Integration of Palliative Care in Rural Communities

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Presentation overview

• Identify key components of palliative care and relevance in rural settings
• Outline a model for supporting development of palliative care services
• Discuss lessons learned from implementation across multiple states
• Highlight opportunities and considerations for advancing rural palliative care
Stratis Health

- Independent, nonprofit organization founded in 1971 and based in Minnesota
  - Mission: Lead collaboration and innovation in health care quality and safety, and serve as a trusted expert in facilitating improvement for people and communities
- Core expertise: design and implement improvement initiatives across the continuum of care
  - Funded by government contracts and private grants
  - Work at the intersection of research, policy, and practice
- Rural health and serious illness care are long-standing organizational priorities
  - Have been working on rural palliative care program development for more than a decade.
What is Palliative Care?

https://youtu.be/0-9HQyfDQUk
Palliative care

• Specialized medical care for people with serious illness
• Focused on relieving symptoms, pain, stress
• Appropriate at any age and at any stage, together with curative treatment
• Goal: improve quality of life for patient and family
• Provided by a team of physicians, nurses, and others, such as social workers and chaplains, who work with the patient’s other physicians to provide an extra layer of support
Pillars of palliative care

• Information and support to make decisions that reflect goals and values
• Pain and symptom management
• Psychosocial and spiritual support for both patient and family
• Continuity of the care plan
How palliative care fits in the course of illness

National Consensus Project for Quality Palliative Care
http://www.nationalconsensusproject.org/guideline.pdf
Rural Challenges for Palliative Care

• Chronic Workforce Shortages
  – Clinical skills

• Financial Challenges
  – Limited direct reimbursement

• Supportive services can be limited
  – Hospice, Home Care, Behavioral Health
  – Social services (i.e., transportation, meals, activities)

• Lack of research and models specifically for rural care delivery
Rural Opportunities

• Networks and relationships are often strong and well connected

• Training is available to enhance clinical skills
  – Allows for care that builds on long-term provider and patient relationships.

• Many needs related to advanced illness care can be met locally, which is typically the preference of patients and families
  – Telehealth or other consulting arrangements can support access for specialty needs

• National standards/best practices are relevant
  – Flexibility and creativity to support implementation
Stratis Health rural palliative care initiatives

Goal: Assist rural communities in establishing or strengthening palliative care programs

How: Bring together rural communities in a structured approach focusing on community capacity development
Community Capacity Focused Formula for Program Development

Community data and goals + Stakeholder input + Access to national standards & resources

Facilitated planning process and support + Community action plan

= A sustainable program designed by the community for the community

Rural Palliative Care Resource Center
www.stratishealth.org/palcare
2017-2020 Rural Community-Based Palliative Care Project

A two-part project:

- Expand community-based palliative care in other states (ND, WA, WI)
  - Partnership with State Offices of Rural Health to build capacity in 5-7 rural communities in each state in a train-the-trainer mode

- Build on MN palliative care efforts
  - Environmental scan, technology pilot, and focus on understanding and supporting financial strategies for sustainability
State-level Approach

• Advisory Committee
• State-level Environmental Scan
• Recruit 5 – 7 Rural Communities
• Support Development of Community Teams:
  – Asset and Gap Analysis
  – Facilitated Planning Workshops
  – Coaching and Mentoring
  – Networking and Sharing
  – Data Collection/Quality Measurement

• Facilitate and/or support education and resources based on community needs
Reach of current program efforts

Note: Stratis Health has previously worked with more than 20 rural communities in MN to support palliative care development
State-based Environmental Scan

- Identifying key WI players and stakeholders
- Survey of WI hospitals and members of Palliative Care Network of WI (PCNow)
- Google search “palliative care in WI”
- WI Department of Health Services Hospice Directory
- Discussion with current partners
- Statewide standards and activities
- Payment Landscape
State-based Environmental Scan

- Data to identify needs
  - Healthcare professional shortages
  - Defining rural and known outcomes
  - Dartmouth Atlas of Health Care
- Existing Rural Community-based Palliative Care
  - America's Care of Serious Illness 2015 State-by-State Report Care on Access
  - Survey collection
Rural Community-based Palliative Care
Wisconsin State Environmental Scan

- 46% of WI counties are defined as rural (46/72)
- 66% - Western region
- 93% - Northern region
- 53% - Northeastern region
- 64% - Southern region
- 25% - Southeastern region
Located in Rural Counties:

- 21 Acute Care Hospitals
- 43 Critical Access Hospitals
- 158 Long Term Care Facilities
81 Hospice Organizations
33 Palliative Care Organizations
Next Steps After Completion

- Shared the results
- Recruited for the project - [https://www.youtube.com/watch?v=xqHo_wCyw-M&feature=youtu.be](https://www.youtube.com/watch?v=xqHo_wCyw-M&feature=youtu.be)
- Supported coalitions to create goals and objectives and pulled together resources - [http://worh.org/sites/default/files/RPC%20Implementation%20Guide%20Toolkit%20-%20Links%20to%20Resources%20%282%29.docx](http://worh.org/sites/default/files/RPC%20Implementation%20Guide%20Toolkit%20-%20Links%20to%20Resources%20%282%29.docx)
Rural Community Based Palliative Care in North Dakota
Established in 1980, at The University of North Dakota (UND) School of Medicine and Health Sciences in Grand Forks, ND

