
# COMMUNITY BASED PALLIATIVE CARE:

## *CREATING A CONTINUUM OF SERVICES*

**NHPCO's Creating the Future of Palliative Care: A Virtual Event**
**February 18-19, 2015**
**Joan K. Harrold, MD MPH FACP FAAHPM**
**Hospice & Community Care**

## Where We've Been…

*INTERNAL STRUCTURE & OPERATIONS*

- Essential elements for success in community-based palliative care
  - Specialist palliative care in community-based programs
  - Trends that may promote program development
  - Outcomes, evaluations, staffing, and $ustainability
- Documentation and billing
- Quality and financial metrics
- Legal and regulatory

## …and Where We're Going

*IMPLEMENTING & COORDINATING SERVICES*

- Continuum of community-based palliative services
  - Communicating between care settings
  - Identifying patients for palliative care referrals/services
  - Resistance from community provider-partners
- Hospice-hospital collaborations
- Hospice-nursing home partnerships
- Telemedicine community-based palliative care

## *Hospice & Community Care*

- ***Hospital palliative care***
  - Joint Commission accredited palliative service in a large community-teaching hospital
  - Palliative medicine consultations in other hospitals
    - current negotiations to add disciplines to form teams
- ***In-home palliative medicine consultations***
  - Home(bound), nursing home
  - Dementia support, palliative wound care
- ***Outpatient palliative services***
  - Episodic *ad hoc* physician visits with colleagues (decreasing)
  - Palliative Medicine clinic, expansion to palliative ***care***
  - Embedded physicians in oncology clinic

## COMMUNICATION CHALLENGES

## Communication between Settings

- Hospitals
  - Location
    - Inpatient, emergency department, other “attached” settings
  - Role in care
    - New consultations
    - Established palliative care patients
- Outpatient
  - Other outpatient practitioners caring for patients
  - Palliative care clinics
- In-home care
  - Private home
  - Nursing homes
  - Home-health agencies

## Communication Issues

*Palliative care is not just hospice “upstream.”*

- Goals
- Services
  - Types
  - Expectations
- Availability
  - Patient population
  - Rapidity and frequency of response
- Payment
  - Coverage of services
  - Charity care

## Goals

*How do you describe the mission of your program?*

- Do your referral sources think you are offering only "pre-hospice" care?
  - Does your staff think so?
  - Are you?
  - Or are you offering care at *"any condition, any stage, any age"*?
- Does your staff think they are supposed to encourage patients/families to "stop" aggressive treatments?
  - Do your referral sources use you to do so?
  - Do they ***not*** use you because you might do so?

## Goals

- Is your message consistent with your mission?
  - Printed materials and web sites
  - Staff understanding and ability to explain
- Is your staff ready to provide the care that you describe?
  - Clinical readiness
    - Common disease-directed interventions, expected outcomes, side effects, etc.
    - Pain and symptom management
  - Clinical ambiguity, goals of care, and decision-making

## Services

*Which services do you offer...and which do you not?*

- We have discipline-specific services in hospice.
- Referring clinicians may want hospice-like services, regardless of the make-up of your PC team
  - Pain and symptom management
  - Goals of care and care planning
  - Personal care
  - Resources and placement
  - Counseling and support for patients and families
  - Bereavement

## Services

*Which services are your referral sources expecting?*

- Same services across palliative care settings?
  - Symptom management
  - Goals of care conversations
  - Family meetings
  - Completion of POLST/MOLST order sets
  - Coordination (and coverage?) of other in-home services
    - Medications, medi-sets, O2, DME

## Services

*Which services are your referral sources expecting?*

- Other services
  - Writing prescriptions
  - Home health orders
  - Entries in the medical record—whose?
  - After-hours calls

## Availability

*Who is your patient population?*

- Inpatient, outpatient, nursing home, home
- Willing/accepting of hospitalization
- Children
- Cancer, heart, lung, kidney, dementia, frailty
  - Disease-directed interventions
    - Chemo, LVADs, dialysis, transplant evaluation
- Non-malignant chronic pain?

## Availability

*How quickly do you see palliative care patients?*

- Hospital palliative care subject to bylaws and consultation expectations
- Outpatient may be confused with hospice and home health even if you do not have the same expectations
  - How soon do you see newly referred palliative care patients?
    - Is this different from expectations to see hospice or home health patients? If yes, do your referring clinicians know?
- Emergency visits
  - Home, ED, inpatient

## Availability

*How often do you see palliative care patients?*

- Routine visits
  - Determined how and by whom
  - Are you taking on a primary care role?
- Acute visits
  - Called in by whom—to whom
  - Triaged how
  - Capacity to add these visits
    - How quickly
    - Which team members
  - Prevent hospitalization?

