Integration of Psycho-Oncology Services and Palliative Care: A Single Institute Study in Taiwan

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Outline

- Evolving definition of Palliative Care: Continuum of palliative care from diagnosis to healing, or death and beyond
- Current status of palliative care at Koo Foundation Sun Yat-Sen Cancer Center (KF-SYSCC) and future plans
- Psycho-Oncology Services at KF-SYSCC
- Connecting and Integrating Psycho-Oncology and Palliative Care: Preliminary Project for Early/ Timely Palliative Care
- Summary

Definition of Palliative Care, World Health Organization (WHO)

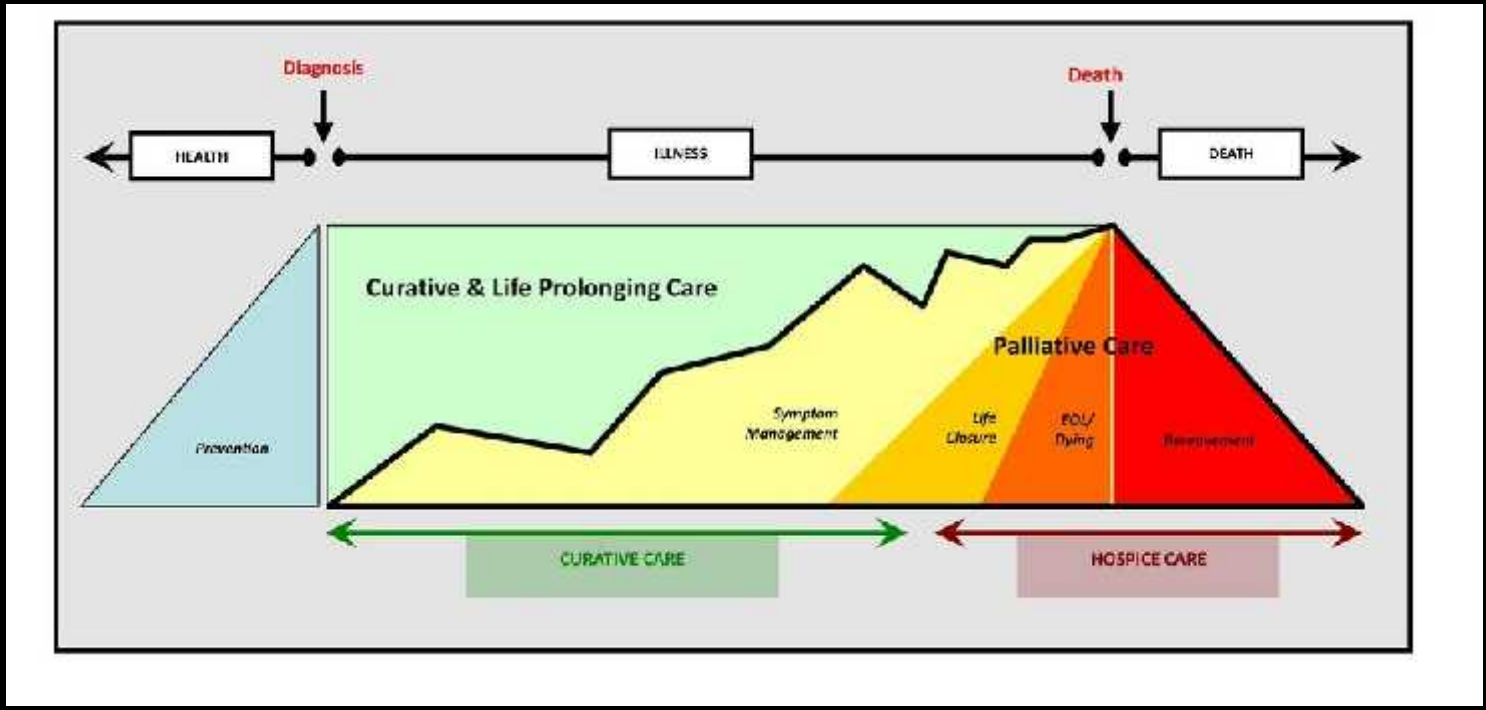
- (1967: St. Christopher's Hospice, Cecily Saunders)
- 1989: Palliative care aims to relieve suffering of patients and families **facing death and dying**
- 2002: Palliative care is an approach **that improves the *quality of life* of *patients and their families* facing the problem associated with *life-threatening* illness**, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, *physical, psychosocial and spiritual*.

