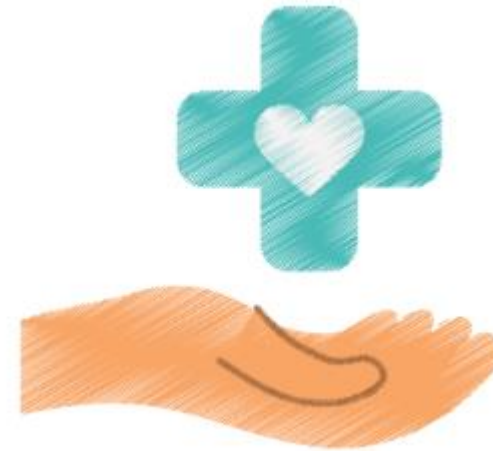


Introduction to Palliative Care



Participation
from learners



Video

Welcome!

House Keeping

Michigan Institute for Care Management and Transformation (MICMT)

Who We Are

Partnership between University of Michigan and BCBSM Physician Group Incentive Program (PGIP)

Goal of MICMT

To help **expand** the adoption of and access to **multidisciplinary care teams** providing **care management** to populations served by the physician community in order to **improve care coordination** and **outcomes** for patients with complex illness, emerging risk, and transitions of care.



Successful Completion of Introduction to Palliative Care includes:

- Completion of the one day **in-person/virtual training**.
- Completion of the Michigan Institute for Care Management and Transformation (MICMT) **post-test** and **evaluation**.
- Achieve a **passing score** on the post-test of **80% or greater**.
*If needed, you may retake the post-test.

You will have (5) business days to complete the post-test.

Introduction to Palliative Care

Curriculum developed
in partnership with:



Scott Johnson, MICMT

Ewa Matuszewski, MedNetOne/PTI

Ruth Clark, Integrated Health Partners

Kim Harrison, Priority Health

Sharon Kim, BCBSM

Michael Smith, Michigan Medicine



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Introduction to Palliative Care Curriculum Development

- Please provide the following as an appropriate reference if you use this material:
 - “Material based off of the Introduction to Palliative Care course developed through a collaborative effort by the following Michigan organizations: MICMT, PTI, IHP, Priority Health, BCBSM, and Michigan Medicine.”
- Questions about using or replicating this curriculum should be sent to: micmt-requests@med.umich.edu. Please follow this link to apply to become an approved trainer for this curriculum: www.micmt-cares.org

Personal View



Objectives

- **Define** Palliative Care
- **Differentiate** between hospice and palliative care
- **Discuss** the basic principles of palliative care
- **Discuss** the Domains of Palliative Care
- **Identify** how palliative care can be integrated into a PCMH
- **Explain** the value of integrating palliative care into a PCMH

Definition

“Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of **early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.”**

The World Health Organization (WHO)

Evidence is Clear

- Population is **getting older**.
- Patients are **living longer** with chronic diseases.

Approximately
6,000,000 Americans
could benefit from
palliative care.

51% of
Medicare beneficiaries
will visit the ED in the last
month of life.

Palliative Care

- Historically was only available through hospice programs.
- Grew out of the hospice tradition.
- Inclusive of all people with serious illness, regardless of setting, diagnosis, prognosis or age.
- Timely consideration is responsibility of all clinicians and disciplines caring for the seriously ill.

Why Palliative Care?

