Safer Care Victoria

14 July 2022

Impactful Integration – Delivery of an Integrated Respiratory and Palliative Care Service

Palliative Care Clinical Conversations

Hosted by Dr Melanie Benson, Palliative Care Clinical Lead, Safer Care Victoria

VICTORIA State Government

Acknowledgment of Country

I begin by acknowledging the Traditional Custodians who have lived and loved this country through the vastness of time.

I honour the Wurundjeri people of the Kulin nation, whose country I stand on today. I pay my respects to the old people, the Elders and Ancestors who are the safekeepers and caretakers of the oldest living culture on the planet.

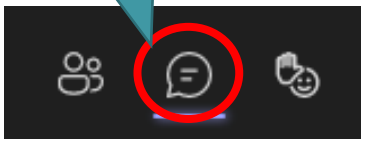
For this is the very bedrock of this place, our shared home and our special identity in the world and the source of shared pride as Australians.

For this land always was, and always will be, Aboriginal Land.

Artwork by Anmatyerr woman, Tradara Briscoe

Before we begin

Please use the **Chat** function to contribute questions and comments throughout todays session



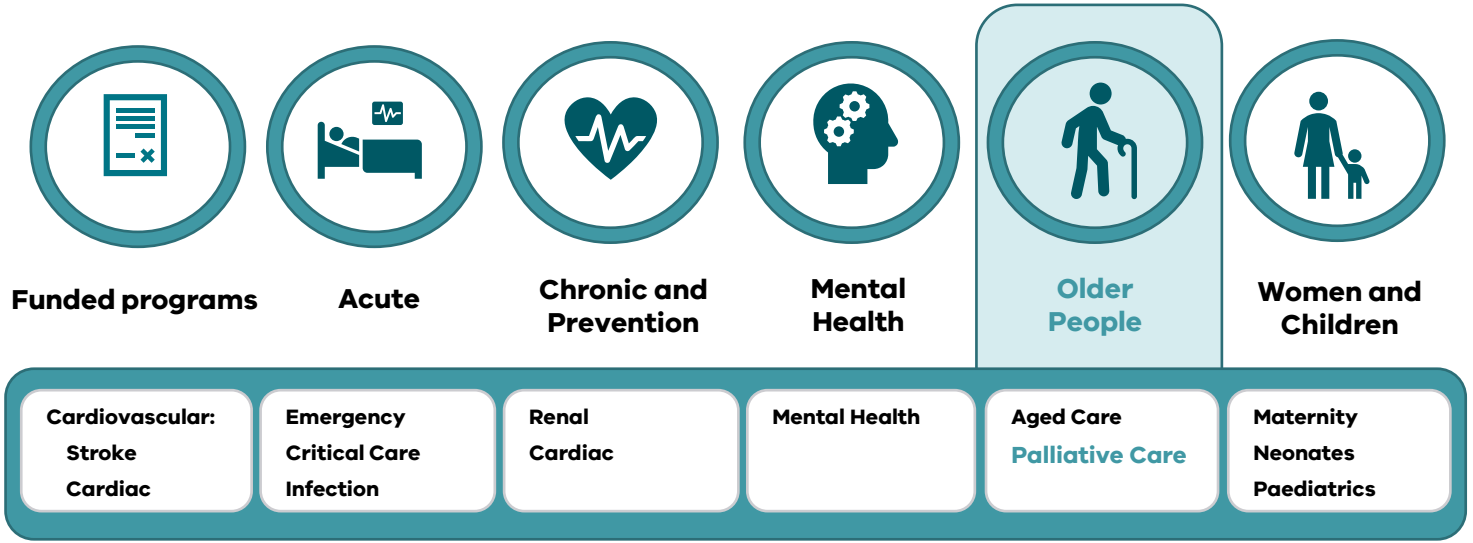
Please **mute** your microphone unless speaking to minimise background noise

Please respond to the **polls** by choosing or typing your answer and pressing 'done'

This session will be recorded and made available on the SCV website

Safer Care Victoria

Centres of Clinical Excellence



The Centres for Clinical Excellence partner with consumers and clinicians to advise on and deliver healthcare improvements and evidence-based guidance

