

What Diagnostics Tools Exist for the Early Identification of Palliative Care Patients in General Practice? A systematic review

Presented by: Erica Paras, Family Medicine Resident

Reference: Walsh. R, Mitchell. G, Francis. L, van Driel. M. Journal of Palliative Care 31:2/ 2015: 118-123.

Abstract: With the aging population the prevalence of death from diseases with a palliative phase is rising accordingly. Specialist palliative care facilities cannot accommodate the rise in numbers, the responsibility of care must be carried forward by other health care practitioners. Early identification has been shown to improve patient satisfaction and reduce the need for acute interventions, and increase the likelihood of the patient dying at home. This analysis looked at identifying and assessing existing diagnostic tools that can be used for the early identification of palliative care patients. The evaluation of the tools addressed: what tools exist? What is the difference between the tools? Do the features of the tools facilitate regular use?

Methods: Used the preferred reporting items for systematic reviews and meta-analyses checklist (PRISMA). Inclusion: any tool that identified people whose prognosis could be measured in months, or weeks. Databases: Cochrane, DARE, PubMed, MEDLINE, NIHR, CareSearch; key words: “early identification”, “palliative care” and “general practice”. Two researchers screened abstracts, if inclusion met then full paper was reviewed. Third review author as arbiter.

Data: identified themes in the tools then compared the tools based on themes and concepts of usability and acceptability in clinical practice. Usability was decided by consensus among clinical primary and palliative care providers. Looked at length, breadth of diseases, number of questions, availability of the data to answer the questions. Through the database identified 4,835, screening 247 abstracts, 36 full papers were assessed, 25 studies included in qualitative synthesis. Identified 4 tools= 1) PIG, 2) SPICT, 3) NECPAL, 4) RADPAC

Strengths: Clinically relevant study to help address an ever growing issue in our society. Extensive literature/database review was done with a limited number of exclusion criteria, using a validated checklist. Utilized both primary care and palliative care physicians to identify tool criteria that were pertinent.

Weakness: Due to the complexity and diversity of palliative patients and their needs having a simple checklist will likely underestimate a number of patients that may benefit from palliative end of life care. The tools are weighted to identify patients that are likely later on in their disease trajectory. Need for these tools to be studied looking at patient-orientated measures, carer outcomes, and health systems outcomes.

Relevance to Palliative Care: Early identification of those nearing end of life benefits patients, clinicians and the community. Tools that are evidence based, transferable and standardize the early identification process may promote the systematic early identification of palliative patients. SPICT seems to be the most validated, accessible and comprehensive tool available to general practitioners and can be used regardless of their previous experience in palliative care. It utilizes general indicators for functional decline, which can offer objective diagnostic criteria and reinforce the incorporation of an array of disease processes that can lead to a palliative state.

Regardless of what tool is utilized they all tools stimulate the clinician to consider potential disease trajectories, and encourage discussion between patients and their providers.

Tools	Advantages	Disadvantages
PIG	-Id px for GP based palliative care -Evidence based prognostic indicators, “surprise question” -use clinical info and clinical judgement	-Not led to improved early id in non-cancer px -3 pages - no validation studies
SPICT	-use in all care settings to id advanced life threatening illnesses -validated in multiple settings -only tool with published evidence to id px early - use clinical info and clinical judgement -single page Web based	-not using the “surprise question”
NECPAL	-id early advanced diseases requiring palliation -based on PIG and SPICT, adapted to Mediterranean culture -“surprise question”	-2 pages -doesn’t use clinical judgement
RADPAC	-help GP id px with chronic disease who may benefits from proactive palliative care -single page	- Not led to improved early id in non-cancer px -doesn’t use general indicators of deteriorating health

- 1) **PIG**: Gold Standards Framework Prognostic Indicator Guide,
- 2) **SPICT**: Supportive and Palliative Care Indicators Tool,
- 3) **NECPAL**; the Palliative Necessities CCOMS-ICO,
- 4) **RADPAC**; RADbound Indicators for Palliative Care Needs.

The” surprise question: Would you be surprised if the patient died in the next couple of weeks, months?”

It is thought that GP’s are reluctant to commit to defining a patient as positive, leading to over-estimation of patient survival.