



INTEGRATION OF PALLIATIVE CARE IN RURAL COMMUNITIES

PAT JUSTIS, MA

Objectives

1. Discuss how rural programs need to approach palliative care.
2. Briefly describe the model for rural integration of palliative services in WA State.
3. Discuss measures of success
4. Describe 2019 goals.

What is palliative care?

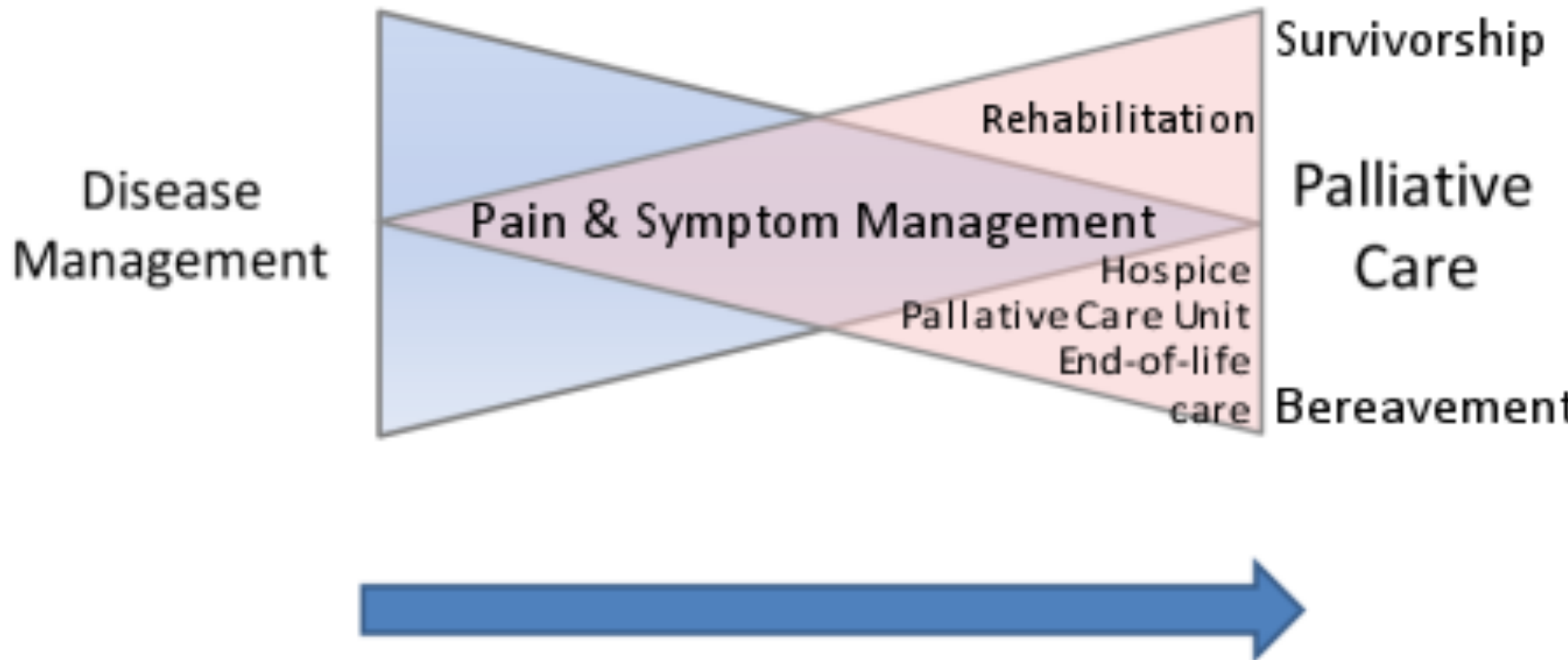


Washington Rural Palliative Care Initiative

Palliative care is specialized care for people living with serious illness. Care is focused on relief from the symptoms and stress of the illness and treatment—whatever the diagnosis. The goal is to improve and sustain quality of life for the patient, loved ones and other care companions. It is appropriate at any age and at any stage in a serious illness and can be provided along with active treatment. Palliative care facilitates patient autonomy, access to information, and choice. The palliative care team helps patients and families understand the nature of their illness, and make timely, informed decisions about care.

