

Integrating palliative care with primary care: A synergistic mix

Sir,

In reference to the editorial titled “A primary care-based patient centric palliative care model” by Raina *et al.*,^[1] we would like to supplement the topic with a few more information and our comments.

Adult patients suffering from advanced and serious illnesses such as late-stage cancer, advanced heart or renal failure and neurodegenerative diseases such as moderate to severe Parkinson’s disease or Alzheimer’s disease^[2] experience quite a high burden of physical symptoms, limitation in normal functioning, and declining quality of life (QoL) over the course of the illness.^[3] Taking proper care of these patients can often be a daunting task, both physically and emotionally, for the families and the loved ones. The scope and extent of the challenges associated with managing advanced and life-limiting illnesses is only expected to increase given the growing proportion of the Indian population which is aging and is likely to have multiple co-morbid health conditions and the projected shortage of primary care physicians to care for them.

Since palliative care usually involves multiple physicians, including both primary and specialty care providers and across multiple healthcare settings, communication and coordination among various clinicians as well as communication and decision making between various clinicians, patients, and their caregivers becomes important to achieve the primary goal of primary care: addressing supportive care needs and improving the quality of life of patients and their caregivers.

Care coordination is a major priority for critically ill patients, who transition between inpatient, outpatient, and emergency care. In such a scenario, primary care-driven patient-centered medical homes (PCMHs)^[4] can be an important tool in our country to proactively manage population of such seriously ill patients and co-ordinate care across the healthcare delivery settings. This way, the approach of primary care-based patient centric palliative care as mentioned in the editorial^[1] can truly be realized. Such a delivery system may offer an ideal setting for early longitudinal palliative care.

One of the innovative models for delivery of palliative care is nurse practitioner-led Primary Palliative Care Clinic (PPCC) which is established at the Harborview Medical Center in Seattle, Washington.^[5] They receive referrals from various healthcare

service providers and nursing facilities to provide primary care for patients with critical illnesses. Primary care physicians co-manage and co-ordinate care for such patients. This is again something which we can think of incorporating in our existing healthcare delivery system.

Palliative care, by definition, is patient centered. It aims to deliver patient-centered care by formulating and implementing care plans consistent with patient and caregiver goals and preferences. Integration of palliative care into primary healthcare setting improves QoL for seriously ill patients. Waiting until the end stage of a disease before referring for palliative care means that the patients miss out on improving their QoL throughout their treatment.^[6]

The suggested models not only depends on the familiarity of the primary care physicians with palliative care but also rests on whether the primary care team has members with palliative care expertise. These are early steps towards the necessary evolution of patient-centered care for critically ill patients. Comparative effectiveness research (CER) studies to compare different models and approaches to deliver palliative care to patients with advanced illnesses and their caregivers should be performed to come up with guidelines for primary care-based patient centric palliative care in India.

Incorporation of such a sustainable model integrating palliative care with primary care into the healthcare delivery system should be preceded by a change in the mindset and the way of thinking of the physicians besides changes in the current MBBS curriculum of India. Knowledge about primary care and rational usage of the commonly prescribed drugs in palliative care play important roles in managing patients and delivering palliative care in a primary care setting. Hence, imparting sufficient understanding of the palliative care techniques and rational prescribing to medical students so that they can modify treatment regimen if needed, add or delete drugs based on needs, deal with complex drug interactions, adverse drug events, and patient concordance^[7] while providing palliative care is of utmost importance.

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Conflicts of interest

There are no conflicts of interest.

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