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# Northern New England Palliative Care Teleconsult Research Laboratory

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# NORTHERN NEW ENGLAND PALLIATIVE CARE **TELECONSULT RESEARCH LABORATORY**

Ava Daruvala BA, Rebecca N. Hutchinson MD MPH, Eric Anderson PhD, Paul Han MD MA MPH **Center for Outcomes Research and Evaluation** 

# Introduction

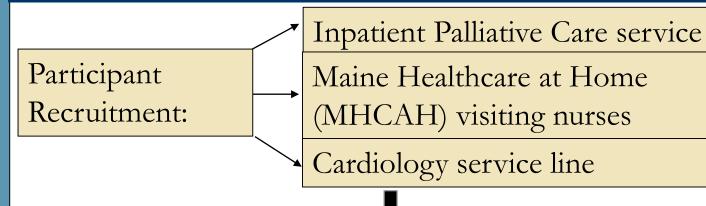
- Palliative care (PC) is an approach that improves the quality of life of patients and their families.
- Delivery of PC via telehealth technology (tele-PC) has been proposed as a solution to increase access to PC in rural areas.
- The feasibility, acceptability, and effectiveness of applying telehealth technology to PC remains unknown.
- The overarching purpose of the proposed study is to 1) evaluate the feasibility and acceptability of a tele-PC intervention for seriously ill patients, and 2) generate pilot data to better understand provider-patient communication during tele-PC consultations.

# Methods

# • Subject cohorts:

- Advanced heart failure patients (n=10)
- o Primary caregivers of advanced heart failure patients
- Visiting nurses who regularly work with advanced heart failure patients
- Clinicians who deliver the tele-PC consultation

Figure 1: Protocol Overview



Pre-Consult Surveys:

- Patient Baseline
- Kansas City Cardiomyopathy Questionnaire-12 (KCCQ-12)

Day of Teleconsultation:

- PANAS survey Teleconsultation PANAS survey (Based on serious
  - illness conversation guide.
  - PC clinician to discuss patient's
  - understanding of illness, information
  - preferences, prognostic awareness, functional

priorities, goals, fears, hopes, worries, and strengths.)

# Post-Consult:

- Surveys o Patient Follow Up (48 hours post consult) -Feasibility and acceptability questions
  - o KCCQ-12 (2 weeks post consult)
- Qualitative Guided Interview (2 weeks post consult)

# **Ouality of life**

			11				
	Considering all parts of						
SC	social, spiritual, and fir						
W	would you rate your q						
	0	1	2	3			
V	ery Bad						

Consideri	ng al	ll par	ts of	ξ yoι	ar life	e-p	hysic	cal, e	mot	ional,
social, spiritual, and financial – over the past week, how										
would you	would you rate your quality of life?									
0	1	2	3	4	5	6	7	8	9	10
Very Bad										Excellent
Distress f	Distress from uncertainty									
Over the	past	wee	k, ho	w m	uch	have	e you	beer	n bo	thered by
uncertain	- ty ab	out	what	to e	xpec	t fro	om th	ne co	urse	of your
illness?	•				Ŧ					•
Not at all		Sligh	tly	Moderately Quite a bit Complete				Completely		
Prognostic awareness										
If you ha might live		take	a gu	ess, I	how	long	g do y	you t	hink	x you
1 year		2 yea	ars	5	5 year	S	•	ears c	or	Other
Perceptio	ons o	of pa	tien	t cei	ntere	ed co	omn	nuni	catio	on

at all	Slightly

If you had might live?	to take a g

Thinking about the tel					
much did you feel hea					
care clinician?					
Not at all	Slightly				

# Affect and emotion

Please indicate the extent to which you feel this way currently

currently.							
	Not	Very		А		А	Extremely
	at all	Slightly		Moderate		Great	
				Amount		Deal	
	1	2	3	4	5	6	7
Afraid	0	0	0	0	0	0	Ο
Hopeful	0	0	0	0	0	0	0
Sad	0	0	0	0	0	0	0
$\sim$		$\sim$		$\sim$	$\checkmark$	$\sim$	$\sim \sim \sim$

# **Responses to teleconsultation**

How would you compare having a conversation with the						
palliative care clinician using teleconsult compared to an in-						
person conversation?						
Teleconsult	Teleconsult	About the	Office Visit	Office Visit		
Much	a Little	Same	a Little	Much		
Better	Better	Same	Better	Better		

