Integration of Palliative Care Into the Care of Heart Failure Patients

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What is Palliative Care?

- Specialized medical care for people living with a serious illness
- Focuses on the relief from the symptoms and stress of a serious illness and improvement in quality of life for patients and their families
- Provides an extra layer of support and supplements communication
- Appropriate and any age and at any stage in a serious illness
- Based on NEED, not prognosis
- Can be provided alongside curative treatments

- If palliative care gets entangled with end of life care and hospice, there is a risk of overlooking significant palliative care needs

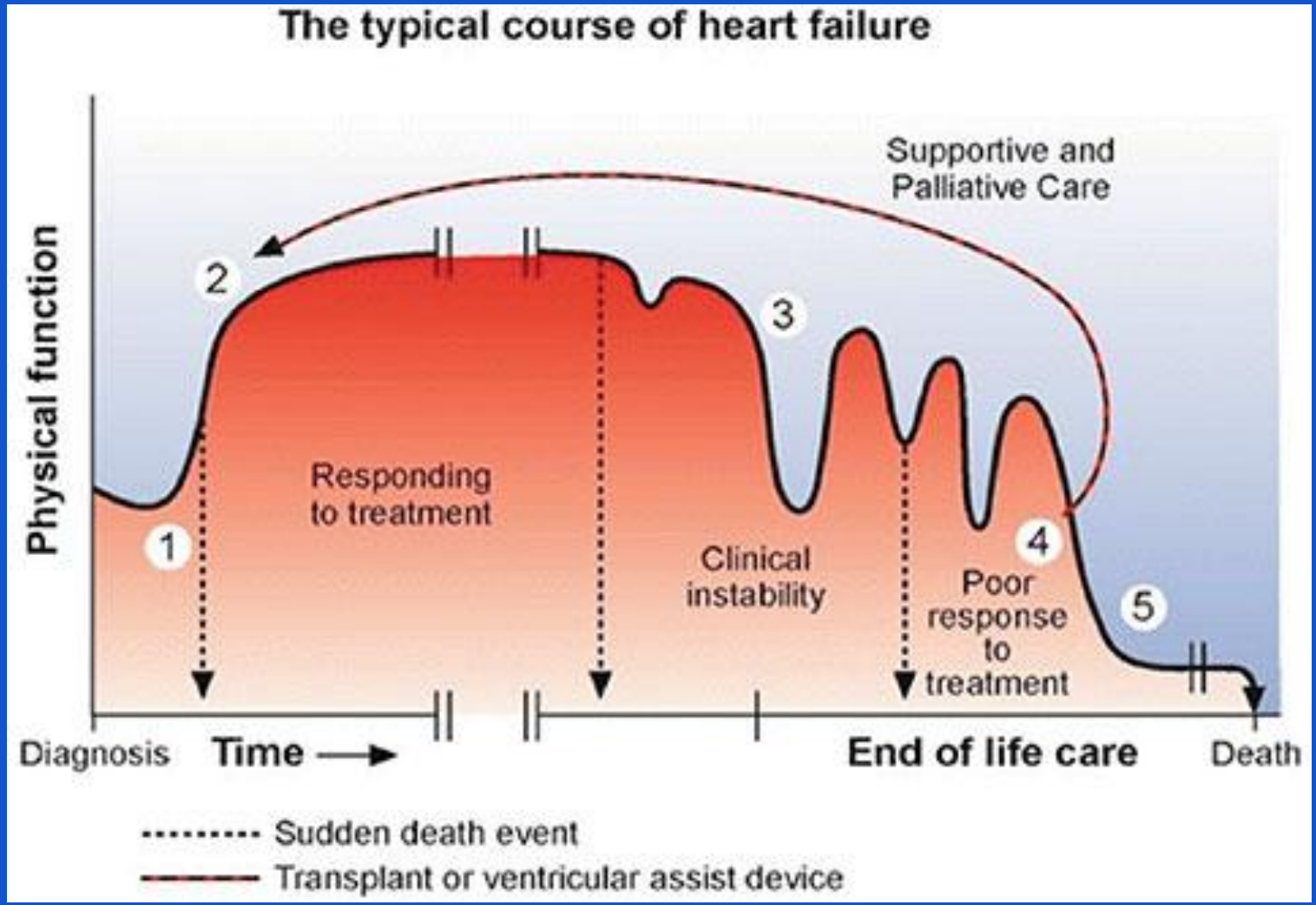
Why Palliative Care in Heart Failure?

