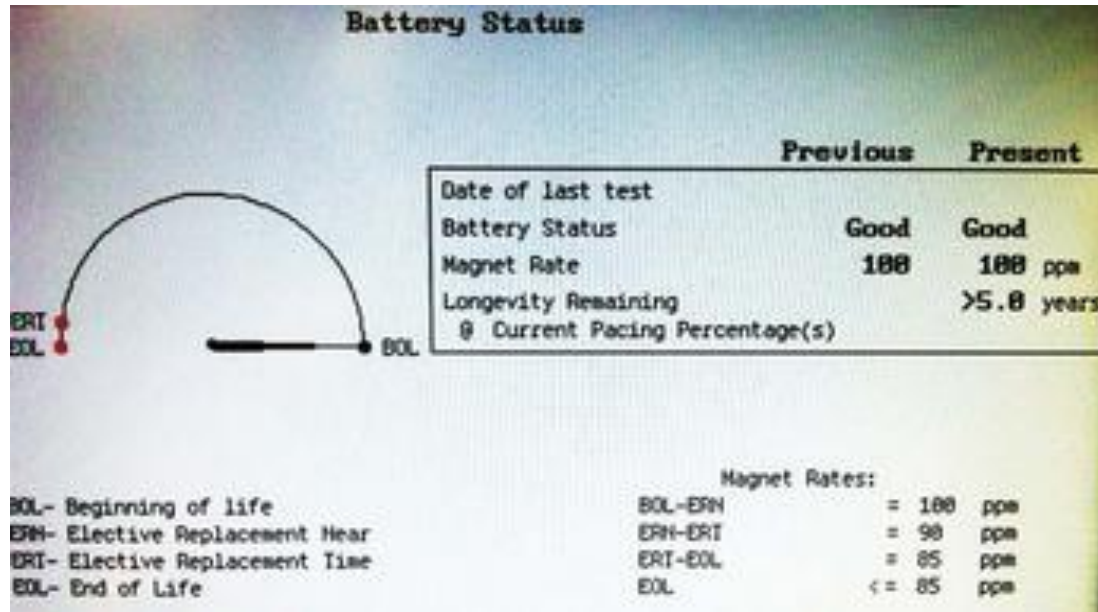
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# Learning Objectives

- To recognize the importance of palliative care in daily life as a cardiologist
- To identify local resources and opportunities to enhance exposure and practice of primary palliative care within cardiovascular fellowship



# 10. We're All Gonna Die



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# 9. Palliative Care ≠ Hospice

**PALLIATIVE CARE**

**END OF LIFE CARE**

**HOSPICE**



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World Health  
Organization

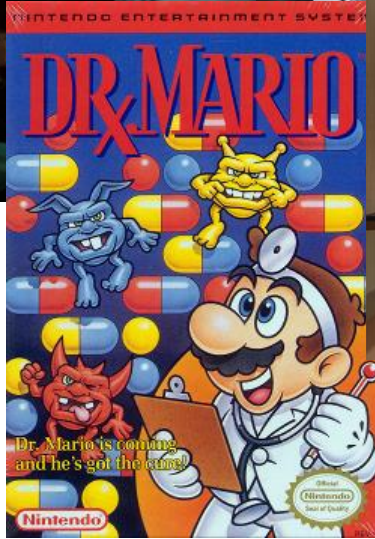
# PALLIATIVE CARE

“...improves the **quality of life** of patients **and their families** facing the problems associated with life-threatening illness, through the **prevention and relief** of suffering by means of **early identification** and **impeccable assessment and treatment** of pain and other problems, **physical, psychosocial, and spiritual.**”



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# HOSPICE



[http://www.nativityarden.org/\\_rsrc/1466095329785/ministries/give/medical-equipment-loan-closet-1/medical.jpg?height=206&width=400](http://www.nativityarden.org/_rsrc/1466095329785/ministries/give/medical-equipment-loan-closet-1/medical.jpg?height=206&width=400)  
[https://upload.wikimedia.org/wikipedia/en/f/f8/Dr\\_Mario\\_box\\_art.jpg](https://upload.wikimedia.org/wikipedia/en/f/f8/Dr_Mario_box_art.jpg)

