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Title

Beyond the Diagnosis: A Detailed Characterization of Outpatient Palliative Care Patients

Priority 1 (Research Category)

Palliative and end-of-life care

Presenters

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Abstract

Context Palliative medicine focuses on quality of life for patients with serious illnesses. Historically, palliative care has been predominantly provided in the inpatient setting, but there is a growing awareness that patients may also benefit from outpatient care. Objective Describe the population of patients referred to a palliative care clinic and observe their healthcare utilization patterns. Study Design Retrospective chart review of patients seen in a palliative care clinic between June 2023 and August 2023. Setting The study was conducted at UC Davis Medical Center, a tertiary academic medical center in Sacramento, CA, serving a diverse, multicultural population. The Supportive Medicine Clinic (SMC) provides palliative care integrated within the divisions of pulmonology and cardiology, operating as a hospital-based outpatient clinic. Population Studied 30 adult patients actively receiving care from the SMC between June 2023 and August 2023. These patients all have advanced heart or lung illness and are referred from pulmonology and cardiology providers. Outcome Measures The primary outcome measures included changes in symptom scores as measured by the Edmonton Symptom Assessment Scale and hospital utilization rates. Results The patients in the SMC had a mean age of 71. Among these patients, 53% identified as male. Referrals were predominantly from Pulmonology (60%). For 53% of the patients, the referring physicians indicated a high likelihood of death within the next 12 months. A significant portion of the patients (53%) had only a single visit with the SMC physician, and 23% were later referred to hospice. The mortality rate within this cohort was 27%. Patients commonly reported symptoms of shortness of breath, fatigue, and a general sense of poor wellbeing. Initial symptom scores averaged 32, increasing slightly to 35 at follow-up visits. Notably, there was a reduction in healthcare utilization: in the 6 months preceding their SMC visit, patients had a total of 25 ED visits and 26 hospitalizations, which decreased to 15 ED visits and 19 hospitalizations in the 6 months following their SMC visit. Conclusion The SMC did not improve patients' overall symptom scores but did reduce hospitalizations and ED visits in the 6 months following the initial visit compared to the prior 6 months.

The findings highlight the need for targeted symptom relief and continuous care, especially for pulmonary patients, and the importance of multidisciplinary approaches.

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