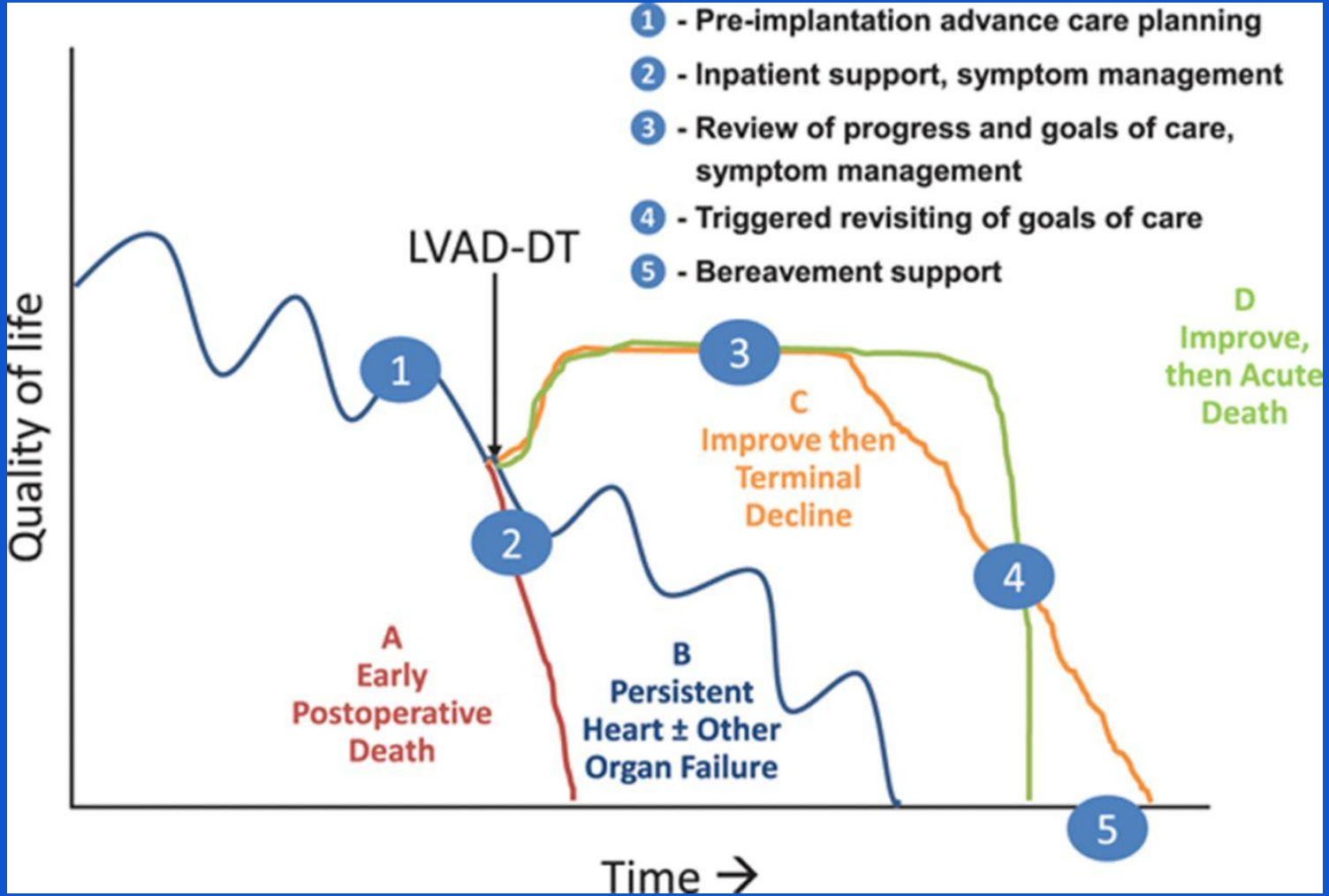
- Prevalence: >6 million people with heart failure and numbers are increasing
- Heart failure is a serious illness with high morbidity and symptom burden
- Prognostic Uncertainty (non-linear, unpredictable course)
- Frequent Hospitalizations
- Complex decision making: high risk/high reward treatment options (LVAD, Transplant)
- High mortality and need for heart failure specific end of life care
- Life prolonging therapies and palliative therapies overlap

*Palliative Care, alongside heart failure management, throughout the heart failure trajectory, is a Class I recommendation.