<https://hospicefoundation.org/End-of-Life-Support-and-Resources/Coping-with-Terminal-Illness/Hospice-Services>

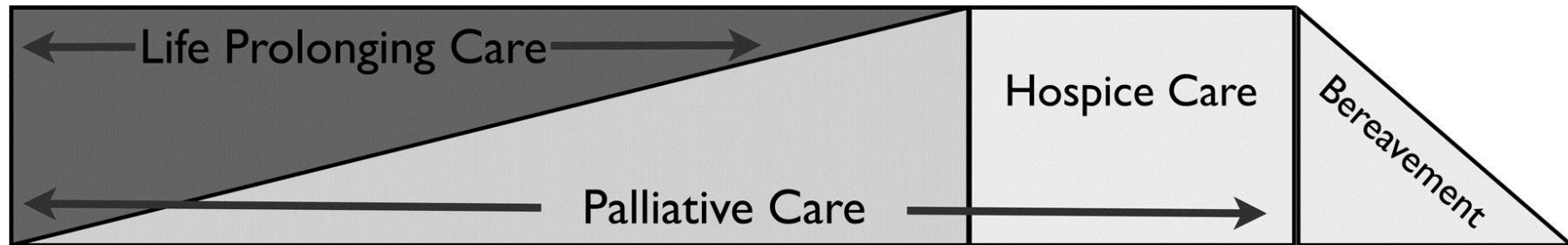
<http://www.sportingnews.com/nhl/news/nhl-playoffs-stanley-cup-finals-odds-2017-penguins-vs-predators-favorite-prediction-pick/1d662h2hxcysp15c5qhgfuxdl>



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<https://s-media-cache-ak0.pinimg.com/236x/c9/d4/f1/c9d4f135f019da9e994f1562bfc7e84c.jpg>  
[http://assets.atlasobscura.com/article\\_images/35029/image.jpg](http://assets.atlasobscura.com/article_images/35029/image.jpg)  
<https://i.ytimg.com/vi/quiNGHA2gMA/maxresdefault.jpg>

# PC is COMPLEMENTARY Care



# 8. Palliative Care Does Not Kill People!



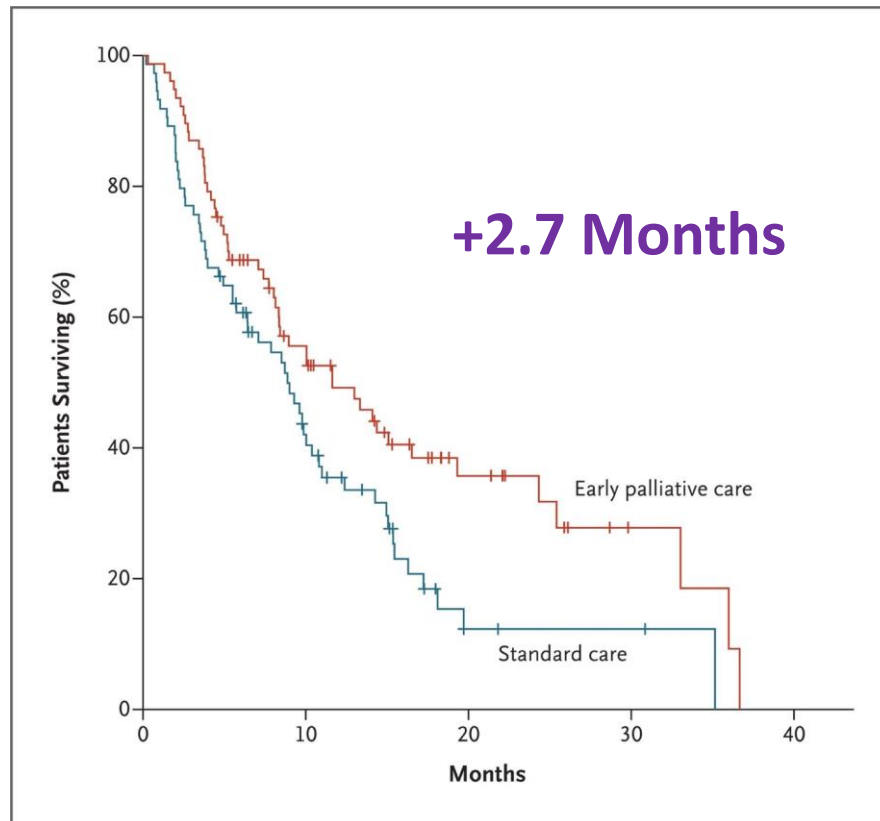
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ORIGINAL ARTICLE