Definition of Palliative Care (Reviewed August 2017, WHO)

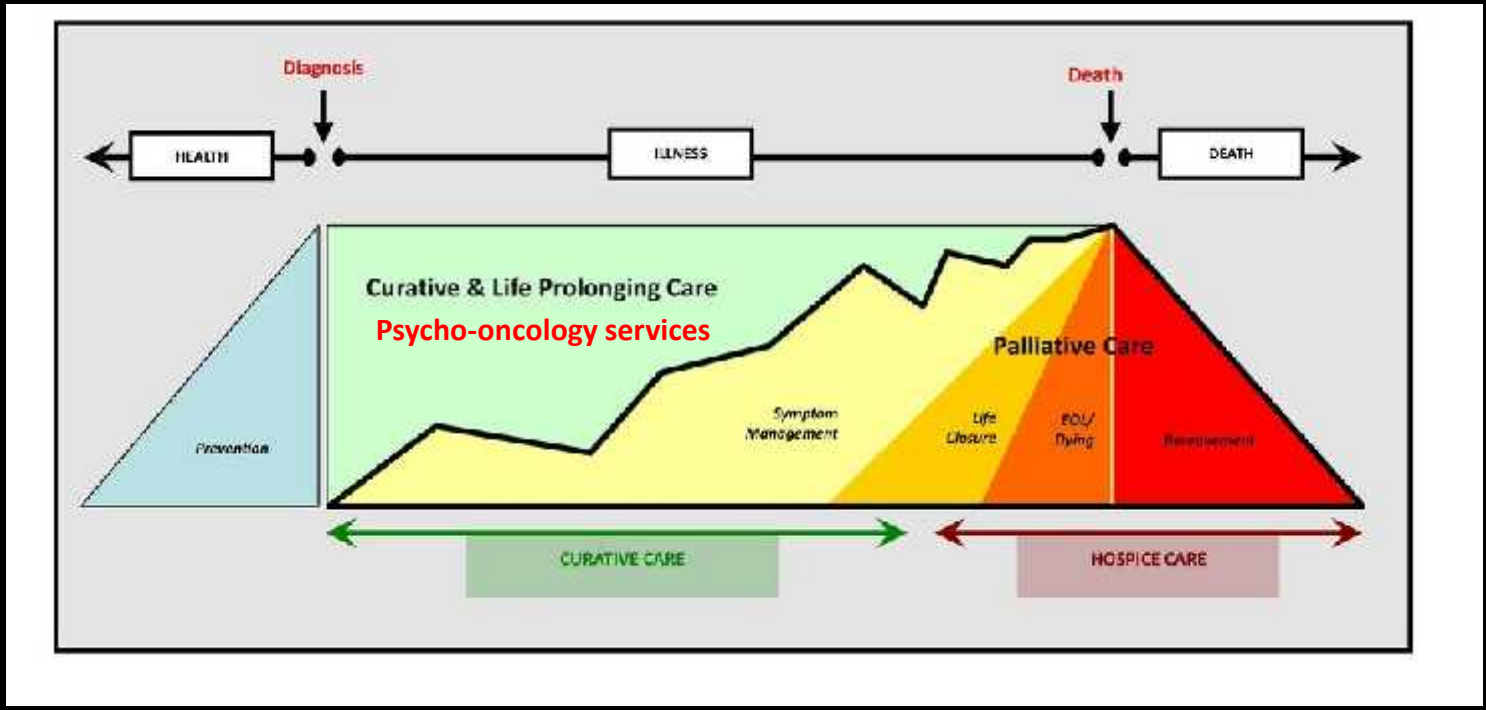
- Palliative care is most effective when considered early in the course of the illness. **Early palliative care** not only improves quality of life for patients but also reduces unnecessary hospitalizations and use of health-care services.

- Economics of Palliative Care for Hospitalized Adults With Serious Illness, A Meta-analysis. P May et al. JAMA Intern Med. April 30 2018.
- Integration of Palliative Care Into Standard Oncology Care: American Society of Clinical Oncology Clinical Practice Guideline Update. Ferrell BR et al., *J Clin Oncol* 35:96-112, 2016.
- Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer. Temel JS, et al., *N Engl J Med* 363;8. 2010.

