



FOUR SEASONS  
CONSULTING GROUP

# Multi-Disciplinary Teams in Palliative Care

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Four Seasons/ Teleios

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# Disclosures

- John Morris, MD, CMO Palliative Care

I have no financial Disclosures

# Learning Objectives

- Discuss team care in Palliative Care Clinical Practice
- Describe role of team members in clinical care
- Illustrate team concepts in clinical case
- Examine benefits of team care to patient, caregivers and providers

# Four Seasons

- WNC
- Hospice and PC Org
- Hospital PC 2003
- CbPC 2004
  - Nursing Homes
  - Assisted Living
  - Home
  - 3 Clinics
- 12 Counties 2018
- Rural mountains
- 950 patients
- 2.3 MD, 14 APP, 3 RN, 3SW





Currently 5 members.



[www.TeleiosCN.org](http://www.TeleiosCN.org)



- Non-profit hospice member organization
- 2200 Seriously ill Patients
- 46 counties in NC, VA
- Share staff
- Best practices
- Teams: MD, NP, PA, RN, SW, Chaplain, Admin

# What is Palliative Care?

- Key Points:
  - Specialized medical care for people with **serious illness**
  - **Extra layer of support**
  - Experts in pain and symptom management
  - Focus on improving **quality of life**
  - **Holistic** help for patient and family with **stress of illness**
  - Work as a **team**: MD, APP, RN, SW, Chaplain, other
  - Collaborate with your other providers
  - Palliative care is appropriate at any stage of illness and is provided at the same time as curative treatment

# Team Care

- Multi-Disciplinary
  - Involving several disciplines in an approach to problem
  - Eg: See multiple specialists for cancer Rx.
- Interdisciplinary
  - Combining multiple disciplines into 1 activity
  - Eg: Multiple specialist meet to discuss best way to care for you and treat your cancer

# Clinical Practice Guidelines for Quality Palliative Care

2001 NCP  
starts

2004  
Publish  
guidelines

2006 NQF  
Endorses

2013 3<sup>rd</sup>  
Edition NCP  
NQF Guide



# NCP Quality Palliative Care

## 8 Domains of Care

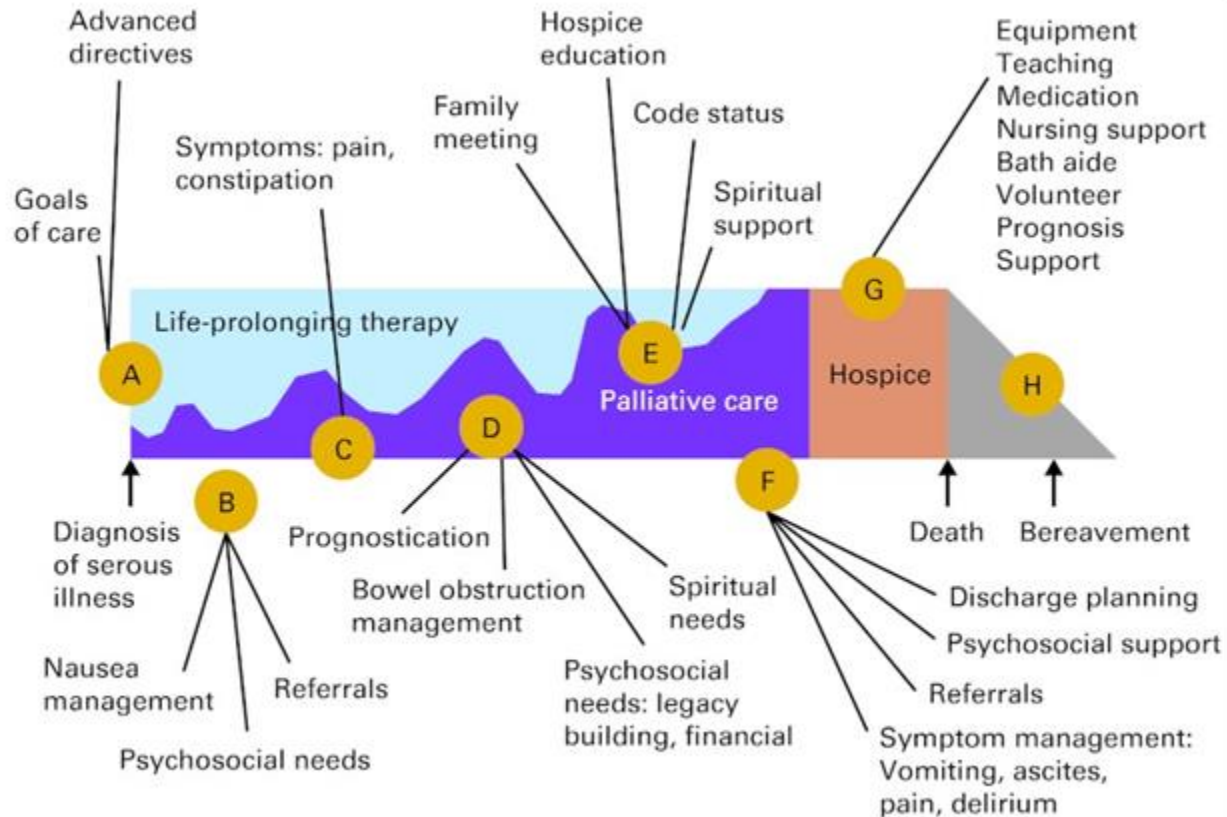
These are core to providing quality clinical care