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

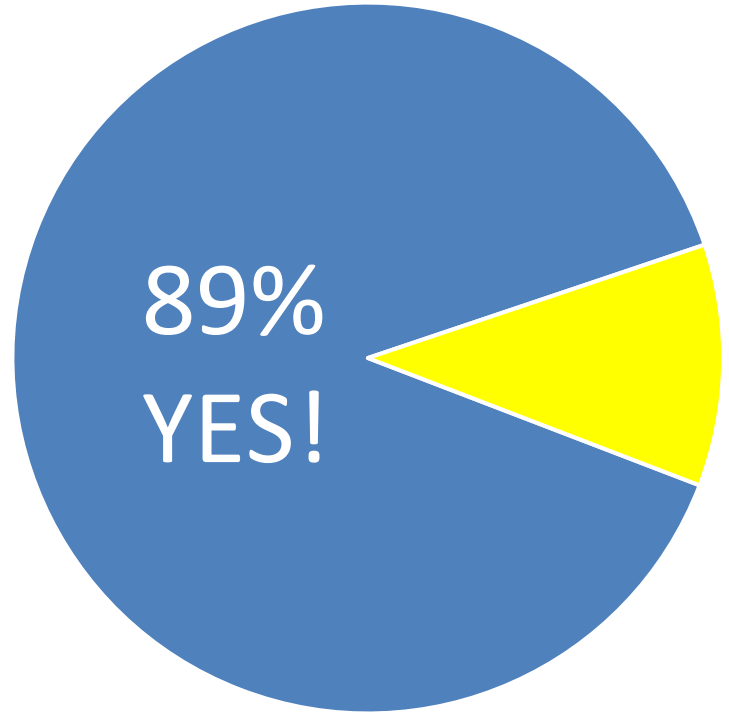
Jennifer S. Temel, M.D., Joseph A. Greer, Ph.D., Alona Muzikansky, M.A., Emily R. Gallagher, R.N., Sonal Admane, M.B., B.S., M.P.H., Vicki A. Jackson, M.D., M.P.H., Constance M. Dahlin, A.P.N., Craig D. Blinderman, M.D., Juliet Jacobsen, M.D., William F. Pirl, M.D., M.P.H., J. Andrew Billings, M.D.,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