Provides relief from pain and suffering

Enhances quality of life

Offers a support system to help the family cope

Uses a team approach to address the needs of patients and their families

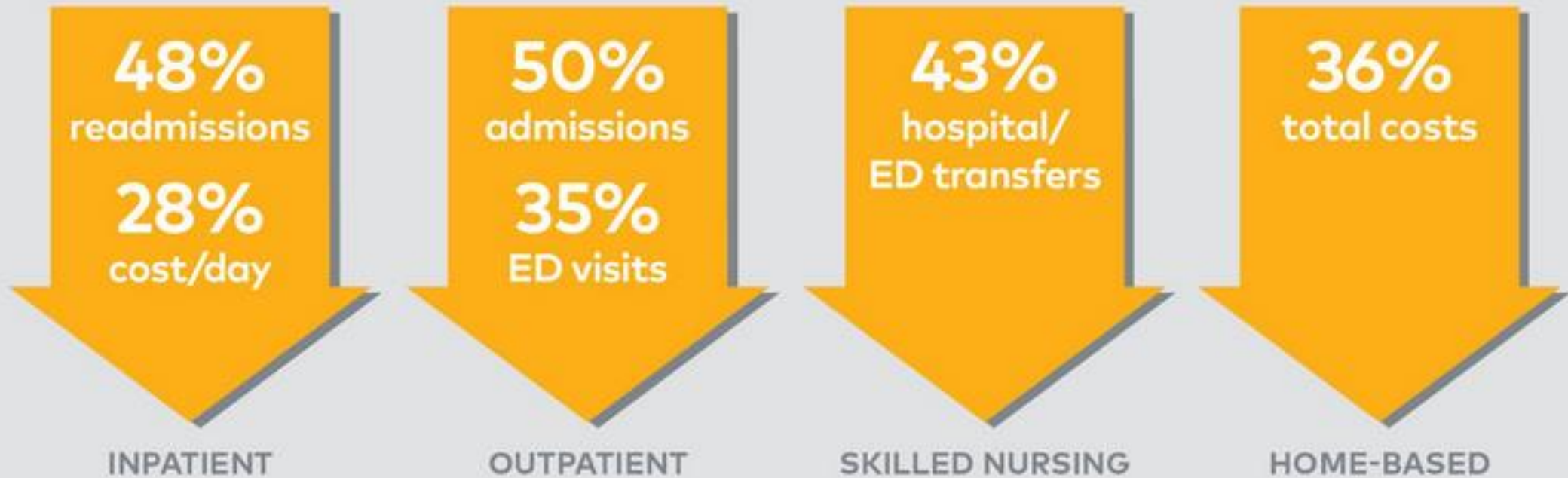
Is applicable in the early course of an illness

Lowers costs and improves survival

Where does palliative care take place

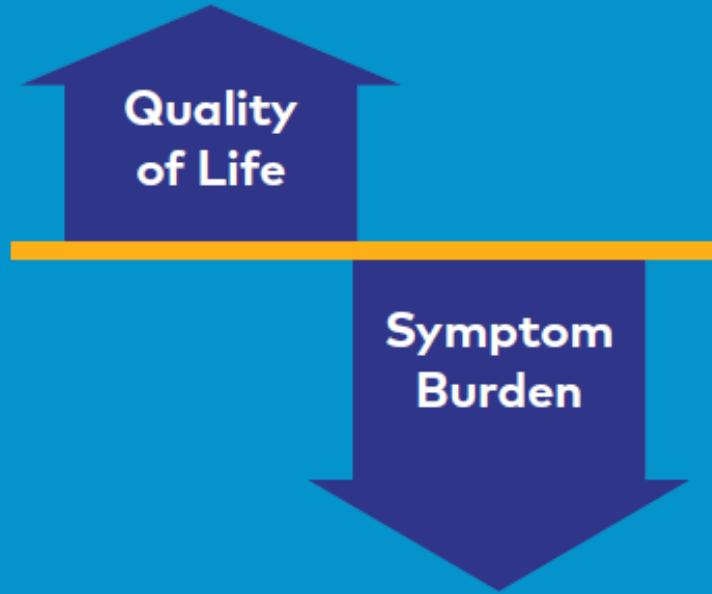
1. Patient's Home
2. Nursing Home
3. Assisted Living
4. Hospital
5. Outpatient hospital clinics

