

DGIM Project Summary

(1 page preferred, 2 pages maximum)

Please note:

UCSF's CHR has agreed to have UCSF rely on USC IRB approval.
(letter attached)

USC will consent and enroll patients across California sites, including UCSF patients, but does not consider the PCPs as research subjects.

Name of Project: **Expanding Access to Home-based Palliative Care through Primary Care Medical Groups**

Investigator(s). (Include phone numbers and email address, indicate PI and primary contact)

PI is Susan Engidanos, PhD, at USC

Mike Rabow, MD, Co-PI

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Research question(s):

To determine the comparative efficacy (in symptom control, well being and utilization) of Specialized, Home-Based Palliative Care vs enhanced usual care (palliative care education) by Primary Care Clinicians for patients in ACO contracts with Blue Shield of California.

Brief Background/Significance:

Patients with serious illness from cancer, heart failure (HF), and chronic obstructive pulmonary disease (COPD) often receive poor quality of care, resulting in unmitigated pain and related symptoms, unmet psychosocial needs, and significant caregiver burden. Palliative care, a patient-centered approach that provides pain and symptom management and psychosocial and spiritual support, has strong evidence for improved outcomes for these seriously ill patients. Palliative care differs from hospice in that it is offered *early* in the illness course *and* in conjunction with other therapies intended to prolong life. Most palliative care programs are hospital-based; few offer care at home, where patients spend most of their time and require the most support.

Inclusion/exclusion criteria (list)

Patient eligibility criteria are: 1) 18 years of age or older; 2) diagnosis of HF, COPD, or advanced cancer; 3) two or more hospitalizations or ED visits in last year; 4) a Palliative Performance Scale score of <70%; 5) physician assessment that he/she "would not be surprised" if the patient died within a year; and 6) English- or Spanish-speaking.

Patient exclusion criteria are: 1) receives hospice care; 2) has end-stage renal disease; and/or 3) lives in a nursing, assisted living, or group facility.

Method of contact/recruitment (be specific)

PCPs will be alerted to patients identified by administrative databases at Blue Shield as potentially eligible for the study. PCPs will be asked the surprise question and for their acceptance to have the USC study personnel approach the patient for potential enrollment.

Benefits/burden for participants (clearly identify potential for harm)

Potential benefits are receiving improved primary care or specialized, home-based palliative care.

Burdens are from survey administration.

Any benefits or burden to DGIM practitioners?

Potential benefits to DGIM PCPs are the provision of primary palliative care education (online modules in pain and advance care planning, weekly office hours and email consultation with a palliative care specialist (Dr. Rabow). For PCPs whose patients are randomized to home-based palliative care, there will be the added benefits of increased care for their patients from a full interdisciplinary palliative care team.

Potential burdens to DGIM PCPs are the request to review a list of potentially eligible Blue Shield patients.

Timeline for recruitment (projected start and stop dates)

Start ASAP

Stop in 2023

Funding source

PCORI

Potential for DGIM collaborators? (We encourage DGIM resident and fellow involvement in particular)

Dr. Rabow working with DGIM residents around ACP

Do you agree to notify us when recruitment is completed?

Yes

Date form completed:

9/27/17