1. Structure and Processes of Care
2. Physical Aspects of Care
3. Psychological and Psychiatric Aspects of Care
4. Social Aspects of Care
5. Spiritual, Religious and Existential Aspects of Care
6. Cultural Aspects of Care
7. Care of the Imminently Dying Patient
8. Ethical and Legal Aspects of Care

# Role: Palliative Care Team

- Symptom management
- Guide for complex medical decisions
- Advance Care Planning
- Psychosocial/ spiritual support for the stress of serious illness
- Communication for family.
- Guidance for transitions/ care options

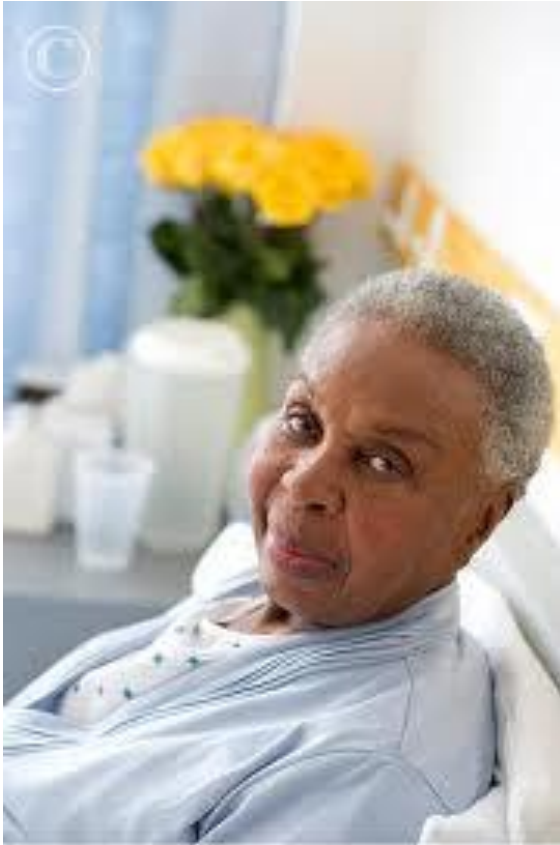
# Role of Palliative Care



# Community Palliative Roles

- RN
  - Triage, phone, Visits- goals, ACP, Education
- Advanced Practitioner (NP, PA)
  - Visits for symptoms, goals, ACP, prescriptions, F2F
- Social Worker
  - Counseling, ACP, Community Resources
- MD
  - Medical care, Medical supervision, MD communication
- Chaplain
  - Spiritual Counseling and support
- Admin
  - Schedule, phone, billing