# IDENTIFYING PATIENTS FOR PALLIATIVE CARE SERVICES

## Methods of Identifying Patients

- Consultation-based
- Checklist/trigger-based
- Not mutually exclusive

## Consultation-based Referrals

- Educate referring clinicians about your services
  - What you offer
  - Who can benefit
  - Value added
  - Expected outcomes
  - How to refer
- Maintain collegial relationships
- Deliver the promised product and quality
- Incorporate feedback from referring clinicians to enhance services

## Consultation-based Referrals

- Feels familiar
  - Similar to hospice education and marketing
- Does not require a partner to develop or implement
- Flexibility for a variety of referrals
  - Meet the different needs of patients, families, and referring clinicians
  - Though lack of structure may create lack of focus and lead to backtracking later
- Can be blended with checklists that describe patients likely to benefit from palliative care

## Checklist/trigger-based Referrals

- Published checklists available
  - Different settings & diagnoses
- Can work with partners to develop/adopt/adapt
  - Requires partner to implement as actual triggers
- Can be guidance or generate automatic referrals, depending on the environment and the influence of the partner
  - Make it easier to connect palliative services with those likely to benefit
  - Could overwhelm resources if well-accepted before staffing is ready
  - Don't want to alienate referring clinicians

## Checklist/trigger-based Referrals

- Still need to educate colleagues about your services
  - What you offer
  - Who can benefit
  - Value added
  - Expected outcomes
  - How to refer
- Maintain collegial relationships
- Deliver the promised product and quality
- Incorporate feedback

# ENGAGING COMMUNITY PARTNERS

## Strategies

***Inform***

- The data…
  - the guidelines …
    - and (of course) the money

***Invite***

- Join our team
- How can we help?
- Try it—you'll like it!
- Could I walk with you?
  - Clinical team and care management rounds

## (Some of) The Data


- Alesi ER, Fletcher D, Muir C, Beveridge R, Smith TJ. *Palliative care and oncology partnerships in real practice*. **Oncology** 2011;25(13):1287-90, 1292-1293.
- Babcock CW and Robinson LE. *A Novel Approach to Hospital Palliative Care: An Expanded Role for Counselors*. **J Palliat Med** 2011;14(4):491-500.
- Bekelman DB, Nowels CY, Allen LA, et al. *Outpatient Palliative Care for Chronic Heart Failure: A Case Series*. **J Palliat Med** 2011;14(7):815-821.
- Bruera E and Hi D. *Conceptual Models for Integrating Palliative Care at Cancer Centers*. **J Palliat Med** 2012;15(11):1261-1269.


## (Some of) The Data


- Delgado-Guay MO, Kim YJ, Shin SH, et al. *Avoidable and Unavoidable Visits to the Emergency Department Among Patients With Advanced Cancer Receiving Outpatient Palliative Care*. **J Pain Symptom Manage** 2014 (in press).
- Kamal AH, Currow DC, Ritchie CS, et al. *Community-Based Palliative Care: The Natural Evolution for Palliative Care Delivery in the U.S.* **J Pain Symptom Manage** 2013;46(2):254-264.
- Kelso CM, Lyckholm L, Coyne PJ, Smith TJ. *Palliative Care Consultation in the Process of Organ Donation after Cardiac Death*. **J Palliat Med** 2007;10(1):118-126.
- McNamara BA, Rosenwax LK, Murray K, Currow DC. *Early Admission to Community-Based Palliative Care Reduces Use of Emergency Departments in the Ninety Days before Death*. **J Palliat Med** 2013;16(7):774-779.

## (Some of) The Data


- Muir JC, Daly F, Davis MS, et al. *Integrating Palliative Care into the Outpatient, Private Practice Oncology Setting*. **J Pain Symptom Manage** 2010;40(1):126-135.
- Rabow M, Kvale E, Barbour L, et al. *Moving Upstream: A Review of the Evidence of the Impact of Outpatient Palliative Care*. **J Pain Symptom Manage** 2013;16(2):1540-1549.
- Schroedl C, Yount S, Szmuilowicz E, et al. *Outpatient Palliative Care for Chronic Obstructive Pulmonary Disease: A Case Series*. **J Palliat Med** 2014;17(11):1256-1261.
- Smith AK, Thai JN, Bakitas MA, et al. *The Diverse Landscape of Palliative Care Clinics*. **J Palliat Med** 2013;16(6):661-668.


## (Some of) The Data


- Temel JS, Greer JA, Muzikansky A, et al. *Early Palliative Care for Patients with Metastatic Non-Small-Cell Lung Cancer*. **N Engl J Med** 2010;363:733-742.
- Weissman DE and Meier DE. *Operational Features for Hospital Palliative Care Programs: Consensus Recommendations*. **J Palliat Med** 2008;11(9):1189-1194.
- Yennurajalingam S, Atkinson B, Masterson J, et al. *The Impact of an Outpatient Palliative Care Consultation on Symptom Burden in Advanced Prostate Cancer Patients*. **J Palliat Med** 2012;15(1):20-24.
- Young J, Park ER, Greer JA, et al. *Early Palliative Care in Advanced Lung Cancer: A Qualitative Study*. **JAMA Intern Med** 2013;173(4):283-290.

