Building Community Capacity to Improve Rural Health: Palliative Care

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ND Palliative Care Meeting
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Overview

- Outline a model for supporting development of palliative care services
- Summarize rural palliative care program development and support components
- Highlight 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
- Rural health and serious illness care are long-standing organizational priorities
  - Have been working to support development of palliative care services in rural communities for more than a decade
- Work at the intersection of research, policy, and practice

**Rural Community-Based Palliative Care**
Current developments in palliative care

• Recognize growing need in community
• Programs in hospitals, clinics, home, and nursing facilities
• Incorporated into standards of care for oncology, cardiovascular care, kidney disease, others
• Partnerships align shared goals and resources
• Education and certification for clinicians

Palliative care in a rural context

• Significant need: Rural populations disproportionately aging and with chronic disease
• Unique challenges in rural
  – Limited availability of board-certified palliative care clinicians
  – Lack of research and models specifically for rural care delivery (most palliative care clinical models developed for large, tertiary care hospitals)
  – Reimbursement challenges
Why Palliative Care?

- Improves quality outcomes: people feel better, treatments tolerated, function improved, less burden for caregivers
- Strong evidence for hospital based teams
- Growing evidence in community settings
  - Clinic and home based show cost reductions, impact on utilization, patient and provider satisfaction; timing is important

Palliative Care Aligns With:

- Value: quality, experience and cost
- Patient and family-centered care
- Safety
- Care coordination
- Effective stewardship of resources
- Potentially avoidable ED utilization and hospital admissions
- Workforce resiliency
- Caregiver support
Identifying People Appropriate for Palliative Care

- You would “not be surprised if patient died within year or two”
- >1 or 2 admissions in several months
- Symptom complexity
- Decline in function, i.e., failure to thrive
- Advanced disease: met cancer, chronic home oxygen use; NH + fall
Identifying People Appropriate for Palliative Care

- Advanced illness + no advance directive or discussion of goals/prognosis
- Complex care requirements
- Limited social support in setting of serious illness

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
Systems theory

- A way to think about inter-relationships among parts
- Important to be aware of in planning community-wide initiatives
- A change in one area has an impact on other areas
- Examples: families, work team

Community capacity development theory

- Communities tackle problems through collective problem solving
- Change happens by enhancing existing capacities
- Approach is strength-based
- Requires leadership, broad participation, learning over time
Why capacity building works in rural communities

- Networks and relationships are often strong and well connected
  - Training is available to enhance rural practitioner skills
  - Majority of patient/family needs can be met locally
  - National standards/best practices are relevant
<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>2008-2016</td>
<td>23 MN communities in 3 cohorts</td>
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<tr>
<td>2009</td>
<td>3-community pilot in ND, MS, and NC, in partnership with National Rural Health Association</td>
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<tr>
<td>2012-2013</td>
<td>Measurement pilot with 5 MN communities</td>
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<tr>
<td>2017-2020</td>
<td>Community cohorts in ND, WA, and WI</td>
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<td>2018-2020</td>
<td>Advanced work in technology, payment, and resources</td>
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### Participating communities 2008-2016
Formula for program development

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

= A program designed for your community

Results

- As of 2014, 15 of 23 Minnesota communities were providing palliative care services
  - Settings: home care, outpatient, nursing home, assisted living, inpatient, community
- All participating teams implemented program development and structural and clinical interventions including:
  - Palliative care education
  - Advanced care planning
  - Care coordination
Additional results…

• Increase in communities’ level of expertise in pain management consultation and staff education on palliative care
• Increase in belief that pain and symptom management needs are being met
• Increase in belief that care transition processes meet the needs of patients

What Have We Learned?
What a rural palliative care program looks like

• Wide variation in structure and focus for formal programs
• Process and system improvements
  – Advance directives
  – Process for goals of care discussions
  – Shared order sets/care plans across settings
  – Professional and community education

