

April 30, 2020

National Institutes of Health (NIH) COVID-19 Treatment Guideline Panel Co-Chairs NIAID-NIH Executive Secretary, Division of Clinical Research 5601 Fishers Lane, MSC 9806 Bethesda, MD 20892-9806

Via electronic submission: COVID19TreatmentGuidelines@nih.gov

Dear Drs., Gulick, Lane, Masur and Pau:

The undersigned organizations offer our deep gratitude for your timely development and dissemination of the National Institutes of Health (NIH) COVID-19 Treatment Guidelines. As health care professionals, health systems, and communities everywhere face the rapidly evolving COVID-19 pandemic, evidence-based guidance from a trusted source is both needed and welcomed. We also applaud your commitment to frequently update the NIH COVID-19 Treatment Guidelines as published data and other authoritative information becomes available.

One area of acute need is expert guidance to provide high-quality palliative care to patients with serious COVID-19 illness. Our organizations together represent the medical, nursing, social work, pharmacy and spiritual care professionals who deliver palliative care with specialized training and expertise in pain and symptom management, difficult communication, end-of-life care, and bereavement support. Additional organizations supporting this letter include organizations dedicated to advancing the interests of patients and families facing serious illness, including COVID-19. These organizations represent patients and their caregivers, health professionals, and health care systems.

Our members on the frontlines of the COVID-19 pandemic are experiencing unprecedented demand for their services. As the NIH COVID-19 Treatment Guidelines underscore, many at-risk individuals, especially older adults with COVID-19 infection experience respiratory failure, renal failure, prolonged critical care, and increased risk of death. These risks are magnified for the many individuals who are older and/or with pre-existing serious illnesses like advanced cancer, heart or lung disease, dementia and frailty. As a result, hospitals and health systems are leaning heavily on their palliative care professionals and teams to provide essential services and supports, including real-time consultation and ready-to-use tools for treating clinicians.

To make these resources more widely available, we respectfully request the opportunity to provide evidence-based and expert palliative care content<sup>i,ii</sup> for inclusion in the NIH COVID-19 Treatment Guidelines. Leading authorities and researchers in our field have developed such content in key areas – including symptom management, communication, end-of-life care and

caregiver support – much of which has already been adapted for use in the COVID-19 pandemic. (See examples included at the links below). We stand ready to work with you and the Panel to incorporate this essential content into the Guidelines using the existing frameworks for grading strength of recommendations and quality of evidence.

We appreciate your consideration and would be happy to discuss further at your earliest convenience. Please contact Amy Melnick, Executive Director, National Coalition for Hospice and Palliative Care at <a href="mailto:amym@nationalcoalitionhpc.org">amym@nationalcoalitionhpc.org</a> or 202-306-3590 for more information or to arrange to confer with experts from our leadership.

Sincerely,

American Academy of Hospice and Palliative Medicine American Geriatrics Society Association of Pediatric Hematology/Oncology Nurses Association of Professionals Chaplains

Catholic Health Association

Center to Advance Palliative Care

Coalition for Compassionate Care of California

Coalition to Transform Advanced Care

**GO2** Foundation for Lung Cancer

HealthCare Chaplaincy Network

Hospice and Palliative Nurses Association

National Association of Home Care and Hospice

National Hospice and Palliative Care Organization

National Palliative Care Research Center

National Patient Advocate Foundation

**Oncology Nursing Society** 

Palliative Care Quality Collaborative

Physician Assistants in Hospice and Palliative Medicine

ResolutionCare Network

Social Work Hospice and Palliative Care Network

Society of Pain and Palliative Care Pharmacists

Supportive Care Coalition

## **Example Organizational Tool Kits to Support COVID-19 Response Efforts**

- National Coalition for Hospice and Palliative Care Communication and Symptom Management Toolkit: <a href="https://www.nationalcoalitionhpc.org/covid19toolkit/">https://www.nationalcoalitionhpc.org/covid19toolkit/</a>
- VitalTalk: <a href="https://www.vitaltalk.org/guides/covid-19-communication-skills/">https://www.vitaltalk.org/guides/covid-19-communication-skills/</a>
- Center to Advance Palliative Care: <a href="https://www.capc.org/toolkits/covid-19-response-resources/">https://www.capc.org/toolkits/covid-19-response-resources/</a>

- National Hospice and Palliative Care Organization: <a href="https://www.nhpco.org/coronavirus">https://www.nhpco.org/coronavirus</a>
- American Academy of Hospice and Palliative Medicine: http://aahpm.org/education/covid-19-resources
- National Association for Home Care & Hospice: <a href="https://www.nahc.org/resources-services/coronavirus-resources/">https://www.nahc.org/resources-services/coronavirus-resources/</a>
- Hospice and Palliative Nurses Association: <a href="https://advancingexpertcare.org/covid-19-resources">https://advancingexpertcare.org/covid-19-resources</a>
- Palliative Care Quality Collaborative COVID-19 Case Report: <a href="https://palliativequality.org/covid-19-case-report">https://palliativequality.org/covid-19-case-report</a>

<sup>&</sup>lt;sup>i</sup> National Consensus Project for Quality Palliative Care. Clinical Practice Guidelines for Quality Palliative Care, 4<sup>th</sup> edition. Richmond, VA: National Coalition for Hospice and Palliative Care; 2018. https://www.nationalcoalitionhpc.org.ncp

Ahluwalia SC, Chen C, Raaen L, et al. A systematic review in support of the National Consensus Project Clinical Practice Guidelines for Quality Palliative Care, Fourth Edition. *JPSM*, 2018 December;56(6):831-870. doi: https://doi.org/10.1016/j.jpainsymman.2018.09.008