Primary Palliative Care: Getting Started

Mark E Warfel, D.O., FAAFP Program Director/DME Kevin B. Mathews, M.D., FAAFP Director of Palliative Care St Elizabeth Family Medicine Residency Program Mohawk Valley Health System Utica, New York





Objectives

- · Discuss primary palliative care
- Identify patients that benefit from palliative care services in the outpatient setting
 - Supportive and Palliative Care Indicators Tool (SPICT)
 - "Surprise" Question
 - Integrated Palliative Outcome Scale (IPOS)
- Discuss implementation strategies

Elements to Succeed

- Administrative Education and Engagement (think VBP)
- Information Technology Engagement
- Provider Education and Engagement
 - Residents
 - Faculty
 - NP/PA
- Clinical and Nonclinical Staff Education and Engagement

2

AMERICAN ACADEMY OF FAMILY PHYSICIANS

"Palliative Care is a Bridge"

https://www.youtube.com/watch?v=IDHhg76tMHc

Excellus Hospital Performance Improvement Program

eMOLST



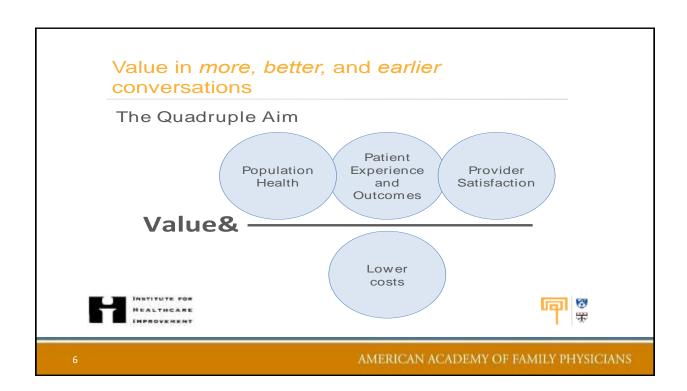


Delivery System Reform Incentive Payment Program (DSRIP)



6
Upstate Counties
Cayuga, Lewis, Madison,
Oneida, Onondaga & Oswego





Recognizing Patients' PalCare Needs

- Responsibility to manage patients' overall health needs
- Patients with Serious Illness
- Stable or gradually declining health
- Numerous and diverse unmet needs across multiple dimensions
- Troublesome symptoms are usually the reason for visits
- Care focuses upon comfort and continued treatment for Serious Illness(es)

Perspectives of Primary Care Providers Toward Palliative Care for Their Patients JABFM November-December 2016 Vol.29 No.6 748-758

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Primary Palliative Care

"COMMUNICATION BUNDLE"

- Identification of a Health Care Proxy Agent and completion of documentation
- Initiation, documentation and stewardship of Advance Care Planning and goals of medical treatment discussions
- End of life care treatment preferences and code status

"PAIN AND SYMPTOM BUNDLE"

- Basic assessment, documentation and management of pain and symptoms
- Basic assessment, documentation and management of depression and anxiety
- Basic assessment and documentation of functional status

Program Goal

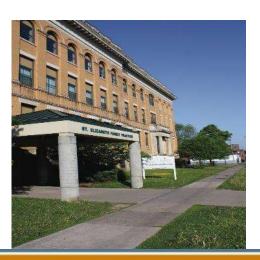
 Integrate Primary Palliative Care Into the Family Medicine Program Model Unit

۵

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Sister Rose Vincent Family Medicine Center

- HPSA 18
- Urban Poverty
- Refugee Resettlement Status
- Low level of Health Literacy
- · Health Insurance Profile



AMERICAN ACADEMY OF FAMILY PHYSICIANS

Educational Goals

- 1.Gain facility in addressing and completing the HCP
- 3. MOLST/POLST across healthcare transitions
- 2. Employing the Serious Illness
 Conversation
 - a. Patient Centered Goals
 - b. End of Life Preferences
 - c. Code Status

- 4. Assess and treat anxiety and depression as well pain, symptom and disease management
- 5. Adopt the role of FM in Primary Palliative Care

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Strategies to Improve the Delivery of a Basic Palliative Care Approach in a Primary Care Environment

- Set up a registry of patients
- Multidimensional needs assessment
- · Care Management Approach
- Team Based Care
- Decision Aids including guidelines
- JABFM November-December 2016 Vol.29 No.6 748-758

