Lung Health Community of Practice Series 1

Palliative care in advanced respiratory illnesses

Project ECHO
Palliative Care - Canada
BY Pallium Canada

Facilitator: Diana Vincze, Pallium Canada

Presenters:

Danielle Hill, Dr. Alan Kaplan, Geneviève Lalumière, Onai Muvezwa, and Dr. Joshua Wald

Date: February 28, 2024

Territorial Honouring

The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

Stay connected: www.echopalliative.com

The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

Health Canada Santé Canada

Project ECHO Palliative Care - Canada BY Pallium Canada

LEAP Lung

- Learn the essentials for providing a palliative care approach.
- Ideal for any health care professional (e.g. physician, nurse, pharmacist, social worker, etc.) who provide care to patients with advanced lung diseases.

- **Key features:**
  - Created and reviewed by Canadian experts
  - Evidence-based
  - Regularly updated and approved
  - Practical, case-based
  - Accredited

Learn more about the course and topics covered by visiting

https://www.pallium.ca/course/leap-lung/

Introductions

Facilitator
Diana Vincze
Palliative Care ECHO Project Manager, Pallium Canada

ECHO Support
Aliya Mamdeen
Program Delivery Officer, Pallium Canada

Panelists
Dr. Joshua Wald, MD, FRCPC (respirologist)
Associate Professor

Dr. Alan Kaplan, MD CCFP(EM) FCFP CPC(HC)
Chairperson, Family Physician Airways Group of Canada
Clinical Lecturer, Dept of Family and Community Medicine, University of Toronto

Introductions

Panelists

Geneviève Lalumière, BScN, RN MN

Clinical Nurse Specialist and Coordinator

Regional Palliative Consultation Team, Bruyere Continuing Care

Jody Hamilton, BSW, MSW,

Director Community Programs & Partnerships, Lung Health Foundation

Danielle Hill RRT, CRE, CSFI

Respiratory Therapist, Arnprior And District Family Health Team

Disclosure

Relationship with Financial Sponsors:

Pallium Canada

- Not-for-profit
- Funded by Health Canada
- Boehringer Ingelheim supports Pallium Canada through an in-kind grant to expand interprofessional education in palliative care.

Disclosure

This program has received financial support from:

- Health Canada in the form of a contribution program
- Pallium Canada generates funds to support operations and R&D from Pallium Pocketbook sales and course registration fees
- An educational grant or in-kind resources from Boehringer Ingelheim.

Facilitator/ Presenter/ Panelists:

- **Diana Vincze**: Palliative Care ECHO Project Manager at Pallium Canada.
- **Dr. Joshua Wald:** Speaking fees and honoraria from GSK, AstraZeneca, Canadian Institute for the transfer of knowledge (CITE) and the lung health foundation.
- **Geneviève Lalumière:** Nothing to disclose
- **Dr. Alan Kaplan:** Disclosure on upcoming slide.
- **Jody Hamilton:** Nothing to disclose
- **Danielle Hill:** Speaker/Honoraria fees from GSK and AstraZeneca

Disclosure

Mitigating Potential Biases:

- The scientific planning committee had complete independent control over the development of program content

Welcome and Reminders

- Please introduce yourself in the chat!
- Your microphones are muted. There will be time during this session for questions and discussion.
- You are also welcome to use chat function to ask questions, add comments or to let us know if you are having technical difficulties, but also feel free to raise your hand!
- This session is being recorded and will be emailed to registrants within the next week.
- Remember not to disclose any Personal Health Information (PHI) during the session.
- Each session has been approved for 1.0 CSRT CPD credit by the Canadian Society of Respiratory Therapists (CSRT).
- This event is also an Accredited Group Learning Activity through the Royal College of Physicians and Surgeons of Canada. You may claim a maximum of **5.00 hours.**

Objectives of this Series

After participating in this program, participants will be able to:

- Describe what others have done to integrate palliative care services into their practice.
- Share knowledge and experience with their peers.
- Increase their knowledge and comfort around integrating a palliative care approach for their patients with advanced lung disease.

Overview of Topics

Session #	Session title	Date/ Time
Session 1	Palliative care in advanced respiratory illnesses	February 28, 2024 from 12-1pm ET
Session 2	COPD Management	May 1, 2024 from 12-1pm ET
Session 3	Pulmonary Fibrosis	June 28, 2024 from 12-1pm ET
Session 4	Symptom management in advanced respiratory illnesses	September 18, 2024 from 12-1pm ET
Session 5	Psychological distress and depression	November 27, 2024 from 12-1pm ET

Objectives of this Session

After participating in this session, participants will be able to:

- Understand the Interplay of Palliative Care and Respirology
- Explore Communication Strategies, Advance Care Planning and Goals of Care Discussions
- Foster a Holistic Approach to Patient and Family Support
- Understand the Benefits of and Promote Interdisciplinary Collaboration

The Interplay of Palliative Care and Respirology

Palliative Care and Respiratory Disease; A ‘link’ not always made early enough!

CANADIAN THORACIC SOCIETY

FAMILY PHYSICIAN airways group

Project ECHO Palliative Care - Canada BY Pallium Canada

Introductions and Disclosures

Alan Kaplan MD CCFP(EM) FCFP, CPC(HC)

- Chairperson, Family Physician Airways Group of Canada
- Vice President , Respiratory Effectiveness Group
- Honorary Professor of Primary Care Respiratory Research, OPRI
- Senate member, International Primary Care Respiratory Group

Relationships with commercial interests

Grants/Research Support: Sanofi

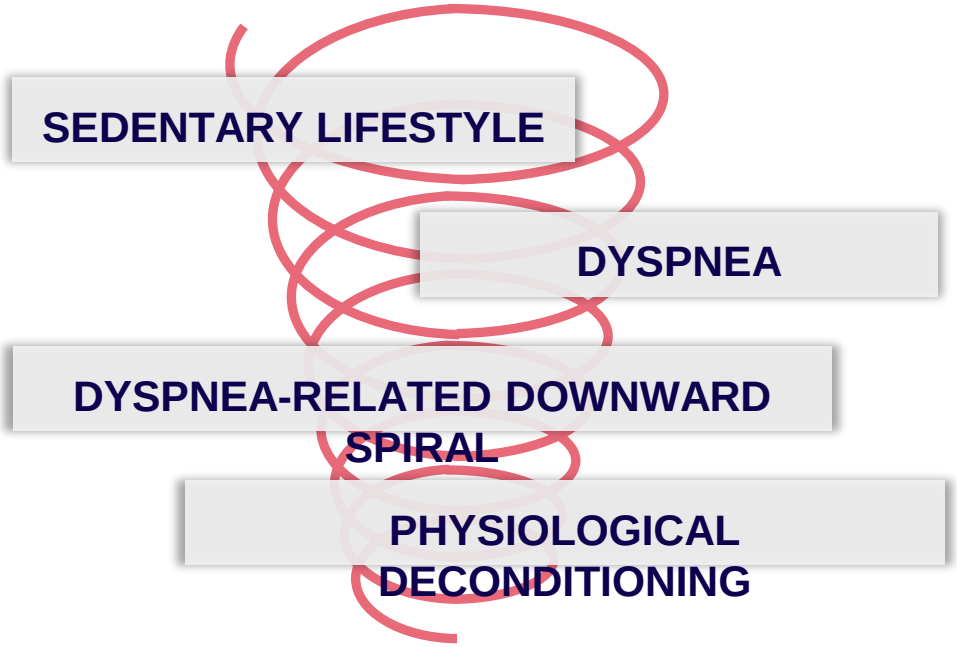
- Speaking Engagements/Honoraria/Consulting fees: ALK, Astra Zeneca, Boehringer Ingelheim,, Covis, Eisai, GSK, Idorsia, Pfizer, Moderna, NovoNordisk, Sanofi, Teva, Trudell, Valeo
- Educational companies: MD Briefcase, PeerView, Respiplus

Other:

- Co-chair, Health Quality Ontario (HQO) COPD Community Standards
- Member of HQO Asthma Quality Based Standards
- Medical Director LHIN Pulmonary Rehabilitation Unit

COPD, a progressive respiratory illness causing dyspnea[1–5]

Dyspnea in COPD is linked to a downward spiral of health[4,5]



Dyspnea in COPD impacts daily activities[1–3]

Proportion of patients with daily activities most affected by COPD symptoms (N = 2,441)[3]

- **82.5%** - Going up and down stairs
- **56.9%** - Heavy household duties
- **43.1%** - Going shopping
- **35.9%** - Doing sport or hobbies

COPD, chronic obstructive pulmonary disease.