Adapted from the Center for the Advancement of Palliative Care (CAPC) and the National Consensus Project for Quality Palliative Care

Palliative Care-Enhanced Model



Rural Palliative Care in Minnesota

- Stratis Health (Quality Improvement Organization) initiated work on rural palliative care in 2009 and now have 23 rural communities offering some level of palliative care service.
- They increased benefits for palliative care in the state.
- Their approach is community based and owned.
- Wonderful resources below or Google *Stratis Health Rural Palliative Care*

<http://www.stratishealth.org/expertise/longterm/palliative.html>

Formula for program development

Community data and goals
Stakeholder input/Community-based team

+

Access to national standards, intervention models,
and resources (i.e., NQF Preferred Practices)

+

Structured process for development/implementation
(Facilitated Community Team Planning)

=

**Custom-designed,
community-based program**



Thanks to Stratis Health for use of this slide

Why this approach works in rural communities

- Rural communities know their strengths and weaknesses
- Rural communities know their culture best
- Rural providers know their patients
- Rural communities can identify and tailor solutions that best fit their unique situation

Thanks to Stratis Health  de


Palliative Care Program Elements*

Required element	Description
Interdisciplinary team	Have regular interdisciplinary team meetings.
Assessment and management of symptoms	Initial & ongoing, including physical and non-physical symptoms
Provider & care team education	Staff has sufficient & appropriate training relevant to roles on the team
Offer patient & family centered advanced care planning and goals of care	Have a policy/process to support patients in creating an advance directive if they do not have one
Care is accessible	May include access after hours, community-based resource support and services, care coordination, and continuity of care



Thanks to Stratis Health for use of this slide

Variables in program structure

Methods of service delivery	Interdisciplinary team	Patient focus	Coordinating staff
<p>Home visits</p> <p>Clinic appointments</p> <p>Nursing home visits</p> <p>Inpatient consultation</p> <p>Telephonic case management</p> <p>Volunteer support visits/services</p>	<p>All teams included physician, social work, nursing</p> <p>Other disciplines vary:</p> <ul style="list-style-type: none"> • Rehabilitation services • Volunteers • Nurse practitioner • Chaplain • Pharmacy • Advance practice nurse in psychiatry 	<p>Hospice eligible but refused</p> <p>Infusion therapy</p> <p>Home care with complex illness</p> <p>Inpatient consult when requested</p> <p>Physician referred with complex illness</p> <p>Nursing home residents – triggered by minimal data set (MDS) criteria</p>	<p>Nurse practitioner</p> <p>Registered nurse</p> <p>Social worker</p> <p>Certified nurse Specialist</p> <p>Advance practice nurse</p> 

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

Led by Washington State Department of Health State Office of Rural Health

Advisors, supporters and participants include:

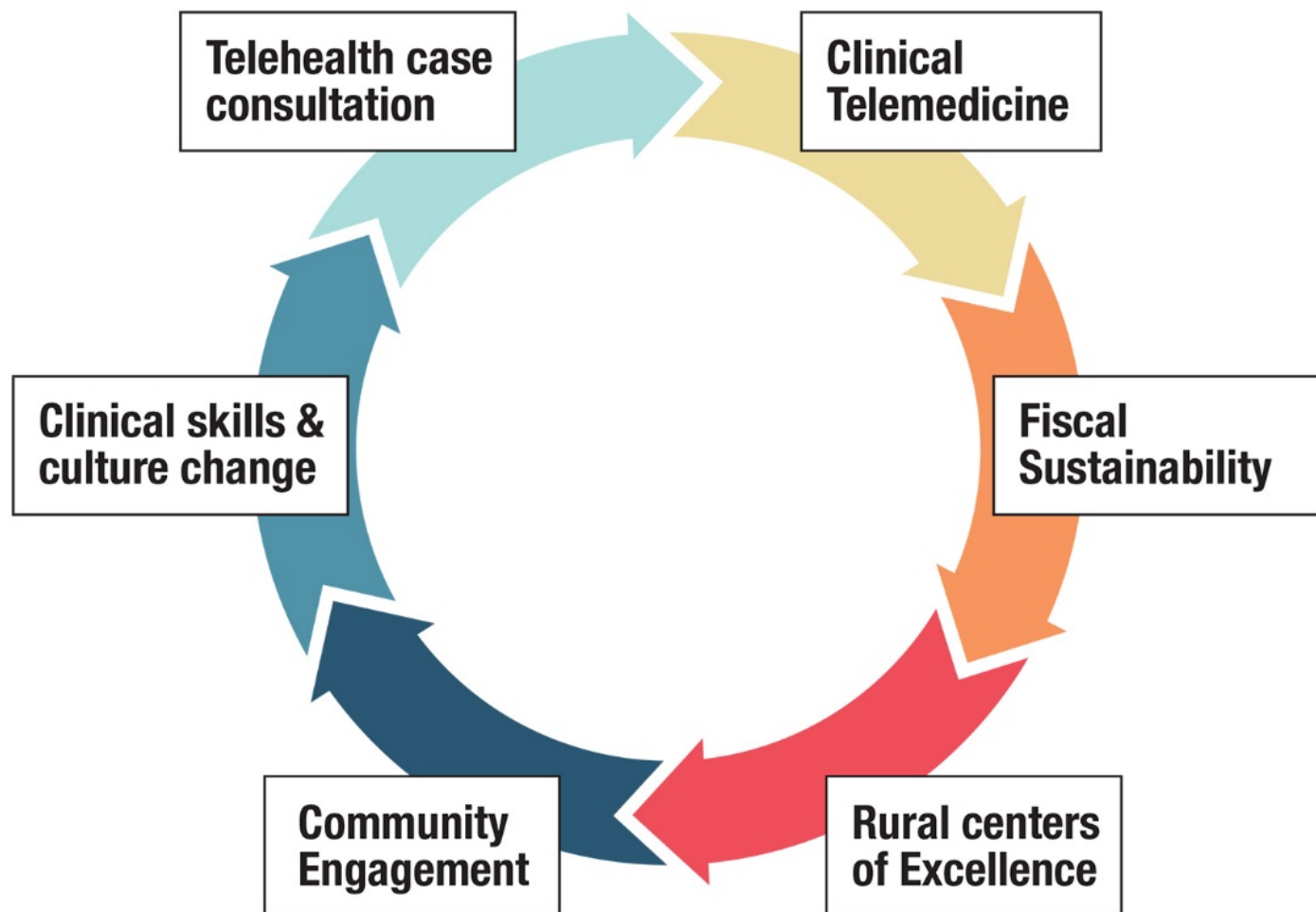
- Stratis Health, Amerigroup/Anthem,, University of Washington (WWAMI, Family Medicine, Palliative Care), Washington State University Elson S. Floyd College of Medicine, Providence St. Joseph Health, Northwest Telehealth at Inland Northwest Health Services, The Northwest Regional Telehealth Resource Center, Heartlinks Hospice & Palliative Care, The Lookout Coalition, Jefferson Healthcare, Columbia County Health System, Newport Hospital and Health Services, Pullman Regional Hospital, Columbia Basin Hospital, Whitman Hospital and Medical Center, Home Care Association of Washington, Northwest Rural Health Network, Washington State Hospice and Palliative Care Organization, Qualis Health, Washington State Hospital Association, Molina, Coordinated Care, Regence Blue Shield, and Washington State Health Care Authority.

Community team contributors include:

- Whitman Public Health, Walla Walla Community Hospice, Friends of Hospice, Assured Home Health and Hospice-Moses Lake, Aero Methow Ambulance, Confluence Health, Frontier Home Health and Hospice, Family Health Centers, McKay Healthcare and Rehab Center, Rural Resources, Pullman Family Medicine, Palouse Medical, Kindred Hospice, Pullman Fire, Bishop Place Senior Living, Regency Senior Living Care, Columbia Basin Family Medicine, Three Rivers Hospital, Mid-Valley Physician Group, Confluence Health, Blue Mountain Counseling, Elk Drug, Dayton Food Bank, Providence St. Mary's Palliative Care, Home Health, Aging and Long-Term Care, Dayton Christian Church, Dayton Methodist Church, Walla Walla Community College, Redeemer Lutheran Church of Dayton, and Coolidge House.

