The Key to Successful Palliative Care
to begin to do or use (something, such as a plan):

to make (something) active
to form, coordinate, or blend into a functioning or unified whole

to end the segregation of and bring into equal membership in society or an organization
“Palliative care” means patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information, and choice.
What is Palliative Care?

- “An extra layer of support for people with serious or chronic illness, appropriate from diagnosis onwards.”

- “Care that is focused on quality of life and the relief from symptoms, pain and the stress of serious or chronic illness.”

- “Care for the patient and his or her family.”

- “Care that is provided by a team focused on the patient and his or her family’s physical, emotional, and spiritual wellbeing.”

“The best care possible.”
Learning Objectives

LEARNING OBJECTIVES:
By the end of this session, participants will be able to:
• Move beyond traditional strategies of palliative care implementation
• Use innovative strategies for engaging their entire organization with the delivery of palliative care
• Leverage the tools of successful organizations to advance palliative care

... and some caveats ...
The Caveats

This session is about …
• The process for achieving success and integration
• Any setting

This course is NOT about …
• Clinical skills
• Financing and payment
• Quality and other metrics

But, we will provide you tips and access to all the resources you need to DO the process!
Where Have We Come From?

- “Palliative care is just a nice to have…”
- “All it does is lose money and doesn’t make a difference”
- “My patients don’t need that …”
- “It’s just good medicine/nursing …"
Implementing Palliative Care Today...

The Prescription …

- Take one busy clinician
- Add administrative responsibilities
- Borrow staff from other functions
- Expect teamwork

- Take another busy (and now frustrated) clinician and ask for referrals …
Limited referrals because doctors haven’t been provided education and tools to refer – triggers

Most have no idea how to demonstrate the ROI of palliative care in order to contract with payers and other providers

Palliative care team is often just a physician or nurse practitioner

Multidisciplinary team, not really interdisciplinary
Implementing Palliative Care Today...

... How it looks to the Patient and Family

- “Pallia-what?”

- “Why do you want that? You’re not dying…”

- “We don’t have that here”
What has to Change?

- Siloed implementation
- Commitment without investment
- “Hand-me down” education
- Another project vs. organizational and cultural change
- A good thing to do vs. ROI and predictive analytics
A New Day Dawns …
The 5 Principles –

1. Palliative care is not a project but an organizational or community-wide commitment …

2. Begin with a holistic approach …

3. Have a clear, critique tested plan including ROI

4. The Three E’s – Educate, Evaluate, Enhance

5. Recognize it is a culture change …
1. Palliative care is an organization- or community-wide commitment

   • Plan to plan and be SMART

   • Do your research on what others have done

   • If you don’t think you will be able to get commitment when you are done, DON’T START

   • Before you begin, revise your plan

Specific

Measurable

Achievable

Realistic

Time-defined
2. Begin with a holistic approach …

- Have a goal of consistency – inside and out
- Engage your key stakeholders
- Assess THEIR needs
- Gather objective data about “your world”
Have a Goal of Consistency – Inside and Out

... How it looks to the Patient and Family

- “Palliat-what?”
- “Why do you want that? You’re not dying…”
- “We don’t have that here”

... How it should look to the Patient and Family

- Palliative care? Of course, let’s talk about what you need and how to get you connected to our program...
Engage Your Key Stakeholders

EXTERNAL STAKEHOLDERS

INTERNAL STAKEHOLDERS
How to Engage Your Stakeholders!

What’s in it for Me?
The 5 Principles of Palliative Care Integration

2. Begin with a holistic approach …
   – Assess Needs
     • Focus your question(s)
     • But get ALL the data
   – Strategies for collecting data
     • Interviews
     • Focus groups
     • Surveys
2. Begin with a holistic approach …
   – Collect data relevant to “your world”

   – Some sources
     • The Health Indicators Warehouse
     • Centers for Disease Control
     • Medicare’s Compares
     • State data
     • CHCF’s Uneven Terrain
     • Medicare Claims Data
     • Dartmouth Atlas
     • YOUR LOCAL PARTNERS …
3. Have a clear, **critique** tested plan
   - Describes the process and opportunity
   - Reports the environment and needs
   - Describes current capacity
   - Identifies the gaps
   - Recommendations
   - Financial plan with ROI
   - Resources required
   - Outcomes and metrics
   - Implementation strategy
Where is the Business Case for Hospitals?