Palliative Care in the Continuum



Palliative Care in the Continuum



Palliative Care in Taiwan

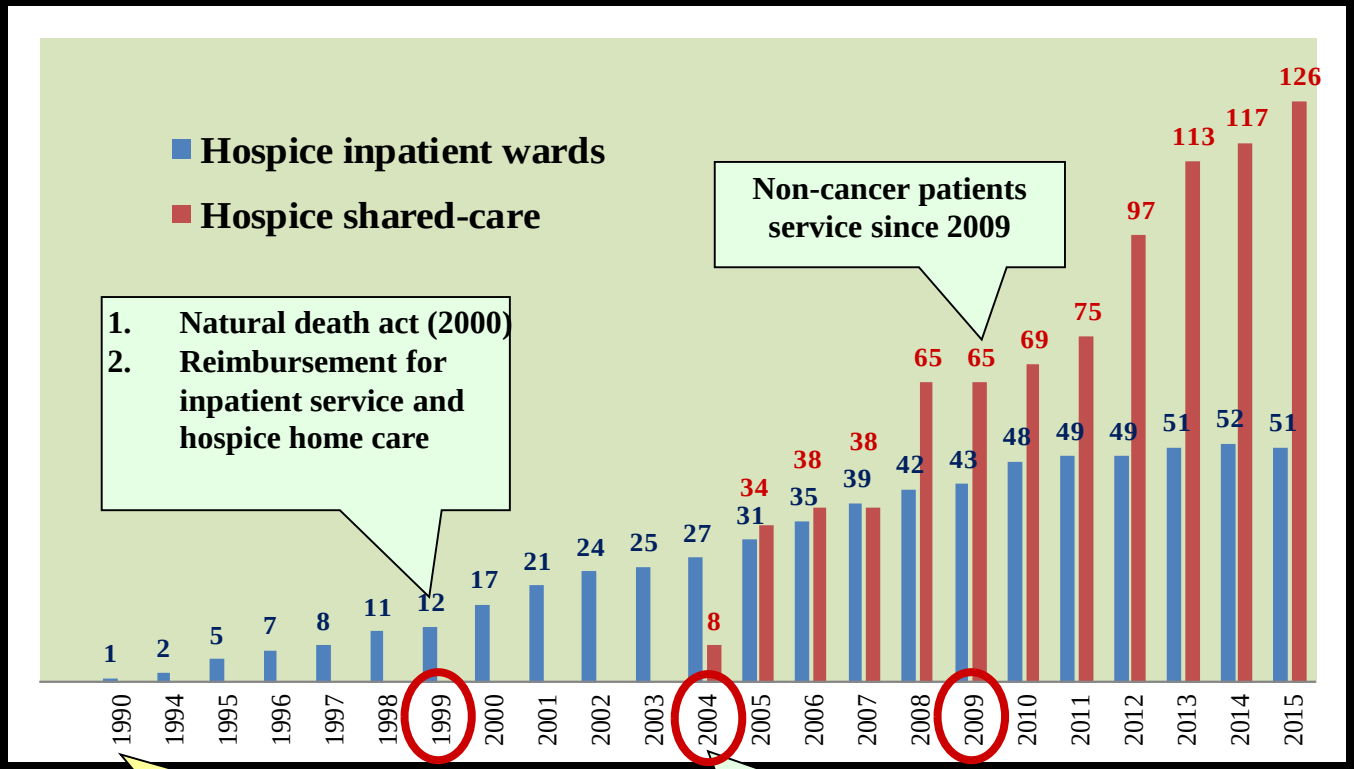
Taiwan is 1/2 size of Georgia, with population of 23.4 million

- Located in East Asia, approximately 36,000 sq km
- Population in Taiwan is approximately 23.4 million, 5.8 times that of Georgia
- There are 47,650 physicians (western medicine) with physician patient ratio of 1/500
- Mandarin is the official language
- Highly industrialized country
- More than 99.9% of the population are under National Health Insurance

Palliative Care in Taiwan

- 1982: Home care initiated by Catholic Sanipax Socio-Medical Service and Education Foundation; at KF-SYSCC in 1990
- 1990: Inpatient hospice and palliative care unit in Mackay Memorial Hospital
- 1995: Start National Health Insurance, it covers palliative home care and hospice services
- 2000: Launch of the Natural Death Act, revised in 2002, 2011 & 2013
- 2000: Certification of palliative medicine specialist
- 2009: Extension of palliative care to non-cancer patient
- 2016: Passing of the Patient Autonomy Act for patients to sign Advance Directives through the process of Advance Care Planning (ACP) consultation (started Jan., 2019), and to include patients who are terminally ill, irreversibly comatose, in permanent vegetative state, or have terminal dementia or other incurable diseases.

The numbers and the growth of units of Hospice in-patient wards and shared care teams



Courtesy of Director YW Wang

The Economist Intelligence Unit

The 2015 Quality of Death Index

Ranking palliative care across the world

A report by The Economist Intelligence Unit

Commissioned by

LIEN foundation

Figure 1.2

2015 Quality of Death Index—Overall scores

Rank	Country	
1	UK	93.9
2	Australia	91.6
3	New Zealand	87.6
4	Ireland	85.8
5	Belgium	84.5
6	Taiwan	83.1
7	Germany	82.0
8	Netherlands	80.9
9	US	80.8
10	France	79.4
11	Canada	77.8
12	Singapore	77.6
13	Norway	77.4
14	Japan	76.3
15	Switzerland	76.1
16	Sweden	75.4
17	Austria	74.8
18	South Korea	73.7
19	Denmark	73.5
20	Finland	73.3
21	Italy	71.1
22	Hong Kong	66.6
23	Spain	63.4
24	Portugal	60.8
25	Israel	59.8

Case study: Taiwan—Leading the way

	Rank/80	Score/100
Quality of Death overall score (supply)	**6**	**83.1**
Palliative and healthcare environment	5	79.6
Human resources	9	72.2
Affordability of care	=6	87.5
Quality of care	=8	90.0
Community engagement	=5	82.5

The quality of palliative care in Taiwan is high (it is tied for eighth place in this category), with a focus on improving the quality of a patient's last days. Major steps have been made in recent years: Dr Siew Tzuh Tang, a professor at Chang Gung University School of Nursing, reports substantial improvement in several end-of-life indicators between her team's national surveys in 2003/4 and 2011/12. For example, while less than half of terminally ill cancer patients were aware of their prognosis in the first survey, this number increased to 74% by 2012. Use of aggressive medical treatments for cancer patients in the last month of life, such as CPR and intubation, also declined over this period.

Community engagement, in particular to break down cultural taboos against discussing death, has also been a focus. Such taboos are still widespread, but proponents of palliative care are attempting to change that by introducing discussions of life and death into the education system from primary school through university, and by changing the mindset of patients.

