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# Emergency Medicine Palliative Care Access (EMPallA): Preliminary Data from a Multi-Center Randomized Controlled Trial

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**Emergency Medicine Palliative Care Access (EMPallA): Preliminary Data from a Multi-Center Randomized Controlled Trial**

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**Disclaimer**

All statements in this report, including its findings and conclusions, are solely those of the authors and do not necessarily represent the views of the Patient-Centered Outcomes Research Institute (PCORI), its Board of Governors or Methodology Committee.

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**Introduction:** Emergency department (ED)-initiated palliative care has been shown to improve patient-centered outcomes in older adults with serious illnesses, but the optimal modality for providing such interventions is unknown. The EMPallA trial compares nurse-led, telephonic case management with specialty, outpatient palliative care on: 1) patient quality of life (QOL); 2) healthcare utilization; 3) loneliness and symptom burden; and 4) caregiver strain, QOL, and bereavement.

**Objective:** Summarize preliminary demographic and QOL data for the EMPallA cohort.

**Methods:** A pragmatic, parallel, two-arm randomized controlled trial is enrolling 1350 ED patients across 9 EDs over 3 years to compare the effectiveness of palliative care models. Eligible patients have end-stage heart failure, renal disease, chronic obstructive pulmonary disease (COPD), or cancer. Baseline data is collected at bedside using surveys. Functional Assessment of Cancer Therapy - General (FACT-G) QOL scores are rescaled into T-scores based on general US and cancer patient samples, standardized with mean 50 and standard deviation 10.

**Results:** 138 patients enrolled from April 16 to October 16, 2018. Average age was 69 years; 55% were female, and 55% were white. Advanced cancer was most prevalent (48%), followed by heart failure (24%), COPD (23%), and end-stage renal disease (15%). Average FACT-G T-scores were 41 (general population) and 40 (cancer patients), which are below population means of 50 by more than 5, a clinically-meaningful difference.

**Discussion:** This gender-balanced, racially-diverse cohort stands to benefit in QOL from palliative care. When trial enrollment and follow-up are complete, the impact of interventions can be assessed.