Clinical Conversations

Clinical conversations are a platform for engagement with consumers and clinicians across our clinical networks to:

- share experiences
- discuss key learnings and ideas
- share innovative solutions

Will aim to include topics that matter to our consumers and clinicians, and warmly welcome your contributions and suggestions

Today's Clinical Conversation Overview

Presenter	Topic
Dr Julie McDonald Chair of Palliative Medicine, University of Melbourne & St Vincent's Hospital	**Delivery of an integrated respiratory and palliative care service**
Conversation: Questions, Comments, Disussion – Facilitated by Dr. Melanie Benson	

Dr Julie McDonald

Respiratory and Palliative Care Physician
MBChB, FRACP, FAChPM
St Vincent's Hospital Melbourne

Impactful Integration

Delivery of an Integrated Respiratory and Palliative Care Service

Dr Julie McDonald
Respiratory and Palliative Care Physician
MBChB, FRACP, FAChPM
St Vincent's Hospital Melbourne

Chronic Respiratory Disease

- Almost 1 in 3 Australians have a chronic lung disease
- COPD is responsible for the majority of the chronic lung disease burden
- Approximately half of COPD hospital admissions are preventable

- Specialist respiratory care can decrease admissions and increase quality of life
- Early palliative care is recommended for those with advanced lung disease

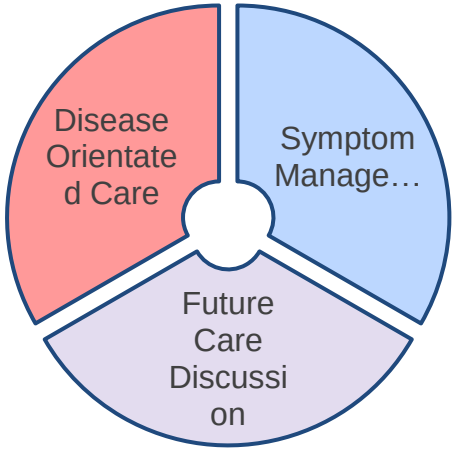
Lung Foundation Australia

The Thoracic Society of Australia & New Zealand
LEADERS IN LUNG HEALTH

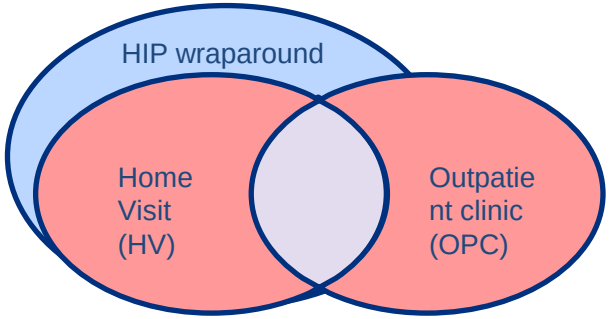
The COPD-X Plan
Australian and New Zealand Guidelines for the management of Chronic Obstructive Pulmonary Disease

St Vincent's Hospital Melbourne

Integrated Respiratory and Palliative Care Service for patients with advanced lung disease



Methodology and Implementation



Patients with lung disease are referred to the service if they have:

- a high symptom burden
- frequent hospital admissions
- decreased function
- or perceived poor prognosis

Service Analysis

Home Visits (HV)

- April 2017 – 2019
- 51 patients
- 59 reviews

Outpatient Clinic (OPC)