PALLIATIVE CARE REDUCES AVOIDABLE SPENDING AND UTILIZATION IN ALL SETTINGS



Source: Center to Advance Palliative Care

IMPROVES QUALITY OF LIFE AND SYMPTOM BURDEN



Reduces symptom
distress by

66%

with improvements
lasting months after
initial consultation¹

DRIVES HIGH
SATISFACTION AND
POSITIVE PATIENT
EXPERIENCES

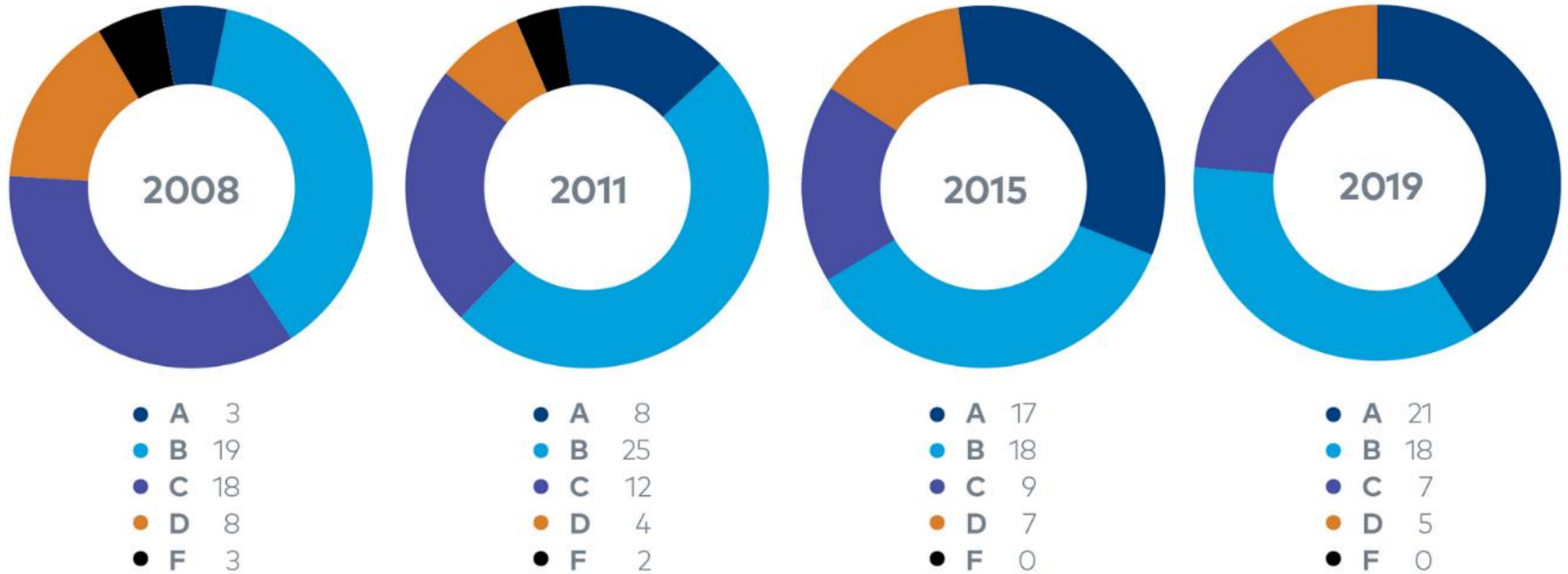
93%

of people who received
palliative care are
likely to recommend it
to others²

Center to Advance Palliative Care, 2018 Retrieved from <https://www.capc.org/tools-for-making-the-case/downloadable-tools/>

Graph B. Number of states by grade (2008, 2011, 2015, 2019)

Three-quarters of states now have a grade of A or B.