# 7. Patients Want to Talk About It!

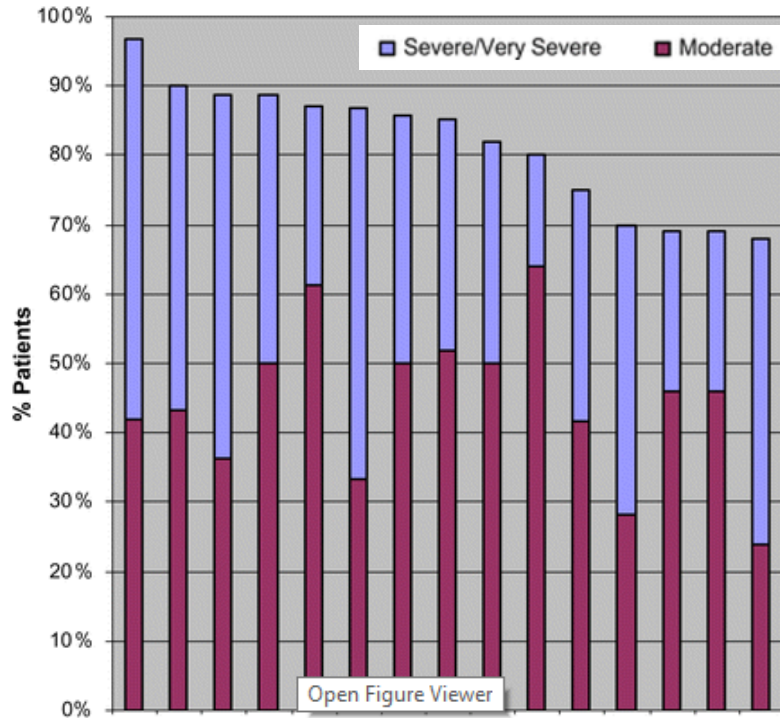


Do you think doctors should discuss end-of-life care issues with their patients?



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# At the end-of-life, patients: **ARE SYMPTOMATIC**

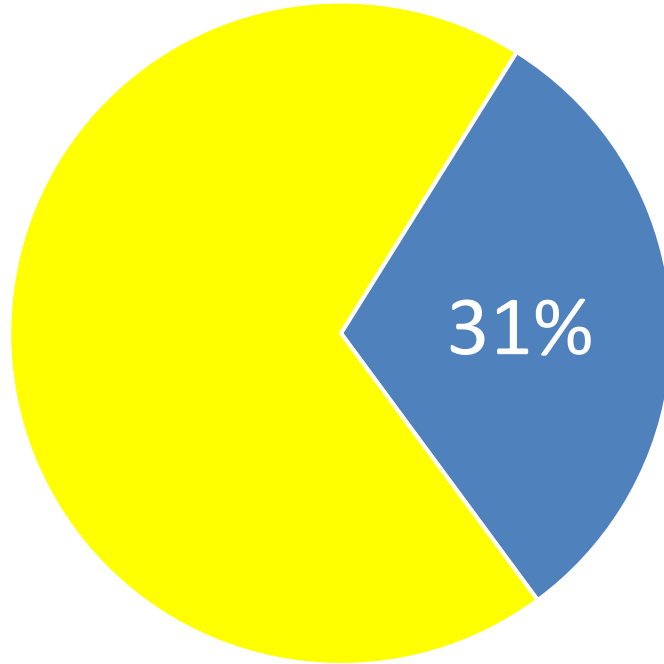


- Sleep
- Pain
- Energy
- Dyspnea
- Drowsiness
- Worry
- Sweats
- Feeling Nervous
- Sadness
- Concentration
- Dry Mouth
- Orthopnea
- Dizziness
- Irritability
- Early Satiety



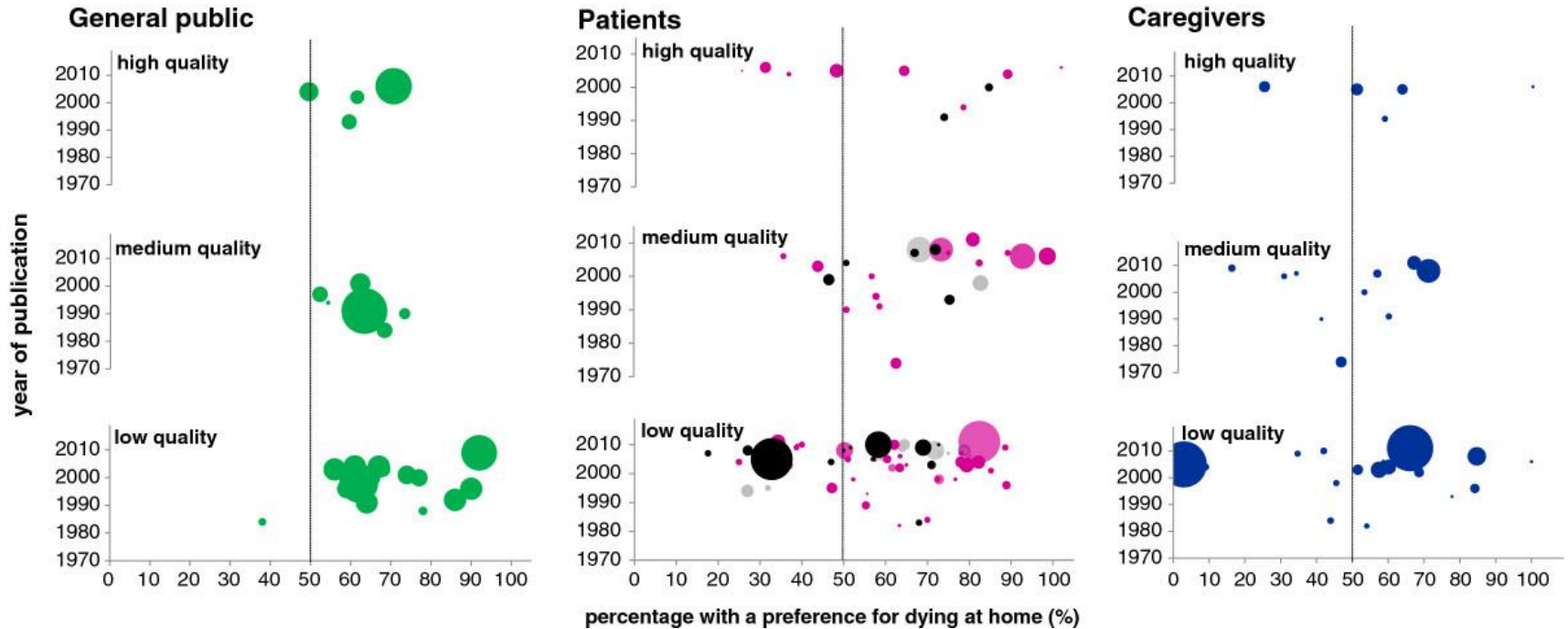
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# At the end-of-life, patients: **ARE SHOCKED**