1. GOLD. Global Strategy for the Diagnosis, Management and Prevention of COPD. 2020. Available from: goldcopd.org [accessed November 2019]; 2. Punekar YS, et al. Pulm Ther. 2016;2:59–72; 3. Kessler R, et al. Eur Respir J. 2011;37:264–272; 4. Reardon JZ, et al. Am J Med. 2006;119:S32−S37; 5. ZuWallack R. COPD. 2007;4:293–297.

More than just Dyspnea and more than just COPD

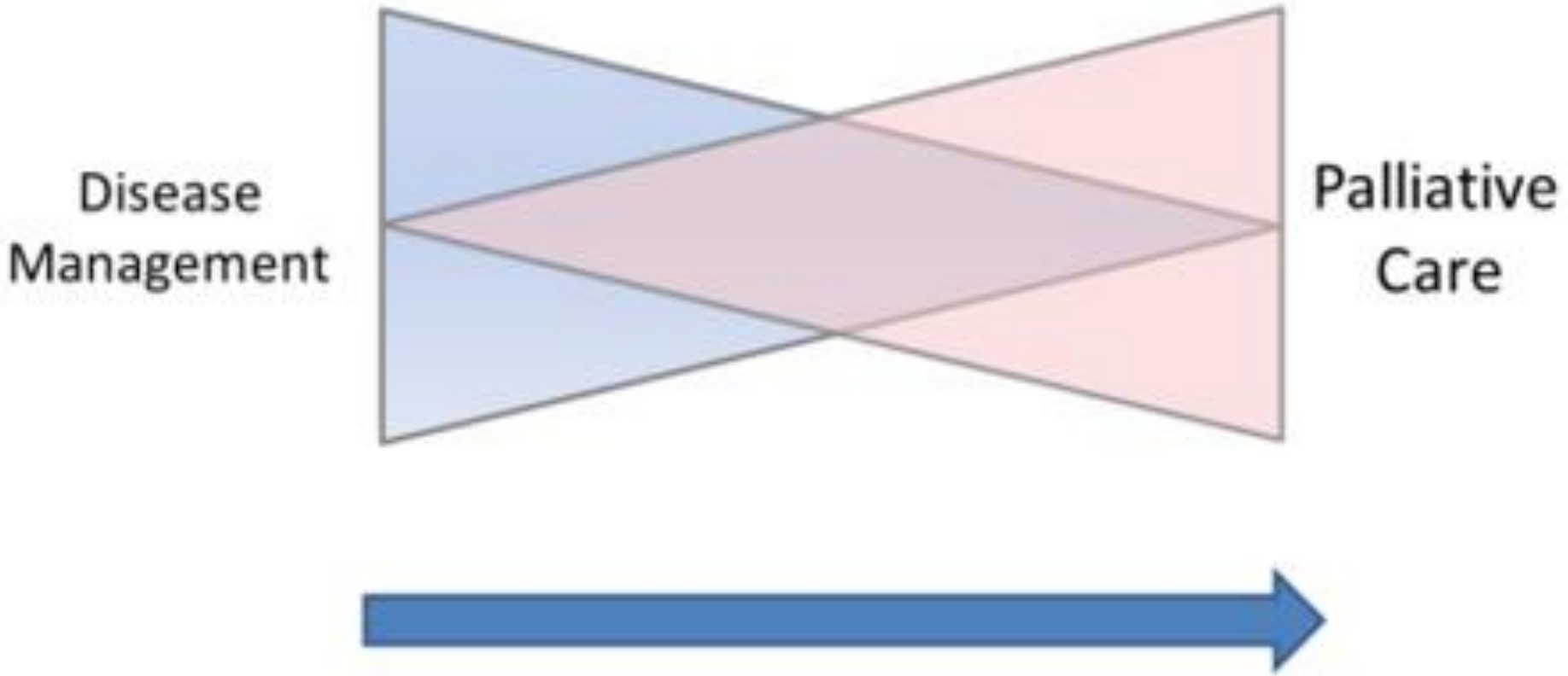
Symptoms

- Dyspnea
- Cough
- Sputum
- Mood
- Pain

Diseases

- COPD
- Bronchiectasis
- Interstitial Lung Disease
- Pulmonary Hypertension
- Lung Cancer
- Cystic Fibrosis

Bow Tie Model of **Palliative Care**



https://www.virtualhospice.ca/en_US/Main+Site+Navigation/Home/For+Professionals/For+Professionals/The+Exchange/Current/The+Bow+Tie+Model+of+21st+Century+Palliative+Care.aspx

Goals of Palliative Care

Palliative care goals

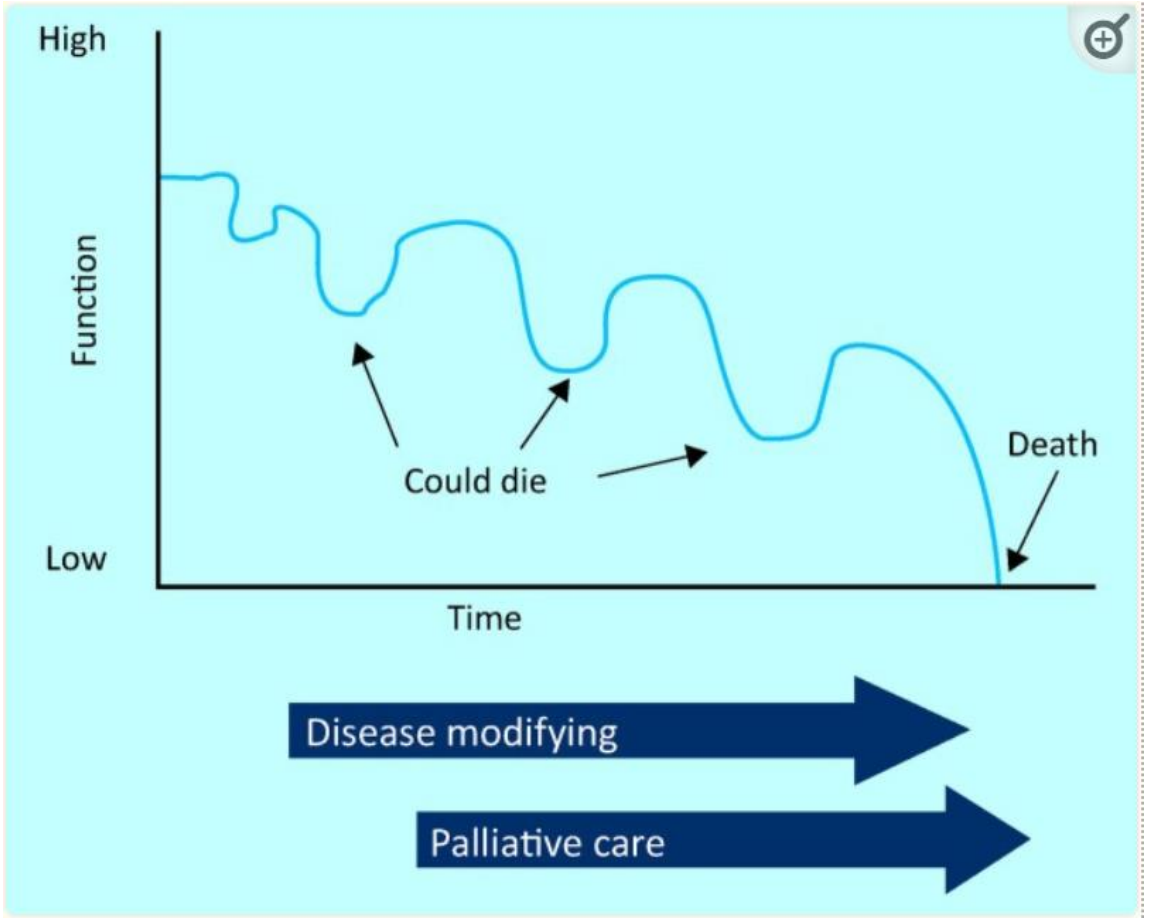
- Provides relief from pain and other distressing symptoms;
- Affirms life and regards dying as a normal process;
- Intends neither to hasten or postpone death;
- Integrates the psychological and spiritual aspects of patient care;
- Offers a support system to help patients live as actively as possible until death;
- Offers a support system to help the family cope during the patients illness and in their own bereavement;
- Uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- Enhances quality of life, and may also positively influence the course of illness;
- [Can apply] early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those inquiries needed to better understand and manage distressing clinical complications.

