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It's how we treat people.

NEEDS-PC Trial Overview

(Nudging Effective and Equitable Delivery of Specialty Palliative Care)

What clinical problem are we solving?

Palliative care improves the quality, experience, outcomes, and costs of serious illness care.

Many seriously ill hospitalized patients never receive palliative care or receive it late, limiting potential benefit.

Innovative system solutions are needed to increase high-quality palliative care in a reliable, equitable, and efficient way.

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Key questions this study will address:

Does identifying patients with active palliative care needs improve quality and outcomes?

What is the effect of telling providers about palliative care needs?

What is the added effect of ordering palliative care with an opt-out?

What are important factors that influence the effect of these approaches?

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Who

~18,000 adult inpatients

How

NIH-funded real-world clinical trial

Partners: UPenn, MHRI

When

Aug 2025 - Sep 2027

Outcomes

- Palliative & end-of-life care quality
- Clinical outcomes
- Patient-centered outcomes
- Stakeholder experiences

Where

9 acute care hospitals

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Patient population

1. Age ≥ 18 years old
2. Admitted to an eligible service line*
3. Acute or chronic serious illness
4. Unmet palliative care needs:
    - Uncontrolled symptoms
    - Severe functional or cognitive debility
    - Frequent acute care utilization

*All service lines except: hospice, psychiatry, OB, neonatal, or rehab services

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Clinical trial timeline

August 6, 2025 – September 1, 2027

Hospital(s)	Study Arm Transition Timeline *											
	Aug 6 2025	Oct 8 2025	Dec 10 2025	Feb 11 2026	Apr 15 2026	Jun 17 2026	Aug 19 2026	Oct 21 2026	Dec 23 2026	Feb 24 2027	Apr 28 2027	Jun 30 2027
MedStar Harbor Hospital	Usual care (no alert)	Alert 1	Alert 1	Alert 1	Alert 2	Alert 2	Alert 2	Alert 2	Alert 2	Alert 2	Alert 2	Alert 2
MedStar Franklin Square Medical Center	Usual care (no alert)	Usual care (no alert)	Alert 1	Alert 1	Alert 1	Alert 2	Alert 2	Alert 2	Alert 2	Alert 2	Alert 2	Alert 2
MedStar Montgomery Medical Center	Usual care (no alert)	Usual care (no alert)	Usual care (no alert)	Alert 1	Alert 1	Alert 1	Alert 2	Alert 2	Alert 2	Alert 2	Alert 2	Alert 2
MedStar Washington Hospital Center	Usual care (no alert)	Usual care (no alert)	Usual care (no alert)	Usual care (no alert)	Alert 1	Alert 1	Alert 1	Alert 2	Alert 2	Alert 2	Alert 2	Alert 2
MedStar St. Mary's Hospital	Usual care (no alert)	Usual care (no alert)	Usual care (no alert)	Usual care (no alert)	Usual care (no alert)	Alert 1	Alert 1	Alert 1	Alert 2	Alert 2	Alert 2	Alert 2
MedStar Georgetown University Hospital	Usual care (no alert)	Usual care (no alert)	Usual care (no alert)	Usual care (no alert)	Usual care (no alert)	Usual care (no alert)	Alert 1	Alert 1	Alert 1	Alert 2	Alert 2	Alert 2
MedStar Good Samaritan Hospital + MedStar Union Memorial Hospital	Usual care (no alert)	Usual care (no alert)	Usual care (no alert)	Usual care (no alert)	Usual care (no alert)	Usual care (no alert)	Usual care (no alert)	Alert 1	Alert 1	Alert 1	Alert 2	Alert 2
MedStar Southern Maryland Hospital Center	Usual care (no alert)	Usual care (no alert)	Usual care (no alert)	Usual care (no alert)	Usual care (no alert)	Usual care (no alert)	Usual care (no alert)	Usual care (no alert)	Alert 1	Alert 1	Alert 1	Alert 2

Study Arms

- Usual care (no alert)
- Alert 1
- Alert 2

*Each column represents a 9-week period

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Real-time Perspective

Patient with an acute and/or chronic serious illness is on your inpatient service.

Interdisciplinary documentation of active symptoms, functional or cognitive debility, acute care utilization.

Automated algorithm evaluates chart throughout hospital stay to identify patients meeting criteria.

Alert fires (7AM-7PM) to primary team providers recommending an inpatient palliative care consult.

Provider, patient, or family can request or decline a palliative care consult for any patient at any time.

Palliative care receives consult and follows usual consult procedures, and triage of highest acuity.