<https://reportcard.capc.org/wp-content/uploads/2019/08/2019-GraphB.png>

Palliative Care and Hospice



Comparing Palliative Care & Hospice Care

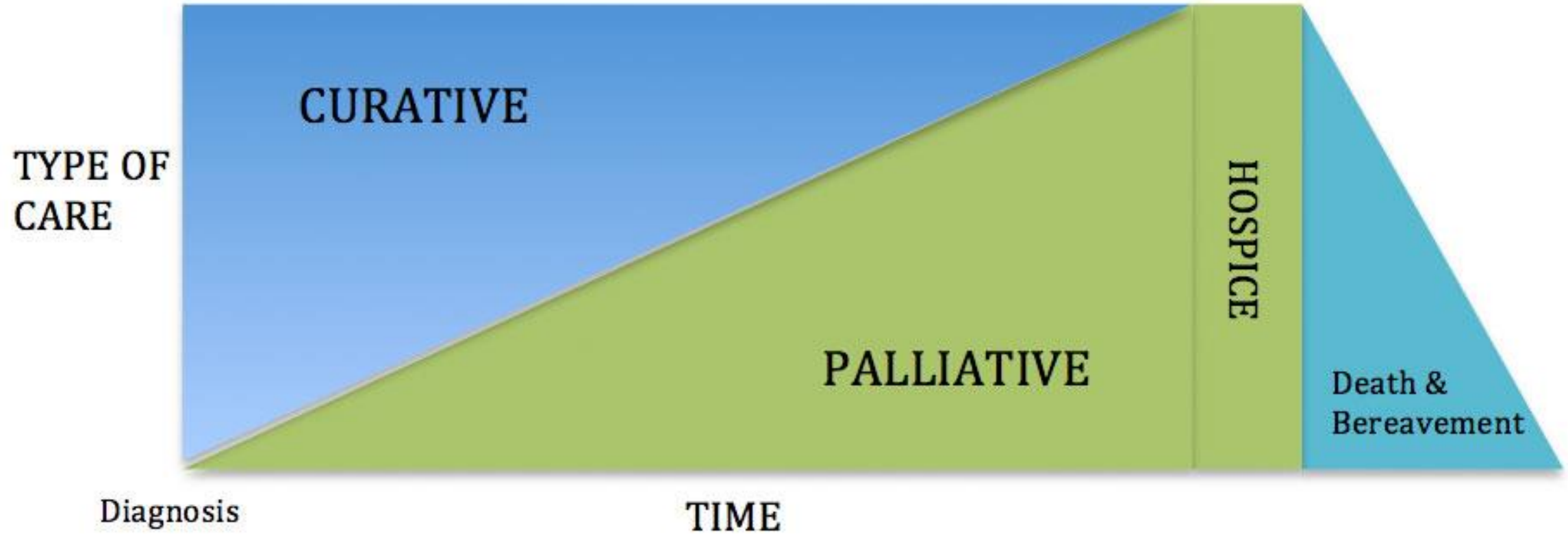
Hospice

- Developed in 1967
- Palliative care services in last months of life
- Multidisciplinary team
- Reserved for the terminally ill
- Less than 6 months to live
- Forego curative treatment
- Focus on quality of life

Palliative Care

- Got its start in hospice care
- Interdisciplinary team
- Can be started early in the disease process
- May still receive life-sustaining treatment
- Focus on quality of life