- Reducing Hospital Utilization
  - Penalties related to Medicare readmission reduction program
  - Highlight areas of greatest alignment: ACOs, MSSPs, HMOs
  - Reveal existing negative net margins from EOL hospitalizations even in fee-for-service context
  - Reinforce the clinical/ethical imperative
The 5 Principles of Palliative Care Integration

- Where is the Business Case for Hospitals?
  - Doing a better job with institutional data and analyses
    - What is utilization, costs, revenue for palliative care-relevant patients?
    - Which patients are receiving palliative care? Which are not?
    - How many patients could be met earlier by palliative care proactively
  - Opportunity analysis for a population of decedents:
    - Frequency, duration, intensity of hospitalizations, total and trended
    - Frequency and timing of ED visits
    - 30 day re-admissions
    - In-hospital and 30 day deaths

Courtesy of K. Kerr and J. Brian Cassel
• Modeling Expected Impact: SFGH
  – About 1/3 of patients who die of cancer present >3 months prior to death and could be referred to an outpatient palliative care clinic
  – Clinic could expect to impact 50 patients/year
  – Assume 40% reduction in inpatient utilization (38 admissions)
  – Direct cost per admission = $25,800
  – **Expected Cost Avoidance** - $980,400
  – Clinic staffing needed = .2 FTE for MD, APRN, SW in 2 half day clinics
  – **Cost** = $88,290

**10 X ROI!**

Courtesy of K. Kerr and J. Brian Cassel
The 5 Principles of Palliative Care Integration

- **Resources:**
  - The Business Case for Palliative Care
    https://csupalliativecare.org/programs/businesscase/
  - The Community Based Palliative Care Series
    https://csupalliativecare.org/organizations/roadmap/
  - Supportive Care Calculators:
    http://coalitionccc.org/tools-resources/palliative-care/
4. The Three E’s – Educate, Evaluate, Enhance

- Educate who?? Everyone!
- Specialist Palliative Care Team(s)
- Towards certification
- Interprofessional practice
4. The Three E’s – Educate, Evaluate, Enhance

- Educate who??? Everyone!

- Generalist palliative care knowledge
  - Physicians/providers
  - Nurses
  - Social Workers
  - Chaplains
  - ALL health professionals
4. The Three E’s – Educate, Evaluate, Enhance

- Evaluate
  - Match measures to outcomes
  - Measure what is feasible
  - Measure What Matters
4. The Three E’s – Educate, Evaluate, **Enhance**
5. Recognize it is a culture change …
   - Ensure you have a champion
   - Define few clear, simple messages that resonate – repeat and repeat
   - “Arm” your stakeholders
   - Support your early adopters
   - Share your wins and fix the problems
   - Report early and often
   - Communicate, communicate, communicate
   - **Despite the need for speed, it won’t happen over night**
IMPLEMENTATION IS EASY …

INTEGRATION IS NOT

But its worth it!
Recapping the Roadmap to Integrating Palliative Care

The 5 Principles –

1. Palliative care is not a project but an organizational or community-wide commitment …

2. Begin with a holistic approach …

3. Have a clear, critique tested plan

4. The Three E’s – Educate, Evaluate, Enhance

5. Recognize it is a culture change …
• Successful integration of palliative care requires many things:
  
  – A clear focus on process
  
  – The tools to succeed
  
  – An organizational commitment
  
  – The clinical and interprofessional skills to deliver exceptional care
Resources and Tools

• CSU Institute for Palliative Care
  – The Community-Based Palliative Care series – Your Roadmap
    • Introduction
    • Community Based Palliative Care Models
    • Conducting a Needs Assessment*
    • Identifying Potential Community or Organizational Partners*
    • Metrics and Measurement for Palliative Care*
    • Data-Driven Planning, Proposals and Presentations*
    • Planning Your Implementation *
    • Billing for Palliative Care Services *
    • Developing Partnerships with Private Payers *
    • Facilitating Change*
    • Educating Patients and Caregivers*

www.csupalliativecare.org/organizations/roadmap
Institute for Palliative Care

Leading the Way in Palliative Care Education

CSUPALLIATIVECARE.ORG