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# Patients WANT TO BE AT HOME



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# At the end-of-life, patients: **ARE NOT HOME**

	2000 (270K)	2005 (292K)	2009 (286K)
HOME	30.7%	34.9%	33.5%
HOSPITAL	32.6%	26.9%	24.6%
NURSING HOME	27.2%	25.3%	27.6%



Patients Want to Talk About End-of-Life  
Because They Desperately Want:

THE GOOD DEATH



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# 6. Palliative Care is Not Just for Patients!





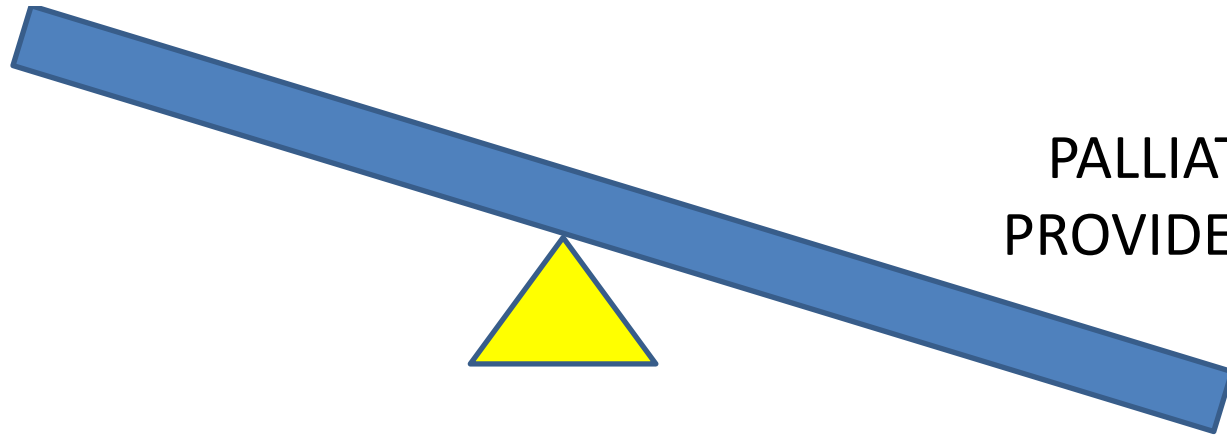
# 5. You Can Help: Primary Palliative Care!