Narsavage GL, Chen YJ, Korn B, Elk R. The potential of palliative care for patients with respiratory diseases. Breathe (Sheff). 2017 Dec;13(4):278-289. doi: 10.1183/20734735.014217. PMID: 29209422; PMCID: PMC5709801.

This question will get you thinking of that patient….

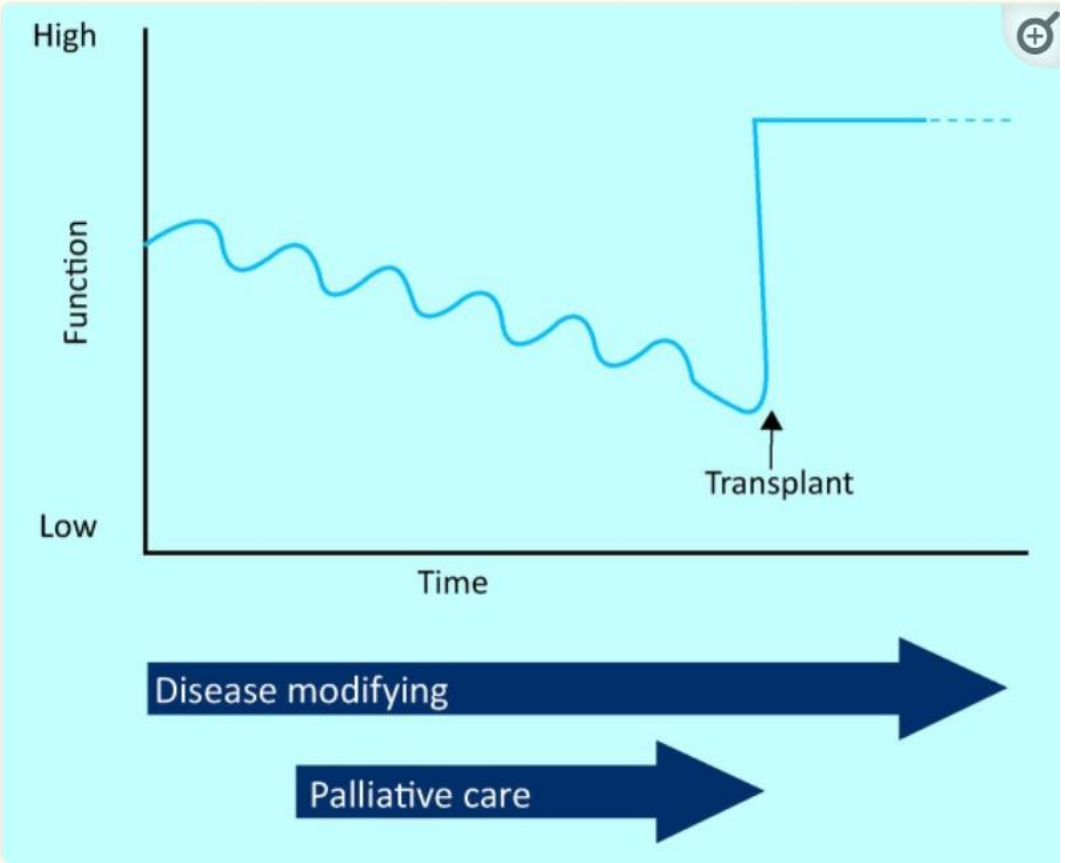
Would I be surprised if this patient died in the next year?

You JJ, et al. Just ask: Discussing goals of care with patients in hospital with serious illness. CMAJ 2014; 186(6):425-32



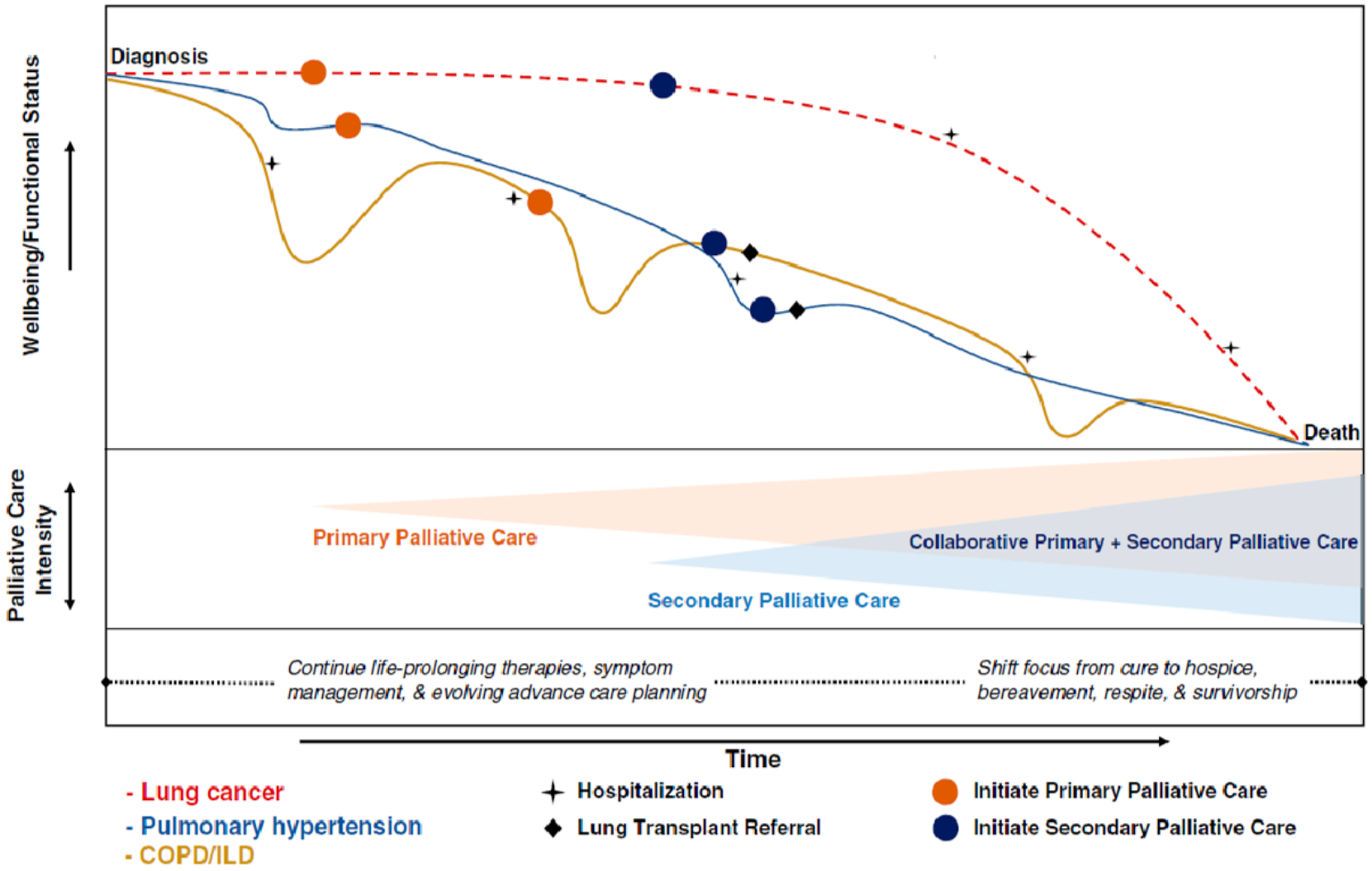
Bourke SJ, Peel ET. Palliative care of chronic progressive lung disease. Clin Med (Lond). 2014 Feb;14(1):79-82. doi: 10.7861/clinmedicine.14-1-79. PMID: 24532753; PMCID: PMC5873630.