Variables in program structure

<table>
<thead>
<tr>
<th>Methods of service delivery</th>
<th>Interdisciplinary team</th>
<th>Patient focus</th>
<th>Coordinating staff</th>
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<tbody>
<tr>
<td>Home visits</td>
<td>All teams included physician, social work, nursing Other disciplines vary: • Rehabilitation services • Volunteers • Nurse practitioner • Chaplain • Pharmacy • Advance practice nurse in psychiatry</td>
<td>Hospice eligible but refused Infusion therapy Home care with complex illness Inpatient consult when requested Physician referred with complex illness Nursing home residents – triggered by minimal data set (MDS) criteria</td>
<td>Nurse practitioner Registered nurse Social worker Certified nurse Specialist Advance practice nurse</td>
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Lessons learned

- Palliative care programs and services can align with other efforts to redesign care delivery
- External resources and support are needed for most rural communities to develop palliative care services
  - Ongoing networking for learning and sharing is critical to sustaining programs
- Innovative delivery mechanisms are needed to spread rural palliative care in cost-effective yet meaningful ways
Lessons learned (continued)

• Community-based metrics are needed to quantify impact on cost, quality, readmissions, and patient and family satisfaction and to support the business case for such programs
• Lack of reimbursement for palliative care services as a covered benefit from payers and insurers is a significant barrier to implementation

Current Stratis Health Rural Palliative Care Initiatives
2017-2020 Rural Community-Based Palliative Care Project

A two-part Stratis Health project

• Expand community-based palliative care in other states (ND, WA, WI)
  – Partnership with State Offices of Rural Health to build capacity in 5-8 rural communities in each state in a train-the-trainer mode

• Build on MN palliative care efforts
  – Environmental scan, technology pilot, blueprint to help rural communities build business case for palliative care in the changing health care payment and reimbursement environment
Rural Palliative Care Resource Center

www.stratishealth.org/palcare

Categories:
- Understand
- Assess
- Plan
- Implement
- Optimize
- Patients and Families

Looking to the future: advancing rural palliative care

- Address regulatory barriers
- Improve payment and reimbursement
- Continue community-based palliative care model testing, evaluating, learning, and sharing
- Identify strategies to support development clinical skills
## Rural Palliative Care: Strategies for Sustainability

<table>
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<tr>
<th>Billing/FFS Reimbursement</th>
<th>Grants &amp; Philanthropy</th>
<th>Value-Based Contracting</th>
<th>Emerging Opportunities</th>
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<tr>
<td><strong>What:</strong> Direct billing for specific services</td>
<td><strong>What:</strong> Federal, state, local grant opportunities • Donations or local foundation funds (i.e. auxiliary)</td>
<td><strong>What:</strong> Accountable Care Organizations (ACOs) • Bundled Payments • Other population based or risk-sharing arrangements</td>
<td><strong>What:</strong> Medicaid programs, Medicare Advantage plans, and/or other payers develop palliative care reimbursement or benefit options (varies by state and market)</td>
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<tr>
<td><strong>How:</strong> Provider Visits • Physician • APRN/PA • MSW (in some situations)</td>
<td><strong>How:</strong> Dedicate use of local foundation funds to off-set costs • Bequests or larger gifts – targeted to support services in a variety of ways • Often one-time funds to support development</td>
<td><strong>How:</strong> Focus on understanding patient goals and active care planning can help: • Reduce potentially avoidable utilization • Decrease use of high cost treatments and medications as aligned with patient goals • Generate savings, meet quality or utilization based incentive targets</td>
<td><strong>How:</strong> Advocate for development of palliative care reimbursement or benefit programs, ideally with implementation aligned across payers in your state/region.</td>
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<td>Care Coordination Codes • Chronic Care Management (CCM) • Transition Care Management (TCM) • Advanced Care Planning (ACP)</td>
<td><strong>Underlying Value</strong> • “Because it is the right thing to do” • Improved quality of care and quality of life for patients with serious illness and/or complex needs • Provider and staff satisfaction and resiliency • Palliative care team can support difficult conversations and management of seriously ill patients, reducing provider stress and freeing up time to see other patients</td>
<td>Alignment with home care services under Medicare reimbursement.</td>
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### Questions?

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Rural Palliative Care Resource Center

[www.stratishealth.org/palcare](http://www.stratishealth.org/palcare)
Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

Rural Community-Based Palliative Care Project - This three-year project (2017-2020) is supported by Stratis Health to expand access to rural community-based palliative care services. Find practical tools to build and expand services in the Rural Palliative Care Resource Center (www.stratishealth.org/palcare)