

# The multidimensional needs assessment in the first palliative care visit (MAP): A multicenter feasibility study.

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## BACKGROUND

MAP is an expert panel-endorsed interview guide that would enable proactive and systematic Multidimensional needs Assessment in the Palliative care initial encounter (1). MAP is a consensus-based, semi-structured clinical interview guide for a comprehensive and systematic initial assessment of major palliative needs. The implementation of MAP is intended to facilitate the assessment of palliative needs in order to provide personalized care that meets the relevant needs of the patient. This is relevant because studies show a high level of unmet needs among palliative care patients and their families. (2,3,4)

**OBJECTIVE:** To assess the ecological validity of MAP in actual palliative care clinical practice, a feasibility study was conducted.

## METHODS

Table 1

Definition of outcomes and criteria for assessing the feasibility of MAP.

OUTCOME	DEFINITION	MEASUREMENT	CRITERIA
1 ACCEPTABILITY	Patient and family opinion on the appropriateness of the MAP	Likert scale (1 completely inappropriate; 5 extremely appropriate).	≥ 75% of patients score ≥ 3.
2 PARTICIPATION	Proportion of eligible cancer patients who are evaluated following MAP and in whom more than 50% of the needs included in it were collected.	Number of patients who were evaluated by MAP with more than 50% of the collected needs divided by the total number of patients recruited.	≥ 75% of patients are eligible.
3 ADAPTATION	Perceived usefulness by the health professional.	Likert scale (1 totally useless; 5 very useful)	≥75% of healthcare professionals score ≥3.
4 APLICABILITY	Execution time	Elapsed time in minutes	Time spent assessing the patient with MAP less than 60 minutes
5 IMPLEMENTATION	Successful execution	Researchers verify that the medical record captures the completeness of the needs included in MAP	≥80% of the needs included in MAP are recorded in the participants' medical records.

A multicenter study with the participation of **10 palliative care centers throughout Spain**. All patients with **advanced cancer**.

The final sample included a total of **239** patients from different palliative care services. MAP assessment was performed at the first visit with the palliative care team on:

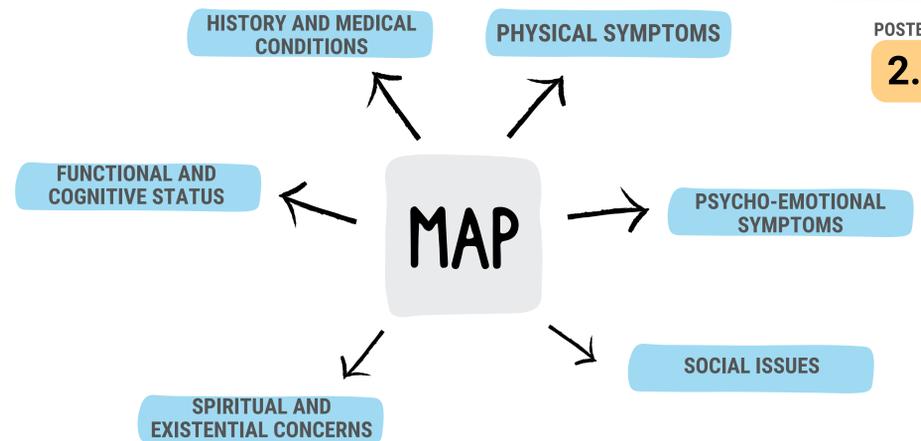
- outpatients (73%) / home care patients (12%) / inpatients (15%)
- The mean age was **70.8±12.16 years**.
- 57% percent were men and 42% were women.
- All patients had a diagnosis of advanced cancer, the most prevalent being lung cancer (41%) and colorectal cancer (30%).

## CONCLUSIONS

- There may be initial **resistance** to assessing the **47 needs** included in MAP, but the practice, learning and systematization of multidimensional needs assessment is **positively valued** by the health professional, the patient and the family.
- This study demonstrates that it is **feasible** to perform a systematic and multidimensional assessment of palliative needs using MAP in home care services, outpatient services and inpatients.
- Systematizing the assessment using MAP in palliative care services can generate **equality in patient care** and avoid unmet needs that can generate suffering and worsen the quality of life of patients.

## REFERENCES

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## RESULTS

Table 2

Results of MAP feasibility criteria in total and across palliative care services.

Criteria	Acceptability	Participation	Adaptation	Aplicability	Implementation				
	Likert	%	Minutos	Likert	History and pathology	Physical symptomatology	Functional / cognitive	Emotional	Social
TOTAL (n=239)	96%	91%	60	95%	76%	85%	86%	72%	75%
Outpatients (n=175)	96%	87%	57	96%	77%	85%	86%	69%	73%
Inpatients (n=35)	96%	100%	45	95%	73%	80%	91%	77%	81%
Home care (n=29)	96%	100%	100	90%	76%	88%	78%	83%	80%

Table 3

Implementation results for each of the MAP dimensions and their most and least assessed needs.

Dimensiones evaluadas en MAP		TOTAL	OUTPATIENTS	INPATIENTS	HOME CARE
<b>D1: History and pathology</b>		76%	77%	73%	76%
Most valued	Diagnosis	100%	100%	100%	100%
	Treatment for the disease	97%	96%	100%	97%
Less valued	Relevant background	45%	49%	17%	51%
	Complementary treatment	41%	42%	54%	17%
<b>D2: Assessment of Physical Symptomatology</b>		85%	85%	80%	87%
Most valued	Constipation	96%	96%	91%	100%
	Asthenia and fatigue	96%	95%	94%	100%
Less valued	Pruritus	78%	79%	80%	69%
	Myoclonias	70%	71%	66%	69%
<b>D3: Functional and Cognitive Assessment</b>		86%	86%	90%	78%
Most valued	Degree of dependence	97%	97%	100%	93%
	Cognitive status	93%	93%	91%	100%
Less valued	Hallucinations	61%	63%	80%	28%
<b>D4: Emotional appraisal or psycho-emotional aspects</b>		72%	69%	77%	83%
Most valued	State of mind	94%	93%	97%	93%
	Concerns	89%	88%	86%	93%
Less valued	Anxiety symptoms	55%	53%	49%	72%
	Symptoms of depression	53%	45%	80%	72%
<b>D5: Social Aspects</b>		75%	73%	81%	80%
Most valued	Family organization chart	96%	95%	97%	97%
	Primary Caregiver	92%	89%	91%	100%
Less valued	Perception of caregiver support	61%	53%	60%	59%
	Need for social assistance	50%	47%	66%	52%
<b>D6: Spiritual and Existential Aspects</b>		74%	66%	91%	97%
Most valued	Aspects that help you	87%	84%	94%	97%
Less valued	Patient values	66%	58%	83%	97%