**WE WANT YOU!**

# THE PALLIATIVE CARE WORKFORCE GAP

PALLIATIVE CARE  
PROVIDER SUPPLY

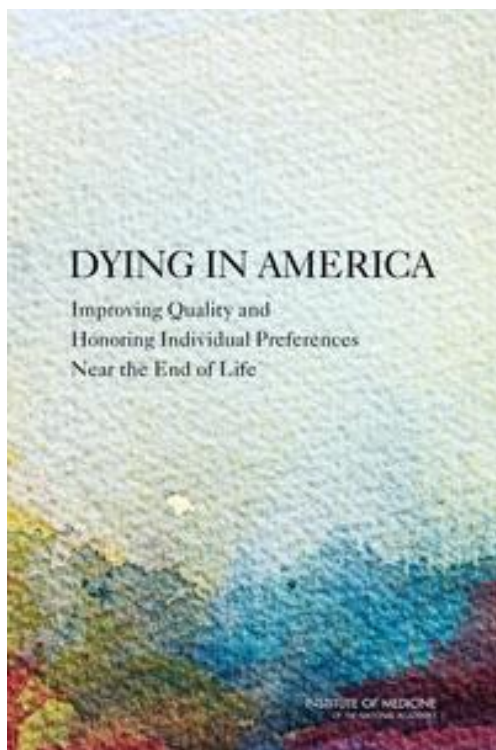


PALLIATIVE CARE  
PROVIDER DEMAND



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# THE WORKFORCE GAP



**All physicians should be “competent in basic palliative care, including communication skills, interprofessional collaboration, and symptom management.”**



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# 4. We Are Part of the Problem!





**“If we want patients to understand the dying process and to trust us, we clinicians need to be more comfortable with death ourselves, and better equipped to care, consult, and console.”**



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# 3. Resources are Available!

## Serious Illness Conversation Guide

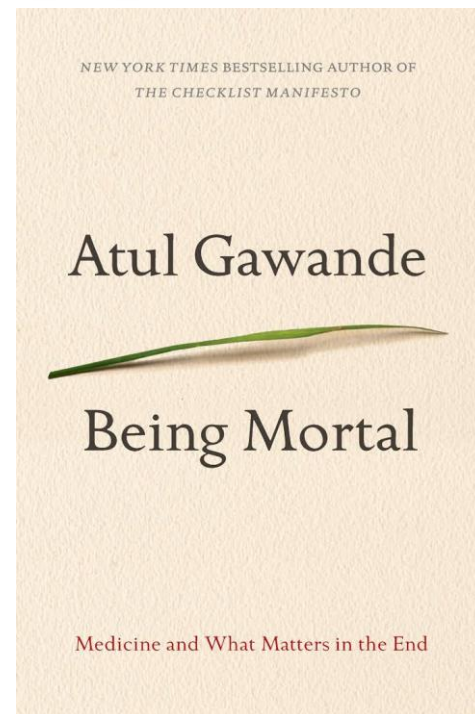
**CLINICIAN STEPS**

- Set up**
  - Thinking in advance
  - Is this okay?
  - Hope for best, prepare for worst
  - Benefit for patient/family
  - No decisions necessary today
- Guide (right column)**
- Act**
  - Affirm commitment
  - Make recommendations about next steps
  - Acknowledge medical realities
  - Summarize key goals/priorities
  - Describe treatment options that reflect both
  - Document conversation
  - Provide patient with Family Communication Guide

**CONVERSATION GUIDE**

<b>Understanding</b>	What is your understanding now of where you are with your illness?
<b>Information preferences</b>	How much information about what is likely to be ahead with your illness would you like from me? <i>see sidebar: Some patients like to know about time, others like to know what to expect, others like to know both.</i>
<b>Prognosis</b>	Share prognosis as a range, tailored to information preferences
<b>Goals</b>	If your health situation worsens, what are your most important goals?
<b>Fears / Worries</b>	What are your biggest fears and worries about the future with your health?
<b>Function</b>	What abilities are so critical to your life that you can't imagine living without them?
<b>Trade-offs</b>	If you become sicker, how much are you willing to go through for the possibility of gaining more time?
<b>Family</b>	How much does your family know about your priorities and wishes? <i>(Suggest bringing family and/or health care agent to next visit to discuss together)</i>

