CLINICAL PRACTICE GUIDELINES & RESOURCES

MultipleChronicConditions | RESOURCE CENTER

A resource added to the *HealthCom Media* collection

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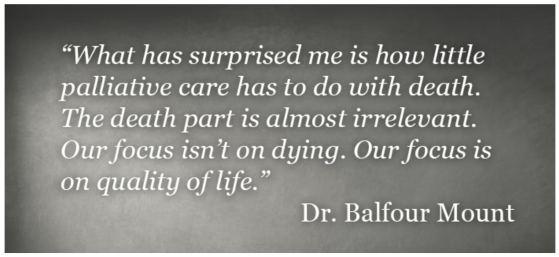
February 2025

We made an error in our recent newsletter - the demographics of Medicare recipients living with multiple chronic conditions are 4 out of 5. Not 4 out of 54. We apologize for this confusion

Integration of palliative care in the management of multiple chronic conditions: An expert consensus statement with policy implications



This Expert Consensus Statement was jointly developed by members of the American Academy of Nursing Expert Panels on Palliative and End of Life Care, Primary Care, Aging, Acute and Critical Care, and two expert physicians, Eduardo Bruera, Chair, Department of Palliative Care, Rehabilitation and Integrative Medicine University of Texas MD Anderson Cancer Center, and Jane Pederson, Chief Medical Quality Officer Stratis Health, Minnesota. Several of the authors on the Consensus Paper are on the Editorial Board for the Multiple Chronic Conditions Resource Center.

The premise of this clinical paper is to promote a paradigm shift by moving palliative symptom management upstream into the primary care setting in patients living with non-reversible multiple chronic conditions (MCC) who are at risk for disease exacerbation. MCC are patients with 2 or more chronic disease. This is the nation's largest, fastest growing and costliest patient population and account for **4 out of 5** Medicare beneficiaries. These are the patients in and out of hospital often a result from disease exacerbation due to poorly managed symptoms.

Three prevalent conditions were highlighted in the paper: heart failure, COPD and dementia. Excluding dementia HF and COPD carry the three-month Medicare penalty for re-admission following inpatient discharge. As you know, HF is the primary cause of death in the U.S. By 2030 it is estimated that there will be over 8 million patients in our country with HF or 1 in every 33 Americans. The annual cost of caring for a patient with HF is approximately $30,000. The total cost of HF in the US is projected to increase to over $70 billion by 2030.

The nation's aging population combined with associated risk factors (e.g., obesity, tobacco use, poor nutrition, and lack of physical activity) will escalate in the American population of aging adults with MCC. MCC lead to additional problems such as physical, social, and cognitive debilities; morbidity; disease exacerbation; hospitalization; adverse effects from medications – primarily polypharmacy, multiple providers with conflicting information; isolation; depression and mortality. The perfect setting for implementing palliative care.

This paradigm shift correlates with the direction taken by the World Health Organization, U.S. Department of Health & Human Services, and the American Medical Association among others. These entities recognize the need to move palliative care upstream into the primary care setting to meet the comprehensive care needs as described above. This differs tremendously from providing palliative care under the Medicare hospice benefit in the setting of death and dying.

Recently the Heart Failure Society of America issued consensus recommendations to guide clinicians in providing palliative care to patients with heart failure in the primary care setting. The document, published in the Journal of Cardiac Failure, emphasizes the importance of palliative care in improving quality of life, symptom management and decision-making.

This consensus paper was authored by clinically active practitioners and demonstrates an evidence-based approach of implementing skilled palliative interventions that can preempt the escalation of symptoms that lead to exacerbation. Palliative interventions that focus on dyspnea, fatigue, pain, edema, insomnia, depression, anxiety and exercise intolerance that contribute to a decline in physical functioning – among others. Poorly managed symptoms reduce patient perceived quality of life and can increase the underlying disease severity. The Integrated Model of Multimorbidity and Symptom Science highlights the multilevel factors and the reciprocal interactions among health conditions, symptoms, disease-directed therapies, and outcomes.

Integrating aggressive palliative symptom management in the primary care setting prevents disease exacerbations. In the case of COPD and HF prevents a decline in pulmonary function (FEVI) or cardiac conduction (ejection fraction), prevent hospitalizations, maintain physical functioning and improve patient-centered quality of life.

