

Telehealth is not just telemedicine.



TELEMEDICINE

Synchronous interaction between patient and provider via phone or video-conference.

E-CONSULT

Non-palliative care physician gets case-specific palliative care advice via phone or video-conference.



E-COACHING

Individual or group discussions between non-palliative care clinicians and specialty palliative care. (Eg. Project ECHO)

There are concerns with tele-palliative care.

Man told he's going to die by doctor on video-link robot

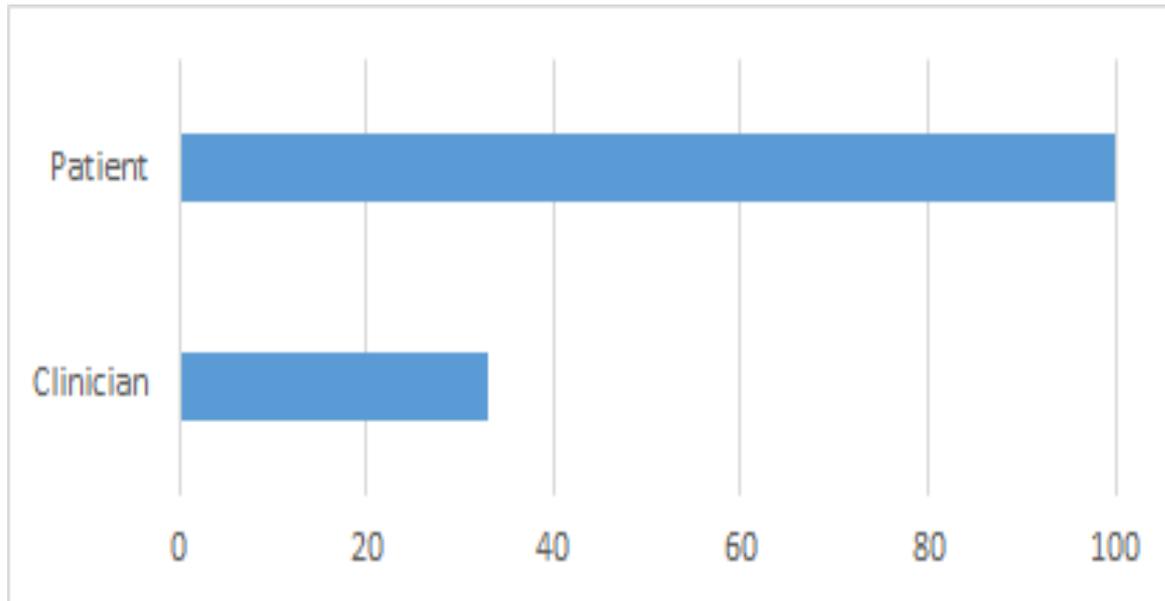
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Small study to understand acceptability and feasibility of tele-palliative care

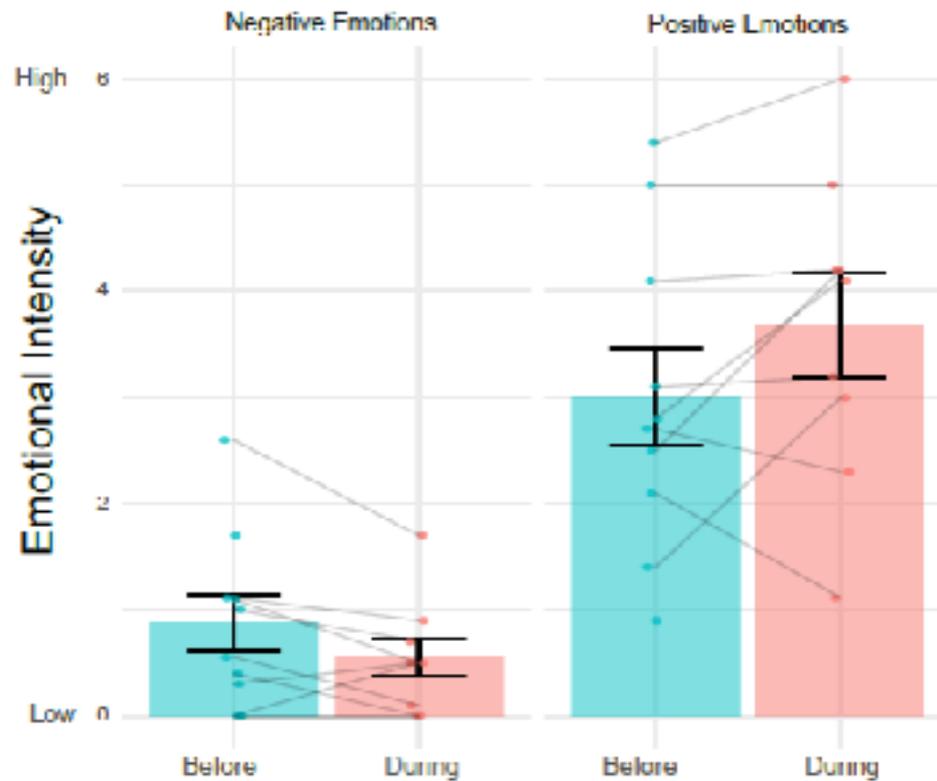
	Value
Patient Characteristics	
Consults completed	11
Vermont, N (%)	4/11 (36%)
Maine, N (%)	7/11 (64%)
Age (years), mean (SD)	70.8 (13.3)
Women, N (%)	6/11 (55%)
High school or above, N (%)	7/10 (70%)
Perceived income adequacy N (%)	5/11 (45%)
Primary Serious Illness N(%)	
Heart Failure	7/11 (64%)
Pulmonary Disease	2/11 (18%)
Neurologic Disease	1/11 (9.1%)
End stage Liver Disease	1/11 (9.1%)
Mutimorbidity, N (%)	9/11 (82%)
Good or Very Good rating of health¹, N (%)	2/7 (29%)
Prior Palliative Care Encounter N (%)	5/11 (45%)

