To describe the current availability of outpatient PC for PWP and their CP.

Response rate: 56.9%

We present results related to operationalized PC to include 5 key pillars:

1. Systematic management of non-motor symptoms,
2. Management of patient grief and psychosocial issues,
3. Care-partner support,
4. Annual advance care planning,
5. Timely referrals to PC specialist and hospice when needed.

A cross-sectional survey was sent to 661 healthcare professionals (including 288 physicians) at the 33 Parkinson’s Foundation US centers of excellence (COE).

This study was part of a larger study on implementing outpatient PC at the COE.


To improve PC approach for PD and address patient and family PC needs, more PC Education and Training for PD providers is recommended.¹

PC approach integration into traditional biomedical model is recommended.

To improve PC approach for PD and address patient and family PC needs, more PC Education and Training for PD providers is recommended.

Few PWP get timely referrals to PC specialist and hospice.

Patient emotions and CP needs are not adequately addressed.

More physicians assess and manage nonmotor symptoms.

Conclusions & Recommendations

• More physicians assess and manage nonmotor symptoms.
• Patient emotions and CP needs are not adequately addressed.
• Few PWP get timely referrals to PC specialist and Hospice.
• To improve PC approach for PD and address patient and family PC needs, more PC Education and Training for PD providers is recommended.¹
• PC approach integration into traditional biomedical model is recommended through improved access and support from institutional resources to national policies.⁵

Demographics

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Physicians (n = 164)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female, %</td>
<td>48.2</td>
</tr>
<tr>
<td>Age, y, mean (SD)</td>
<td>43.6 (11.1)</td>
</tr>
<tr>
<td>Time Working in Health Care (Post Training) y, mean (SD)</td>
<td>11.5 (11.4)</td>
</tr>
</tbody>
</table>

References:

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