## Guidelines: Cancer


- Levy MH, Adolph MD, Back A, et al. *Palliative care*. **J Natl Compr Canc Netw** 2012;10:1284-1309. http://www.jnccn.org/content/10/10/1284.long#content-block. Accessed 2/9/15.
- Smith TJ, Temin S, Alesi ER, et al. *American Society of Clinical Oncology provisional clinical opinion: The integration of palliative care into standard oncology care*. **J Clin Oncol** 2012;30:880-887.
- Ferris FD, Bruera E, Cherny N, et al. *Palliative cancer care a decade later: Accomplishments, the need, next steps – from the American Society of Clinical Oncology*. **J Clin Oncol** 2009;27:3052-3058.
- Levy MH, Back A, Benedetti C, et al. *NCCN clinical practice guidelines in oncology: Palliative care*. **J Natl Compr Canc Netw** 2009;7:436-473.


## Guidelines: Cancer


- Peters S, Adjei AA, Gridelli C, et al. *Metastatic non-small-cell lung cancer (NSCLC): ESMO clinical practice guidelines for diagnosis, treatment and follow-up*. **Ann Oncol** 2012;23(suppl 7):vii56-64.
- Cancer Program Standards 2012: *Ensuring Patient-Centered Care. American College of Surgeons Commission on Cancer*. http://www.facs.org/cancer/coc/cocprogramstandards2012.pdf. Accessed 2/9/15.
- Kvale PA, Selecky PA, Prakash UBS. *Palliative Care in Lung Cancer: ACCP Evidence-Based Clinical Practice Guidelines* (2nd Edition). **Chest** 2007;132(3 suppl):368S-403S. http://journal.publications.chestnet.org/article.aspx?articleid=1211626. Accessed 2/9/15.

## Guidelines: Heart and Lung


- Adler AD, Goldfinger JZ, Kalman J, et al. *Contemporary Reviews in Cardiovascular Medicine: Palliative Care in the Treatment of Advanced Heart Failure*. **Circulation** 2009;120:2597-2606. http://circ.ahajournals.org/content/120/25/2597.full. Accessed 2/9/15.

- Selecky PA, Eliasson AH, Hall RI, et al. *Palliative and End-of-Life Care for Patients With Cardiopulmonary Diseases: American College of Chest Physicians Position Statement*. **Chest** 2005;128(5):3599-3610. http://journal.publications.chestnet.org/article.aspx?articleid=1083977. Accessed 2/9/15.


## Guidelines: Heart and Lung


- Mahler DA, Selecky PA, Harrod CG, et al. *American College of Chest Physicians Consensus Statement on the Management of Dyspnea in Patients With Advanced Lung or Heart Disease*. **Chest** 2010;137(3):674-691. http://journal.publications.chestnet.org/article.aspx?articleid=1086331. Accessed 2/9/15.

- Lanken PN, Terry PB, DeLisser HM *et al* on behalf of the ATS End-of-Life Care Task Force. *An Official American Thoracic Society Clinical Policy Statement: Palliative Care for Patients with Respiratory Diseases and Critical Illnesses*. **Am J Respir Crit Care Med** 2008;177:912–927. http://www.atsjournals.org/doi/pdf/10.1164/rccm.200605-587ST. Accessed 2/9/15.

## "Show me the money!"

- Bull JH, Whitten E, Morris J, et al. *Demonstration of a Sustainable Community-Based Model of Care Across the Palliative Care Continuum*. **J Pain Symptom Manage** 2012;44(6):797-809.
- Cassel JB, Webb-Wright J, Holmes J, et al. *Clinical and Financial Impact of a Palliative Care Program at a Small Rural Hospital*. **J Palliat Med** 2010;13(11):1339-43.
- Ciemins EL, Blum L, Nunley N, et al. *The Economic and Clinical Impact of an Inpatient Palliative Care Consultation Service: A Multifaceted Approach*. **J Palliat Med** 2007;10(6):1347-1355.

## "Show me the money!"

- Kerr CW, Donohue KA, Tangeman JC, et al. *Cost Savings and Enhanced Hospice Enrollment with a Home-Based Palliative Care Program Implemented as a Hospice-Private Payer Partnership*. **J Palliat Med** 2014;17(12):1328-1335.
- May P, Normand C, and Morrison RS. *Economic Impact of Hospital Inpatient Palliative Care Consultation: Review of Current Evidence and Directions for Future Research*. **J Palliat Med** 2014;17(9):1054-1063.

## "Show me the money!"

- Smith TJ and Cassel JB. *Cost and Non-Clinical Outcomes of Palliative Care*. **J Pain Symptom Manage** 2009;38(1):32-44.
- Tangeman JC, Rudra CB, Kerr CW, Grant PC. *A Hospice-Hospital Partnership: Reducing Hospitalization Costs and 30-Day Readmissions among Seriously Ill Adults*. **J Palliat Med** 2014;17(9):1005-1010.

## Teamwork

- *We need your help. Will you join our team?*
  - Implementation
- *What do you need?*
  - Meeting the needs of patient, families, and referring clinicians
- *Try it—you'll like it!*
  - What went well? What could be better?
- Clinical team and care management rounds
  - Becoming part of the group that sees "your" patients.