Health Affairs | 8/17/15  
© 2015 Kathleen Lyell, MD, Assistant Center for Health Systems Innovation (www.kathleenlyell.org) and Dana-Farber Cancer Institute

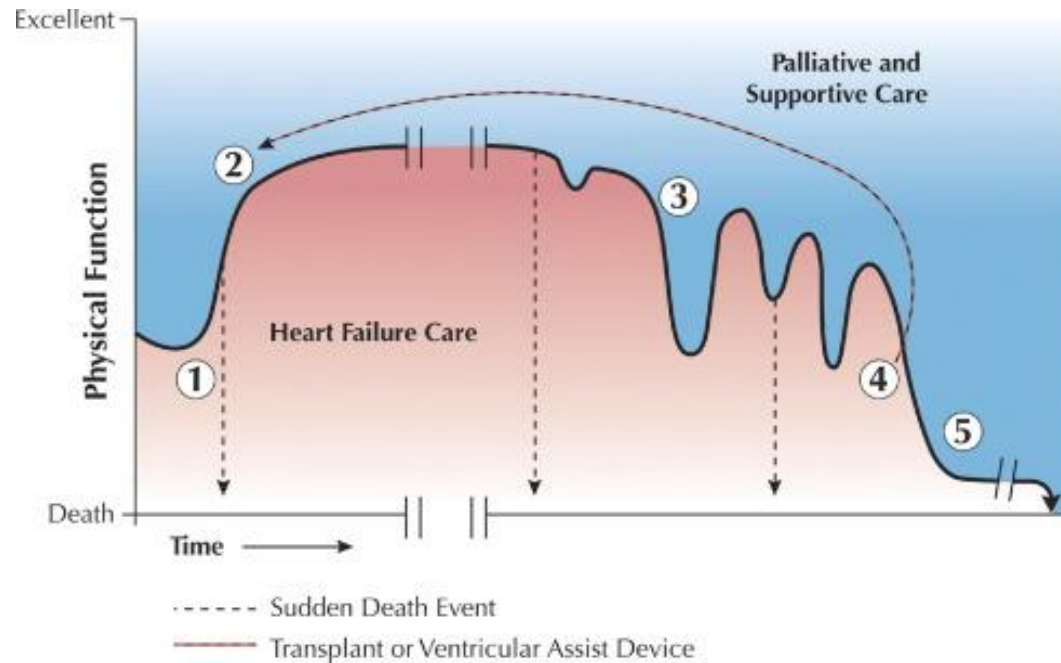


<https://www.ariadnelabs.org/>



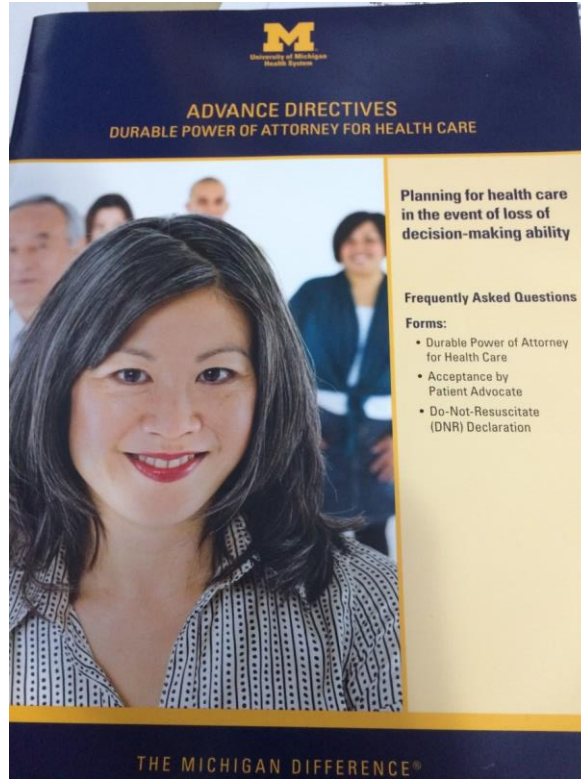
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# VISUALS CAN HELP



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# Standard Forms are Available!



