Introduction

- The World Health Organization defines palliative care as “an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness”.
- Palliative care can be delivered along with life-prolonging care and has shown to improve symptoms and quality of end-of-life care across a range of illnesses.
- Palliative care also decreases costs by reducing unnecessary hospitalizations, diagnostic and treatment interventions, and avoidable intensive and emergency department care (ED care).

Half of older adults visit the ED during the last month of life, and patients with serious illnesses visit the ED frequently. However, there is no research comparing the effectiveness of telephonic case management with facilitated, outpatient specialty palliative care.

Objectives

- The aims of this study are to compare nurse-led telephonic case management to facilitated, outpatient specialty palliative care for older adults with serious, life-limiting illnesses:
  1. Patient quality of life
  2. Healthcare utilization (ED revisits, hospital admissions, hospice use)
  3. Patient loneliness and symptom burden
  4. Caregiver strain and quality of life

This poster reports preliminary recruitment progress, demographic information, and quality of life data for the study cohort.

Methods

- Pragmatic, two-arm, multi-center, randomized controlled trial
- 1350 older adults aged 50+ years, and 67% of their informal caregivers from the EDs of 9 diverse sites will be enrolled over 3 years

Inclusion Criteria

- Qualifying illness (below)
  - English/Spanish speaking
  - Age 18+ years
  - Either family member or close friend who lives with patient
  - Reside in long-term care
  - Hospice in past 6 months
  - Moderate to severe medical record
  - Either family member or close friend who lives with patient
  - Quality of Life (Primary Outcomes)
  - Functional Assessment of Cancer Therapy (FACT) General
  - Enrolled at 6 months
  - Functional Well-Being
  - Social/Family Well-Being
  - Physical Well-Being
  - Average baseline FACT-G T-scores are below the general population

Exclusion Criteria

- Moderate to severe dementia (identified in medical record)
- 2+ palliative care visits in past 6 months
- Hospice in past 6 months
- Reside in long-term care facility

Caregiver Criteria

- Accompany enrolled patients
- English speaking
- Age 18+ years
- Working telephone
- Either family member or close friend who lives with patient full time with patient

FACT-G raw scores were rescaled into T-scores based on a general US population sample, standardized with mean of 50 and standard deviation of 10

Facilitated, outpatient specialty care

- Outpatient clinic at each clinical site
- Patient goes to clinic up to 1 time per month for 6 months

Results

- From April 16, 2018 to December 31, 2018, 354 patients were eligible for the study, 172 refused, 182 enrolled, 178 were randomized, 6 have withdrawn from the study, and 15 have died
- Additionally 53 caregivers were enrolled during that period
- Enrollment is ongoing; participants are receiving trial interventions

Discussion

- The EMPallA study is recruiting a gender-balanced, racially-diverse, cohort of older adults with a range of serious illnesses
- Average baseline FACT-G T-scores are below the general population mean of 50 by more than a clinically-meaningful difference (5 points), suggesting this cohort of older adults has the potential to benefit from palliative care
- When trial enrollment and 6-month follow up is complete, comparative impact of palliative care interventions on quality of life can be assessed

Study Registration and Disclaimer

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Disclaimer: All statements in this report, including its findings and conclusions, are solely those of the authors and do not necessarily represent the views of the Patient-Centered Outcomes Research Institute (PCORI), its Board of Governors or Methodology Committee.

References