Differs if a transplant is received!

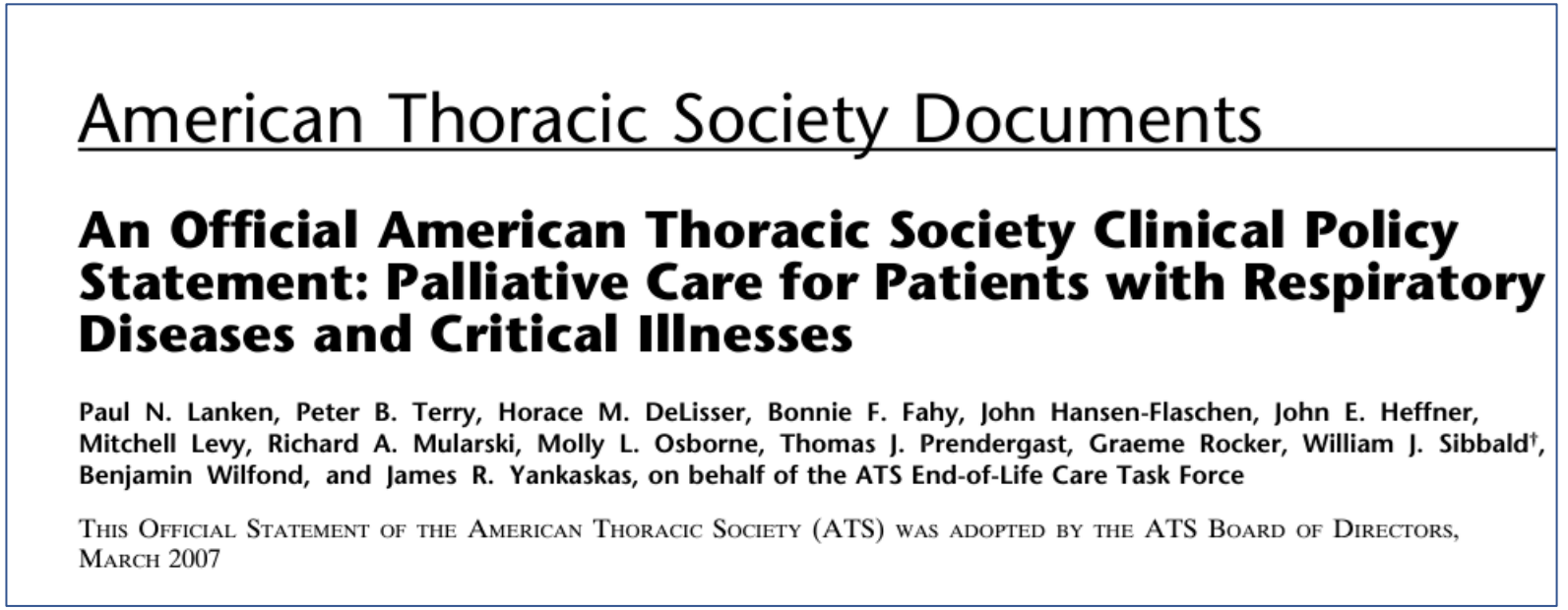


Bourke SJ, Peel ET. Palliative care of chronic progressive lung disease. Clin Med (Lond). 2014 Feb;14(1):79-82. doi: 10.7861/clinmedicine.14-1-79. PMID: 24532753; PMCID: PMC5873630.

Disease trajectories
Understand from patient and clinician perspectives!



Palliative care statements exist, but…2007, really?



American Thoracic Society Documents

An Official American Thoracic Society Clinical Policy Statement: Palliative Care for Patients with Respiratory Diseases and Critical Illnesses

Paul N. Lanken, Peter B. Terry, Horace M. DeLisser, Bonnie F. Fahy, John Hansen-Flaschen, John E. Heffner, Mitchell Levy, Richard A. Mularski, Molly L. Osborne, Thomas J. Prendergast, Graeme Rocker, William J. Sibbald†, Benjamin Wilfond, and James R. Yankaskas, on behalf of the ATS End-of-Life Care Task Force

THIS OFFICIAL STATEMENT OF THE AMERICAN THORACIC SOCIETY (ATS) WAS ADOPTED BY THE ATS BOARD OF DIRECTORS, MARCH 2007

Lanken PN, Terry PB, Delisser HM, Fahy BF, Hansen-Flaschen J, Heffner JE, et al. An official American Thoracic Society clinical policy statement: palliative care for patients with respiratory diseases and critical illnesses. Am J Respir Crit Care Med. 2008;177:912–27. https://doi.org/10.1164/rccm.200605-587ST.

mMRC Scale for Dyspnea

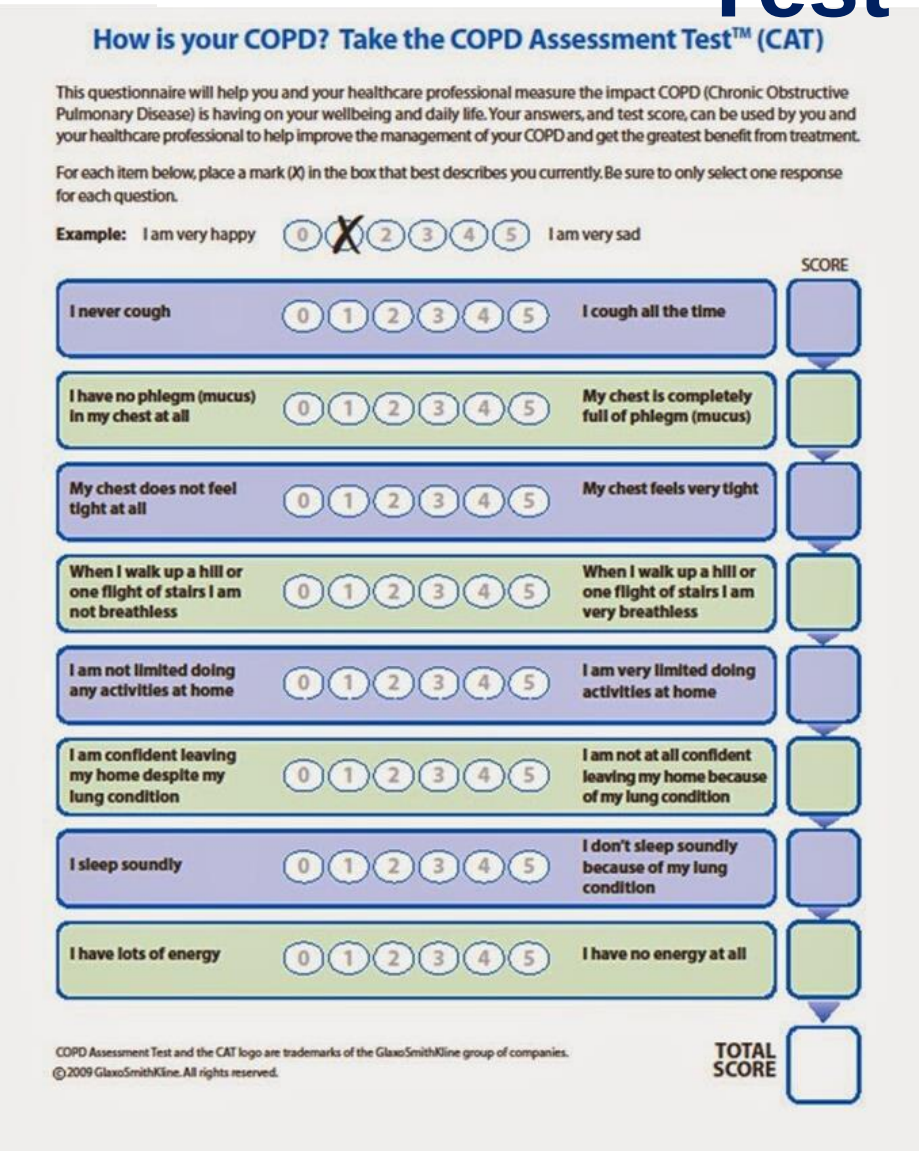
Modified MRC Dyspnea Scale

none

Disability

		COPD Stage
mMRC Grade 0	Breathless with strenuous exercise	
mMRC Grade 1	Short of breath when hurrying on the level or walking up a slight hill	**Mild**
mMRC Grade 2	Walks slower than people of the same age on the level or stops for breath while walking at own pace on the level	
mMRC Grade 3	Stops for breath after walking 100 meters or after a few minutes on the level	**Moderate**
mMRC Grade 4	Too breathless to leave the house or breathless when dressing	**Severe**