Heart Failure Trajectories

- The illness trajectory of heart failure is complex and leads to prognostic uncertainty.
- Typically characterized by acute exacerbation followed by periods of stability
  - Periods of stability could be weeks, months, or years
- Sudden death


The typical course of heart failure
Physical function
Supportive and
Palliative Care
2
3
Responding
to treatment
1
Clinical
instability
4
Poor
response
to
treatment
5
Diagnosis
Time
End of life care
Death
Sudden death event
Transplant or ventricular assist device


1 - Pre-implantation advance care planning
2 - Inpatient support, symptom management
3 - Review of progress and goals of care, symptom management
4 - Triggered revisiting of goals of care
5 - Bereavement support
LVAD-DT
Quality of life
Time →
1
2
3
4
5
A
Early
Postoperative
Death
B
Persistent
Heart ± Other
Organ Failure
C
Improve then
Terminal
Decline
D
Improve,
then Acute
Death

Palliative Care Interventions

- Symptom Management
  - Dyspnea, Anxiety, Depression, Pain, constipation, insomnia, cognitive decline
- Advanced Care Planning
  - Designation of MPOA
  - Living Will
  - POST forms
- Serious Illness Communication and Cultivating Prognostic Awareness
  - Assessing patient and family understanding
  - Providing information about prognosis, treatment options, and what to expect
  - Goals of care discussions
  - Code status discussions, ICD deactivation
  - Care planning (Where do we go from here?)
- Caregiver Support
- Referrals for additional resources for patients and families
- End of Life Care

Timing of Palliative Care

- Important across all stages of heart failure
  - Diagnosis
  - A subsequent change in health status
  - Stage D Heart failure being evaluated for advanced therapies, inotropic support, temporary mechanical circulatory support
  - Post LVAD
  - Post Transplant
  - End of Life

Timing of Palliative Care

- Nationally referrals tend to be late in the disease trajectory
  - Substantial uncontrolled physical and psychological symptoms
  - High caregiver burden
  - Low rates of advanced care planning
  - High proportion of deaths in medical facilities
  - Low rates of hospice referrals

Barriers to Palliative Care

- Access to Palliative Care Providers - especially ones with a experience and understanding of the unique palliative care needs of HF patients.
- Lack of Referral Criteria
- Misconceptions about Palliative Care and conflation with Hospice Care
- Difficulty with prognostication - though should be based on need
- Lack of resources

Hospice Care

- Hospice is a specific form of palliative care. It is limited to the care of terminally ill patient with a life expectancy of 6 months or less, and who have opted to stop life prolonging treatment.
- This is a difficult decision for many patients, families, and physicians
- The model is based on the needs of cancer patients

Hospice Care - Special Considerations

- Prognostic uncertainty in heart failure
- Potential need to discontinue treatments that may improve quality of life - home inotropes, IV diuretics, hospitalizations, anti-coagulants, transplant medications. Life prolonging and palliative therapies overlap in heart failure.
- Code status and ICD deactivation
- LVAD Patient population
- HF and PC clinicians need to recognize the benefits and limitations of the hospice benefit for patients with heart failure.

Conclusions

- People living with heart failure face a dynamic and changing clinical trajectory with distinct symptom patterns, changing functional status, and uncertainty.
- Palliative care, when offered alongside heart failure disease management, offers improved symptom control, quality of life, communication, and reduced caregiver stress.
- Ideal care model: Specialty aligned palliative care in close partnership with the heart failure team. Integrating palliative care providers who are knowledgeable and invested in heart failure care promotes disease specific, patient centered care, and improves quality of life for heart failure patients and families.

References

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