- · Provider Education
- Practice Coach Support
- Rapid Cycle PDSA Quality Projects
- Financial/Technical Support

Provider Engagement: Residents

Behavioral Medicine Integration

Serious Illness Communication Workshop in the first year

Palliative Care Elective

- Improve Serious Illness Communication Skills
- Scholarly Activity
- **CAPC Modules**

Longitudinal

- Morning Report
- **Practice Management**
- **Quality Projects**

First Year Mandatory Rotation

- Palliative Care Inpatient and Outpatient
- Hospice home visits
- Interdisciplinary Group Participation
- **CAPC Modules:**
 - Communication
 - Pain Management

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Attitudes Regarding Health Care Proxy

Do YOU routinely ask patients about HCP completion?

No

92%

Comments: Often forget. Only do for PE Not educated in the process Wasn't taught Not conditioned to do so Never mentioned that we should do it. Reasons why we don't ask

- "Not enough time" 6%
- 13% "I don't think it should be a routine question"
- "Not part of my job" 13%

Comments:

Trying to do it more often. Need to make it a routine question **Usually just during Medicare Wellness**

Provider Engagement: Faculty

- Face to Face discussions
- Faculty Development Presentations
- Self-interest/Shared Purpose
 - Complex patients
 - Multidisciplinary needs
 - Scheduling limitations
 - Chronic Pain patients
- CME/CAPC and Communication Workshops
- Supportive Care Workflow and Patient Centered Goals of Treatment Documentation in the EMR

15

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Barriers to clinician engagement

- Too much to do
- · Too little time
- · Unaligned incentives
- Unclear ownership
- Clinician distress!







AMERICAN ACADEMY OF FAMILY PHYSICIANS

Engagement: Multidisciplinary Team

- NP/PA
 - Clinical Support
 - CME
- Health Information
- Referral Coordinators
- Scheduling/Reception Staff
- Behavioral Health

- Nursing
 - Identify a Champion
 - Staff Meetings
 - Workflow Improvement
 - Education and Engage:
 - HCP
 - eMOLST
 - CAPC Modules
 - Serious Illness Conversation

AMERICAN ACADEMY OF FAMILY PHYSICIANS

17

Patient Identification

- Frequent Admissions/Readmissions/ER, Multiple Co-Morbidities, EMR Confirmation, Referral
- SPICT
- Clinicians review office vists over 3 months and ask The "Surprise" Question

AMERICAN ACADEMY OF FAMILY PHYSICIANS



Conversations are a key component of the effectiveness of palliative care interventions

Earlier conversations about patient goals and priorities for living with serious illness are associated with:

- Enhanced goal-concordant care Mack JCO 2010
- Improved quality of life
- Reduced suffering
- Better patient and family coping
- Higher patient satisfaction Detering BMJ 2010
- Less non-beneficial care and costs Wright 2008, Zhang 2009

Goals of Care Discussions are a Challenge

- Patient/Family resistance in acknowledging the realities of declining disease trajectory
- Positive interpretations that the patients took away from conversations with medical specialists
- Lack of comfort and experience with having these conversations among practice clinicians

Perspectives of Primary Care Providers Toward Palliative Care for Their Patients JABFM November-December 2016 Vol.29 No.6 748-758

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Train Clinicians

- RCTs: Communication skills training programs work

 (Jenkins 2002, Fallowfield 2006, Szmuilowicz 2010)
- Other studies demonstrate impact of training (Back et al. 2007)
- · Key elements:
 - · cognitive input
 - modeling
 - · skills practice with feedback
- Improvements are maintained for at least 6 months (Maguire 2002, Sullivan 2006)

Communication Skills in Serious Illness Care

- Patient centered discussions regarding:
 - Medication use and understanding
 - Illness Understanding
 - Goals of Medical Treatment
 - End of life care preferences: Hospice/Living Will
 - Code Status
- Documented/Scanned and Shared

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Serious Illness Conversation Guide

Set Up

- Explore Key Topics
- Assess Illness understanding
- Close the Conversation
- Share Prognosis
- Document

