

New Clinic Aims to Close Palliative Care Gap

By Tyler Smith

A decade after launching its inpatient palliative care service, University of Colorado Hospital has expanded the care it provides patients with serious illnesses.

The Palliative Care Clinic officially opened July 15 on the second floor of the University of Colorado Cancer Center. For now, palliative care specialists will see patients with serious illness referred by University of Colorado Hospital providers two to three mornings a week, said [Jeanie Youngwerth](#), MD, the clinic's medical director. Plans are to expand the number of clinic mornings to five in September after an additional physician and a nurse practitioner come on board, Youngwerth said.



Jeanie Youngwerth, MD, is medical director of the Palliative Care Clinic at UCH, which began delivering outpatient services to patients with serious illnesses July 15.

Youngwerth also directs the [Palliative Care Consult Service](#) (PCCS), which works with hospitalized palliative care patients and their caregivers to identify their goals of care, manage pain and symptoms, plan advance care directives, and so on. The general

goal is to improve quality of life and ensure patients' decisions about their care are based on their personal values and those of their loved ones.

Growing need. The hospital's inpatient palliative care volume has increased significantly since the PCCS formalized as an interdisciplinary team in 2005. The service, which [earned Joint Commission advanced certification](#) in 2013, now handles about 80 consults a month, up from 11 the first year. The hospital also designated four [floating beds for palliative care patients](#) when the Oncology Unit expanded to Anschutz Inpatient Pavilion 2 in June 2013.

In general, hospital-based palliative care is becoming well established, but outpatient services are sparse, Youngwerth said. Hospice care serves patients who are in the last six months of their lives, but many patients with cancer and other serious conditions need help well before hospice as they cope with disease, the therapies that treat it, and symptoms such as fatigue and depression.

"Palliative care doesn't have a prognosis stamp on it," Youngwerth said. "There are a huge number of patients with serious illnesses who are not at end-of-life. There is a major gap in care for those patients and their caregivers. We want to establish a more seamless transition for patients when they are discharged from the hospital."

Another goal of the new clinic is to move palliative care "upstream," so that patients get help with complex pain and symptom management to avoid hospital admissions or make emergency department visits, Youngwerth said. "The goal is to keep patients at home and feeling the best they can so they can do the things they want to do," she said.

Resource shortage. There is evidence that palliative care benefits not only patients but also hospitals – by reducing length

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of stay and the number of preventable admissions and ED visits. [A 2010 study](#) from Massachusetts General Hospital published in the *New England Journal of Medicine* concluded that patients with metastatic non-small-cell lung cancer who were assigned early palliative care in addition to their cancer therapy had a better quality of life and lived longer than those who received the usual cancer care. In addition, fewer patients in the palliative care group received aggressive end-of-life care.

Similarly, a 2014 report from the Institute of Medicine, "[Dying in America](#)," noted the potential for palliative care services to improve patient outcomes while reducing the need for acute-care services and lowering costs. But the report – authored by a committee that included UCH Chief Medical Officer [Jean Kutner](#), MD, MSPH, an internist and specialist in palliative care – added that changes in the health care system are needed to offer incentives for hospitals and physicians to provide palliative care.

Provisions of the Affordable Care Act that would have put Medicare reimbursement in place for physicians who provided counseling to patients about living wills, advance directives, and options for end-of-life care were withdrawn in the face of charges that the government was sanctioning "death panels."

"There is not a good foundation for providing care to seriously ill people," Youngwerth said. "People are living longer, but they are without the care system they need to live the best that they can during this time." Politically speaking, the tide may be turning. New [Medicare rules](#) could reimburse physicians for end-of-life discussions as soon as this year.

Room to grow. The new Palliative Care Clinic is one step UCH is making toward changing the present care system, Youngwerth said. Two board-certified palliative care physicians, [David Nowels](#), MD, MPH, and [Simon Schrick-Senasac](#), DO, MS, now see patients; Leigh Kaszyk is practice manager. New consult appointments are scheduled for 90 minutes, with follow-ups scheduled for 30. Family meetings last an hour. For patients with urgent issues, such as difficulty tolerating their treatment plan or making complex decisions about their care, the clinic will schedule same-day appointments, Youngwerth said.

In September, Carolyn Lefkowitz, MD, a gynecologic oncologist and palliative care specialist from the University of Pittsburgh, and Debra Davis, a nurse practitioner who was previously operations manager for the palliative care consult service at University of

Florida Health, will join the clinic. With Lefkowitz and Davis aboard, the clinic will expand operations to five half-days per week, Youngwerth said.

The Palliative Care Clinic received strong support from Cancer Center providers and leadership, including Executive Medical Director of Cancer Services [Tom Purcell](#), MD, MBA, and Executive Director of Oncology Services Jamie Bachman, Youngwerth noted. With the support of Ross Camidge, MD, PhD, director of the Thoracic Oncology Clinical Program and associate director for clinical research at the Cancer Center, the [Lung Cancer Colorado Fund](#) chipped in \$20,000 to help fund staff salaries and clinic operations.



The Palliative Care Clinic is now open three half-days a week in the University of Colorado Cancer Center's main clinic.

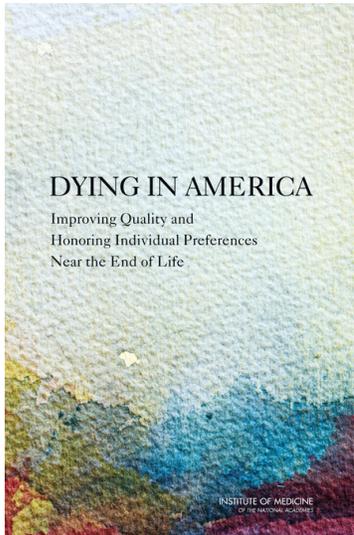
"Having access to expert palliative care in the outpatient setting has been a dream of mine since I started in Colorado," Camidge wrote in an email. "Lung cancer patients, along with many other cancer patients, are often highly symptomatic. Getting a team behind every patient to manage the cancer, the symptoms caused by the cancer, or by the treatment is the best way to support every patient on their cancer journey."

Youngwerth said the Palliative Care Clinic is another piece of the Cancer Center's effort to tighten the safety net for cancer patients. It joins the [CARE Clinic](#), which opened last spring to provide support for patients struggling with acute symptoms of their disease and the side effects of chemotherapy, radiation, and other treatments.

"We are all working together to help patients feel better and do better to avoid spiraling into a crisis," Youngwerth said.

For Kutner, the clinic launch is a welcome conclusion to many years of effort to build and bolster the hospital's palliative care

services. Kutner, who still sees patients as an internist, said she routinely gets a couple of inquiries a month from patients and their caregivers seeking outpatient palliative care. Absent a clinic, she and other internists have provided such guidance on a “one-off” basis for several years, Kutner said.



The Institute of Medicine’s 2014 report, “Dying in America,” highlighted the need for improved palliative care services.

“It’s been a long time coming,” she said. “To be able to work with our colleagues to provide the best care for patients we’re seeing so that they do not have to be hospitalized is exciting.”

The clinic places UCH among a small group of institutions elevating the importance of palliative care in the national health care discussion, Kutner added.

“I think it will put us on the map as a leader,” she said. “Not many hospitals are providing truly integrated palliative care.”