



Assessing Older Adults for Palliative Care Needs: A Guide for Health Centers

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Introduction

The purpose of this guide is to assist health center providers in identifying older adult patients with palliative care needs and serious illness. A stepwise approach can be used to identify, assess, and triage older adults with a serious illness who have progressive functional decline and escalating health care utilization.

What is Palliative Care?

Palliative care focuses on treating the symptoms and stressors related to a serious illness.¹ Palliative care integrates into a health care plan at any point in a serious illness along with disease-modifying or curative intent treatments. Patients can be any age to receive palliative care, but those over the age of 65 may have higher rates of undertreated pain or other symptoms that could be addressed through this method.

What is Hospice?

Hospice is a **palliative care option** for persons in the last weeks to months of a terminal illness.² Hospice care is delivered wherever a patient lives; at home, nursing home or in some cases, a specialized hospice center. Patients who are predicted to have approximately *less than six months* to live are eligible to receive insurance coverage for hospice care. Patients can be any age to receive hospice care.



Examples of Palliative Care Treatments:

- **Advance Care Planning**
Assisting older adult patients with the designation of a health care proxy or a power of attorney for their finances, the development of a living will, or orders for life-sustaining treatment.
- **Family Meetings**
Addressing patient and family concerns related to the illness or prognosis and establishing goals of care. Providers can assist in navigating complex healthcare decisions and provide recommendations for next steps, including referrals to specialists.
- **Pain Management**
Exploring medication options for pain relief related to serious illness, as well as therapies like massage or acupuncture.
- **Non-Pain Symptom Management**
Identify appropriate interventions for patients who experience additional symptoms such as breathlessness, nausea, constipation, fatigue, or anorexia.
- **Social and Legal Supports**
Assisting patients and their families with resources to address housing and food security concerns, transportation issues, insurance issues, and the need for psychosocial support.
- **Spiritual Support**
Engaging sensitively in conversations with patients and caregivers around self-identity, coming to terms with serious illness, and coping with loss.³

How does palliative care fit into primary care?

While hospice care is typically delivered to patients with a life expectancy of 6 months or less, palliative care treatments can be provided at many stages of serious illness. As Americans continue to live longer, there will be many older adults managing both primary and palliative care needs over time. The most complex aging patient-family care needs may require help from a palliative care specialist; however, most aspects of palliative care assessment and management can fit within existing health center policies and practices.



Addressing the needs of seriously ill older adult patients and their families requires a team-based approach where all staff are knowledgeable about the benefits of palliative care and the treatment options for both symptoms and stressors. Proactive conversations about a patient's understanding of their illness and preferences for their medical treatment are the foundation to effective palliative care. Leadership commitment to ongoing continuing education for health center staff is essential to ensuring the care team is familiar with available assessments and processes for triaging patients who have unmet palliative care needs.⁴

Stepwise Questions to Define Unmet Palliative Care Needs:

Step 1. Does your older adult patient have a **serious illness**?

A **serious illness** is a condition that carries a high risk of mortality, negatively impacts quality of life and daily function, and/or is burdensome in symptoms, treatments or caregiver stress. ⁵

Examples of serious illness that often have a high level of palliative care needs:

- **Acquired Immune Deficiency Syndrome (AIDS):** difficult treatments or related advanced complications
- **Amyotrophic Lateral Sclerosis (ALS):** any stage
- **Cancer:** complications related to difficult treatments
- **Congestive heart failure:** any stage, symptomatic treatment for later stages
- **Dementia:** any stage
- **Diabetes:** patients with advanced complications
- **Renal failure:** any stage, with/without dialysis
- **Chronic lung disease:** any stage for patients who are oxygen-dependent, symptomatic, or experiencing hospitalizations
- **Stroke:** patients with poor prognosis for functional recovery

Step 2. Does the older adult patient have **functional limitations** or are there **unmet caregiver needs**?

The [Palliative Performance Scale](#) can be used to describe a patient's functional level through determining:

- **Level of Ambulation:** Full; reduced; mainly sit; mainly in bed; or totally bed bound
- **Activity and Evidence of Disease:**
 - Normal activity and work; unable to complete normal job/work; unable to complete hobbies/housework; unable to do most/any activity
 - No evidence of disease; some evidence; significant; extensive
- **Level of Self-Care:** Full; occasional assistance necessary; considerable assistance required; total care required
 - A patient's activities of daily living (ADL) include: eating, bathing, dressing, toileting, transferring, walking
- **Nutritional intake:** Normal; reduced; minimal to sips; mouth care only
- **Level of Consciousness:** Full; full or confusion; full or drowsy (with possible confusion)