# **Quantitative Survey Questions**

leconsult conversation yesterday, how
rd and understood by the palliative

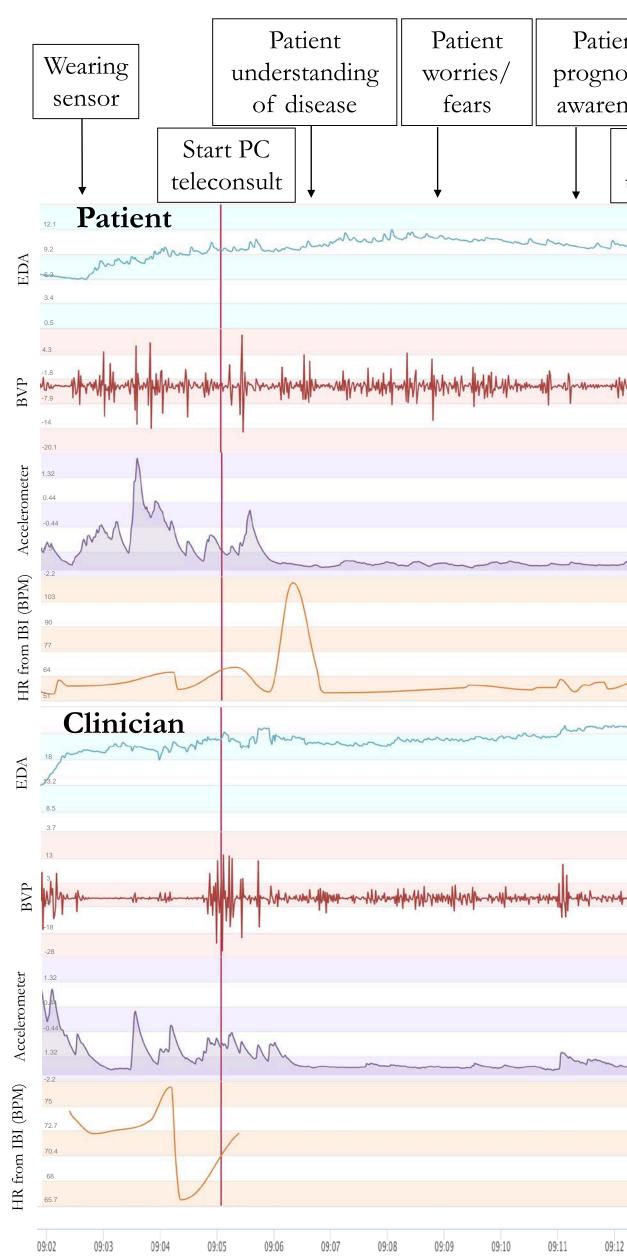
Moderately | Quite a bit | Completely |

# **Qualitative Data**

Qualitative data will include individual in-depth semistructured interviews with patients, caregivers, home nurses, and physicians.

# **Psychophysiological Data**

- Autonomic physiology is thought to relate to affective experience and can be unobtrusively measured without impeding the patient-clinician interaction using Empatica E4 sensors.
- We will explore 1) whether observed physiological changes are consistent with an affectively evocative conversation and 2) the variance of physiological responses, and the extent to which physiological states change during the tele-PC conversation.





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# Video/Audio Data

- Teleconsultations will be conducted and recorded via tablets provided by Maine Healthcare at Home and Health Recovery Solutions (HRS).
- Audio and video recordings will be analyzed in conjunction with psychophysiological data via machine learning.



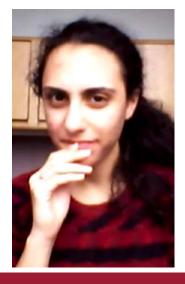












Challenges

- Technology
  - Reliable connection from clinician computer to patient tablet
  - o Reliable sensor data capture
  - Quality of audio and video recording
- Mode and timing of survey administration in this elderly patient population

# Our partners • Maine Healthcare at Home

- o MHCAH delivers high quality, home based health services by professionally trained nurses, therapists, and social workers, particularly for chronic disease management.
- o In partner with Health Recovery Solutions (HRS), MHCAH provides their patients with technology for quick access to healthcare providers.
- University of Vermont (Vermont Conversation Lab)
  - We are working in parallel with Dr. Robert Gramling and his team of researchers at UVM, who are conducting this study in cancer patients.

Acknowledgements/Contact Information

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