

Community-Based Palliative Care: An Important Thread in Seamless Care



Rosemary Baughn
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The 82-year-old New Yorker had been living with chronic obstructive pulmonary disease (COPD) for quite some time, managing his symptoms at home with the help of a care team. But when his condition worsened, which can be frightening for a patient and their family, Nurse Practitioner June Stanley, who leads the palliative care program for VNSNY's Care Management team, sat down with the patient's concerned son and explained the benefits of palliative care — a critical link in providing seamless care to help people live and age well with serious chronic conditions.

"We'll manage his oxygen so he's not becoming short of breath," June told the son, who was visiting from out of state and worried about his father being on his own. "We'll also look at his medications, and we'll visit more often and call to see how he's doing. We'll put him on some monitoring and coordinate all the services."

The [Center to Advance Palliative Care](#) (CAPC) estimates that 6 million Americans could benefit from palliative care. What community-based palliative care provides is an additional layer of support — physical, psychological, and social — for patients and their families who are facing challenges associated with serious illness. This specialty — which is often delivered in the hospital but can also be delivered at home, by an interdisciplinary team — involves providing comfort and relief as a companion to curative care, offering options to patients and their families, improving quality of life, and respecting goals of care.

A relatively new field that grew up with the hospice movement, palliative care is a specialty that is particularly right for these times. In 2001, only about 30 percent of hospitals had a palliative care program, while in 2019 more than 81 percent did, according to [CAPC](#). Figures are hard to come by for in-home palliative care, but the organization where I work, the [Visiting Nurse Service of New York](#), has overseen a definite increase in its home-based palliative care.

Palliative care has come into the public conversation more and more lately because of two very different public health developments. For the last two years, the COVID-19 pandemic has been responsible for nearly 1 million deaths in this country alone and immeasurable severe illness. The rate at which people were filling hospitals and dying during the pandemic has heightened awareness of what it means to alleviate suffering and manage symptoms through a serious, complex illness.

At the same time, most American adults — [60 percent](#), according to the Centers for Disease Control — live with at least one chronic illness, and 40 percent live with more than one (the figure goes up with age). That puts an additional responsibility on the health care system to provide seamless care to people living with heart disease, COPD, diabetes, certain cancers that can be considered chronic, and liver or kidney diseases, to name some of the most common chronic illnesses. Community-based palliative care is an increasingly important part of the care plan for these conditions, filling what has too often been a gap in seamless care at a critical juncture in life — when someone is getting more severely ill but is not yet at end of life or ready for hospice.

People often confuse hospice and palliative care, because both provide specialized care at the latter stages of an illness. Hospice refers to a complete array of end-of-life care — including nurse-led symptom management, spiritual care, social work — for terminally ill people whose life expectancy is assessed to be less than six months. Palliative care is for people who have a serious progressive illness or one whose symptoms are increasingly difficult to manage, but who may or may not be terminally ill. Frequent hospitalizations and functional decline are key indicators that someone would benefit from palliative care. Palliative care specialists also help patients and families begin advance care planning and put advance directives into place.

Says Carolyn Sage, Associate Clinical Director of VNSNY Medical Care at Home team, who oversees nurse practitioners delivering palliative care, “We reach people at the point where we’re seeing those chronic conditions starting to decline, but they’re not quite ready for hospice. Maybe they’re losing weight, having trouble breathing, or struggling with a nonhealing wound. They do need that extra level of care and support to help them understand the chronicity of their illness and get them ready for what’s to come down the road.”

As today’s health care universe continues to realign itself in response to the COVID-19 pandemic, the comfort and compassionate care that we are able to offer those we serve continues to be first priority. Bringing palliative care into the home for those with multiple and often complex chronic illnesses is one of the best ways we can assure the delivery of holistic, top-quality care — care that keeps the patient’s life and personal goals in focus.

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