COPD Assessment Test



How is your COPD? Take the COPD Assessment Test™ (CAT)

This questionnaire will help you and your healthcare professional measure the impact COPD (Chronic Obstructive Pulmonary Disease) is having on your wellbeing and daily life. Your answers, and test score, can be used by you and your healthcare professional to help improve the management of your COPD and get the greatest benefit from treatment.

For each item below, place a mark (X) in the box that best describes you currently. Be sure to only select one response for each question.

Example: I am very happy 0 X 2 3 4 5 I am very sad

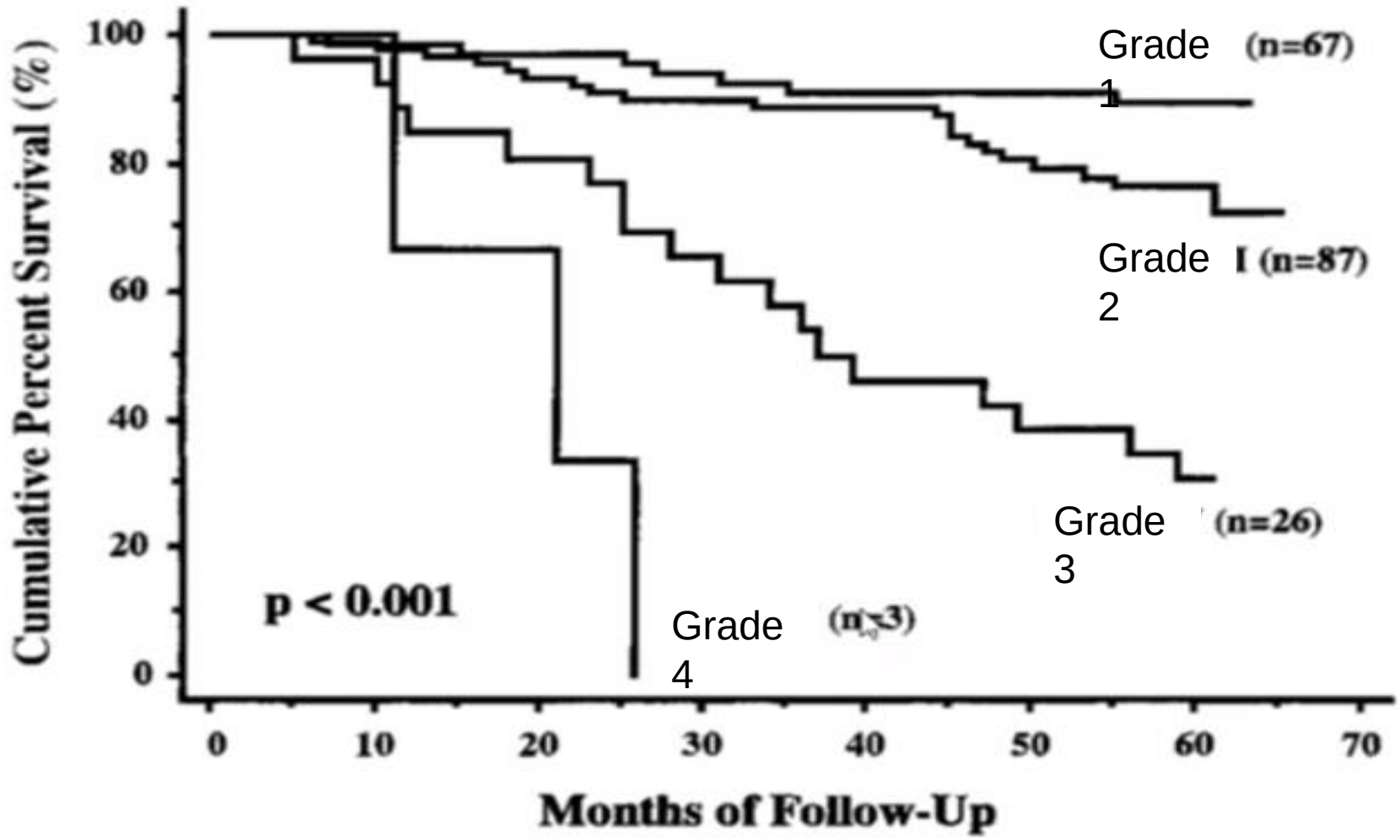
		SCORE
I never cough	0 1 2 3 4 5	I cough all the time
I have no phlegm (mucus) in my chest at all	0 1 2 3 4 5	My chest is completely full of phlegm (mucus)
My chest does not feel tight at all	0 1 2 3 4 5	My chest feels very tight
When I walk up a hill or one flight of stairs I am not breathless	0 1 2 3 4 5	When I walk up a hill or one flight of stairs I am very breathless
I am not limited doing any activities at home	0 1 2 3 4 5	I am very limited doing activities at home
I am confident leaving my home despite my lung condition	0 1 2 3 4 5	I am not at all confident leaving my home because of my lung condition
I sleep soundly	0 1 2 3 4 5	I don't sleep soundly because of my lung condition
I have lots of energy	0 1 2 3 4 5	I have no energy at all
		TOTAL SCORE

COPD Assessment Test

- CAT is validated, short (8-item) and simple patient completed questionnaire.
- Reliable measure of the impact of COPD on a patient's health status.
- Scoring range of 0-40.
- MCID ≥ 2.
- Score < 10 = low impact of COPD on health status.
- 2 questions relate to exercise limitation.