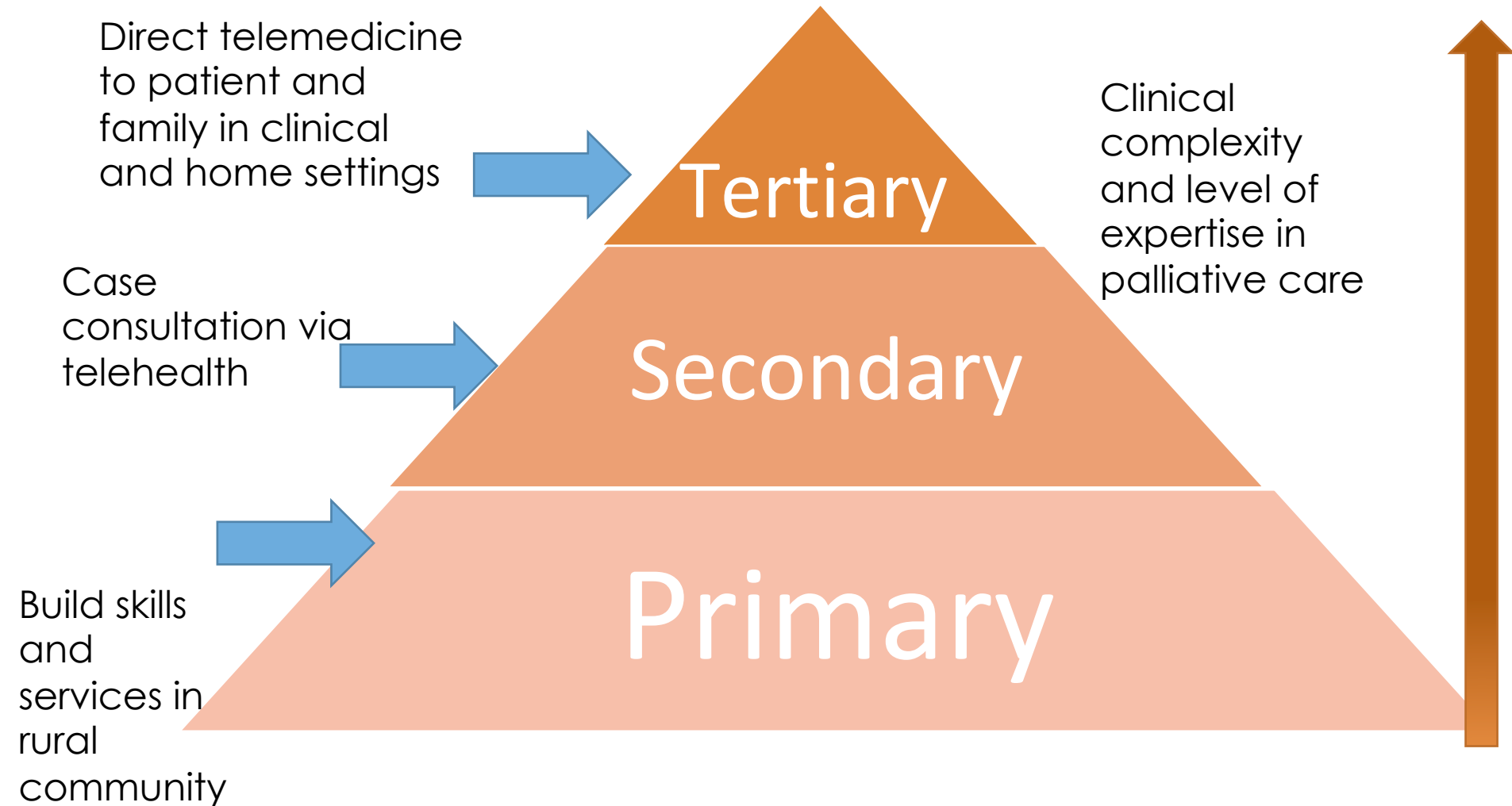
Building the vision

- Chartered Palliative Care-Rural Health Integration Advisory Team, Met four times between 10/2016 and 3/2017
- Composed of
 - rural health early adopters
 - experts in palliative care
 - experts in telemedicine