# Case Mrs A



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- 82 yo: Severe Heart Failure
- 4<sup>th</sup> admission in 4 months
- 3 Daughters distressed
- Max medication
- Symptoms: dyspnea, fatigue, debility, anxiety, depression
- Palliative Care consulted



# Physical Burden on HF Patients

- Symptoms similar to advanced cancer
- Compared with Cancer, HF patients;
  - Worse QOL
  - More physical discomfort
    - Pain, dyspnea, fatigue
  - More depression
  - More time in hospital

Source: Bekelman et al. J Gen Int Med 2009; 24: 592



# Severe HF Symptoms

Physical Suffering common in ES HF

- Dyspnea
- Fatigue
- Pain
- Depression
- Anxiety
- Nausea
- Constipation

Mrs A

- Dyspnea
- Fatigue
- Depression
- Debility
- Anxiety



# Palliative Care for HF

- Nonphysical suffering ( Mrs A )
  - Fear of prolonged death
  - Fear of sudden death
  - Fear of being burden to family
  - Loss of control
  - Financial stress – frequent bankruptcy in ES HF
  - Logistical: where can I live?
  - Spiritual :
    - Where is God in my suffering?
    - Loss of meaning- “I take care of my family!”





# Interdisciplinary Team Meeting

- Social
- Mission Moment: examples of why we work
- Clinical Review
  - New Patients –
    - Summary: Serious illness, Psychosocial, Patient goals, Role of team
    - What do others need to know for effective team care?
  - Challenging problems
  - Hospitalizations
  - Deaths
- Team Care
  - Gratefulness
  - Meditation/ Poetry



# Team Rules

- Privacy
- Relationships
  - When offended, go to person, seek understanding
- No Titles, all equal: 1<sup>st</sup> names only
- No references to past problems
- No speaking ill of teammate
- Each get a say, but not always your way
- Assume all want best for patient and team
- Process, not people, are criticized
- No Distractions or side conversations
- Argue in room, but leave united



# Team Care Mrs A.

- MD
  - Treat dyspnea, fatigue,
  - Guide for decisions: Advance care planning
- Nurse Practitioner
  - Follow up on treatment plan, ACP
- RN
  - Education on diet, energy conservation
  - Collaboration/ Education daughters
- Social Worker
  - Counseling for depression, anxiety
  - Community support, resources, options.
  - Advance care planning
- Chaplain
  - Support faith



# Serious Illness Caregiver Issues

- Patients often housebound, weak, tired, depressed, dyspnea, pain.
- Caregivers report:
  - social isolation, fear, inadequacy,
  - Want information on adjusting to limitations, symptoms and planning future.

Source: Living with Advanced HF: Guide for Family Caregivers (RAND Corporation)

Team: RN, SW, chaplain, MD, volunteer, bereavement counselor



# Palliative Care: Caregiver Stress

- Caregivers need our help
  - 1.8x mortality risk
  - Depression, insomnia, anxiety
- Listen
- Honor and validate work
- Counseling
- Resources and practical community support
- Family opportunity



# Benefits from the *Patient* Perspective

For patients, palliative care is key to:

- Relieve symptom distress
- Navigate a complex and confusing medical system
- Develop and understand the plan of care
- Coordinate and control care options
- Allow simultaneous palliation of suffering along with continued treatment (no requirement to give up curative care)
- Practical and emotional support for exhausted family caregivers

