

Member Groups Requesting Changes:

Mayo Clinic - Pulmonary/ Critical Care/Internal Medicine/Palliative Care

Member Groups that Reviewed the Guideline, No Changes Requested:

Mayo Clinic Luther Midelfort

Member Groups that Responded but the Guideline Does Not Pertain to Practice:

Sponsoring Health Plans Requesting Changes:

Sponsoring Health Plans that Reviewed the Guideline, No Changes Requested:

Medica Health Plan

GENERAL COMMENTS:

Overall, this guideline seems to be quite relevant and helpful to clinicians; great work. (*General Internal Medicine, Palliative Care, Mayo Clinic*)

This is a very thorough, practical guideline for provision of palliative care (for both primary providers and palliative care specialists). No changes suggested at this time. (*Luther Midelfort - Mayo Health System, Eau Claire, WI*)

- 1) Please update numerous references and what they contain, e.g. National Consensus Project (2013) – ensuring emphasis on interdisciplinary team and collaboration with patients/families, assess and intervene for symptom management using validated tools, incorporating pharmacologic, non-pharmacologic, and complementary interventions (physical domain); patient/family communication re: assessment, diagnosis, and treatment of psychological/psychiatric conditions, factoring in goals of care (psychological/psychiatric domain); capitalizing on patient/family strengths and involving professional social workers (social domain); ensuring professional chaplain support on interdisciplinary team and honoring spiritual practices and rituals (spiritual domain); incorporating recommendations for bereavement support (EOL care); and recommendations for seeking ethics consultation as needed and legal counsel as needed in complex cases (ethical/legal domain) (*General Internal Medicine, Palliative Care, Mayo Clinic*)

Thank you. As we do in all revisions, updated National guidelines are referenced and replace older versions.

- 2) Incorporate Fast Fact links as needed throughout document – especially those added since 2011 (General Internal Medicine, Palliative Care, Mayo Clinic)

Thank you. We have provided links to the Fast Facts that are referenced in the guideline.

- 3) Include ASCO reference for earlier palliative care in cancer patients.
 - Smith TJ, Temin S, Alesi, ER, Abernathy A, Balboni TA, Basch EM, Ferrell BR, Loscalzo M, Meier DE, Paice JA, Peppercorn JM, Somerfield M, Stovall E, Von Roenn JH (2012). American Society of Clinical Oncology Provisional Clinical Opinion: The integration of palliative care into standard oncology care. Journal of Clinical Oncology.....DOI: 10.1200/JCO.2011.38.5161 (General Internal Medicine, Palliative Care, Mayo Clinic)

Thank you. This reference has been added to Annotation #2.

MEDICAL CONTENT:

- 4) Annotation #9 - In ethical/legal aspects of care, consider adding content re: taking “facilitated values history” in helping surrogates make decisions for incapacitated patients.
 - Schuenemann LP, Arnold RM, White DB (2012). The facilitated values history: Helping surrogates make authentic decision for incapacitated patients with advanced illness. American Journal of Respiratory Critical Care Medicine: 186 (6), 480-486. (General Internal Medicine, Palliative Care, Mayo Clinic)

Thank you. This annotation has been revised to include information on eliciting values.

- 5) Overall it is a very nice guideline. I would have only a few inputs. They all have to do with section of 10, "Develop Or Revised Palliative Care Plan Including Care Of the Actively Dying Patient..." I am not sure what it means to use the chart in "shared decision-making" without defining it. Furthermore, they suggest "The patient's transition to the dying phase should be consistently communicated by all members of the health care team." It then mentioned that "Recognizing the dying patient requires a set of clinical skills" I do not know about you, but I usually find it fairly difficult to be very precise in my prognostication. In some sense, we are all in the process of actively dying. Clearly, this is not what they are talking about. The question is, it may provide some criteria to assist physicians in this respect? I mean, I know when it is time to switch from attempts to cure to attempts to maintain comfort, but this is not the same point at which the patient is "actively dying." Or, is it? I feel they are bit vague on this point. (General Internal Medicine, Palliative Care, Mayo Clinic)

Thank you. This annotation has been revised to more clearly reflect care for the actively dying patient.

- 6) One last thing: The link, <http://www.capc.org/tools-for-palliative-care-programs/clinical-tools/>, is not really active. It brings you to a website where you have to sign up for things. Instead, provide a pdf of the materials that are of value." (*Pulmonary and Critical Care, Mayo Clinic*)

Thank you. This link has been corrected. There is an array of resources/tools that you may find helpful.

AIMS AND MEASURES:

Throughout document, but especially in Annotation #1 – we realize that “actively dying” patients will still be referred to palliative care services, but hope that as time goes on, palliative care will be sought out earlier in the serious illness trajectory. Perhaps in the measures section, might there be a recommendation to measure ratio of those receiving palliative care consultation early in the disease course...(*General Internal Medicine, Palliative Care, Mayo Clinic*)

Thank you. Measure 1a pertains to the percent of adult patients with a serious illness who have been screened for Palliative Care. Also, measure 4a pertains to the percent of patients in the early stages of a serious illness who have treatment options, values and preferences discussed.

SUPPORT FOR IMPLEMENTATION:

None