Involvement of Types of Care Over Time



When to Introduce Palliative Care



At diagnosis of a serious illness



At a time of change in illness



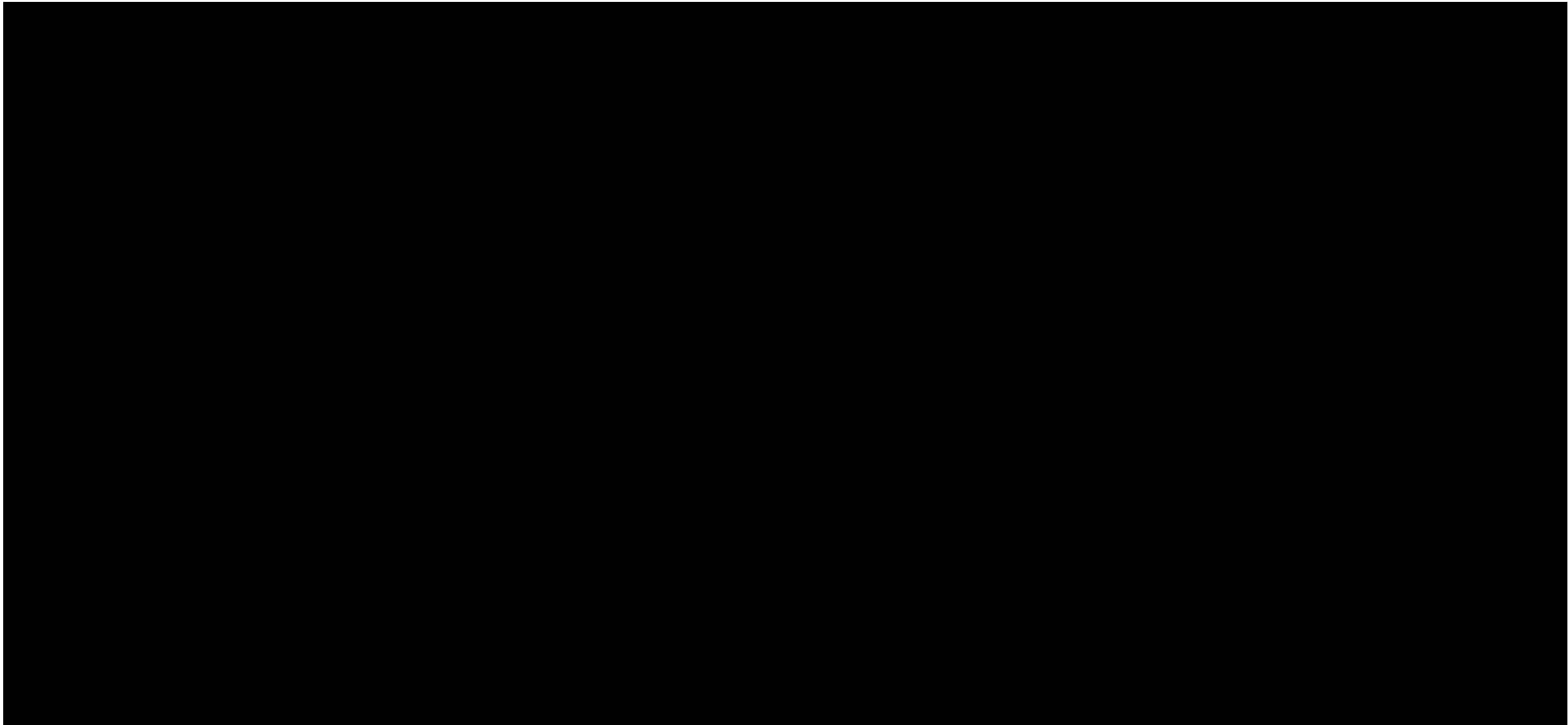
At a time of illness crisis



When cued by the patient and/or family

Discuss the Basic Principles of Palliative Care

You Are a Bridge



Basic Principles of Palliative Care

- Patient population
- Patient-family centered care
- Timing of palliative care
- Comprehensive care
- Multidisciplinary team
- Attention to relief of suffering
- Communication skills
- Skill in care of the dying and bereaved
- Continuity of care across all settings
- Equitable access
- Quality assessment and performance improvement

The Domains of Palliative Care

Domains of Palliative Care

- Derived from the **Clinical Practice Guidelines for Quality Palliative Care, 4th edition**
- Comprehensive assessment should be reflective of the domains.



Domains of Palliative Care



Structure and Process of Care

Begins with a **comprehensive assessment**

Emphasizes **patient and family engagement**

Communication, care coordination, and continuity of care across healthcare settings

IDT develops, implements and updates the **care plan to anticipate, prevent, and treat** physical, psychological, social and spiritual needs

Physical Aspects of Care

Understanding of patient goals within context of their **physical, social, emotional and spiritual well-being.**

Psychological and Psychiatric Aspects of Care

- Conduct mental health screenings
- IDT includes a social worker, to assess and support mental health issues.
- IDT has training and skills to assess those with mental health needs:

Directly

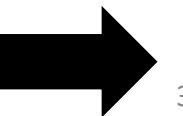
Through Consultation

Specialist Referral



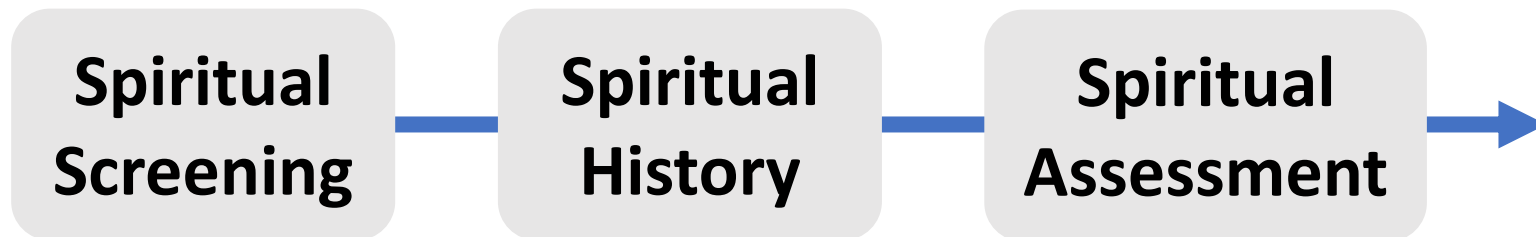
Social Aspects of Care

- **Address** environmental and social factors
- **Develops** a care plan that addresses social determinant of health needs



Spiritual, Religious, and Existential Aspects of Care

- Spirituality is a **fundamental aspect** of palliative care.
- Must **acknowledge one's own spirituality**
- Spiritual assessment process:



Cultural Aspects of Care

Respecting values, beliefs, and traditions related to health, illness, family caregiver roles and decision making.

Incorporating culturally sensitive resources and strategies into the plan of care.

Linguistic needs are met.

Care of the Patient Nearing End of Life

- Particular **emphasis on days leading up to and just after death of the patient**
- Provide **education** to the family
- **Option for hospice** should be introduced.
- Whenever possible **early access** to hospice care should be facilitated.

