



MedStar Health

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.



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?



NEEDS-PC



Who

~18,000 adult inpatients



When

Aug 2025 - Sep 2027



Where

9 acute care hospitals



How

NIH-funded real-world clinical trial
Partners: UPenn, MHRI



Outcomes

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



Patient population



1. Age $\geq$ 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



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.



Example of palliative care alert

Discern: Open Chart - ZZZTEST, PC ARM FRANKLIN (3 of 3) "Inpatient Palliative Care Consult Notification"

 **Inpatient Palliative Care Consult Notification**

Press ALT+F6 to tab out of content or CTRL+Tab to skip content

NAME: ZZZTEST, PC ARM FRANKLIN **DOB:** October 10, 2002 **MRN:** FSH-000904785101
LOCATION: FSH ICUS ; 2128 **AGE:** 22 Years

This patient will benefit from an INPATIENT Palliative Care Consult based on the following needs identified during this hospital stay.

UTILIZATION: ICU stay greater than 3 days
SYMPTOMS/FUNCTIONS: History of Fall in Last 3 Months Morse : Yes

SYMPTOMS/FUNCTIONS: Endotracheal Tube Activity : Initial Intubation
SYMPTOMS/FUNCTIONS: General Symptoms : Activity intolerance, Anorexia, Confusion/Disorientation, Drooling, Fatigue, Nausea
SYMPTOMS/FUNCTIONS: GI Symptoms : Anorexia, Heartburn, Vomiting blood
SYMPTOMS/FUNCTIONS: Current Method of Nutrition : Nasogastric tube, Jejunostomy tube
SYMPTOMS/FUNCTIONS: Neurological Symptoms : Drowsiness, Vertigo
SYMPTOMS/FUNCTIONS: ADL Index Score : 4
SYMPTOMS/FUNCTIONS: Glasgow Coma Score = 3
SYMPTOMS/FUNCTIONS: Respiratory Symptoms : Shortness of breath
DIAGNOSIS: Lymphoid leukemia, unspecified, in relapse
PROBLEM:

Select one option:

☐ Provide Feedback

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:

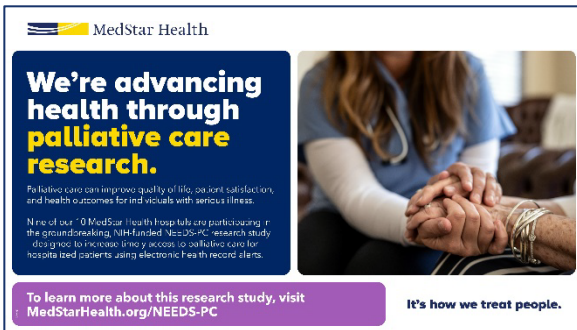
- Primary attending and other providers on the primary team.

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



The flyer features the MedStar Health logo at the top left. The main headline reads "We're advancing health through palliative care research." in white and yellow text on a dark blue background. Below this, a smaller paragraph states: "Palliative care can improve quality of life, patient satisfaction, and health outcomes for individuals with serious illness." Another paragraph mentions: "Nine of our 12 MedStar Health hospitals are participating in the groundbreaking, NIH-funded 'NEEDS-PC' research study designed to increase timely access to palliative care for hospitalized patients using electronic health record alerts." A purple banner at the bottom left contains the text: "To learn more about this research study, visit MedStarHealth.org/NEEDS-PC". On the right side of the flyer is a photograph of a healthcare professional in a blue uniform holding a patient's hand. At the bottom right, the tagline "It's how we treat people." is displayed.

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For more information:



NEEDS-PC@medstar.net



[MedStarHealth.org/NEEDSPCtrial](https://www.MedStarHealth.org/NEEDSPCtrial)

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