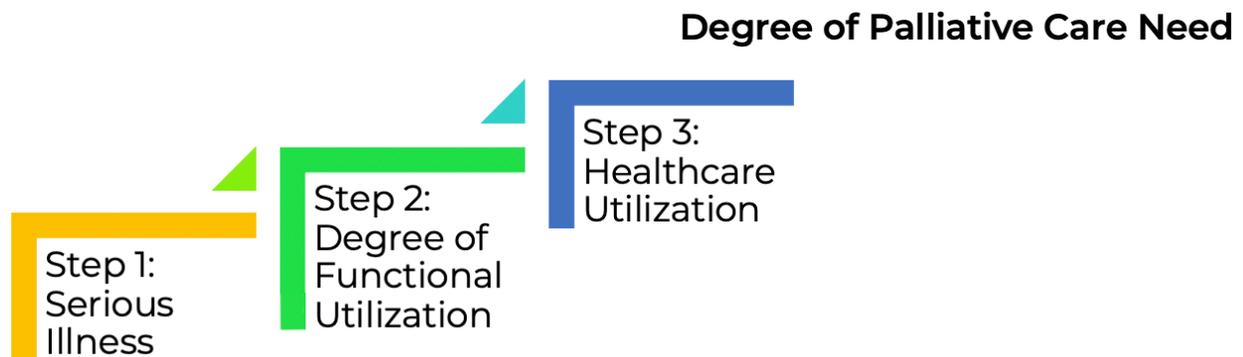
A [Caregiver Self-Assessment](#) can be used to identify well-being concerns of a family member or loved one providing care to a seriously ill older adult patient. This tool can be offered to a caregiver if they have the time to complete, and will offer next steps when degree of distress is identified:

- Caregiver may consider seeing a doctor for individual check-up
- Caregiver may consider seeking some relief from caregiving (Discuss with healthcare provider or social worker about available community resources)
- Caregiver may consider joining a support group

Step 3. Is there evidence of **escalating healthcare utilization**?

An older adult patient with unmet palliative care needs may have one or more hospital admissions in the past year or higher rates of emergency department visits.

To review:



Identifying Older Adult Patients with Serious Illness and Unmet Palliative Care Needs: Case Examples

Scenario 1: Patient is a 68-year-old man with a new diagnosis of metastatic lung cancer undergoing targeted treatments with intent to cure. Prognosis is currently uncertain. He reports worsening anxiety and fatigue when walking short distances. He has not had any hospitalizations related to his serious illness. He can take only unpaid sick leave from his job for a limited number of weeks. He lives alone. His only relative is a niece who lives in another state. English is a second language.

- 1. Serious Illness?** Metastatic lung cancer
- 2. Functional Limitation?** Moderate (worsening anxiety and fatigue)
- 3. Hospitalizations?** None

Determining degree of palliative care need: Patient's initial palliative care needs assessment should target a review of symptoms, determining financial safety net, and a review of available community resources for social support. (The [Supportive and Palliative Care Indicators Tool \(SPICT\)](#) can help to guide conversations with patients about their unmet care and planning needs.)

Additional Intervention: Provider should consider referral to specialty palliative care to support primary health plan (i.e., a recommendation for pain or non-pain symptom management that is followed-up by primary health provider).

Scenario 2: Patient is a 75-year-old woman with moderate dementia. She recently underwent a surgical repair for a broken hip after a fall at home and was discharged to a sub-acute rehabilitation center in a nursing home. Since the hip surgery, she needs a walker to ambulate and moderate low back pain. She was readmitted to the hospital from the rehabilitation center with a high fever and urinary tract infection. On discharge from the hospital, she returned to her home. She lives with her husband of 50 years.

1. Serious Illness? Moderate dementia

2. Functional Limitation? Deteriorating (assisted device for ambulation)

3. Hospitalizations? Recent

Determining degree of palliative care need: Patient's initial palliative care needs assessment should target a review of symptoms, evaluating home safety, and assessing caregiver needs. (The [Supportive and Palliative Care Indicators Tool \(SPICT\)](#) can help to guide conversations with patients about their unmet care and planning needs.)

Additional Intervention: Provider should consider referral to specialty palliative care for targeted treatments (delivered in follow-up by the palliative care specialist).

Scenario 3: Patient is an 80-year-old man with oxygen-dependent Chronic Obstructive Pulmonary Disease (COPD). He uses a wheelchair and is unable to leave the house. He can walk only a few feet without severe shortness of breath. He has been hospitalized multiple times in the past year related to his COPD diagnosis. He lives with his daughter who has a full-time job and two school-age children.

1. Serious Illness? Oxygen-dependent COPD

2. Functional Limitation? Deteriorating (wheelchair/house-bound); extensive caregiver needs

3. Hospitalizations? High utilization

Determining degree of palliative care need: Patient's initial palliative care needs assessment should target a review of symptoms, evaluating home safety, review of financial resources, assessing caregiver needs, advance directives, and the consideration of home-based palliative care services. (The [Supportive and Palliative Care Indicators Tool \(SPICT\)](#) can help to guide conversations with patients about their unmet care and planning needs.)

Additional Intervention: Provider should consider referral to specialty palliative care and/or to assess eligibility for hospice care (palliative care specialist may assist with hospice eligibility assessment).

Summary

This guide describes how primary care providers can integrate palliative care treatments into the care of the older adult patient with a serious illness. Health centers serve a critical role in identifying, assessing and delivering basic palliative care services. The nature of the serious illness, the degree of functional limitation, and the level of healthcare utilization determines the degree of palliative care. An interdisciplinary approach can address many of the unmet needs of seriously ill older adult patients within a primary care setting, with supplemented community and specialty referrals for more complex cases. The coordination of services across settings will ensure support for patient and family needs over time.

Resources

- California Healthcare Foundation:
[Weaving Palliative Care into Primary Care: A Guide for Community Health Centers](#)
- World Health Organization:
[Why Palliative Care is an Essential Function of Primary Health Care](#)
- Center to Advance Palliative Care (CAPC):
[Palliative Care: Handout for Patients and Families](#)

References

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