

A new model to provide supportive care and care continuity for palliative care patients at home

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Introduction

Many people with post-acute and chronic morbidities want to be cared in the comfort of their homes in the presence of their loved ones.

Palliative care at home is all about providing this comfort and improving the quality of life of the patient and caregiver at home.

It helps to reduce the economic, psychological, social and physical burden on the family members.

There are many prevalent and emerging models that use remote monitoring technology and telehealth.

Yet, a crucial need being neglected is delivering **continuity of care** from the primary treating specialist who understands the case deeply. A related need is to ensure **compliance with the care regimen** and **management of episodes** at home with the help of qualified doctors and skilled nurses.

Objectives

Based on Cipla home care studies³, Smart Phone Applications in Palliative Home Care⁴, Swedish study reported in JMIR Research Protocols Aug 2017⁵, and our own survey, we took up the following objectives, for patient care at home

- Continuing the care from the Primary Specialist.
- Episodic management, thereby preventing avoidable emergency visits and re-admissions.

Method

Over the past 18 months, we have evolved a blended solution working with many palliative care specialists in Bangalore and caring for 100+ patients

This solution combines **clinical telepresence technology** with **clinical collaboration model** and **clinical workflows**, protocols and methods of intervention, to provide continuity of care.

A Ubiqare Physician, trained in palliation, carries out the care protocol as specified by the specialist, extending his/her care, co-ordinates with care providers, supervises clinical interventions as and when needed and ensures patient's comfort at home.

Testimonials

Radhakrishna C:

"With Ubiqare by our side, we - as a family, are more confident of handling emergencies. A big thank you to the team of Ubiqare."

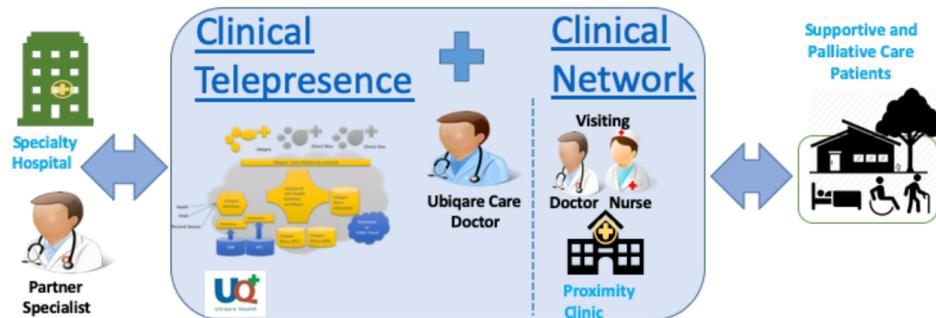
Vivek S

"Ubiqare's specialised follow up medical care at homemakes the patient comfortable and his family tension free".

Usha W

"Ubiqare allowed us to provide good medical care at comfort of home In desperate situations when a family is trying to cope, Ubiqare's role made us highly functional."

Model



Cohort Overview

For this study, we have selected data of 84 cancer patients to whom we have extended palliative care at home, between Jan-19 to Dec-19, totalling to 2000 patient-days of care.

Chart1: Patient Data - Care Duration and Episodes



Chart2: Interventions Managed at Home

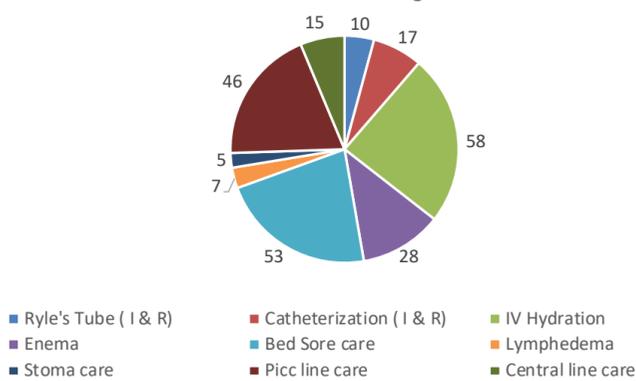
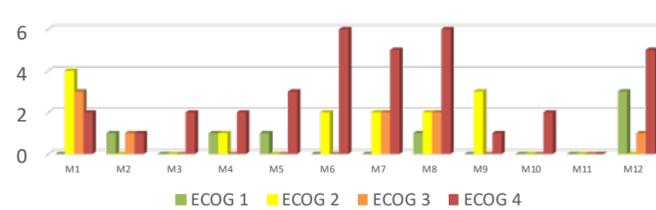


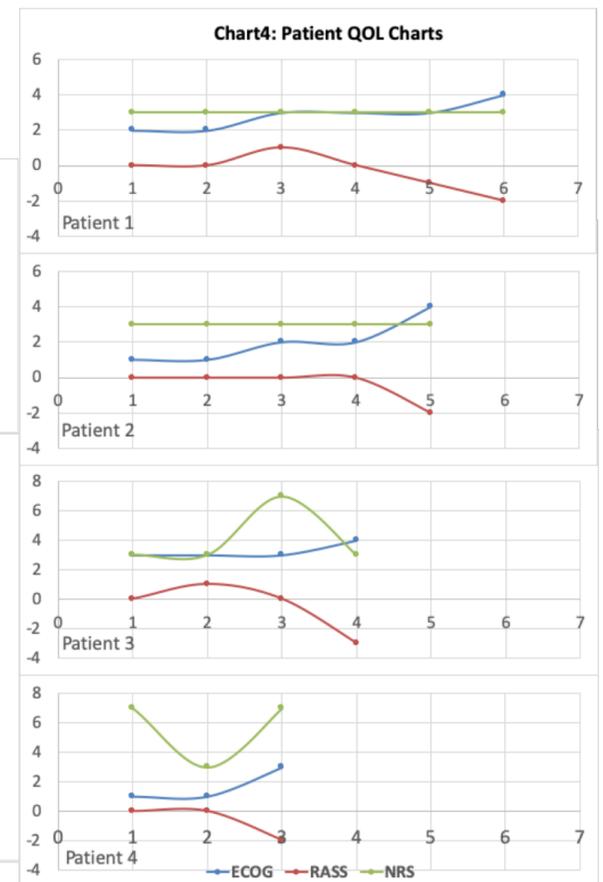
Chart3: ECOG Chart - Patients



Cohort Observations

The 84 patients were cared for at home, majorly over 1 to 3 months duration. (See Chart 1).

Over 340 episodes were handled at home using this care model effectively preventing re-admissions or re-visits at the rate of approximately 2/patient/month. (see Chart 1).



A wide range of skilled interventions were managed at home for patients at different ECOG levels by combining technology and last-mile network of clinical staff. (See Chart 2 and 3.). We

believe this list can be enhanced as last-mile network skills get developed.

The sample QoL charts (Chart 4) show how effectively this model has worked in providing pain relief and comfort to patients at home in terminal stage.

Conclusion

It is feasible to deliver effective palliative care and specialist care extension to patients at home, even for complex morbidities as experienced in many terminal care cases. The solution lies in cleverly blending technology, trusted network and proximal resources. This template has also worked for many chronic cases who are not in end-of-life condition. The specialists engaged in this model too find this effective in controlling patient outcomes. We believe that this template can cover all follow-up secondary/ tertiary care requirements at home.

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