"Family members feel that for the patient to die without CPR is not filial," says Dr Rongchi Chen, chairman of the Lotus Hospice Care Foundation. "But we are trying to teach people that filial duty and love should find its expression in being with the family member at the end of his or her life, and in encouraging acceptance of disease and peaceful passing."

Palliative Care at Koo-Foundation Sun Yat-Sen Cancer Center (KF-SYSCC, a 200-bed cancer center, established in 1990)

- 1990: started home palliative care when the hospital was first open
- 2000: established the Palliative Care Team, and (in June 2017) Hospice unit.
- By 2017
- Rate of palliative care coverage (within 1 year before death): 70%
- Duration of palliative care: 24 days
- Number of monthly new palliative cases: 32
- DNR status: Patients in shared palliative care: 78-88%; in hospice unit: 100%
- Assessment of grief risk and follow-up support of family/ significant others

Early palliative care:
Palliative Care before the end of life

Psycho-socio(-spiritual) care of cancer patients from diagnosis, through curative and life prolonging care, symptom management to relapse

→ Psycho-Oncology services

A new specialty: psycho-oncology (1977)

- Psycho-oncology
- Jimmie Holland, MD.
  - (1928-2017)

Memorial Sloan-Kettering Cancer Center

Psychological , social, spiritual Care ⟸ **Cancer**

Courtesy of Dr. CT Cheng

Psycho-Oncology Services

- Psycho-Oncology (psychosocial oncology):

Provide psycho-social(-spiritual) care for oncology patients right from the diagnosis of cancer, through treatment, recovery/ rehabilitation, (recurrence and advance stage, and end-of-life).

- 1983: International Psycho-Oncology Society (IPOS)
- 2001 - 2004: KF-SYSCC starts screening for psychosocial distress, using HADS and then DT
- 2009: Taiwan Psycho-Oncology Society (TPOS)

Psycho-Oncology Services in Taiwan (1)

- 2009: established Taiwan Psycho-Oncology Society (TPOS)
- 2009-2019 lectures and workshops in Taiwan by international experts of Psycho-Oncology to introduce models of psychosocial interventions
- 2011: Taiwan became a member of International Psycho-Oncology Federation. In 2016, the Federation listed Taiwan second globally for Psycho-Oncology medical development

(courtesy of Yeong-Yuh Juang, MD, President of TPOS 2019)

Psycho-Oncology Services in Taiwan (2)

- 2010 – 2017: TPOS conducts communication skills training workshop for more than 2500 health professionals in cancer care.
- Taiwan Health Promotion Administration (HPA) funded the workshops.
- 2013: HPA mandated that cancer inpatients should be screened for emotional stress in cancer centers and general hospitals, and that each cancer hospital must have a psychologist specialized in psycho-oncology.
- 2017: TPOS started a 3-year training and promotion project of psychosocial care for cancer patients by providing an 80-hour training program to improve psycho-oncology services in clinical practice, with on-going evaluation of its effectiveness.

(courtesy of Yeong-Yuh Juang, MD, President of TPOS 2019)

Psycho-Oncology Services at KF-SYSCC (1)

At diagnosis and curative treatment phase

- 2001: Early screening of psychosocial distress by screening tools, the HADS (Hospital Anxiety & Depression Scale)
- 2004: using the Distress Thermometer (DT) for outpatients
- 2007: using DT for all patients (in- and outpatients)

Psycho-Oncology
Psycho-Oncology **20**: 639–646 (2011)
Published online 15 March 2011 in Wiley Online Library (wileyonlinelibrary.com). **DOI**: 10.1002/pon.1952

The HADS and the DT for screening psychosocial distress of cancer patients in Taiwan†

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Abstract

Purpose: This study assesses the sensitivity and specificity of Mandarin versions of two psychosocial screening tools for adjustment, anxiety and depressive disorders: the Hospital Anxiety and Depression Scale (HADS), and the Distress Thermometer (DT).

Methods: The two scales were used to screen 103 consecutive cancer patients seen for psychiatric evaluation at KF-SYSCC between May and November 2004 prior to their psychiatric interviews. Each scale was tested against clinical psychiatric diagnoses based on the Diagnostic and Statistical Manual of Mental Disorders, 4th edition for their sensitivity and specificity.

Results: For the Mandarin version of the DT, receiver operating characteristic (ROC) analyses identified a DT score of 4 as the optimal cut-off, with sensitivity and specificity of 98 and 73%,

Conclusion: The Mandarin versions of the HADS and the DT are efficacious for screening anxiety and depression for our population. Compared with the HADS-t, the DT appears to have not only higher sensitivity, but also higher specificity.

Palliative and Supportive Care (2016), page 1 of 10.

Prevalence, risk factors, and the desire for help of distressed newly diagnosed cancer patients: A large-sample study*

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ABSTRACT

Objective: Beginning in 2007, all newly diagnosed cancer patients at the Koo Foundation Sun Yat-Sen Cancer Center (KF–SYSCC) were screened for psychosocial distress. Our social workers, as part of the psychosocial care team (PCT), have engaged in proactive outreach with patients identified as distressed. The goal of the present study was to assess the prevalence of psychosocial distress and the extent of contact between the PCT and distressed patients.