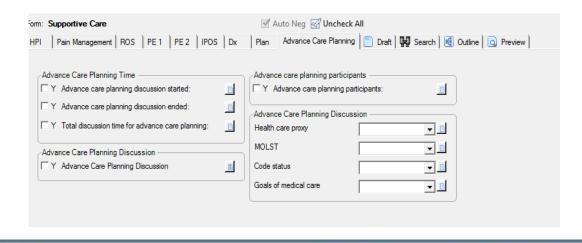


Information Technology Support HPI | Pain Management | RDS | PE 1 | PE 2 | IPOS | Ds. | Plan | Advance Case Planning | Dat | 100 Search | 100 Outline | 100 Planning Over the past 2 weeks, how often have you been bothwest by any of the following problems? 2 _ Total PHG 2 Tital Stone | | 1 with a book of 3 or may be PHG 2 should Y F N Advance Omethees F Y Patient Offered F Y Patient declared Y No MOLST Y health care proxy on file Y hong will on file Y Dhilt on file 4 at. Stocking Status Stocking Status T V T to recorded family reading of substance structe Y I' N tobaccouse Y I' N Acoholuse Y I' N Dougues Y I' N Ceffere Use Gomen MU Setem - MU -24 3 4 74 Tolerating readication well

AMERICAN ACADEMY OF FAMILY PHYSICIANS

IPOS Auto Neg : Uncheck All Form: Supportive Care: HFI | Fan Management | ROS | PE 1 | PE 2 | POS | Dx | Man | Advence Care Manning | 🛅 Distri | 90 Search | 60 Outline | 📑 Previous | Over the past week | Intervention offers Y The patient's man problems over the past week. FREE TEXT Do you their a he let depressed? Over the past week. However, offers P08 92 IPOS Q6 Do you think a he has fell if years? Shortness of breath THE FYFE Health perform been able to share the paint week. Herewellow of provided with the hardy french as a need to when a free french as a free free weeks. Venting IPOS GE Over the past week Intervention offices or provided Size or day mouth: - PALM IPOS QS Pour mobility DE CALME Other symptoms IPCS G19
Check all advanced describes from the property of the control of the con POB 910 Over the post week betweeten effect or provided if " \(\psi \) if " \(\psi \) if \(\psi \) Have any of his her family or Warned been emission or worked about the patient? AMERICAN ACADEMY OF FAMILY PHYSICIANS

Advance Care Planning Documentation



7 AMERICAN ACADEMY OF FAMILY PHYSICIANS

Advance Care Planning Billing Codes

- The completion of an advance directive form is not a requirement for billing the service. The service is the explanation and discussion of the form.
- There are no place-of-service limitations you can use it in acute care, nursing home, home, etc.
- There is no limit to the number of times ACP can be reported for a given beneficiary in a given time period.
- The first 16 30 minutes are to be billed under 99497 (1.49 RVU) and if the conversation is 46 minutes or more, both 99497 and 99498 (1.49 RVU) can be billed.

Patient Outcomes/Satisfaction

- Health Care Proxy Forms Scanned into EMR
- Advance Care Planning codes billed
- Integrated Palliative Outcome Scale Data
- Service Specific Patient Satisfaction Survey

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Discussion

30

Join the Serious Illness Care Program Community of Practice

- Open Web Browser
- Go to: https://portal.ariadnelabs.org
- Click "Create an Account" on the right side of the page
- Complete the account information page. You will receive an email to authenticate your account.
- Return to: https://portal.ariadnelabs.org and click on the Serious Illness Community of Practice on the bottom left of the page.
- Click "Request Membership" Complete the additional profile information
- You will receive an email once the administrator has accepted your request

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Resources

Center to Advance Palliative Care

https://www.capc.org/membership/curriculum-catalogue/

vitaltalk.org

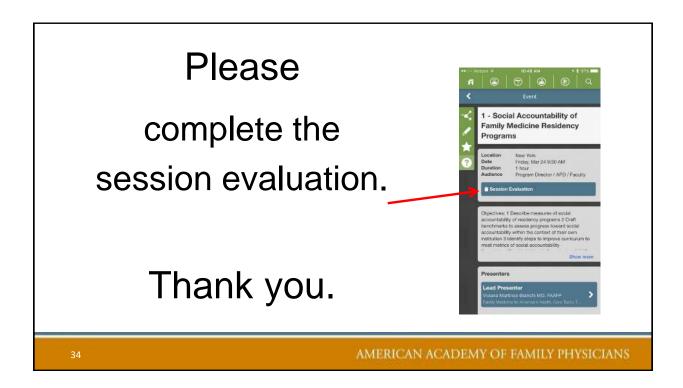
iTunes Store: http://vitaltalk.org/vitaltalk-apps/