Ethical and Legal Aspects of Care

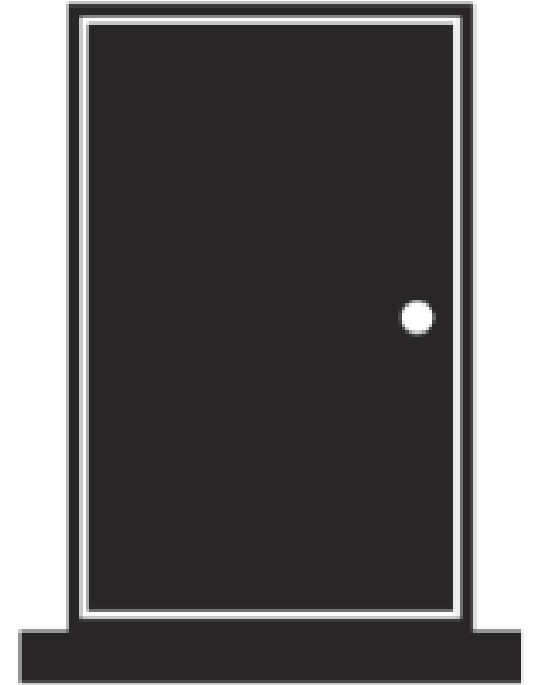
- Honoring **patient preferences** or those made by legal proxies or surrogate decision makers
- Maintaining **professional boundaries**
- Attention is paid to **family, cultural and spiritual values**
- Knowledgeable of **organizational policies**

Challenges and Opportunities



Challenges

- Shortage of palliative care specialists
- Lack of palliative care skills with primary care physicians
- Regional, socioeconomic, racial and ethnic-groups influence access to palliative care
- Physicians are reluctant to discuss palliative care; fear patients will lose hope
- Many patients are unaware of palliative care services



Opportunities

- Educate all providers and staff about palliative care
- Build triggers for palliative care in the EHR
- Involve the entire team
- Developing communication strategies to help patients through the decision making process



Palliative Care and the PCMH

Explain the value of integrating palliative care into the PCMH



Identify how palliative care can be integrated into the PCMH





Break

10 minutes



Deskercise



The Multidisciplinary Team

Members of the Care Team

Objectives

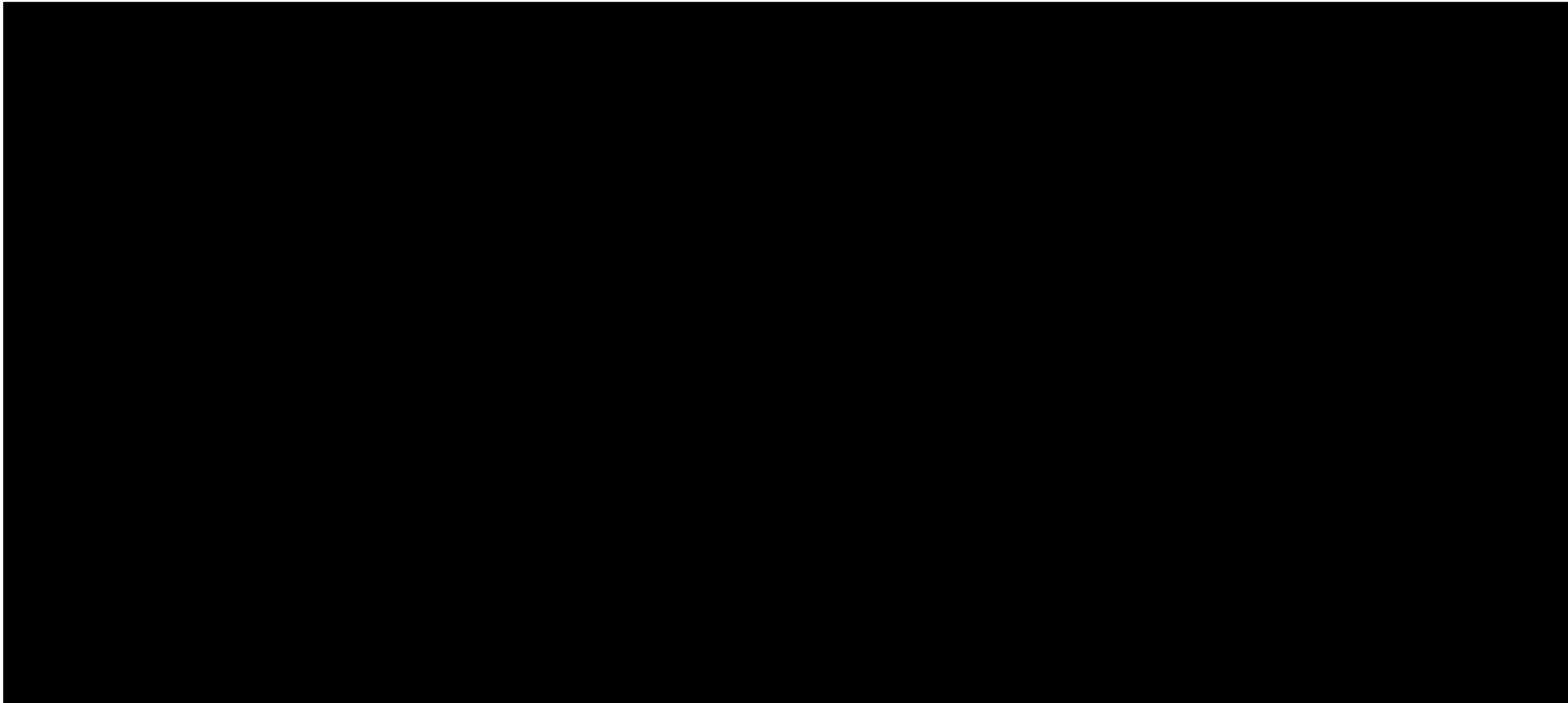
Identify members of a multidisciplinary care team