Method: Newly diagnosed patients who were treated at KF–SYSCC between 2007 and 2010 for cancer were eligible if there were at least 100 patients with the same type of cancer. Before treatment began, they were screened with the Pain Scale and the Distress Thermometer (DT) and had the option to specify a desire for help. The rates of distress were analyzed by cancer type and by probable related factors. Information regarding contact with the PCT was retrieved from computerized databases.

Results: Overall, some 5,335 cancer patients representing 12 major cancer types were included in our study. Of these, 1,771 (33.20%) were significantly distressed. By multivariate logistic regression, younger age, female gender, higher pain score, and disease stage, but not cancer type, were found to be associated with higher rates of distress. Among these distressed patients, 628 (36%) had some contact with the PCT.

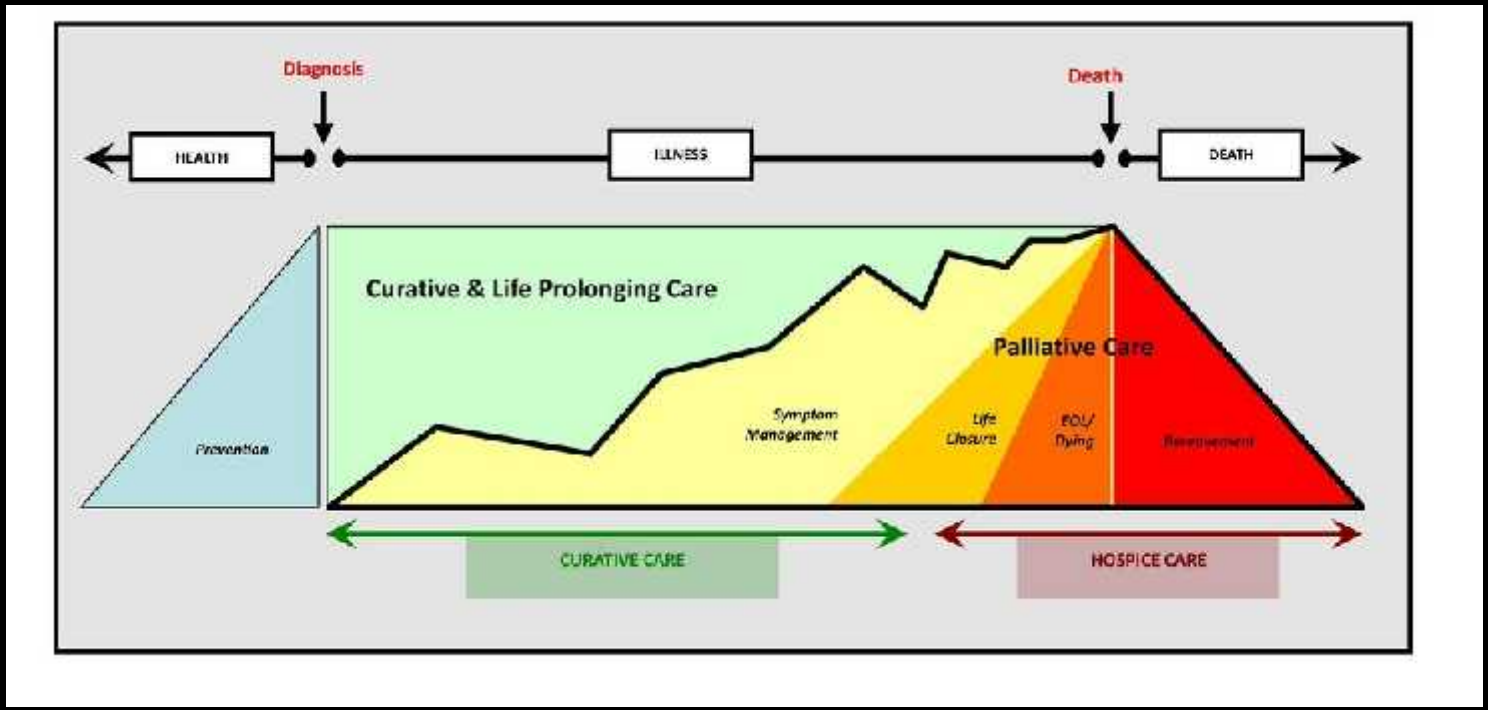
Psycho-Oncology Services at KF-SYSCC (2)

- Prevalence of psychosocial distress in cancer patients (at KF-SYSCC): 33% (comparable with international findings*)
- Only 1/3 of distressed cancer patients wished for help from the psychosocial care team
- 36% of newly diagnosed cancer patients received psychosocial care within 1 year of diagnosis

- **Wang GL et al. The HADS and the DT for screening psychosocial distress of cancer patients in Taiwan. Psycho-Oncology 2011;20: 639–646 .**
- **Wang GL et al. Prevalence, risk factors, and the desire for help of distressed newly diagnosed cancer patients: a large-sample study. Pall & Support Care 2016 doi:10.1017/S1478951516000717**
- *** Zabora J et al. The prevalence of psychological distress by cancer site. Psycho-Oncology 2001;10:19–28.**