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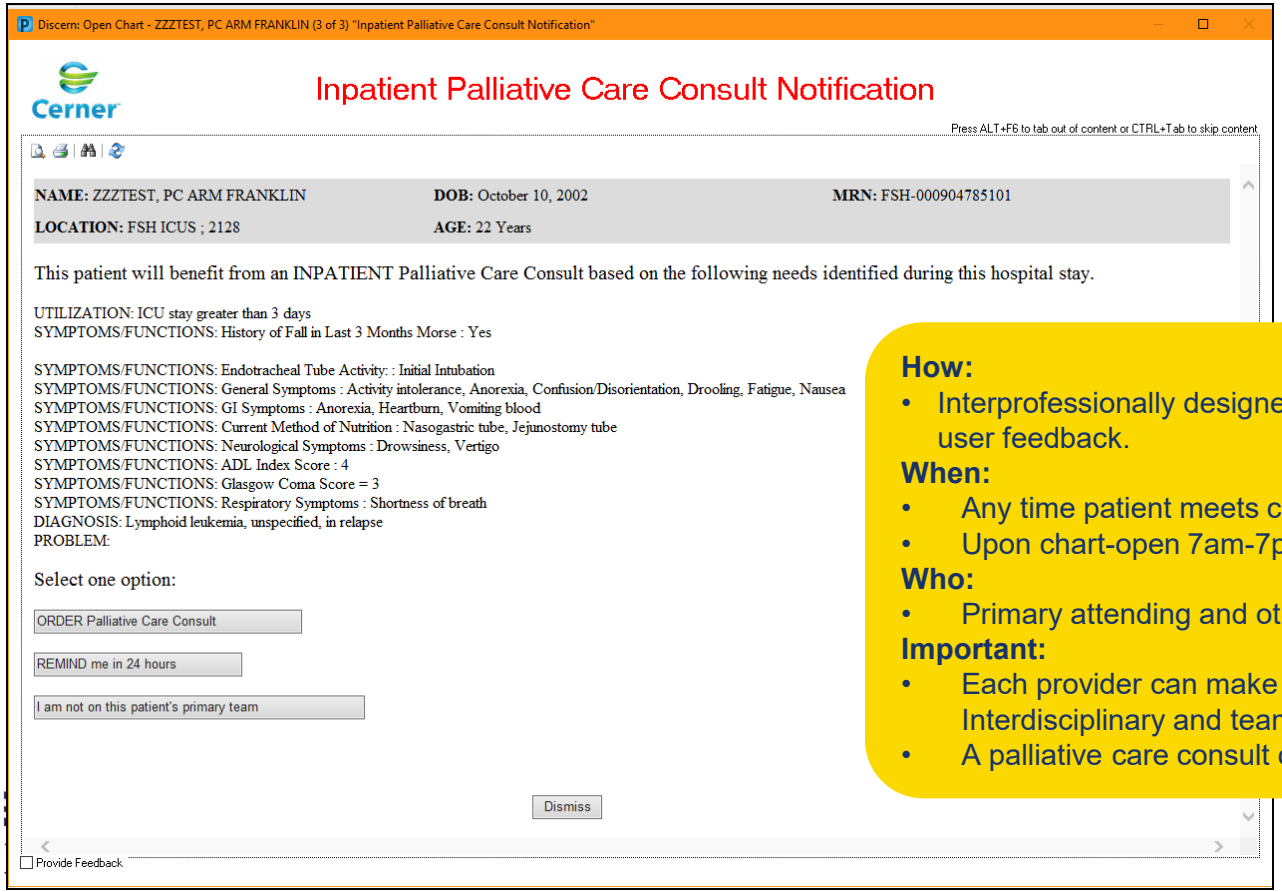
Example of palliative care alert



How:
- Interprofessionally designed. Pilot tested. Revised with end-user feedback.

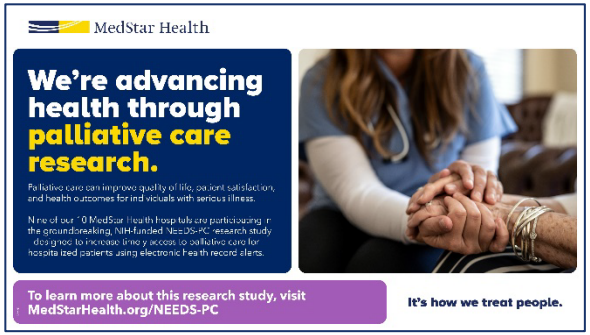
When:
- Any time patient meets criteria after 24 hours length of stay
- Upon chart-open 7am-7pm

Who:
- Primary attending and other providers on the primary team.

Important:
- Each provider can make independent choice for a patient. Interdisciplinary and team communication is encouraged.
- A palliative care consult can be ordered at any time.

Available resources

- Talking points
- FAQs:
  - Providers
  - Palliative care teams
- Flyer with study info
- Local presentations
- Study website



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For more information:

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MedStarHealth.org/NEEDSPCtrial

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