Vimeo: https://vimeo.com/user20181740

Fast Facts: https://www.mypcnow.org/fast-fact-index

Medical College of Wisconsin





Bibliography

- Living with Serious Illness America 2014 IOM Report Highlights http://healthaffairs.org/blog/2014/09/24/iom-reportcalls-for-transformation-of-care-for-the-seriously-ill/ accessed Jan 2018
- Zhang B, Wright A, Huskamp H, et al. Health Care Costs in the Last Week of Life: Associations With End-of-Life Conversations, Arch Intern Med. 2009;169(5):480-488. doi:10.1001/archinternmed.2008.587

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Bibliography

- Walsh R, etal. What Diagnostic Tools Exist for the Early Identification of Palliative Care Patients in General Practice? A systematic review; Journal of Palliative Care. 2015
- Moroni M, etal. The 'Surprise 'question in advanced cancer patients: a prospective study among general practitioners; Palliative Medicine, 28(7) 2014; 959-964.
- Downar J, Goldman R, Pinto R, etal. The "surprise question" for predicting death in seriously ill patients: a systematic review and meta-analysis CMAJ. 2017 Apr 3; 189(13): E484-E493 doi:10.1503/cmaj.160775

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Bibliography

- Ankuda C, Jetty A, MPH, Bazemore A, Petterson S, Provision of Palliative Care Services by Family Physicians Is Common. J Am Board Fam Med. March-April 2017 vol. 30 no. 2, 255-257 doi:10.3122/jabfm.2017.02.160230
- Nowels D, Jones J, PhD, Nowels C, Matlock D, Perspectives of Primary Care Providers Toward Palliative Care for Their Patients J Am Board Fam Med November-December 2016 vol. 29 no. 6; 748-758 doi: 10.3122/jabfm.2016.06.160054
- Ngo-Metzger Q, August K, etal. End of Life Care: Guidelines for Patient Centered Communication. American Family Physician 2008 77(2) 167-174.
- Spoelhof G, Elliott B, Implementing Advance Directives in Office Practice. American Family Physician 2012 85(8) 461-466.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Bibliography

- Mack JW, Weeks JC, Wright AA, Block SD, Prigerson HG. End-of-life discussions, goal attainment, and distress at the end of life: predictors and outcomes of receipt of care consistent with preferences.
 J Clin Oncol. 2010 Mar 1;28(7):1203-8. doi: 10.1200/JCO.2009.25.4672. Epub 2010 Feb 1.
- Detering K, Hancock A, Reade M, Silvester W. The impact of advance care planning on end of life care in elderly patients: randomised controlled trial BMJ 2010; 340 doi: https://doi.org/10.1136/bmj.c1345
- Wright A. et al. Place of death: Correlation with quality of life in patients with cancer and predictors of bereaved caregivers mental health. JCO 2010 vol. 28 no. 29 4457-4464

Bibliography

- Wright A.A., Zhang B., Ray A., et al. Associations between EOL discussions, patient mental health, medical care near death, and caregiver bereavement adjustment; JAMA, 300 (2008), pp. 1665-1673
- Teno JM, Gruneir A, Schwartz Z, Nanda A, Wetle T. Association between advance directives and quality of end-of-life care: A national study; Journal of the American Geriatrics Society. 2007;55(2):189–194
- Tulsky, J, Beyond Advance Directives: Importance of Communication Skills at the End of Life. JAMA 2005 294(3) 359-366.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Bibliography

- Lakin J, Koritsanszky L, Cunningham R, etal. A Systematic Intervention to Improve Serious Illness Communication In Primary Care. Health Affairs 2017 36(7): 1258-1264 doi:10.1377/hlthaff.2017.0219
- Szmuilowicz E, et al. Improving residents' end-of-life communication skills with a short retreat: a randomized controlled trial. J Palliat Med. 2010 Apr;13(4):439-52. doi: 10.1089/jpm.2009.0262.
- Fallowfield L, Jenkins V. Current Concepts of Communication Skills Training in Oncology. Recent Results in Cancer Research, Vol. 168: 105-112© Springer-Verlag Berlin Heidelberg 2006
- Back A et al. Efficacy of communication skills training for giving bad news and discussing transitions to palliative care. Archives of Internal Medicine, 2007 167(5) 453-460

AMERICAN ACADEMY OF FAMILY PHYSICIANS