Patients rank telemedicine highly for providing emotional support.



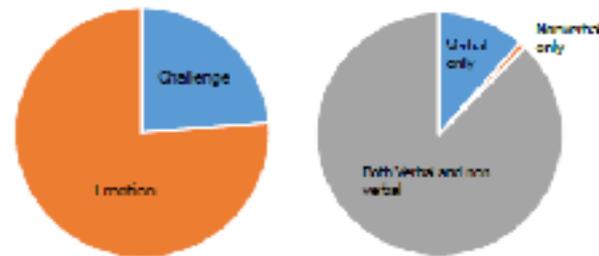
% who report tele-consult was
as good or better than in-person

These are difficult conversations, yet patients experience improvement in their affect.

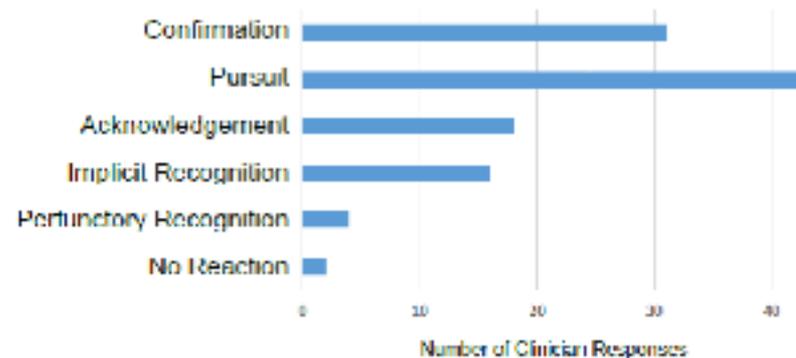


Palliative Medicine specialists were able to detect and respond to most empathic opportunities.

a) Empathic opportunities



b) Clinicians' responses to empathic opportunities



Overall, patients felt like telehealth improved access to care.

“Well for me, it’s hard for me to get into the doctor’s. It’s an hour away. And until just recently I had an old vehicle, which we had no heat in and the tires are bald. So during the winter it is very difficult to get in and see the doctor. And then they get angry that you schedule an appointment 3 or 4 months in advance because doctors are just so booked, and then it snows that day or something and then you’ve got to schedule in another 3 or 4 months.”(Patient 3)

My mother wouldn’t have participated if she had had to leave home. She’s comfortable here. And I think she only agreed to this because we could stay here and do this. (Caregiver for Patient 2)

Being in your own home may add comfort for these difficult conversations.

- *“Yeah, because I think ... he feels more comfortable here to say everything right out that’s bothering him, or that he thinks is b,- you know. Than being in the doctor’s office. I actually think that’s probably so with nearly everybody. You’re sitting in your chair. Even though you can see them you’ll probably feel more at home so that you can speak more freely.” (Caregiver of Patient 5)*
- *“But just being able to be in your recliner with your cat, with your favorite blanket, in your home environment. And to potentially be able to have support people who might not be able to be there otherwise is a big deal. I think it makes a difference. ... to me it feels in some ways less cold than having to have that conversation in an exam room with, that’s cold with the big fluorescent lights. And the smell of sanitizer all around you. (Clinician 4)*

On the other hand, some patients found it to be cold and noted a lack of presence.

- *It's like watching TV, it doesn't seem the same as being right there. (Patient 5)*
- *[Telehealth was] A cold way to be interacting on a very sensitive subject. But like I said, she was very compassionate and she helped get through that. And also the fact that I'd never met her before. That was a little hard at first to open up and talk to her about things that are really important to me, or that are hard for me to deal with. (Patient 3)*

Others have also found patients are accepting of tele-palliative care.