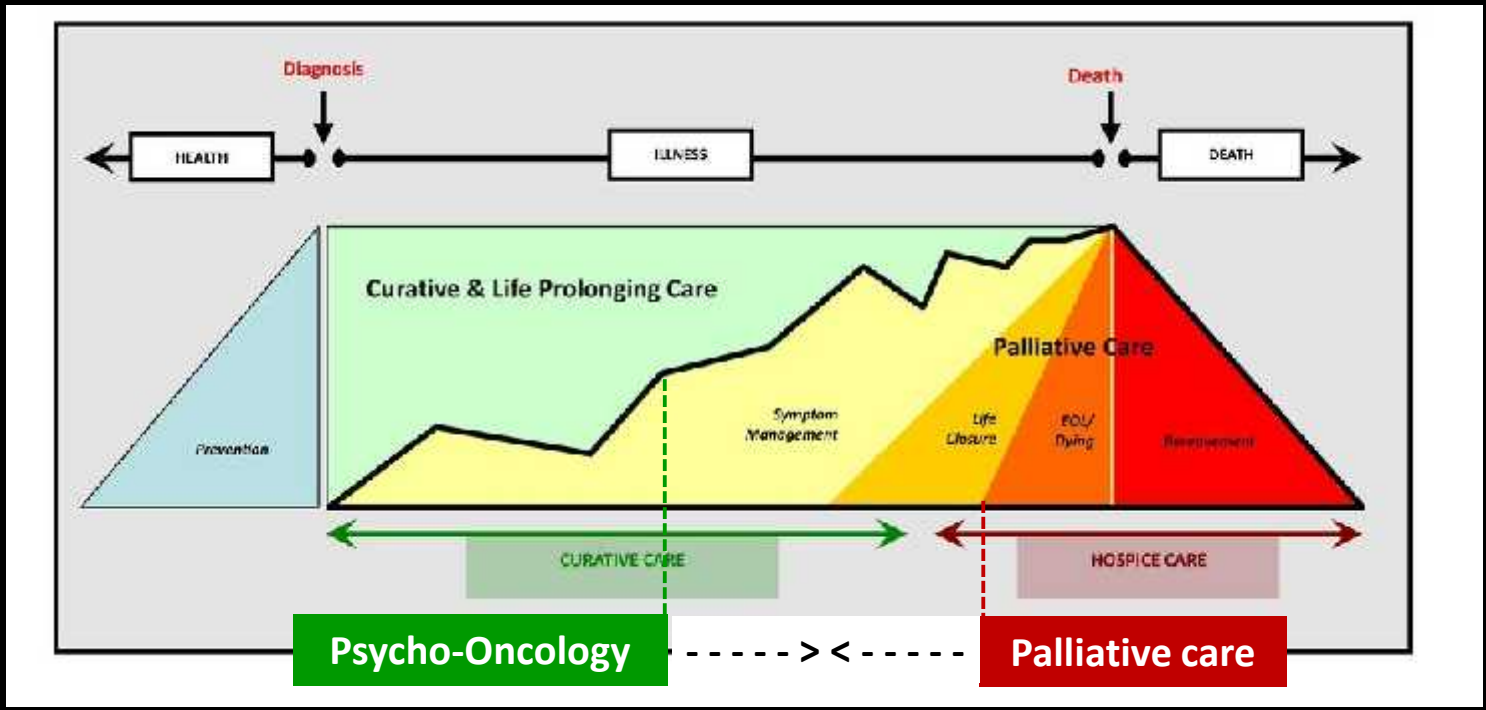
Connecting and Integrating Psycho-Oncology and Palliative Care