Explain the role of family and caregivers on the care team

Outline common communication challenges

Discuss the impact of culture on communication

Palliative Care Team



Importance of the Team

Helps with
improved
outcomes



Helps lower
health care
costs



Better
treatment
adherence



Decreased
hospital
admissions



Who Is On the Care Team?

Physician

Advanced Practice Provider

Registered Nurse

Social Worker

Pharmacist

Family Member

Spiritual Care

Dietitian/Nutritionist

Medical Assistant

Community Health Worker

Front office staff



Spiritual Care

- May be a **priest, pastor, chaplain, rabbi, imam** or other **religious leader**
- May be board certified
- Assesses and addresses unmet spiritual needs
- Trained to assist people of all faiths and beliefs



Others

Community Health Workers

- Help with connecting patients to community resources

Medical Assistants

- Provide screening tools to patients

Front office staff

Family Members: Members of the Care Team

Central to the delivery of care are family members and/or caregivers:

- Provide insights into progression, improvement, and quality of life
- May advocate for patient needs, wishes and desires
- Source of emotional support and reliability for patients in ever-changing circumstances
- Provide physical care when needed

Family Related Challenges

- Family Functioning
 - May have less than optimal relationships
 - Can lead to restrictions in communication with health care professionals
- Incongruent patient and family member needs
- Communication process barriers
- Impaired concentration
- Timing and amount of information
- Family members not wanting to bother the health care team
- Family member's rejection of support

Caring for the Family

- Experience physical, emotional, and mental stress caring for family member or friend
- Provide long-term, 24 hour care with minimal emotional and psychological support
- Benefit from support of the overall palliative care team

Family Members Need Palliative Care



Family Members Need Palliative Care

Family members are:

Prone to physical and psychological morbidity

Responsible for numerous tasks in care of the patient

Prone to social isolation

The Multidisciplinary Team

Communication and Care Coordination Among
Patients, Families and Health Care Professionals

