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Growing Global Leaders... Advancing Palliative Care





Pushing the Agenda: Engaging an International Organization

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LDI C2 RC3 October 13-18, 2013



Why Oncology?



The State of Oncology 1980s-1990s

Suffering

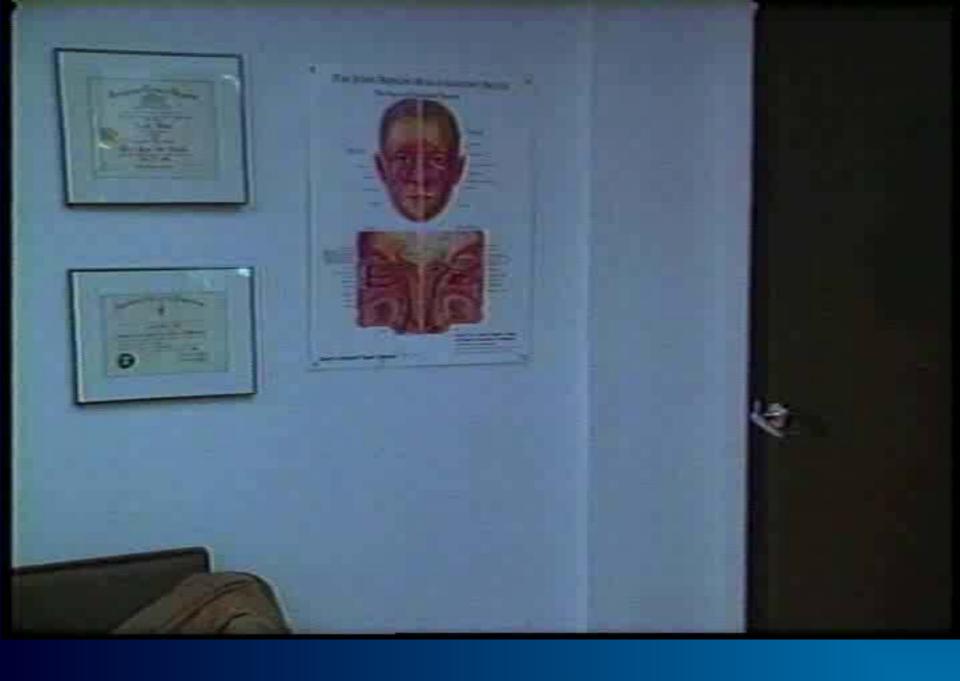
treatment-related symptoms



How do you feel?

Communication Skills

... or the lack of them



Model The Way...

...live what you say

...Model the Way...

Clarify values
Find your voice
Set the example
Reflect and act

Suffering

... disease-related symptoms



...Model the Way

Analgesic dosing service
ECOG survey
ASCO plenary

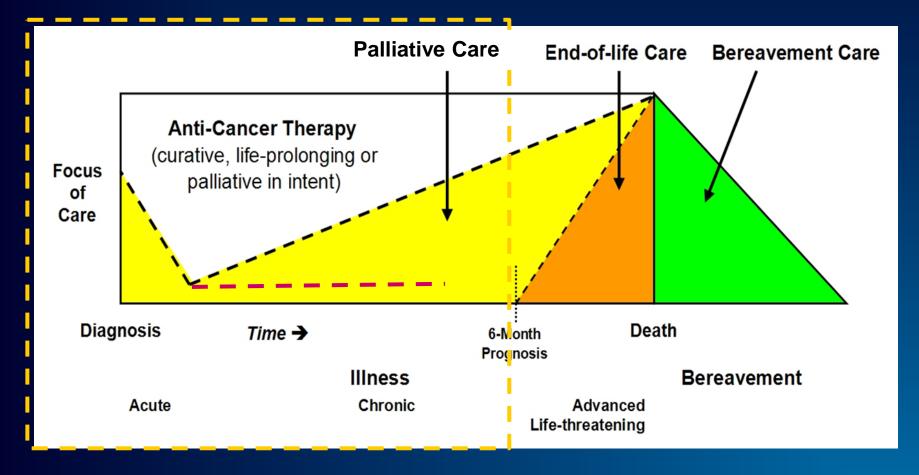
Inspire a Shared Vision...

the tribal nature of medicine

...Inspire a Shared Vision...

Imagine the possibilities
Find a common purpose
Appeal to common ideals
Animate the vision

...Inspire a Shared Vision...



02/20/1998 Cancer Care During the Last Phase of Life

ASCO SPECIAL ARTICLE

Cancer Care During the Last Phase of Life

Adopted on February 20, 1998 by the American Society of Clinical Oncology*

Executive Summary: The American Society of Clinical Oncology (ASCO) believes that it is the oncologists' responsibility to care for their patients in a continuum that extends from the moment of diagnosis throughout the course of the illness. In addition to appropriate anticancer treatment, this includes symptom control and psychosocial support during all phases of care, including those during the last phase of life. In an effort to assure that all patients and their families have access to optimal care at the end of life, ASCO firmly believes it is essential to emphasize a humane system of cancer care based on the following principles:

• Cancer care is centered around the longstanding and continuous relationship between the primary oncologist or other physician with training and interest in end-of-life care and the patient;

• Cancer care is responsive to the patient's wishes and to the parents' wishes if the patient is a child; • Cancer care is based on truthful, sensitive, empathic communication with the patient, and in the case of pediatric patients, that care is both family centered as well as child focused; and

• Cancer care optimizes quality of life throughout the course of an illness through meticulous attention to the myriad physical, spiritual, and psychosocial needs of the patient and family.

