

***Developing a patient-centered approach to specialist palliative care delivery for seriously ill patients***

**Katherine Courtright, MD, MSPH**

Although most Americans wish to avoid aggressive medical care if they are seriously ill and near the end of life, many still receive such care in the final months of their lives. Increasing palliative care for this vulnerable population is widely advocated and has been shown to improve patient-centered outcomes. Yet, many of these patients rarely receive palliative care due, in part, to difficulties identifying which patients have unmet palliative care needs. Triggers are increasingly used to facilitate patient identification, but the acceptability of such approaches has not been explored among patients, caregivers, primary physicians, or palliative care specialists. The proposed study is a supplement to an ongoing palliative care study at UPHS of triggered specialty consultation (with physician opt-out) for hospitalized patients with high risk of 6-month mortality as determined from an electronic medical record predictive model. The primary objective of this supplemental study is to identify stakeholder preferences and perceptions regarding triggered specialty palliative care and to determine whether the rates of cancelled triggered palliative care consultations and reasons for these cancellations differ among patients based on diagnosis, age, race, and other factors. Participants will complete semi-structured interviews to identify core themes that will be compared across characteristics of physicians with high and low consult cancellation rates and patient factors. This work will be informed by the Patient and Family Advisory Council at the Hospital of the University of Pennsylvania and will elucidate acceptable and feasible approaches to increase palliative care for seriously ill patients to be tested in future pragmatic randomized trials.