

you, your patient,
and the
palliative care team



partnering with physicians at the area's only free-standing center for palliative care

The Center for Palliative Care's palliative program is specifically developed to address the complex pain and symptom management needs of patients with advanced chronic illness. The program is staffed by Nurse Practitioners, in collaboration with our medical directors, all who are certified in palliative medicine. Our program is structured to enhance the care you provide by being your "eyes and ears" in the home and by spending the time necessary to assess the patient's evolving needs.

The NPs from the Center for Palliative Care conduct a comprehensive assessment, address pain and symptom management concerns, and make recommendations for enhancing the patient's comfort and wellbeing. Quite often, they can help prevent hospitalizations or traumatic visits to the ER and, in all cases, they will offer education and support to caregivers.

In addition, patients will be assisted by a caring and compassionate certified palliative care NP who will be just a phone call away with information, support, and coordination of special needs.



benefits of palliative care for you and your patients

Center for Palliative Care's program is beneficial for patients who:

- Require specialized management of pain and other symptoms caused by advanced chronic illness or the side effects of treatment
- Have co-morbidities that are challenging to address during a short office visit
- Frequently call your office with recurring concerns that are difficult for your staff to sort through and address
- Often go to the ER or are hospitalized due to uncontrolled pain or other symptoms
- Have been released from the hospital or a rehab facility and are having difficulty man aging their condition at home
- Under-report the severity of their condition or the difficulty of their living situation when visiting you in the office
- Have caregivers who are struggling to understand or manage the patient's illness







how the center for palliative care can help your patients

On a consultative basis, Center for Palliative Care provides these services anywhere patients live:

- Assess the interventions that you already have prescribed and make recommendations for enhancing them if they are not as effective as desired
- Provide specialized pain and symptom management expertise to address any type of pain or uncomfortable symptoms, such as dyspnea, nausea, anxiety, depression, poor appetite, sleep loss, constipation, diarrhea or others
- Review all medications to help identify adverse drug interactions and to suggest other interventions that may be more compatible with the medications that have been prescribed

- Provide additional resources, such as a counselor or chaplain, if the patient or family members appear to be suffering from emotional or spiritual pain
- Help educate the patient and caregivers about the disease process and discuss with them how they can realistically expect the disease to progress
- Conduct important conversations that will help the patient and family establish their goals of care and make decisions about treatment options
- Encourage patients to express to you their personal goals and how they wish to proceed with their care in the future

understanding palliative care

Palliative Care is a holistic approach to caring for patients with serious illnesses. By addressing the physical, emotional, and spiritual pain, our interdisciplinary team works together to improve the quality of living for patients and their families. Your patients with a serious illness affecting their quality of life or causing them significant discomfort may benefit from palliative care.

Who Can Request a Palliative Consultation?

Any primary care physician or specialist can make a referral to the Center for Palliative Care. Simply call ###-### or fax a referral form to ###-###. Office hours are ### - ###, Monday through Friday. Consultation hours vary.





What Types of Chronically III Patients are seen at the Center for Palliative Care?

The Center for Palliative Care is ideal for symptomatic patients with end-stage illnesses, such as cancer, heart failure, COPD or emphysema, progressive neurological disorders, dementia, debility, etc. Patients still may be seeking active treatment or be appropriate for hospice care but not yet ready to accept it.

What Does a Consultation Involve?

An NP from the Center for Palliative Care makes the initial consultation, consults with the palliative care physician as needed, and then contacts the referring physician with recommendations. The referring physician will write any recommended prescriptions and continue to manage the patient's care as usual.

The NP will follow up with the patient by telephone, and, if needed, schedule an appointment to meet with the patient to ensure the recommended treatments are effective. Any additional recommendations will continue to be communicated to the referring physician so he or she can update prescriptions and make adjustments to care. When the patient's issues are managed, the case will be closed and the referring physician will be notified.

How is this Service Paid For?

Medicare, Medicaid, and most commercial insurance plans will cover the cost of this care, just as they do other forms of medical treatment. Patients will be billed for whatever percentage of the fee their plan requires them to pay. Fees for anyone without insurance will be based on ability to pay. No one eligible for palliative care services will be turned away due to inability to pay.



when should a PC consult be considered?

Primary Disease Process:

Cancer (Active/Metastatic/Recurrent)

Advanced COPD

Advance CHF (EF<25%)

Cardio-Respiratory Arrest with Cerebral Hypoxia/Anoxia Shock with MODS

Advanced Neurodegenerative Disease (e.g. Dementia,

Parkinson's, Amyotrophic Lateral Sclerosis ALS) ESRD and/or ESLD

Stroke with at least 50% decreased functional ability

Concomitant Factors:

Hemodialysis

Liver Disease

Moderate CHFD, Coronary Artery Disease (CAD), Severe Valvular Disease, Cardiomyopathy, Pulmonary Hypertension

Bed-bound/Dysphagia/Failure to Thrive/Functional

Decline/Pressure Ulcers

Complex medical decision making/Family disagreements/ Conflicts about care

Other Criteria to Consider:

The Patient is/has:

A life limiting illness

Unacceptable level of pain >24 hours

Uncontrolled symptoms (e.g. dyspnea, nausea,

vomiting, anxiety

Frequent visits to the ER

More than one hospital admission for the same diagnosis within the last 30 days

S/P cardiorespiratory arrest

Medical Futility

Other Criteria to Consider:

PEG tube for artificial nutrition

Tracheostomy for prolonged mechanical ventilation

Shiley or Permacath for Hemodialysis

Withdrawal of ventilatory support





choices to make the most of life