Palliative Care in the Continuum



Palliative Care in the Continuum

Connecting & Integrating Psycho-Oncology & Palliative Care

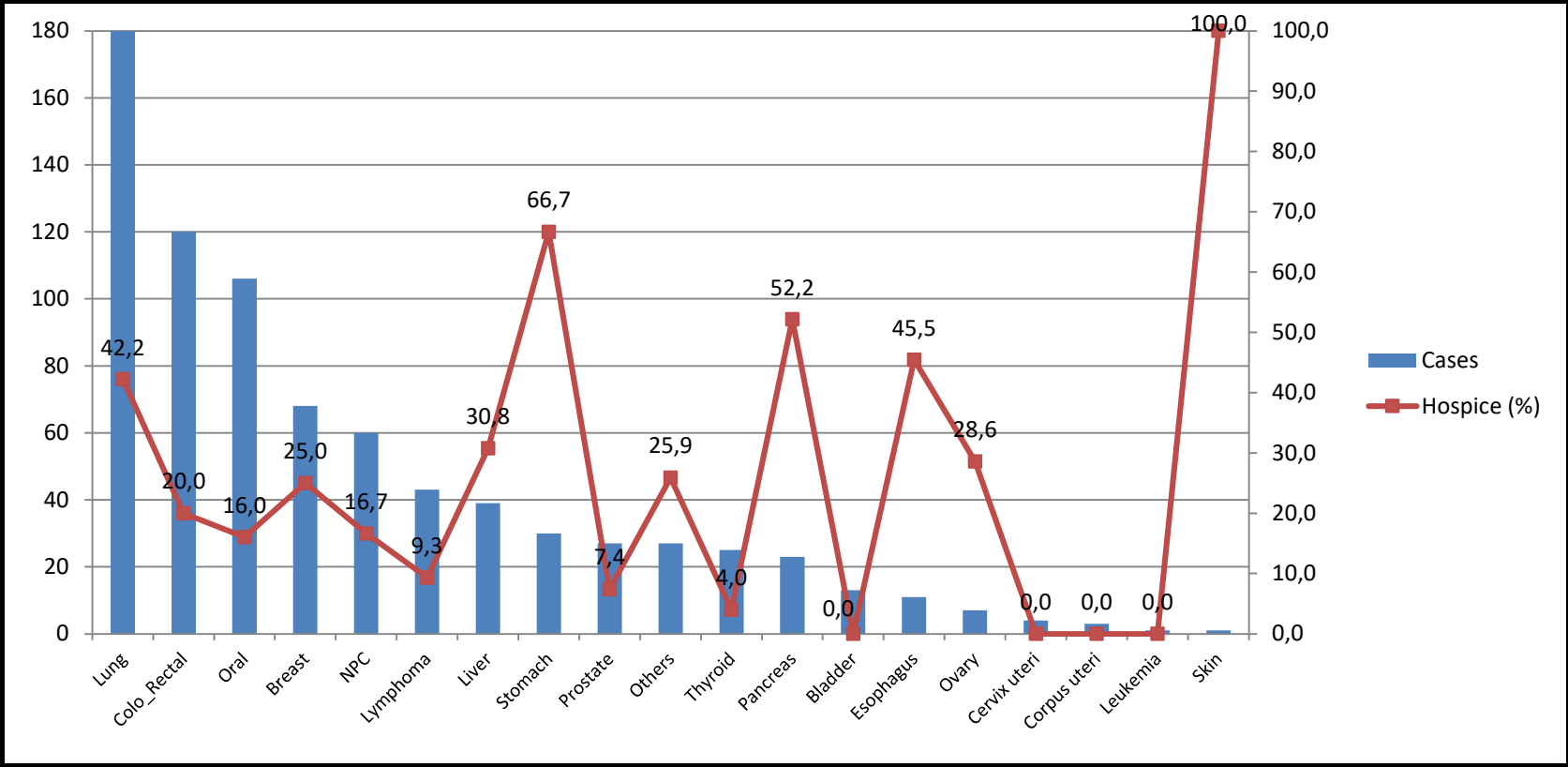


Distribution of KF-SYSCC patients by cancer stages

Stage	# of patients	%
0	3,889	8.4
1	10,373	22.3
2	9,809	21.1
3	9,677	20.8
4	9,755	21.0
X	2,964	6.4
All	46,467	100

Sources: KF-SYSCC Cancer Registration Center (1990-2017/05)

Rate of referral to palliative care by cancer type of stage 4 patients



2016/6-2017/05 Number of stage 4 cancer patients and referral to palliative care at KF-SYSCC
(Total number of stage 4 inpatient: 788, Average rate pf referral: 26.6%)

Connecting & integrating psycho-oncology and palliative care at KF-SYSCC (1)

1. (2007-2019 weekly joint meeting for staff of Departments of Psychiatry, Palliative Medicine and Social work)
2. 08/01/2018: arrival of a new palliative care physician
3. 10/2018: 1-month elective rotation of medical residents and mandatory 1-month rotation of nurse practitioners to the inpatient Palliative services (Hospice)
4. 01/2019 and 05/2019: two psychiatrists qualified as palliative care physicians, making 6 physicians, 19 nurses, 9 social workers and 3 psychologists as specialized in palliative care staff
5. 2018-2019: Participating in national and international professional workshops and conferences on Psycho-Oncology and early palliative care

TPOS Keynote speech by Dr. Maggie Watson on Psycho-Oncology Research, 10/04/2014

TPOS workshop on Meaning-Centered psychotherapy By Dr. William Breitbart, 11/18/2012

Lectures and Workshops on Cognitive Behavioral Therapy (CBT) for Cancer Patients,
by Dr. Samuel Ho, June to July, 2019