www.catestonline.org

Breathlessness (adjusted for mMRC) Predicts Mortality Better than FEV1



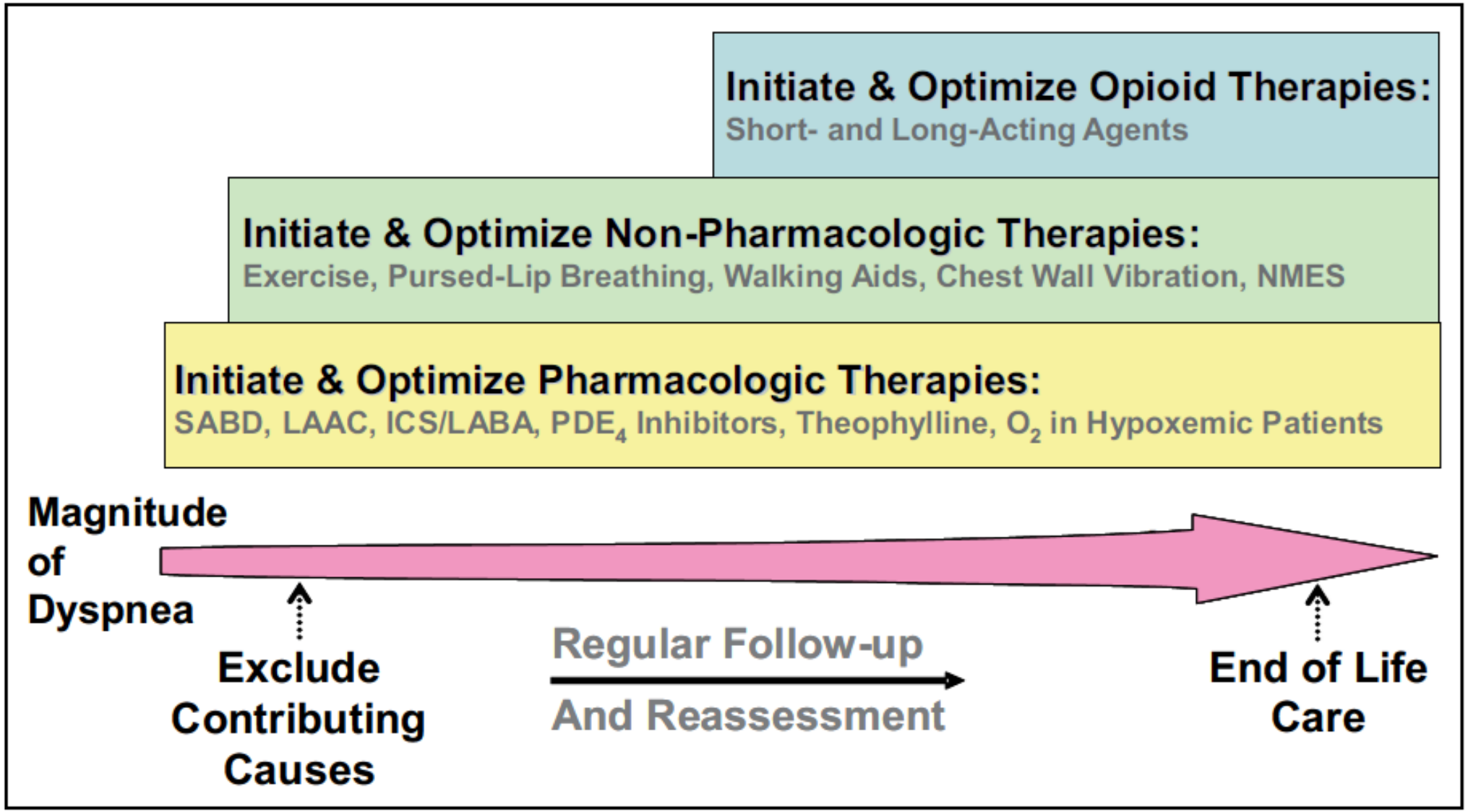
Nishimura et al. *Chest.* 121: 1434-1440, 2002

SPECIAL ARTICLE

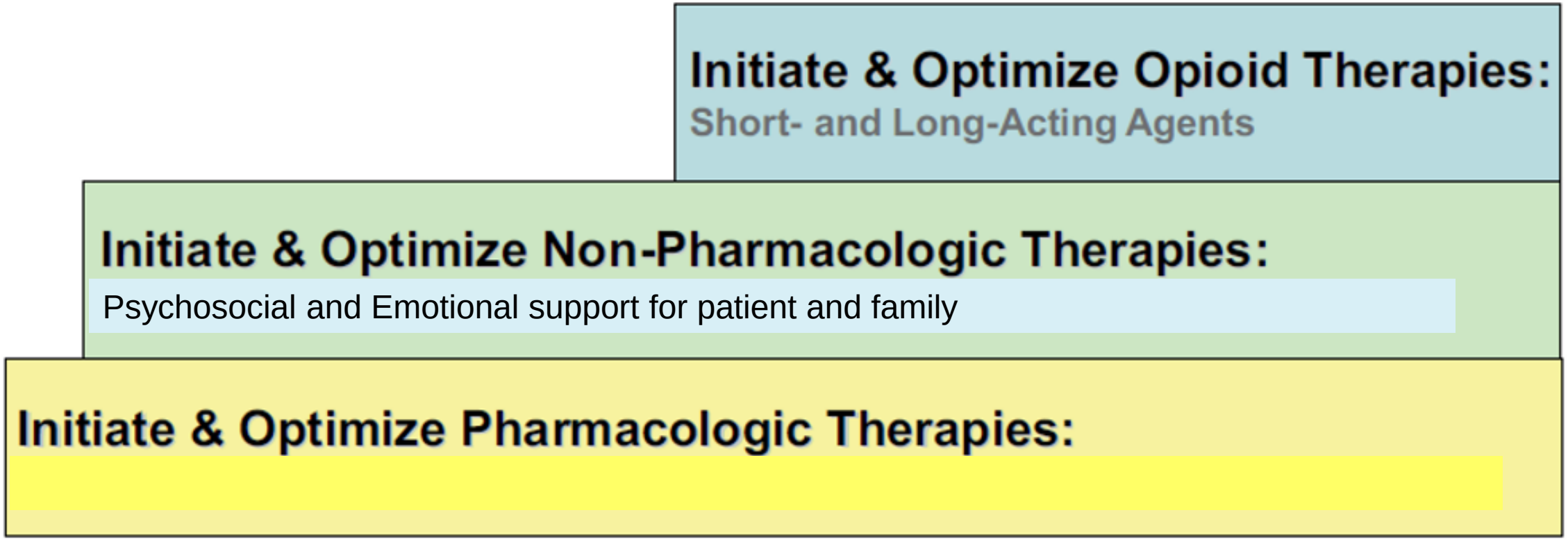
Managing dyspnea in patients with advanced chronic obstructive pulmonary disease: A Canadian Thoracic Society clinical practice guideline

Darcy D Marciniuk MD FRCPC FCCP[1]*, Donna Goodridge RN PhD[1], Paul Hernandez MDCM FRCPC[2]*, Graeme Rocker MHSc DM FRCPC FCCP[2], Meyer Balter MD FRCPC FCCP[3]*, Pat Bailey RN PhD[4], Gordon Ford MD FRCPC[5]*, Jean Bourbeau MD MS, FRCPC[6]*, Denis E O'Donnell MD FRCPI FRCPC[7]*, Francois Maltais MD FRCPC[8]*, Richard A Mularski MD MSHS MCR FCCP[9†], Andrew J Cave MB ChB FCFP[10†], Irvin Mayers MD FRCPC[10†], Vicki Kennedy RN BN CRE[11], Thomas K Oliver BA[12,13], Candice Brown MSc CEP[12]; Canadian Thoracic Society COPD Committee Dyspnea Expert Working Group

DD Marciniuk, D Goodridge, P Hernandez, et al; Canadian Thoracic Society COPD Committee Dyspnea Expert Working Group. Managing dyspnea in patients with advanced chronic obstructive pulmonary disease: A Canadian Thoracic Society clinical practice guideline. Can Respir J 2011;18(2):69-78.


Initiate & Optimize Opioid Therapies:
Short- and Long-Acting Agents
Initiate & Optimize Non-Pharmacologic Therapies:
Exercise, Pursed-Lip Breathing, Walking Aids, Chest Wall Vibration, NMES
Initiate & Optimize Pharmacologic Therapies:
SABD, LAAC, ICS/LABA, PDE4 Inhibitors, Theophylline, O2 in Hypoxemic Patients
Magnitude of Dyspnea
Exclude Contributing Causes
Regular Follow-up
And Reassessment
End of Life Care