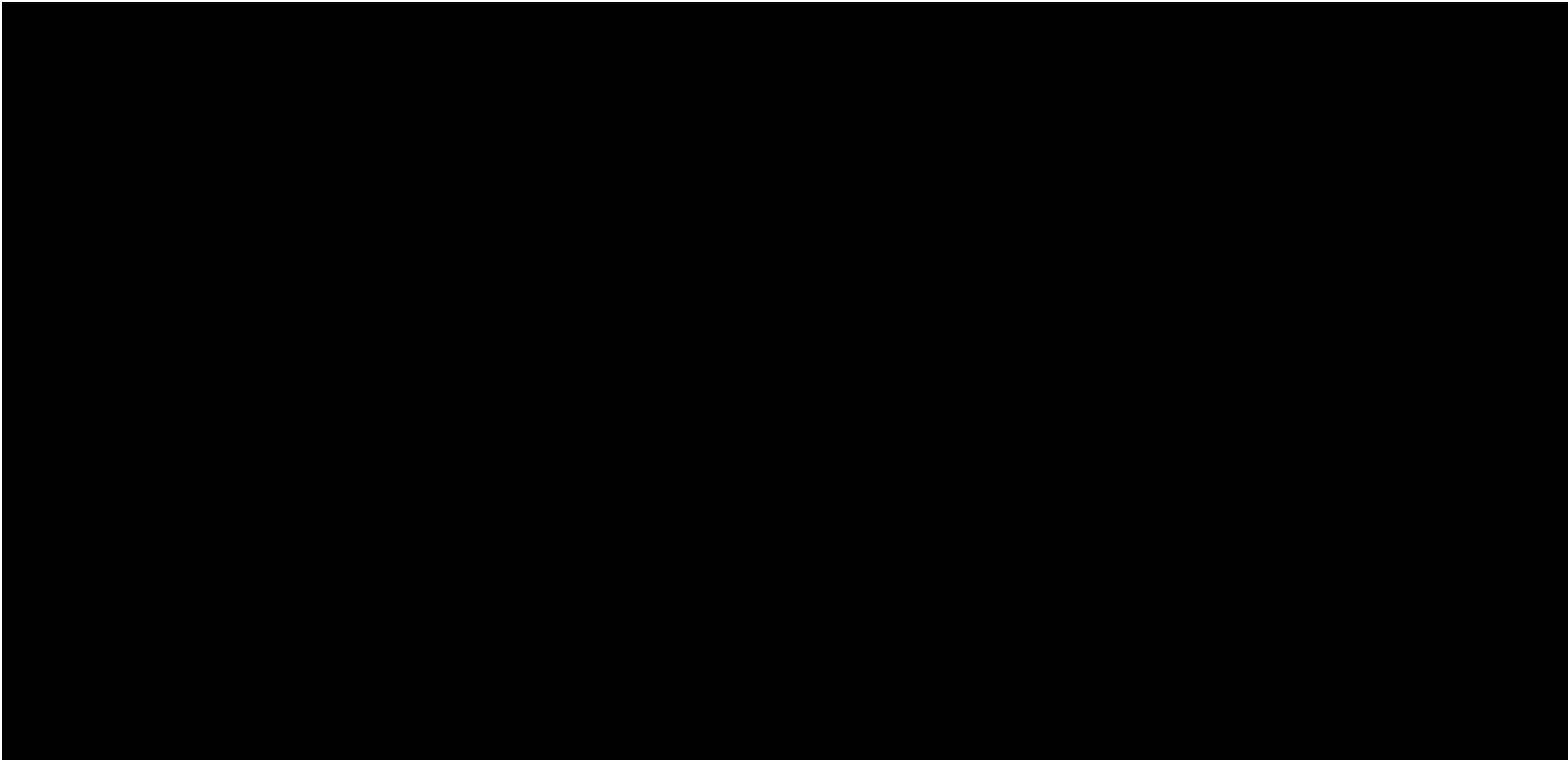
Palliative Care Communication

- Most people do not understand the term palliative care.
- When appropriate words are used to describe palliative care, people respond in a positive way.
 - i.e., comfort, support, quality of life
- Choose the right environment.

Communication Challenges

- Care team members report being uncomfortable with talking about end of life or referring a patient to hospice.
- A lack of knowledge of palliative care still exists with some providers.
- Care team members need to maintain an optimistic view even when outlook is poor.
- Language may be ambivalent.

Discussing Palliative Care



Communication and Care Coordination

- Ensure everyone is on the same page to provide the patient the care they need.
- Multitude of reasons for care coordination:

Social, personal, and living factors

Functional limitations or cognitive impairment

Symptom burden

Caregiver distress

The Multidisciplinary Team

Culture

Culture Definition

Anthropologists define **culture** as:

“A shared set of values, ideas, concepts and rules of behavior that allow a social group to function and perpetuate itself.”

There is no one agreed upon definition.

Preferences for Care

Preference of care:

- Use of analgesics
- Types of interventions
- How much one wants to know about their condition
- Level of family involvement

Affects the outcome of care:

- Goals of treatment
- Do not resuscitate orders
- Adherence to treatment plan

Decision Making Process

- **Varies by culture**
- Culture **informs how individuals think** about involving others in the decision making process.
- Decisions may be **based on religious views.**

Communication Patterns

Affects how someone interacts with clinicians

- Preferred degree of direct communication about their illness
- Level of family involvement
- Appropriate and Inappropriate terms
- Nonverbal cues

Many things shape communication

- Culture
- Generation (age)
- Education (literacy)
- Experience (palliative care)

Environmental Scan



Environmental Scan

- Which patients would benefit the most?
- Which clinical staff are qualified to offer the services?
- What additional training is needed?
- What barriers or challenges could be expected?
- How would integrating palliative care be beneficial?
- What might the referral process at the practice look like?



Future Development

- Having the conversation
- Advance directives
- Pain and symptom management
- Integrating palliative care into the primary care office

Resources

- Center to Advance Palliative Care
 - <https://www.capc.org/>
- National Hospice and Palliative Care Organization
 - <https://www.nhpco.org/>
- American Academy of Hospice and Palliative Medicine
 - <http://aahpm.org/>
- National Palliative care Research Center
 - <http://www.npcrc.org/>

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Questions?