MedStar Health

V1 September 2025

Palliative Care Study at MedStar Health

Frequently asked questions – Primary Hospital Teams

1. **What is the NEEDS-PC trial?**
   This is an NIH-funded, IRB-approved clinical trial being conducted in partnership with the MedStar Health Research Institute and the Palliative and Advanced Illness Research (PAIR) Center at the University of Pennsylvania.

2. **What are the goals of the NEEDS-PC trial?**
   The primary goals of this study are to increase delivery of evidence-based inpatient palliative care for adults who are most likely to benefit from it and to improve the quality and outcomes of care.

3. **Why might some patients need palliative care?**
   Palliative care is appropriate for any patient with a serious illness and (i) uncontrolled symptoms, (ii) emotional, social, or psychological stressors, (iii) care planning conversations (e.g., goals-of-care, code status), (iv) communication about illness understanding and prognosis, and/or (v) end-of-life care.

4. **Who will be included in the NEEDS-PC trial?**
   A weighted-score algorithm in the EHR will identify the highest-risk patients in MedStar Health hospitals. They will include hospitalized adults (≥18 years of age) with ≥1 acute or chronic serious illness, and with clinical documentation during the hospitalization of uncontrolled symptoms, severe functional or cognitive debility, and/or frequent acute care utilization. Patients cared for on the following services will be *excluded:* observation, rehabilitation or SNF, psychiatry or addiction, obstetrics and neonatal.

5. **What happens after eligible patients are identified?**
   The providers on the patient's primary inpatient team will receive an alert in the chart recommending inpatient palliative care consultation (see table for hospital alert schedule). The alert will only fire between 7AM-7PM when a provider (attending, nurse practitioner, physician assistant, resident) opens the chart after the algorithm identifies a patient meeting any time during their stay.

6. **Are these alerts the same as the palliative care alert used from 2020-2023?**
   No. This study differs in two important ways from the previous palliative care alert. The patient identification scoring system has been updated to identify the highest risk patients. And the alerts being tested in this study have been simplified based on user testing and clinician feedback and designed to include the most effective ways to promote best practice.

   Providers have the choice of (1) *proceeding* with the recommended palliative care consult; or (2) *deferring* the decision for 24 hours (e.g., to discuss with the interdisciplinary team or patient and family or learn more about the patient's condition), after which time they will receive 1 reminder alert only; or (3) *indicating* that they are not a member of the patient's primary team (despite our best efforts to target alerts to the right provider team, this may happen).

7. **Can I consult palliative care without the alert?**
   Yes. Any provider can order a palliative care consult for any patient at any time whether an alert was received or not, or of a previous response to the alert. Patients and families may also request or decline palliative care at any time.

8. What if I think the palliative care team is too busy?

You should order palliative care for any patient you think could benefit. The palliative care team will communicate with the primary team providers. Only the palliative care teams know their capacity at a given time, and they have a system and additional support for managing consult volume, including prioritizing the highest acuity consults. It is true that some days they may be too busy to see all consults; this happens in usual circumstances and is expected to occur more often during the study.

The demand for palliative care services, even if it cannot always be met, is an important finding that can inform future health system decisions regarding resources and staffing. Cancelling consults because the palliative care team may be busy is discouraged.

9. What if I already consulted inpatient palliative care or hospice?

The alert is suppressed for a patient if they have already received a palliative care or hospice consult during the hospitalization.

10. What if I think the patient may benefit from outpatient palliative care?

It is still appropriate to order an inpatient consult to facilitate coordination of palliative care services during transitions in care across healthcare settings. This enables the palliative care team to determine the patient's palliative care needs at present and how to best serve them after discharge (e.g., outpatient or telemedicine/home palliative care services).

11. When will my hospital begin to see the alert?

See the table below.

Hospital	Alert Go-Live Date
MHH	October 8, 2025
MFSMC	December 10, 2025
MMMC	February 12, 2026
MWHC	April 15, 2026
MSMH	June 17, 2026
MGUH	August 19, 2026
MGSH	October 21, 2026
MUMH	October 21, 2026
MSMHC	December 23, 2026

For further information, contact us:

For questions or comments, please contact us at **NEEDS-PC@medstar.net**

For more information, please visit **MedStarHealth.org/NEEDSPCtrial**

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