Integrating Palliative Care into a Surgeon’s Practice at the VA:
How I am doing it

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All City Palliative Care Lecture Series
10/18/2021
No Disclosures
Learning Objectives

1. Brief history of surgical palliative care

2. Describe Portland is an ideal place to advance the field of surgical palliative care

3. Outline surgical palliative program build at the Portland VA
Surgical Palliative Care

• The treatment of suffering and the promotion of quality of life for seriously or terminally ill patients under surgical care

A Brief History of Advocacy

• Surgeons Palliative Care Work Group (2001)
• Statement on Principles of Palliative Care (2005)
• Surgical Palliative Care: A Resident’s Manual (2009)
• Cancer Care Standards (2012)
• Committee on Surgical Palliative Care (2013)
• TQIP Palliative Care Best Practice Guidelines (2017)
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Surgical Palliative Program at the VA
How would you feel about a 5/8 FTE ICU job and a role in surgical clinics as a palliative care provider?
Surgical Palliative Program – Why the VA?

• Nationally, the VA is taking steps to address barriers to integrating perioperative palliative care

• High risk surgical patients with multiple co-morbidities

• Protected time to figure it out
• Committee on Surgical Palliative Care Mission (2013):
  • To advance the integration of palliative care into surgical practice throughout the spectrum of surgical disease, through education, research and advocacy.
SPC Mission ➔ My Own Clinical Practice

What does it look like?

Complex medical decision making
Goals of care discussions
Psychosocial support
Surgical Palliative Program
Surgical Palliative Program

Elbow grease

Dr. Siegel
Dr. Stowers

Protected time
Support from key partners

VA core values and missions

Surgical Palliative Program

1. Patient Care
2. Health Professions Education
3. Research
4. Medical Preparedness

1. Surgical
2. Medical
3. Administrative
Key Partners

• General Surgery
  • Dr. Kwong
• Transplant and HPB
  • Dr. Maynard
• Thoracic
  • Dr. Sukumar
• Medical Oncology
  • Dr. Bensch
• Transplant Hepatology
  • Dr. Jou
  • Dr. Sasaki
• Palliative Medicine
  • Dr. Stowers
• OCD Administrators
  • Lenwit Belanger
  • Josh Leventhal
  • Tim O’Hira
  • Pattie O’Neal
  • Dave Pauley
Surgical Palliative Program

Dr. Siegel
Dr. K Stowers

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“I’ve got a patient I think would be helpful for you to see... Mr. W with a borderline resectable pancreatic adenocarcinoma who just finished neoadjuvant chemotherapy and is scheduled for a Whipple in 6 weeks. I think he could use some more support and I worry that he may not be strong enough for surgery by the time he is scheduled.”

“How do I put in a consult for you?”
CAUTION
AREA UNDER CONSTRUCTION
<table>
<thead>
<tr>
<th>Surgical Services</th>
<th>Ancillary Services</th>
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<tbody>
<tr>
<td>Cardiac Surgery</td>
<td>Anticoagulation</td>
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<td>Dental Service</td>
<td>Audiology</td>
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<td>Dermatology</td>
<td>Cancer Care Navigation</td>
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<td>OEF/OIF Case Management</td>
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<td>Speech Path - Pld</td>
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<td>IV Therapy</td>
<td>Speech Path - Vanc</td>
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<td>Vascular Access</td>
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<td>Oncology SWS</td>
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<td>Lodging and Fisher House F</td>
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<td>Subspecialty Clinics Wound Care</td>
<td>Transgender E-Consult</td>
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<td>FNA Bx (Suprificial lesions)</td>
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<td>Specialty Bed Review Req</td>
<td>Contact Cytology x58791</td>
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<td></td>
<td>Library Consult</td>
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</tbody>
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| Other                                      | Diabetic Risk     |
|                                           | POPSS (SS)        |
|                                           | Medical Mgmt      |
|                                           | Ethics Comm       |
|                                           | Controlled Study   |
|                                           | VIST/EROS         |
|                                           | Eppt/Derma        |
If you build it, they will come....
OUTREACH
OUTREACH

Anesthesia Morning Meetings

Liver Tumor Board

OCD Forum

Word of mouth
PC for Patients with ESLD Awaiting Transplant

• Serious, life-limiting illness

• The experience of awaiting transplant has considerable impact on patients

• Opportunity for preparedness planning
PC for Patients with ESLD Awaiting Transplant

Diagnosis

Disease-directed Treatment

Palliative Treatment

Hospice

Death

Bereavement

Adapted from Dr. Katie Stowers
Medications
HCC-directed tx (y90, TACE)
Systemic chemotherapy
SBRT
*etiology dependent

ESLD | Disease-directed Treatment | Palliative Treatment | Hospice | Bereavement | Death
ESLD → Disease-directed Treatment → Palliative Treatment → Death  

LIVER TRANSPLANT → Hospice → Bereavement
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Protected time
TUESDAY
Surgical Palliative Clinic AM

WEDNESDAY
Liver Tumor Board
Transplant check-out

THURSDAY
Liver Transplant Clinic AM
Selection Conference PM

PRN
Urgent inpatient liver transplant evaluations
Patients arriving to PDX to await LT

Collaboration with Cynthia Britton, PA
High-Risk Surgery Task Force
(HRSTORI)

Team Support
Debriefs

Surgical Palliative Program

Serious illness communication education for surgical residents (Dr. Siegel and Dr. Stowers)

LST Education
Concluding thoughts

• Early lessons learned.....
  
  • It takes a village
  
  • Flexibility is key
  
  • Time flies when you’re having fun
Thank you