One of the country’s most experienced state rural health offices

UND Center of Excellence in Research, Scholarship, and Creative Activity

Home to seven national programs

Recipient of the UND Award for Departmental Excellence in Research

Focus on
   – Educating and Informing
   – Policy
   – Research and Evaluation
   – Working with Communities
   – American Indians
   – Health Workforce
   – Hospitals and Facilities

ruralhealth.und.edu
North Dakota Frontier Counties

36 of 53 North Dakota Counties designated as Frontier*
*(less than 6 persons per square mile)
Based on 2016 Population Estimates
ND Rural Community-Based Palliative Care Journey

- 8 Community site visits by the SME and Project Coord.
- At the meetings
  - Disciplines: Physicians, QI, Social Worker, Pharmacist, Nurses, NP, Clergy, Public Health, Community Liaison)
  - Agencies: Clinics, Hospital, Home Health, Hospice, LTC, Public Health, Spiritual community, Community at large

- What happened?
  - Presented overview of Palliative Care
  - Developed an elevator speech- “Maximizing Quality of Life (QOL) in serious illness”
  - Presented case scenarios for discussion using Strengths/Weaknesses/Opportunities/Threats (SWOT)
  - Developed initial action plans
Common Themes

• Develop the palliative care team-extended to others not at the table
• Develop a resource guide for each community
• Define and present awareness about palliative care- for healthcare professionals and their communities
• Sent staff to First Steps® Advance care planning (ACP) facilitator training
Lessons Learned

- Introductions were first time
- Confusion about palliative care and hospice
- No common resource guides in communities
- How home health and hospice were not always available
- How palliative care was identified as a high need
- There was little to no knowledge of ACP facilitators and Physicians Orders for Life Sustaining Treatment (POLST)
Results

- Developed individualized action plans for each site
- Created Palliative Care teams (interdisciplinary, interagency)
- Created Palliative Care education for teams
- Awareness and education on Palliative Care- healthcare professionals and the community at large
- Developed Resource Guides
- Individuals trained in First Steps® ACP Facilitator Training
- Learning referral processes
- Learned Edmonton Symptom Assessment System (ESAS) tool
- Learned about Center to Advance Palliative Care (CAPC) mapping
- Purchased and provided each site with Clinical Practice Guidelines for Quality Palliative Care overview
ND Palliative Care PROJECT ECHO
(Starting October 2019)

Monthly lunch and learn via Zoom meetings
Topics include:
- Serious Illness Conversations / POLST
- Advanced Care Planning
- Care of the Patient Nearing End of Life without Hospice
- Treating Pain
- Treating Anxiety
- Symptom Management

Utilizing Palliative Care Specialists to present 20 minute didactic
20 minute case study presented by attendee
20 minute Q&A
INTEGRATION OF PALLIATIVE CARE IN RURAL COMMUNITIES USING TELEHEALTH CASE CONSULTATION

PAT JUSTIS, MA
Washington Rural Palliative Care Initiative

Objectives

- Assist rural health systems and communities to integrate palliative care in multiple settings, to better serve patients with serious illness in rural communities.
- Move upstream to serve patients with serious illness earlier in their experience of illness.
- Develop funding models for sustainable services.
Building the vision: PC-RHIAT

Chartered Palliative Care-Rural Health Integration Advisory Team

Composed of rural health early adopters experts in palliative care, experts in telemedicine, assorted others
Learning Action Network

Goal: create a peer culture to support change and transfer practice without doing a full breakthrough collaborative

- Cohort leads established aka “day to day leaders.”
- Members of the advisory team
- Cohort roundtables/mentoring calls
Washington Rural Palliative Care Initiative Model

- Community engagement
- Clinical skills and culture change
- Telehealth case consultation
- Fiscal sustainability
- Clinical telemedicine
Levels of expertise in palliative care

- Direct telemedicine to patient and family in clinical and home settings
- Case consultation via telehealth
- Build skills and services in rural community

Clinical complexity and level of expertise in palliative care
The telehealth and telemedicine developmental path...

- Team-based case consultation/training
- Healthcare site direct clinical telemedicine
- Home based
Northwest Telehealth
Clinical coordinator
7 rural teams
Expert panelists

DOH Project Management and leadership
Lessons learned about increasing team confidence

• Panelists felt initial pressure to have answers and be experts

• Initial focus on meds

• Used debrief and PDSA cycles to shape the experience

• Trust built by dialogue rather than “banking deposit.”

• True interdisciplinary conversation.

• Humble panel with respect for rural, interested in the rural teams and confirming their skills.
Pullman Regional Hospital
25 bed critical access hospital; Public Hospital District
Pullman Regional Hospital

- Screened 226 patients between June 2018 and July 2019
  179/226 met criteria (79%)
- Enrolled 25 patients into PC services
- Currently working with 19 patients
## The happy side effects

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<th>Measure</th>
<th>Q1 2019</th>
<th>Q2 2019</th>
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<tr>
<td></td>
<td>Number of patients</td>
<td>%, score, or number</td>
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<tr>
<td><strong>Number of patients with palliative care initial encounter</strong></td>
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<td>100%</td>
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<tr>
<td><strong>Average number of ED visits per patient</strong></td>
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<tr>
<td>6 months prior to palliative care</td>
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<td><strong>Average number of inpatient stays per patient</strong></td>
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<td>6 months prior to palliative care</td>
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“Palliative care principles and practices can be delivered by any clinician caring for the seriously ill, and in any setting.”

- National Consensus Project For Quality Palliative Care, Clinical Practice Guidelines for Quality Palliative Care, 4th Edition
  www.nationalcoalitionhpc.org/ncp
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