

Palliative Care EMR Tool: A case study on identifying patients that could benefit from a palliative approach to care

The Palliative Care EMR tool provides decision support to primary care in identifying patients that could benefit from a palliative approach to care, supporting earlier patient identification and ensuring earlier management and treatment to improve patient outcomes.

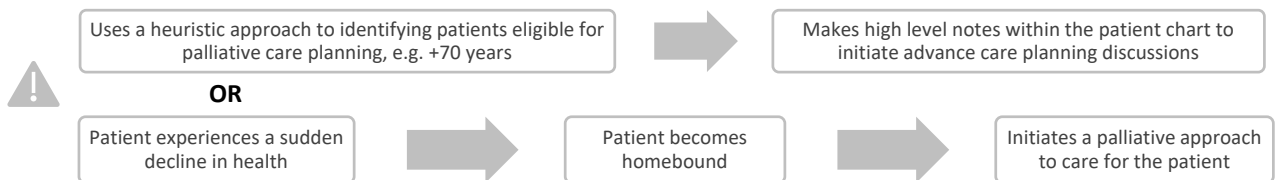
Although 89% of Canadians nearing end of life could benefit from a palliative approach to care, only 15% actually received it.¹ Timely access and early identification of those who could benefit from palliative care is associated with better patient and system outcomes.²⁻⁴ While primary care clinicians can play an important role in adequately meeting patients' palliative care needs,⁵ only 37% are well prepared to manage patients in need of palliative care.⁶

The eHealth Centre of Excellence, in partnership with the Waterloo Wellington Integrated Hospice Palliative Care Regional Program, developed a palliative care electronic medical record (EMR) decision support tool, to assist primary care in early identification of patients who could benefit from a palliative approach to care. The EMR tool supports clinicians to assess their patients' palliative care needs, conduct advance care planning, and engage in conversations with their substitute decision maker while also providing education to providers, patients, their families and caregivers.

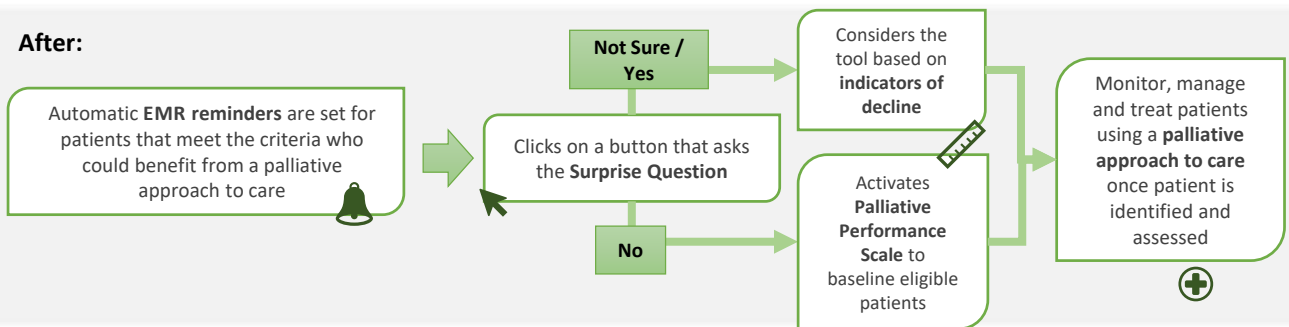
As a family physician, Dr. Sandy Shamon adopted the Palliative Care EMR tool in the Fall of 2019 to better facilitate a palliative approach to care within her primary care practice.

Figure 1. Dr. Shamon's workflow before and after implementation of the Palliative Care EMR tool.

Before:



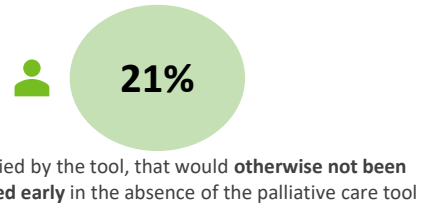
After:



Using the EMR tool in primary care has helped me identify patients much earlier who would have otherwise been identified at a later stage. By gradually completing different components of the tool, I have standardized my documentation, enabling a palliative approach to care. For clinicians new to palliative care, I encourage them to start slowly; first record the patient's substitute decision maker for a particular age group or chronic condition(s), and then build on other parts of the form.

Dr. Sandy Shamon, Family Physician, Family Heritage FHO

Within five months of adopting the Palliative Care EMR Tool, Dr. Shamon has operationalized a standardized palliative approach to care within her primary care practice, identifying patients that would benefit from a palliative approach earlier. In the absence of the EMR tool, these patients would have otherwise been identified at a later time.



Dr. Shamon experienced the following benefits:



Early identification of patients who could benefit from a palliative approach to care

- The tool highlights patients that may meet criteria for a palliative approach to care
- Early identification of palliative care needs has been associated with greater patient experience² and reduced utilization of acute care services at the end of life⁴



Efficiently enable patient-centred care

- Decision support provides the option of initiating conversations with patients
- The EMR tool captures patient values, wants and needs, ensuring care is centred on patient goals



Enable coordinated care for patients

- Standardized notes on patient care goals can be readily shared with the patient's transition team to support effective care planning, reducing the need for the patient to repeat their values and goals



Support billing practices

- Palliative care services rendered in primary care are billed appropriately
- Standardized notes are searchable and available for auditing purposes

For primary care clinicians who are not certain or would not have considered the patient for palliative care, the tool also provides guidance on what to consider based on “indicators of decline” as well as prompts for completing a baseline Palliative Performance Scale. The absence of a timely palliative approach to care may lead to clinicians being more reactive, focusing on efforts of managing patient expectations and working around the core health issue, rather than addressing the patient's quality of life and mortality in support of whole-person care.

If you have any questions or would like further information on this case study, contact
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