- July 2018 – 2020
- 58 patients
- 206 reviews

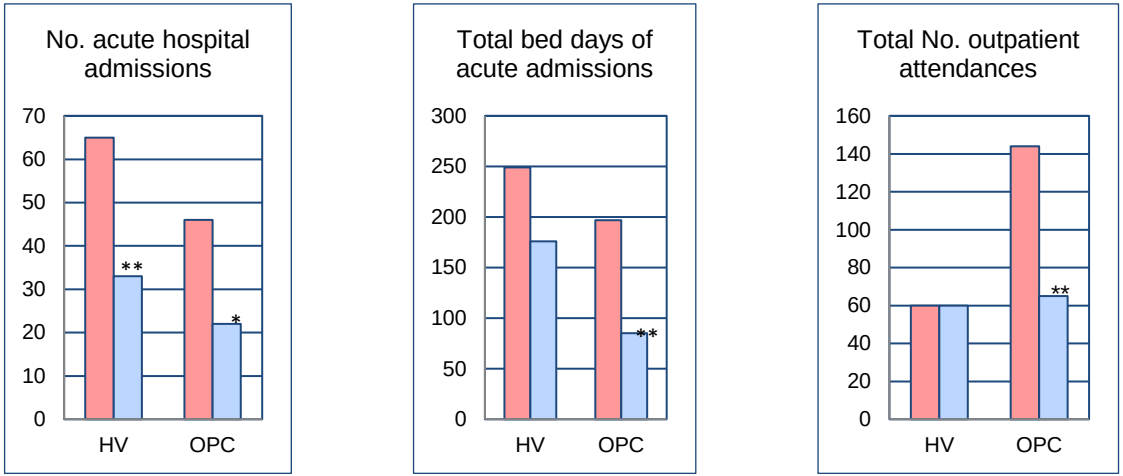
- Median age 77 years
- **English second language 41%**
- No carer identified 39%
- **Current smoker 25%**
- **AKPS ≤ 50: 47%**
- MMRC 4: 43%

- Median age 77 years
- English second language 21%
- No carer identified 40%
- Current smoker 17%
- AKPS ≤ 50: 19%
- MMRC 4: 43%

19 patients crossed over between groups (5 additional HVs, 39 OPC reviews) while service timelines overlapped

Hospital Level Analysis

Acute hospital utilisation compared for the 90 days before/after the first physician review for both HV and OPC cohorts



90 day before/after cost savings:

- The HV cohort's cost decreased by 3.5%, with total cost savings of $18,578
- The OPC cohort's cost decreased by 23%, with a total cost savings of $109,148

Consumer Perspectives

- Communication & engagement
- Person centred care
- Usefulness but limitations of action plans
- Caregiver/patient divergence on future care plan discussions

Conclusions

2019 VICTORIAN PUBLIC HEALTHCARE AWARDS

Centre for Palliative Care
Informing Choice. Enabling Care.

ST VINCENT'S HOSPITAL MELBOURNE

Thank you

Dr Laura Booth, Dr Jenny Weil, Dr Mark Boughey – Palliative Care
Dr Euan Fox, Dr Matthew Conron – Respiratory
Rebecca Howard, Natalie Pollard, Una McKeever – Health Independence Program
David Marco – Centre for Palliative Care
Patients, Caregivers and GPs
SVHM REF grant for funding

The traditional owners of the land on which SVHM is located
- The Wurundjeri People of the Kulin Nation -

Understanding Palliative Care. St Vincent's Foundation. Video link:
https://www.stvfoundation.org.au/caritaschristi/palliative-care

ACMD 2021 ACMD RESEARCH WEEK 2-6 AUGUST www.ivy.com.au/event/ACMD21/

ERS EUROPEAN RESPIRATORY SOCIETY every breath counts

TSANZSRS The Annual Scientific Meeting for Leaders in Lung Health & Respiratory Science Virtual ASM 31 March - 2 April 2022

OFFICIAL

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Advance Care Planning Outcomes

ACP discussions were undertaken in a high proportion of patients across all their visits

- HV 82% (42/51)
- OPC 76% (44/58)

Advance Care Directive Completion

- HV 33% (17/51)
- OPC 41% (24/58)

Medical Power of Attorney forms

- HV 37% (19/51)
- OPC 52% (29/58)

With at least one of these two ACP documents completed for:

- HV 41% (21/51)
- OPC 54% (31/58)