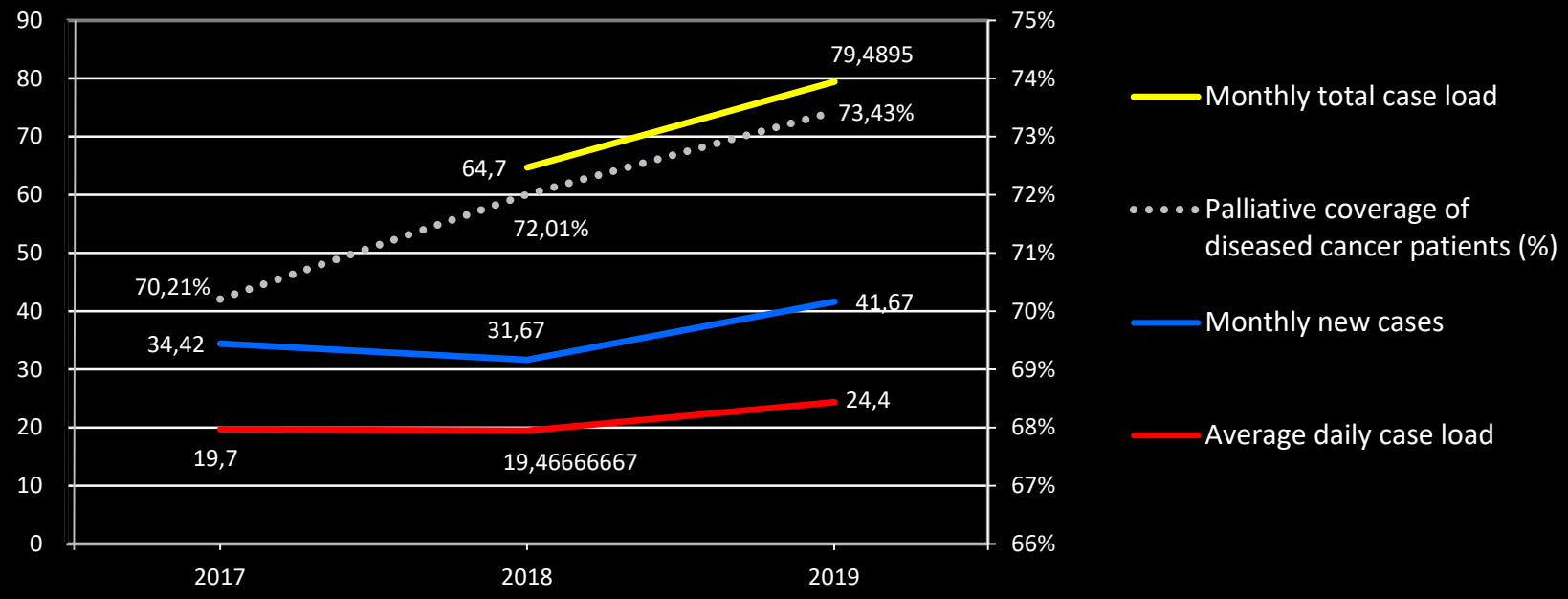
TPOS Workshop on Managing Cancer & Living with Meaning (CALM) Therapy,
by Dr. Gary Rodin, 07/18/2019

Lecture and workshop on (Early) Timely Palliative Care, by David Hui, 10/14 & 18/2019

Connecting & integrating psycho-oncology and palliative care at KF-SYSCC (2)

1. 2010-2019: TPOS Workshops for: Dignity Therapy (H Chochinov, 2010), Meaning – Centered Psychotherapy (W Breitbart, 10/2014), Psycho-Oncology Research (Dr. M Watson, 2014), Cognitive-Behavioral Therapy for cancer patients (Dr. S Ho, June – July, 2019), Family Focused Grief Therapy (D Kissane, 07/2019) and CALM therapy for late-stage cancer patients (G Rodin, 07/2019), Timely Palliative Care (D Hui, 10/2019)
2. 02/2019 to 07/2019: 1 palliative care physician, 4 psychiatrists, 3 psychologist, 2 social worker and 2 nurses completed an 1-day work of CALM therapy for patients with cancer of advance stages
3. 04- 07/ 2019: Plan for early palliative care approved and supported by by the hospital Board of Trustees and the hospital President and CEO (04/09), obtained consensus with all oncology physicians and nurse practitioners about timeliness of referral, (05/25), and endorsed by all clinical and administrative departmental chiefs for additional manpower and other support (07/01).

Results of connecting and Integrating Care



Summary (1)

- We aim to improve quality of life for all our patients and families in every stage of their medical care
- We have satisfactory coverage in the stage of diagnosis and curative treatment, and at the end of life
- We have tried to extend our Psycho-Oncology (psychosocial) services to all cancer patients, and palliative care to all patients in stage 4 disease who need it, especially for those types of cancer which have poor prognosis

Summary (2)

- On-going participation in national and international lectures and workshops regarding early palliative care is very helpful to our staff and our program
- Exposure of medical and nursing staff /trainees to palliative care will promote early palliative care
- We plan to use survey tools to assess patients' needs and use them and other criteria for trigger for "timely (early) referral" to psycho-oncology and/or palliative care.

The Connection

" … Once you have seen the patients, they are yours for life, unless they are cured and do not need you anymore; or that they died."

--- paraphrasing Dr. Jimmie Holland's memorable words

(Personal communication, 2003)

“Inviting the wisdom of death into life”

-- Frank Ostaseski, 2017(co-founder of the Zen Hospice Project in SanFrancisco, California USA)

“…..the truth is, death is always with us. ….. Nothing is permanent. ….. embracing the truth of life’s precariousness helps us to appreciate its preciousness.

We stop wasting our lives on meaningless activities.

We learn to not hold our opinions, our desires, and even our own identities so tightly. …..

we focus on the present and being grateful …..

We become kinder, more compassionate and more forgiving.”


Thank you very much!

The Five Invitations: Discovering what death can teach us about living fully -- Frank Ostaseski, 2017 (co-founder of Zen Hospice, SF, CA)

- 1. Don’t Wait.
- 2. Welcome Everything; Push Away Nothing.
- 3. Bring Your Whole Self to the Experience.
- 4. Find a Place of Rest in the Middle of Things.
- 5. Cultivate “Don’t Know” Mind)