Patient and Caregiver Experience with Outpatient Palliative Care Telemedicine Visits

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Table 2. Telemedicine Satisfaction Comparing Patient (N= 35) and Caregiver (N= 15) Responses

	Patients, n (%)	Caregivers, n (%)	χ^2	<i>p</i> *
I would do another video visit if it were offered by my palliative care team				
Strongly disagree/disagree/neutral	1 (3)	1 (7)	0.02	0.88
Strongly agree/agree	34 (97)	14 (93)		
I would recommend receiving palliative care by video visit to others				
Strongly disagree/disagree/neutral	5 (14)	1 (7)	0.58	0.45
Strongly agree/agree	30 (86)	14 (93)		
It was easy for me to communicate with my palliative care team during my video visit(s)				
Strongly disagree/disagree/neutral	0	1 (7)	2.38	0.12
Strongly agree/agree	35 (100)	14 (93)		
The video visit technology was easy to use				
Strongly disagree/disagree/neutral	5 (14)	1 (7)	0.58	0.45
Strongly agree/agree	30 (86)	14 (93)		

*For comparison between patient and caregiver responses.

In-person may still be preferred for some components of palliative care.

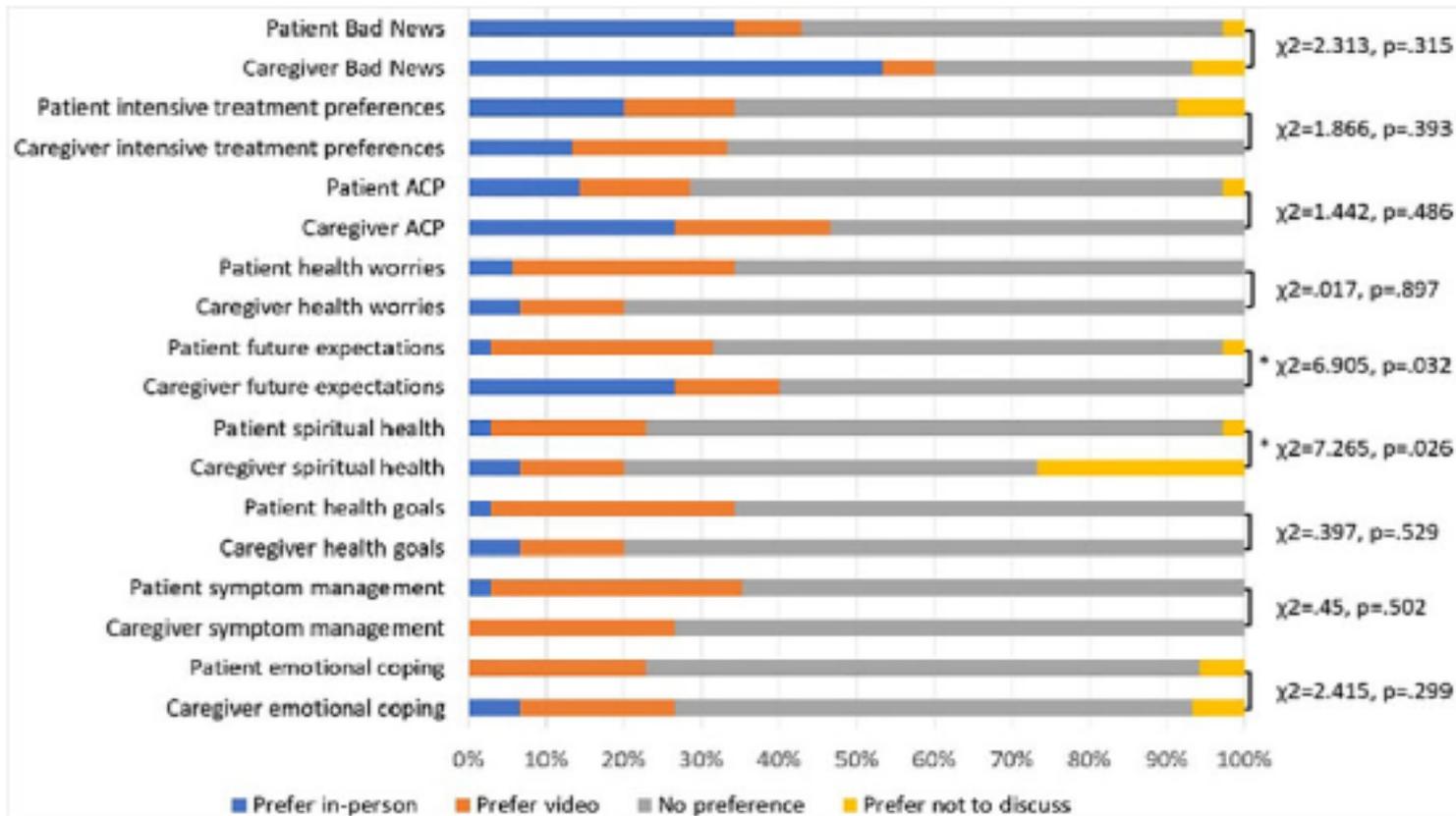


Fig. 1. Communication preferences for discussion of sensitive topics. *Denotes statistically significant difference where $p < 0.05$.

I received funding to pilot a combination of tele-coaching with tele-palliative care for patients with heart failure living in rural Maine.