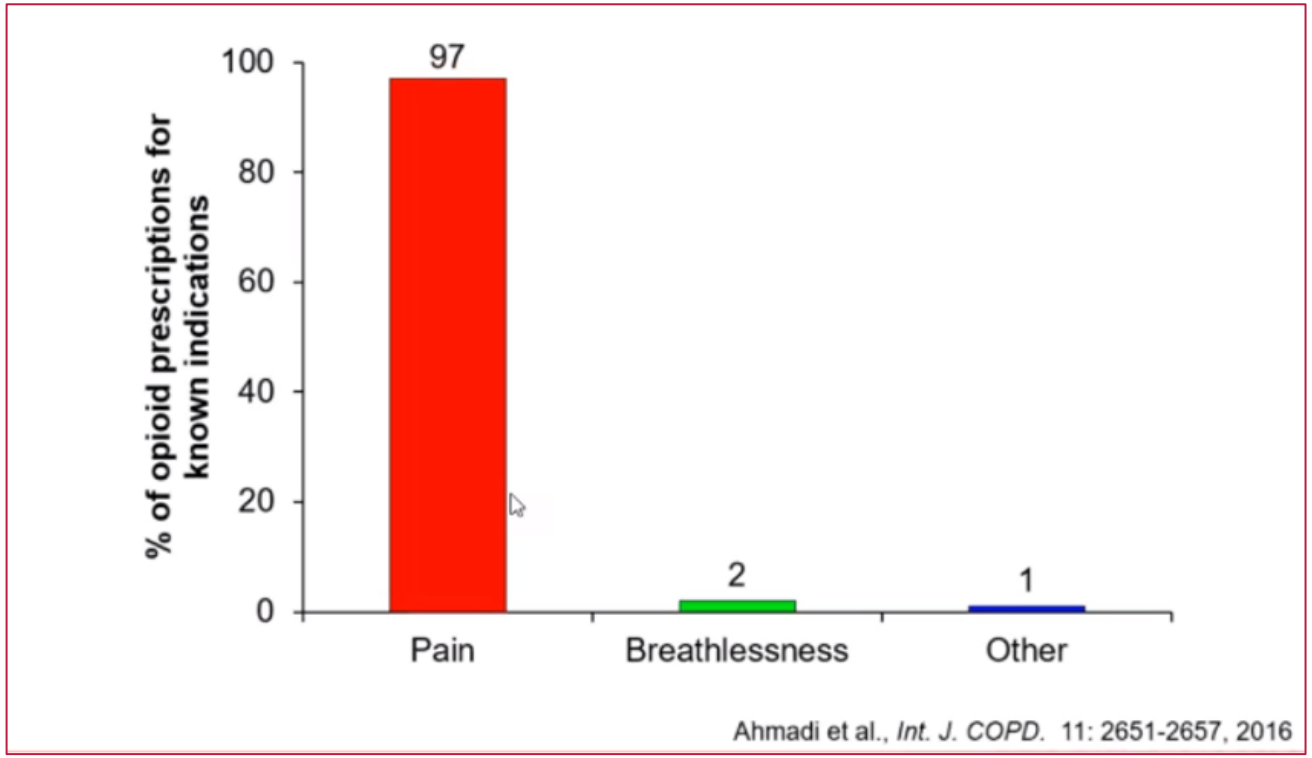
For all respiratory diseases…



Opioids for Dyspnea

- Recommendations from
  - Canadian Thoracic Society
  - American College of Chest Physicians
  - American Thoracic Society
- Oral, parenteral (IV/subcut), sublingual, intranasal
- SAFE: No evidence of increased mortality when appropriately prescribed and titrated

But not used very often for this!

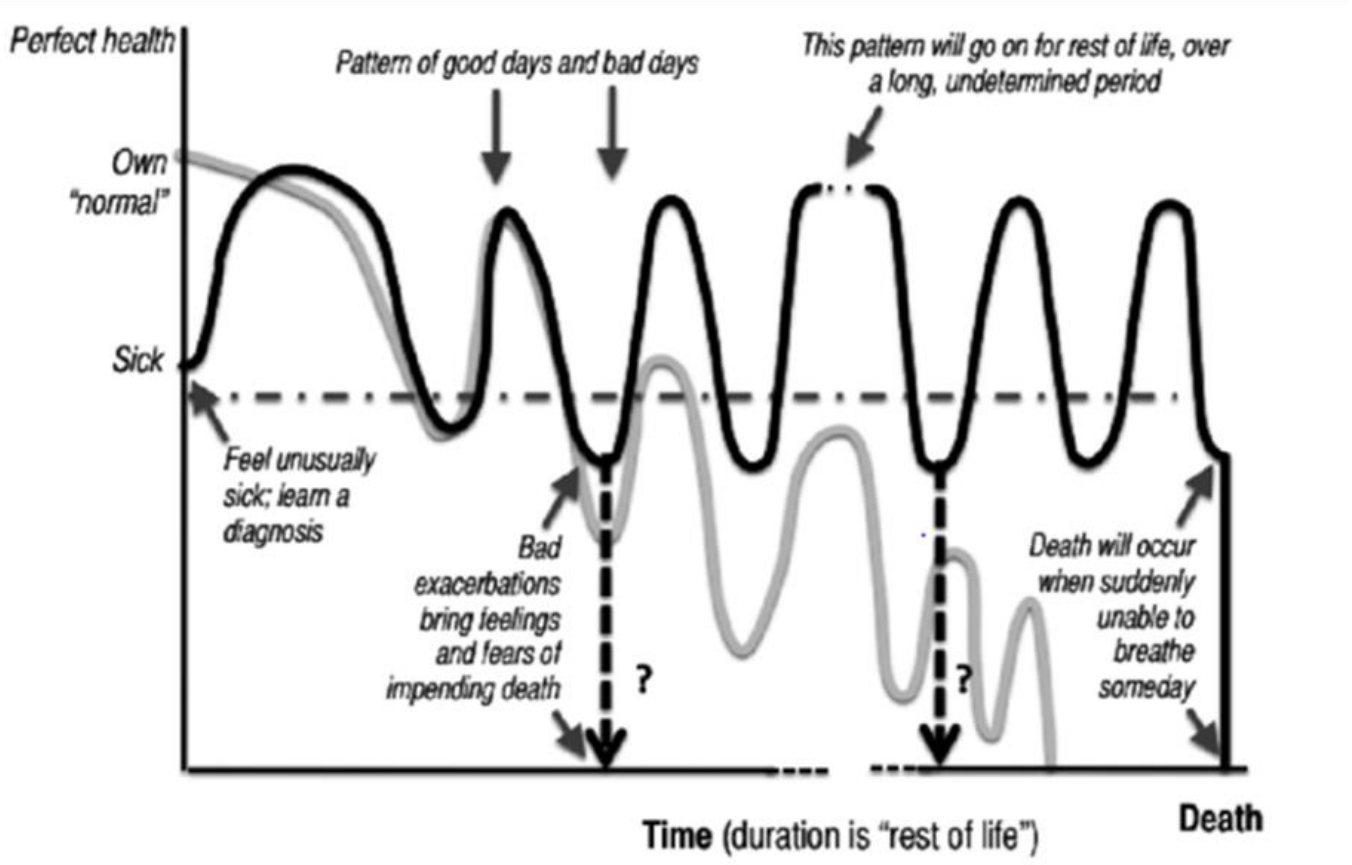


Communication Strategies, Advance Care Planning and Goals of Care Discussions

Principles of Communication in Palliative Care

- Active Listening, empathy and compassion
- Early and Regular Conversations
- Involvement of Loved Ones
- Cultural Sensitivity
- Assessment of Understanding
- Honesty, transparency and simplicity
- Respect for Autonomy

Expectations Vs. Reality



The Canadian Serious Illness Conversation Guide - A Helpful Framework for Discussions

- Preparation
- Assessment of Understanding
- Ask Permission
- Discuss Prognosis and Expectations
- Review goals, wishes, fears, trade-offs
- Summarize and Plan
- Document and Share

Advance Care Planning

Goals of Care and Treatment Specific Decisions

- Goals of Care: A general direction for care is clarified based on patients' overarching goals, values and preferences

- Treatment-Specific Decisions: Evaluating the available treatment options, considering their risks and benefits, choosing the most appropriate course of action based on clinical evidence and patient goals of care

A Holistic Approach to Patient and Family Support

Holistic Health Care

An approach to wellness that simultaneously addresses the physical, mental, emotional, social, and spiritual components of health

Whole-person care

Holistic Care for Patients Living with Advanced Lung Disease

- Disease and symptom management (pharmacological and non-pharmacological interventions)
- Psychosocial Support (support, counselling, addressing and treating mental health disorders and existential distress)
- Education and Empowerment
- Nutritional Support
- Physical activities and rehabilitation
- Social Support and Other Determinants of Health
- Spiritual Care