To reach these goals, ASCO has identified numerous obstacles that hinder delivery of high-quality end-of-life care and offers recommendations for improvements. ASCO is committed to informing its membership and the public about the significant barriers to optimal care at the end of life, and advocating legislative and regulatory changes that will eliminate these barriers.

J Clin Oncol 16:1986-1996. © 1998 by American Society of Clinical Oncology.

...Cancer Care at the End of Life...

90% learned by trial and error
38% traumatic patient experience

...Inadequate Training

- 81% prognostication
- 65% symptom control
- 66% no lectures on palliative care
- 90% no palliative care rotation

Challenge the Process...

Search for opportunities
Generate small wins
Experiment and take risks

... Challenge the Process...



... Challenge the Process...

IntegrationEducation

... Challenge the Process...

- Voice on ASCO committees
- Curriculum series
 - Optimizing Cancer Care: The Importance of Symptom Management
- Integration into Annual Meeting

... Challenge The Process

- ASCO Core Curriculum Outline
 EPEC-O
- Journal of Supportive Oncology
- Chicago Supportive Oncology Conference

...Enable Others To Act...

Foster collaboration
Strengthen others

... Enable Others To Act...

- The Art of Oncology- When the tumor is not the target
 Changes in the Annual Meeting
- Medical Oncology Blueprint

JOURNAL OF CLINICAL ONCOLOGY

ASCO SPECIAL ARTICLE

2009

From the San Diego Hospice and Palliative Care, San Diego, CA; M. D. Anderson Cancer Center, Houston, TX; Shaare Zedek Medical Center, Jerusalem, Israel; American Society of Clinical Oncology, Alexandria, VA; Flinders University, Adelaide, Australia; Queen's University, Kingston, Canada; Cantonal Hospital, St Gallen, Switzerland; and Northwestern University, Chicago, IL.

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Adopted by the American Society of Clinical Oncology Board of Directors, July 21, 2008.

Authors' disclosures of potential conflicts of interest and author contributions are found at the end of this article.

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Palliative Cancer Care a Decade Later: Accomplishments, the Need, Next Steps—From the American Society of Clinical Oncology

Frank D. Ferris, Eduardo Bruera, Nathan Cherny, Charmaine Cummings, David Currow, Deborah Dudgeon, Nora JanJan, Florian Strasser, Charles F. von Gunten, and Jamie H. Von Roenn

A B S T R A C T

Purpose

In 1998, the American Society of Clinical Oncology (ASCO) published a special article regarding palliative care and companion recommendations. Herein we summarize the major accomplishments of ASCO regarding palliative cancer and highlight current needs and make recommendations to realize the Society's vision of comprehensive cancer care by 2020.

Methods

ASCO convened a task force of palliative care experts to assess the state of palliative cancer care in the Society's programs. We reviewed accomplishments, assessed current needs, and developed a definition of palliative cancer. Senior ASCO members and the Board of Directors reviewed and endorsed this article for submission to *Journal of Clinical Oncology*.

Results

Palliative cancer care is the integration into cancer care of therapies that address the multiple issues that cause suffering for patients and their families and impact their life quality. Effective provision of palliative cancer care requires an interdisciplinary team that can provide care in all patient settings, including outpatient clinics, acute and long-term care facilities, and private homes. Changes in current policy, drug availability, and education are necessary for the integration of palliative care throughout the experience of cancer, for the achievement of quality improvement initiatives, and for effective palliative cancer care research.

American Society Clinical Oncology recommends... Concurrent palliative care for seriously ill cancer patients – from the beginning

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ASCO SPECIAL ARTICLE

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Approved by the American Society of

American Society of Clinical Oncology Provisional Clinical Opinion: The Integration of Palliative Care Into Standard Oncology Care

Thomas J. Smith, Sarah Temin, Erin R. Alesi, Amy P. Abernethy, Tracy A. Balboni, Ethan M. Basch, Betty R. Ferrell, Matt Loscalzo, Diane E. Meier, Judith A. Paice, Jeffrey M. Peppercorn, Mark Somerfield, Ellen Stovall, and Jamie H. Von Roenn

A B S T R A C T

Purpose

An American Society of Clinical Oncology (ASCO) provisional clinical opinion (PCO) offers timely clinical direction to ASCO's membership following publication or presentation of potentially practice-changing data from major studies. This PCO addresses the integration of palliative care services into standard oncology practice at the time a person is diagnosed with metastatic or advanced cancer.

... Enabling Others To Act...

• Virtual Learning Collaborative

- ASCO-AAHPM collaboration
- Web-based platform to disseminate evidence based palliative care in oncology
- Tool box of evidence based resources

... Enabling Others To Act

• VLC Pilot

- 20 oncology practices
- Structured practice improvement
- Share best practices, resources
- Provide proven palliative care toolbox

... Enabling Others To Act

- **Palliative Care Training for All**
- Randomized study
- Spaced education
- ASCO support

Encourage the Heart....

 Lessons from experience and accepting a new path...

"My story is broken..."



Howard Brody, 1994

... Encourage the Heart...

Recognize contributions Mentoring

... Optimism ...

"To accomplish great things, we must not only act but also dream, not only plan, but also believe."

Anatole France



응해 Gandhi... Gandhi... BELIEVE IN WE[™] Sourced to be the change You want to see in the world...

Kobacker House Columbus, Ohio