Dr. Balfour Mount from McGill University in Montreal Canada is recognized as the father of palliative care and in 1975 was the first to coin the term "palliative care" after learning the etymology of the word palliative—meaning "to improve the quality of life." He is well-known for his famous quote:

> *"What has surprised me is how little palliative care has to do with death. The death part is almost irrelevant. Our focus isn't on dying. Our focus is on quality of life."*

The principles of primary care are congruent with the principles of palliative care and include health promotion, disease prevention, curative care, rehabilitation, palliative symptom management, continuity of care, and respect for the patient's values while including the family or caregivers. Palliative care when implemented in the primary care setting helps to maintain coordinated, comprehensive care for the patient, reducing fragmentation, increasing the quality and value of the care provided, and reduces costs. There is evidence that early implementation of palliative care may extend the duration of life.

This paper purposely did not associate palliative care in the context of hospice or end-of-life care. Patients newly diagnosed with non-reversible HF, COPD and/or dementia, can benefit from earlier integration of skilled palliative symptom management at the onset of their disease trajectory. These patients can live for many years before end-of-life.

The Multiple Chronic Conditions Resource Center offers FREE access to current clinical guidelines and resources to support the comprehensive care for the nation's largest patient population – those living with two or more chronic conditions.

Resource Center

PODCASTS:

PODCAST: *Medication Safety: Knowledge is Power*

Dr. Kim Kuebler DNP, APRN, ANP-BC, FAAN Editor in Chief, Multiple Chronic Conditions Resource Center | Chief Executive Officer Advanced Disease Concepts LLC | Advanced Practice Provider | *Chronic Conditions, Pain and Symptom Management, Palliative Care, Spine and*

Orthopedics

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PODCAST: ***A Paradigm Shift: Integrating Palliative Symptom Management in Multiple Chronic Conditions***

Dr. Eduardo Bruera MD Chair, Department of Palliative, Rehabilitation, & Integrative Medicine | University of Texas MD Anderson Cancer Center
Cancer, Pain and Symptom Management, Research, Palliative Care

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PODCAST: ***Dr. Paul Ciechanowski discusses the benefits of integrated behavioral health models in primary care***

In the fifth edition of the MCCRC Podcast, **Dr. Kim Kuebler** sits down with **Dr. Paul Ciechanowski** talks about the benefits of integrated behavioral health models in primary care, why integrated care is a preferable model to hiring psychiatrists or social workers as part of a co-located model, and much more.

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PODCAST: ***Dr. Irina Koyfman discusses Chronic Care Management - Do's, Don'ts, and Everything in Between***

In the fourth edition of the MCCRC Podcast, **Dr. Kim Kuebler** sits down with **Dr. Irina Koyfman** to talk about Chronic Care Management (CCM), getting in depth on what CCM really is, why specialists should consider doing CCM, and the future of CCM.

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PODCAST: ***How the human immune system relates to Multiple Chronic Conditions***

In the third edition of The MCCRC Podcast, **Dr. Kim Kuebler** sits down with **Dr. Matthew Sorenson** to talk about how the human body is impacted by chronic conditions, the different types of cells in the immune system, and the factors impacting immune health.

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PODCAST: ***Helping overloaded people remaining in the workforce***

Dr. Kim Kuebler sits down with **Dr. Glenna Crooks** to talk about her most recent research on helping overloaded people remaining in the workforce, along with her most recent book "The NetworkSage: Realize Your Network Superpower."

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PODCAST: ***Understanding the Link between diabetes and low testosterone in men***

Dr. Julian L Gallegos PhD, FNP-BC, Clinical Associate Professor, Director, Doctor of Nursing Practice Program Purdue University

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What's Your Opinion?

Please take a few minutes to provide your feedback about *Multiple Chronic Conditions*. We want to know what you like and what you'd like to see us do differently.

Tell us what you think!

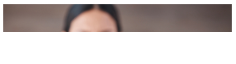
Share your feedback

WEBINARS

UPCOMING WEBINAR

WEDNESDAY, FEBRUARY 5

Simulation: Preparing for workplace violence



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- Tactical Implementation of an Effective Falls Program
- Challenging and Inspiring: *Beyond* Common Fall Prevention Practices
- Something's afoot: foot health in nursing and beyond
- Travel Nursing – How to ensure a good experience
- Navigating the latest Temperature Management guidelines
- Safety & Science of Low- and No-Calorie Sweeteners
- When There Are No More Nurses...
- Strategies for Reducing Falls in the ED
- Medication Safety: Protecting Your Patients...and Your Practice
- Mindful Communication: Leadership and Staff Perspectives
- Truth or lies: Fighting back against misinformation

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