Top Ten Things to Know
Palliative Care and Cardiovascular Disease and Stroke

1. Patients with many cardiovascular conditions have palliative care needs, including patients with heart failure, ventricular assist devices, heart transplantation, advanced age and multiple comorbidities, patients who suffer from chronic angina, and patients with frailty or dementia for whom internal cardioverter defibrillator (ICD) implantation is considered.

2. This policy statement provides background on the importance of palliative care as it pertains to patients with advanced cardiovascular disease (CVD) and stroke and their families and makes recommendations for policy approaches to increase its availability.

3. Recognizing that palliative care helps meet the priority needs of patients, better aligns patient care with preferences, supports clinical care best practices and may contribute to improved quality of care and outcomes for patients and families, the AHA/ASA supports a system of care that provides affordable, accessible, high-quality palliative care to patients early in the disease trajectory.

4. The AHA/ASA provides policy recommendations across five categories that include federal agencies, state agencies, payer-provider relationships, health systems/care transitions, and palliative care education and specialty certification, to do the following: encourage federal and state agencies to reimburse for comprehensive delivery of palliative care services; promote greater data sharing between payers and providers to identify patients in need of palliative care, as well as better payer models and outcome measures; address healthcare system policies for palliative care during hospitalization, which includes goals of care, treatment decision-making, family caregiver needs, and assistance with the transition to other care settings; and call for enhanced efforts in health professional education and training to increase the number of healthcare providers trained to deliver high quality palliative care services.

5. Integrating palliative care in the management of advanced CVD and stroke patients may provide the following benefits: improved patient and caregiver understanding of disease, treatment, and prognosis; improved treatment of symptoms and relief of suffering; shared decision making based on patient values, preferences, and goals; enhanced patient-clinician communication; individual advance care planning based on benefits, risks, and burdens of care; improved patient and caregiver outcomes; improved preparation for end-of-life and associated care; and bereavement support.

6. Several barriers exist for patients wishing to receive palliative care, including the reluctance of providers to refer patients to palliative care due to lack of knowledge about benefits or availability of services, limitations in payment systems for comprehensive palliative care services, provider discomfort in communicating with patients and families about palliative care, and lack of awareness or confusion by patients and families about its services.

7. In an assessment of home-based palliative care, all individuals had at least one goals of care discussion, a critical element of palliative care, compared to 41% of individuals in a control group.

8. Goals of care and end-of-life discussions have also been associated with better patient and caregiver quality of life.

9. Palliative care, defined as patient- and family-centered care that optimizes HRQOL by anticipating, preventing, and treating suffering, should be integrated into the care of all patients with advanced CVD and stroke early in the disease trajectory.

10. Palliative care specialists can work collaboratively with primary treating teams to help patients and families determine treatment goals, discuss prognosis, explore the death and dying process, and discuss hospice and end-of-life care and wishes, in addition to providing symptom relief, emotional, and spiritual support, and helping patients and families manage functional and cognitive deficits.