Developing Palliative Care Services in Rural Communities

MN Rural Health Conference
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Session agenda

• Define key components palliative care and differentiate from hospice
• Discuss unique rural community strengths and opportunities regarding palliative care
• Outline a model for supporting development of palliative care services
• Describe community-based models for providing rural palliative care
Stratis Health

• Independent, nonprofit, community-based Minnesota organization founded in 1971
  – Mission: Lead collaboration and innovation in health care quality and safety, and serve as a trusted expert in facilitating improvement for people and communities

• Funded by federal and state contracts, corporate and foundation grants

• Working at the intersection of research, policy, and practice
Palliative care

Palliative care is both a philosophy of care and a highly organized system for delivering care.

Goal is to assure that each person experiences the best quality of life throughout the illness trajectory.
Short Definition

Interdisciplinary care for patients and their families that improves quality of life during a serious illness
Pillars of Palliative Care

• Pain and symptom management
• Psychosocial and spiritual support (patient and family)
• Information and support to make decisions that reflect goals and values
• Continuity of care
Where is palliative care provided?

- Hospital
- Home
- Outpatient
- Nursing homes
- Assisted living
- Hospice
Who does palliative care help?

- \( \frac{3}{4} \) of US deaths are caused by chronic disease: heart, lung, brain
- Medicare: targeted to acute care, episodic care, not the needs of people with chronic illness
Hospice

Palliative care is *not* the same as hospice

- Hospice cares for people with a 6 month life-expectancy based on course of their disease
- Patients receiving hospice care are **no longer receiving active disease treatment.**
- Is usually delivered at home; also delivered in facilities
National Consensus Project for Quality Palliative Care
*Clinical Practice Guidelines for Quality Palliative Care, Second Edition, 2009*

http://www.nationalconsensusproject.org/guideline.pdf
Rural community challenges in palliative care

- Rural populations: disproportionately aging and chronic disease
- Limited availability of specialty clinicians
- Most clinical models developed for large, tertiary care hospitals
  - Lack of research and models specifically for rural care delivery
- Reimbursement challenges
Rural strengths and opportunities in palliative care

- 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 Quality Forum’s Preferred Practices are relevant
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

Majority of funding to support rural palliative care development provided by UCare. Partnership with Fairview Health Services
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 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
Formula for program development

Community data and goals
Stakeholder input/Community-based team (i.e. community capacity model)

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

+ Structured process for development/implementation (Learning Collaborative Model)

= Custom-designed community-based program
Minnesota Rural Palliative Care Initiative

- Fall 2008 – winter 2010

- Primary strategies:
  - Learning collaborative approach
    - Based on IHI Breakthrough Series model
  - Use of preferred practices
  - Focus on goals of care skill building
Participating communities
Communities/lead organizations

- Bemidji - Bemidji State University Department of Nursing
- New Ulm - New Ulm Home Care and Hospice
- Olivia - Renville County Hospital & Clinics
- Red Wing - Fairview Red Wing Health Services
- Roseau - LifeCare Home Medical Center
- Staples - Lakewood Health System
- Waconia - Ridgeview Medical Center
- Wadena - Tri-County Community Health Services
- Willmar - Rice Memorial Hospital
- Winona - Winona Area Hospice
Results

• After 18 months, 6 of initial 10 rural Minnesota communities are providing palliative care
  – Settings: home care, outpatient, nursing home, assisted living, inpatient, community
  – In process of arranging for health plan contracts to pay for palliative care

• All teams implemented program development and structural and clinical interventions
Percent of Participating Communities Implementing Process or System Improvements

- Advance directives
- Health care professional education
- Community education
- Consistent order sets among two or more settings
- Process for goals of care discussions

Legend:
- Yes, currently implementing
- Not yet, but planning to
- No plans to implement
- N/A or Don’t know
Rural Palliative Care Community Development Project Cohort I

- Summer 2010 – spring 2012
- Activities
  - Needs assessment/kick-off call
  - Day-long visioning and planning workshop
  - Coaching calls/individual technical assistance
  - Community mentoring
  - Quarterly Webinars
  - Evaluation and wrap up – spring 2012
6 participating communities
Communities/lead organizations

- Detroit Lakes area, Becker County: Emmanuel Nursing Home
- Cook County: Cook County North Shore Hospital, Grand Marais
- Fosston: FirstCare Medical Services Home Health & Hospice
- Granite Falls: Granite Falls Hospital, Manor, & Home Care
- Kanabec County: FirstLight Health System Mora
- Red Lake: Red Lake Hospital – Indian Health Services
Rural Palliative Care Community Development Project: Cohort I

• Progress to date
  – Palliative care education
  – Advanced care planning
  – Care coordination
  – Pilot of palliative care services
All participating communities
Supporting rural communities

- Community Development Project Cohort I
- Community Development Project Cohort II
- Web-based Resource Center
- Quarterly Networking Group
- Measurement/Evaluation Pilot
- Rural Palliative Care Conference (anticipated 2012)
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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.