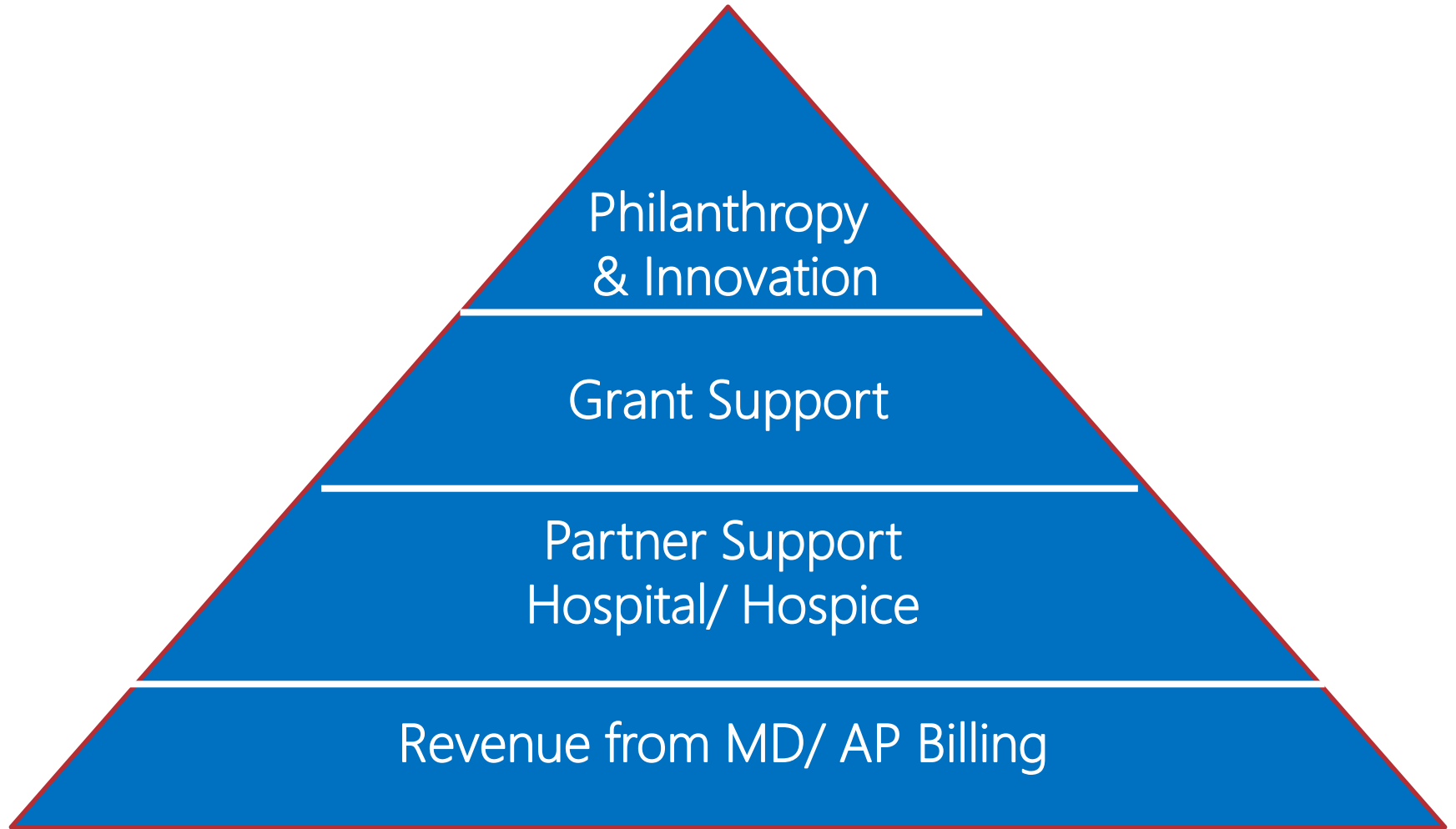


# Team Benefits

- Support for Better Care
  - Knowledge
  - Clinical Effectiveness and Efficiency
- Emotional support
  - Difficult situations
- Resiliency
  - Prevent Burnout



# Palliative Care Funding





Questions?



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