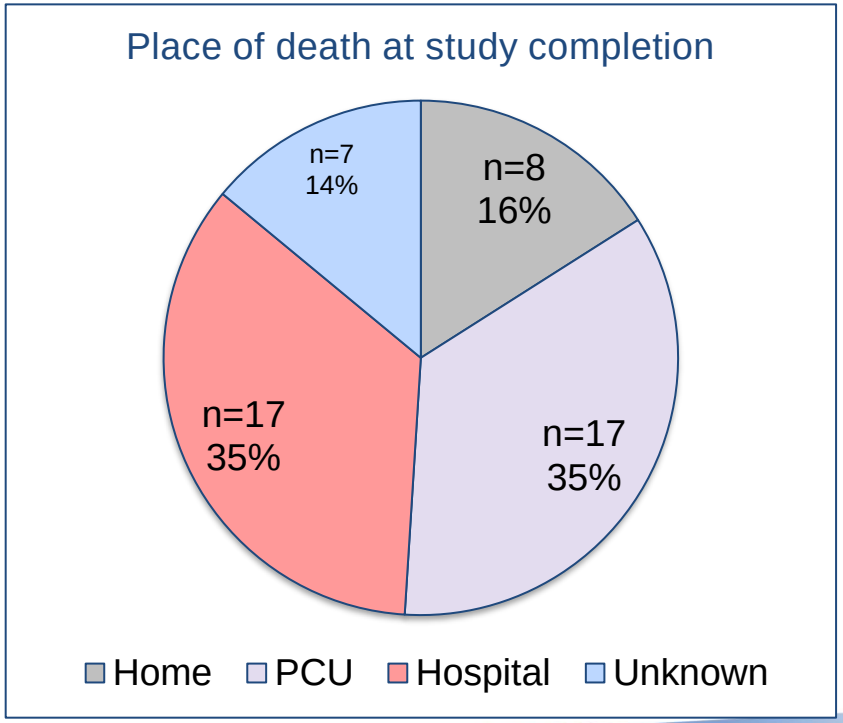
Mortality Outcomes

The 90 day mortality rate:

- HV 14% (7/51)
- OPC 5% (3/58)

Place of death was described for the 49/109 who had died by study completion

- 15% (8/49) at home or aged care
- 35% (17/49) in a palliative care unit
- 35% (17/49) in an acute hospital bed
- 14% (7/49) place unknown



Valued communication and engagement

Patient 4: "I've got a very good GP as well and [Dr Resp/Pall] Care rings him direct, same as [HIP clinician] do, they all do. They all ring him direct and he has all the time for all of them. He says 'you've got a very good team'. 'You've got one of the better doctors going as [Dr Resp/Pall] is willing to talk to us'".

Caregiver 15: "Patient wasn't well and I had a script from [Dr Resp/Pall Care] in there and I had that made up which gave him antibiotics, cortisone, and he was half way through that treatment when we went in. When he goes down like that and we put him on to the antibiotics and cortisone. He picks up immediately and that is what he has done this time."

GP 13: "He is also a very challenging guy to deal with… but when I see him I'm really easily able to reinforce the key messages of what's been going on with his specialists… have been very involved with his case and each of whom have kept me well informed about how he has been tracking along."

Person-centred care model

Patient 1: "[Dr Resp/Pall Care] actually listens to what's going on and spends…there is no…I don't have the feeling that she is ever in a hurry, you know what I mean? …and that's incredibly reassuring for me. When you have emphysema there are a lot of things you simply don't know and you want to know, and she is fantastic with that."

Patient 11: "And what have you found helpful? PATIENT: Just the fact that there's not that many doctors that actually listen. Half the issue with my whole life has been that you've got to listen to a person. We're not all in the same box. Not all categorized the same."

Caregiver 10: "They just checked him over and made sure that all his questions were answered and made sure that he understood all the processes that are in place and why they are in place and if they're actually helping him… I find the bedside manner of the staff in there, it keeps family and patients very calm and very comfortable and they actually … they're respected and loved."

Benefits and limitations of action plans

Patient 7: "My asthma is really bad and, you know, we talked about that and she gave me a good plan about it because I was quite unsure… she wrote it all down which makes it better."

Patient 11: "Well, [Dr Pall Care] actually added a bit to do with fanning myself as well if I get short of breath and agitated, to use a portable fan as well. So between [Dr Pall Care] and [Dr Resp/Pall Care] with the action plan, if anything happens, if I have any flare ups or anything, I follow them through. I think I'm self-managing quite well actually. It's just frustrating because you can't breathe."