The Example of Pulmonary Rehabilitation Program Model

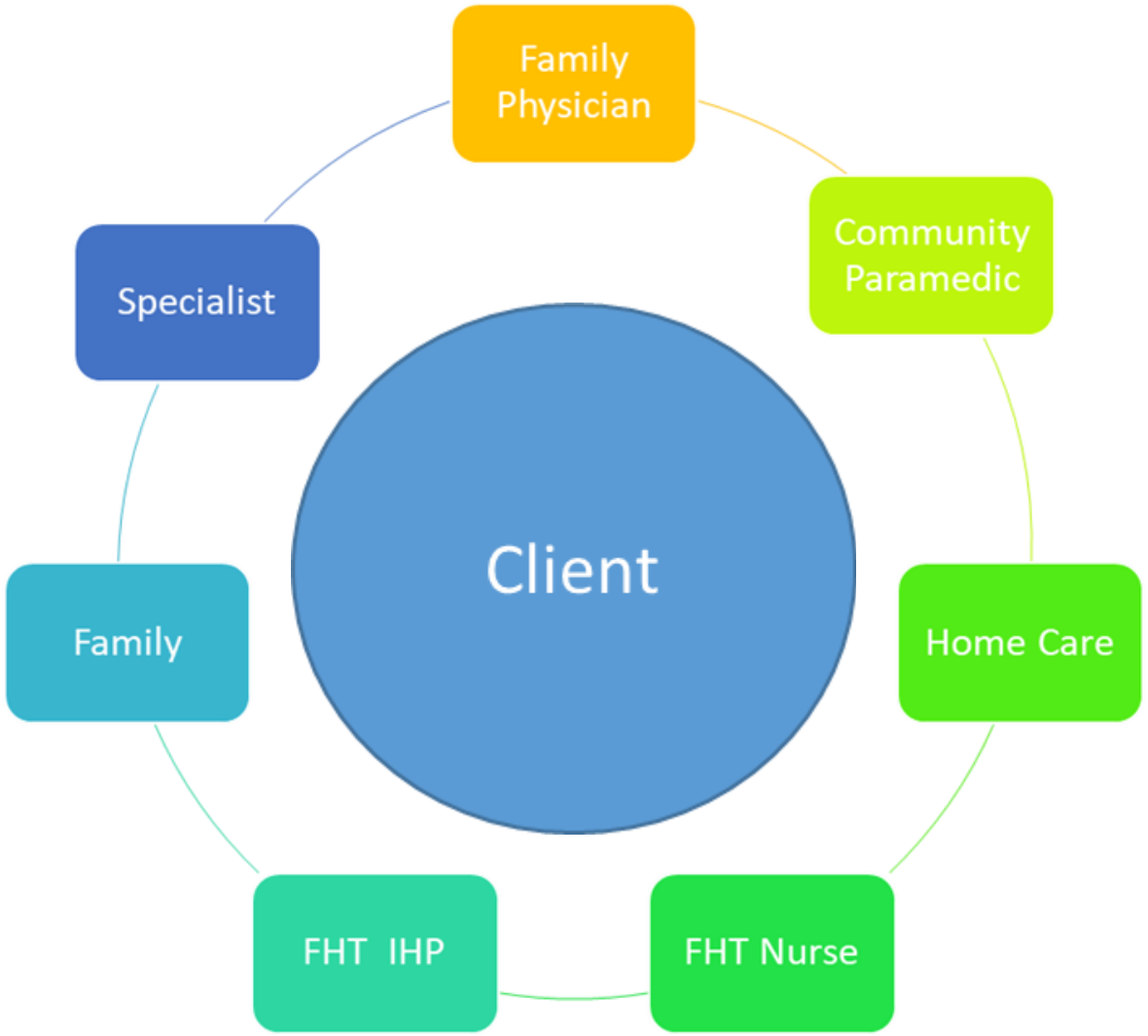
- Comprehensive (holistic) Assessment
- Exercise training
- Education and Self-Management
- Energy Conservation
- Breathing Techniques
- Nutritional Counselling
- Psychosocial Support
- Sexual Health
- Behavioural Interventions
- Smoking Cessation
- Oxygen Therapy
- Serious Illness Conversation and Care Planning

The Benefits of Interdisciplinary Collaboration

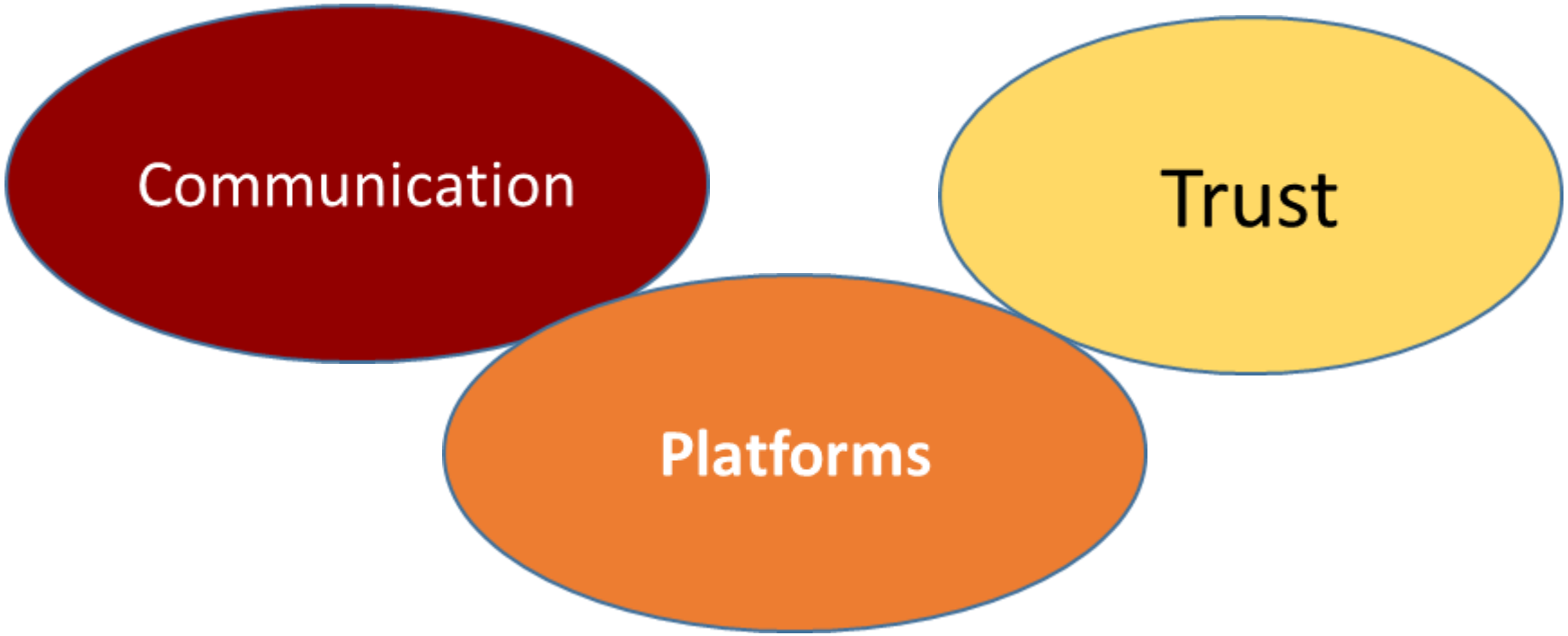
Working Together For The Client

- Who is on the Clients Team
- Preferred Forms of Communication
- Communicating goals and changes
- Keeping the Family Informed

What's working and will it work for you?



Barrier to Interdisciplinary Teams



Questions?

Wrap Up

- Please fill out the feedback survey following the session! Link has been added into the chat.
- A recording of this session will be e-mailed to registrants within the next week.
- Please join us for the next session in this series on **COPD Management** **May 1st 2024 from 12–1:00 p.m. ET.**

Thank You

Project ECHO
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BY Pallium Canada

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