## California HealthFax

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## Hotline Provides Peer Support For End Of Life Patient Care

Palliative care challenges aired in unique service

SAN DIEGO — The nation's first palliative care hotline staffed by physicians, nurse practitioners, and pharmacists is dispensing free expertise and consultations to colleagues faced with challenges in end-of-life patient care. The Institute for Palliative Medicine at San Diego Hospice launched the service with a three-year, \$1.2 million grant from United Health Foundation. The focus is on assisting under-served communities, which includes much of the state due to a shortage of palliative care specialists, says Helen McNeal, executive director of the institute. She says about half of California hospitals have dedicated palliative care programs that will be more in demand as the population gets older and sicker.

McNeal says the first hotline of its kind is open during business hours five days a week with experts on call for emergencies in the off-hours. Funded by grants and philanthropy, the institute is a teaching affiliate of the UC San Diego Medical School. It provides training for more than 200 doctors a year, conducts research into new care techniques and medication, and assists World Health Organization groups with palliative medicine education. The hotline idea was hatched because the institute receives a lot of calls seeking information from former medical students and visitors that showed a strong need to extend staff expertise to others, McNeal says.

The hotline was introduced in the San Diego area and is initially fielding a couple calls a day, but the volume is expected to climb sharply after a marketing campaign is rolled out in September that will publicize the service throughout California. Questions run the gamut with callers seeking advice on clinical issues such as helping patients with difficult pain or making inquiries about specific drugs and dosages, says institute provost Charles von Gunten, MD. "Our ability to relieve suffering has never been more powerful," von Gunten says, adding that integrating palliative care in the healthcare system will improve quality of care and reduce costs by providing patients what they need at the appropriate time. A barrier is a lack of palliative care specialists because the field is so new, he adds.

"There's an overwhelming need for palliative care," agrees Stuart Levine, MD, medical director of Southern California's HealthCare Partners Medical Group, which has made palliative care a priority in its policies and procedures and offers incentives for doctors to provide the service.

While usually associated with hospices, palliative care is critical for patients with chronic conditions before they get to the end stage of life, Levine says. A hotline for consultations may be helpful, he says, but a big challenge is getting doctors to spend extra time with patients. McNeal says the institute may use other grants to determine if the hotline helps change physician practice patterns in working with end-of-life patients.

Meanwhile, the institute is helping nursing schools in San Diego add more palliative care training, and may expand its fellowship program to include nurse practitioners, social workers, and home health providers.— *Barbara Marquand*