Caregiver 9: "Yes, everything is fine on the plan. Obviously, there are days when we have to bring [Patient] into hospital due to the fact that he is too ill to do the Action Plan and everyone's aware of that. But he does have an Action Plan in place, whereby, if he is worse for wear, he needs to ….it's laminated, step by step, so he is aware."

Divergence in preferences regarding future care discussions

Patient 4: "Yeh we have. We've filled in the forms for that and Dr [Resp/Pall Care] signed them off and we've got them in… We're going through [local aged care provider] as well which will look after us further down the track if we need respite care. (interviewer): Did you find this discussion helpful [patient]? Patient: Yeh, very helpful, yep. Because there were a couple of things I wasn't sure of which Dr [Resp/Pall Care] could explain further and to come out with a bit more help. Yes."

Patient 11: (Interviewer): "So, at this appointment, you didn't really discuss care in the future? (Patient): No, those sort of things, I don't really want to face yet."

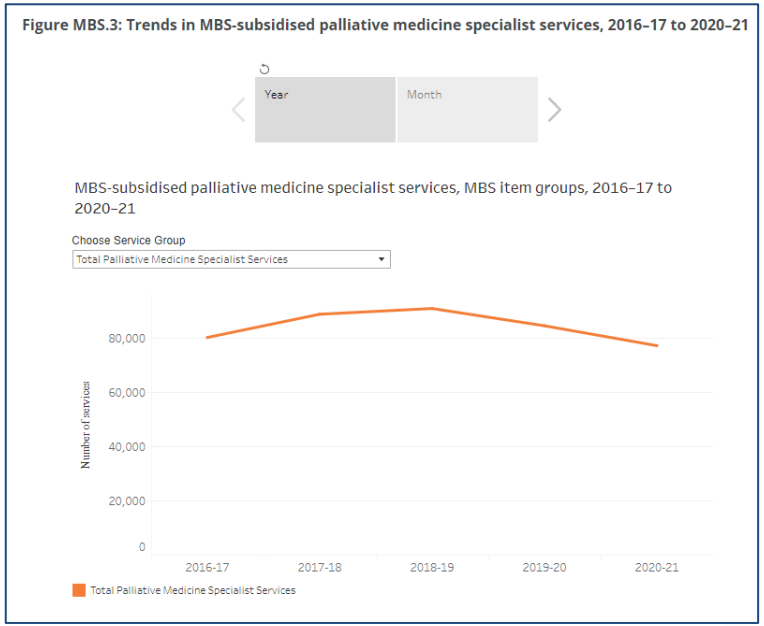
Caregiver 3: "The Doctor suggested to talk about the future and how we feel but my husband he didn't want to. It was his fault. We can't say fault… it's the way he believes. He doesn't want to know what's going to happen. A scared person. He say "what do I have to know, or how I'm going to die, or do I need to go to Nursing Home"… He doesn't want to know. He say, when it comes it comes and then it is your responsibility.

Caregiver 14: "We had a discussion about what Patient's options were and it was really satisfactory from our point of view – not the options, the discussion - it was very fruitful."

PC services in Australia

Figure MBS.2: MBS-subsidised palliative medicine specialist services, by geography, 2020–21

Figure MBS.3: Trends in MBS-subsidised palliative medicine specialist services, 2016–17 to 2020–21



Palliative care services in Australia, Medicare-subsidised palliative medicine specialist services - Australian Institute of Health and Welfare (aihw.gov.au)

Questions & Comments

Let’s take a poll

Clinical Conversations Webinars

Contact the Palliative Care Team, Centres of Clinical Excellence at:

palliativecare.clinicalnetwork@safercare.vic.gov.au

COVID + Pathways Learning Network Webinars

SCV is also hosting a COVID + Pathways Webinar series for consumers, healthcare workers and leaders to share experiences and learnings.

If you are interested in receiving these webinar invites, please email:

centresofclinicalexcellence@safercare.vic.gov.au

Thank you