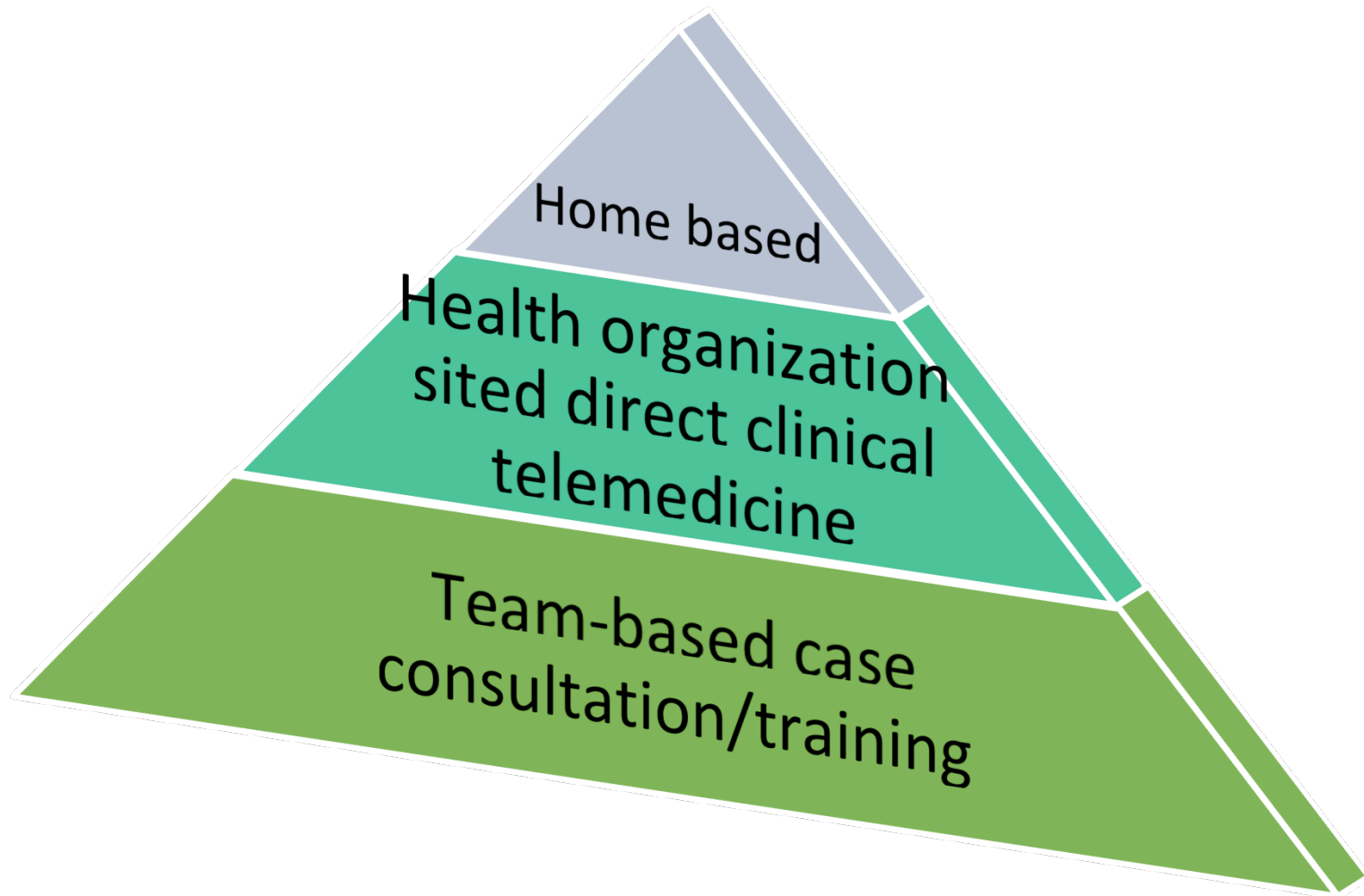


Washington Rural Palliative Care Initiative Model

Levels of expertise in palliative care



The Telehealth developmental path...





Medical care is one kind of need

Strengthen natural supports:

Communities can offer many kinds of support that wrap around care, mobility home modifications, support of wood heating, food, transportation, respite, social support, pet care and more.

Our first cohort; initial sites

- Pullman Regional Hospital-Pullman-inpt and outpt
- Whitman Hospital-Colfax-inpatient and possibly health home pop
- Columbia County Health System-Dayton-Primary care with home visits, with expansion to LTC and inpt,
- Columbia Basin Hospital-Ephrata-still selecting
- Jefferson Health Services-Port Townsend- home health
- The Lookout Coalition-Twisp/Okanogan County-professional volunteer home visits, looking at EMS as screeners, FQHC engagement
- Newport Hospital and Health Services-inpatient then primary care

Metrics

- Clinical quality focused on symptom assessment
- Quality of Life
- Patient/family experience or satisfaction
- Utilization/Claims/Fiscal
- Process/Operational

2019 goals: in random order

- Collaborate with payers on metrics and benefit design to stimulate shared savings contracts
- Operationalize measures.
- Help organize stakeholdering for adoption of Medicaid adult palliative care rules, get the word out.
- Move to direct clinical telemedicine, virtual clinic.
- Expand participation in telehealth case consultations.
- Spread training, to sites directly with a map to learning objectives by audience
- Create a Palliative Care Roadmap

2019 goals: in random order

- Build out Portal
- Produce a short Education video for standardized screening tool
- Video productions
- Create community education tools and processes
- Strengthen financial support for project management
- Dependent on fiscal support; open to second wave of communities.

Pat Justis, MA

Executive Director

Washington State Office of Rural Health

360.236.2805

Patricia.justis@doh.wa.gov