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Who Ya  
Gonna  
Call?



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# 2. Momentum is Building!



CPT Code 99497, 99498



HEART FAILURE SOCIETY OF AMERICA

#SubHealth Sep 8, 2016

# PCHETA

Palliative Care and Hospice  
Education and Training Act  
HR 3119 & S2748

HR 3119 is getting a legislative hearing Thu, Sep 9th. This is the next step in becoming a bill heard by the full House!

As of 9/2/2016 - PCHETA has 191 co-sponsors (78-R, 113-D) in the House, and bipartisan support in the Senate! Learn more about PCHETA at [pallimed.org](http://pallimed.org)



TRAINING STATEMENT

## ACC 2015 Core Cardiovascular Training Statement (COCATS 4) (Revision of COCATS 3)

A Report of the ACC Competency Management Committee

### Palliative Care Symptom Management for the Cardiovascular Clinician

Sarah Goodlin, MD, FACC, FAAHPM  
Chief of Geriatrics, VA Portland Health Care System

Caroline Lloyd Doherty, AGACNP, AACCC  
Teaching Faculty, University of Pennsylvania School of Nursing



Geriatric  
Cardiology  
MEMBER SECTION



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# 1. Fellowship is the Time to Start!

- I. Didactics and Rotations
- II. Skill-Building Retreats
- III. Online Modules (Onco/Vital/CardioTalk)
- IV. CardioSmart
- V. Practice, Practice, Practice





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## Palliative Care

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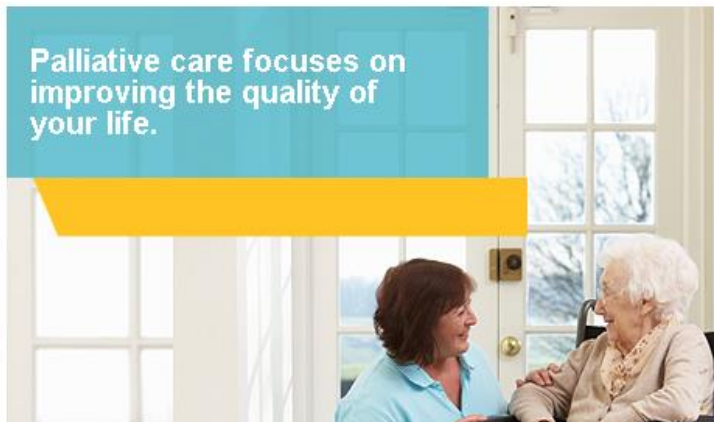
[Planning Your Care](#)

[Talking to Your Care Team](#)

[Understanding Hospice Care](#)

[More Resources](#)

Palliative care focuses on improving the quality of your life.



Care that focuses on managing symptoms, such as pain or shortness of breath, and on improving quality of life is called palliative care.

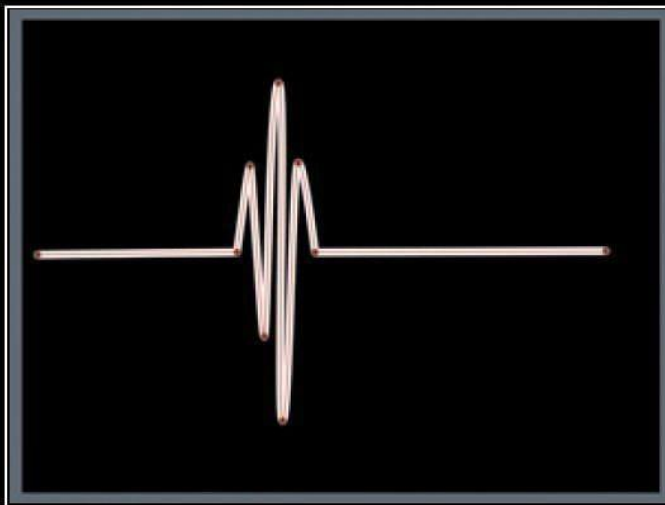
### Infographic: Health Tips for Older Adults



[Patient Resource](#)



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If there are no ups and downs in your life

It means you are dead

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