How Organizations Can Help Patients Communicate About End-of-Life Care

September 24, 2014

We strongly encourage you join the call by receiving a call-back.

If you choose to dial-in, please be sure to use your **attendee #** found under the "Event Info" tab.



Today's Speakers – Partnership HealthPlan



Robert Moore, MD, MPH Chief Medical Officer Partnership HealthPlan

California mprovement Network

Today's Speakers – Petaluma Health Center



Luke Entrup, MSW Director of Wellness and Innovation Petaluma Health Center **Danielle Oryn, DO** Chief Medial Officer Petaluma Health Center

> California Improvement Network



Promoting Palliative Care: Health Plan Activities



Robert Moore, MD, MPH Chief Medical Officer

Sept. 24, 2014 CIN Webinar

rmoore@partnershiphp.org

About Partnership HealthPlan of California



Mission: To help our members, and the communities we serve, be healthy.

Strategic Focus Areas:

- Quality
- Operational Excellence
- Financial Stewardship

Medi-Cal Managed Care:

County Organized Health System

Membership: *480,000*



Offering and Honoring Choices

PHC's initiative to improve Advance Care Planning and Palliative Care in the communities we serve

Major goals:

- 1. Increase access to outpatient advance care planning
- 2. Increase access to palliative care
- 3. Ensure communication of care preferences across care settings
- 4. Facilitate community-wide culture change



Offering and Honoring Choices

Quality Case for Advance Care Planning

Business Case for Advance Care Planning

JAMA, Oct. 5, 2011: Patients dying with Advance Directive had \$5,585 less in hospital costs than patient who dies without an Advance Directive.

Brief review of 4 projects

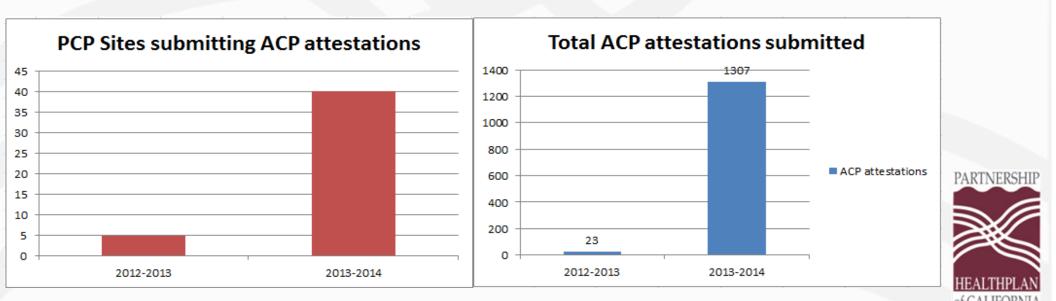
- 1. Pay for performance incentive
- 2. Training Care Managers
- 3. Employee awareness
- 4. Culture change through community coalitions



1. Pay for Performance Incentive

Structure of Incentive

- 1. Conversation about Advance Care Planning for patients with advanced illness and reduced life expectancy
- 2. Discussion of Advance Directive and (if appropriate) POLST
- 3. Submission of Attestation to PHC
- 4. \$100 per attestation as a quality bonus
- 5. Maximum of 100 attestations per site



2. Training Care Managers on ACP

Why ACP is important for Care Managers!

Research on integrating ACP with Case management

- 1. Aetna's "Compassionate Care Program" (2004)
- 2. Sutter's "Advanced Illness Management Program" (2009)
- 3. Kaiser's Home-Based Palliative Care Program
- 4. Sharp Rees Stealey's "Transitions Program"
- 5. Health Care Partners (LA)

Settings for ACP by Case Managers

- 1. Disease-based case management
- 2. Complex case management
- 3. Hospital discharge/care transition
- 4. Long term care/subacute settings

Training Program: CSU San Marcos: Institute for Palliative Care



3. Employee Awareness of ACP

Why Train Employees?

Toolkit available

Results at PHC: 95% of staff trained

- Doubled rate of having advanced directive from 13% to 26%
- Of those who did not have AD, 66% planned to do so
- Conversations with family: Multiplier effect: 2.5





4. Community Coalitions

First Example: Respecting Choices, La Crosse, WI

- 1. Standardized Advance Directive
- 2. Community facilitators trained
- 3. 95% of patients admitted to hospital have an AD on file
- 4. Net result: Community is in the lowest decile of cost of care for MediCare, nationwide

Spread in US and internationally

PHC County Efforts

- 1. Honoring Choices Napa Valley (Napa Valley Hospice)
- My Care, My Plan! Speak up Sonoma County (County Health Dept.)



Advance Care Planning Across the Continuum

Co-sponsored by Partnership HealthPlan and Napa Valley Hospice

Keynote Speaker: Bud Hammes, PhD -- Founder, Respecting Choices Program, La Crosse, WI

Date: November 6-7, 2014 **Location: Doubletree Hotel**, **American Canyon**

More Info: http://nvhads.org/annual-conference/





The Road to Sonoma . . .

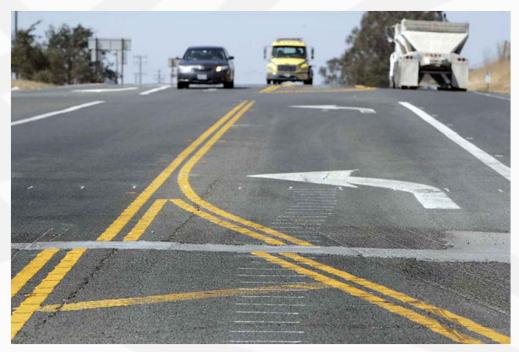


Photo: Napa Valley Register



Advance Directive QI Initiative

Danielle Oryn, DO, MPH, Chief Medical Informatics Officer Luke Entrup, MSW, MPH, Director of Wellness & Innovation

Petaluma HealthCenter

Petaluma Health Center – Opened 1996, FQHC since 2000

- 23,000 patients, 100,000 annual visits
- Main Practice Site
 - Dental services
 - Medical services 3 Family Medicine Teams, 1 Women's Health Team
 - Mental health services
 - Wellness services
- Mary Isaac Center Homeless Clinic
- School-Based Health Centers
- 17% of patients over 55 years of age

Advance Directive Initiative



 Increase the percent of primary care patients 55y/o+ with an advance directive on file at our health center
Advance directives: Percent of active patients over 55 years of age who have an

- May 2013: 3%
- August 2014: 28%

Advance directives: Percent of active patients over 55 years of age who have an advance directive or POLST order on file at the health center.



Advance Directive Initiative

- 1. Staff training
- 2. Shared medical visit
- 3. Changes to clinic workflow
- 4. Community engagement



Petaluma

HealthCenter



- Intention: Raise the comfort level in discussing end of life care
- Goal: 100% of staff have an Advance Directive
- Entire organization received a one-hour training by individual teams/departments
- Each employee given blank copies for themselves and family members

Shared Medical Visits



- "Completing Your Advance Directive"
- Weekly Shared Medical Visit
- Provider-led with face to face component
- Intention: A place for PCPs to refer patients when unable to address in office visit
- Total number of attendees



Changes to Clinic Workflow



- EMR Optimization
 - Alert
 - Huddle documentation
 - Re-education on documentation
 - Reporting and tracking
 - Mining from scanned documents
- Full care team empowerment
 - Handing out forms with demographic stickers
 - Counseling on form completion
 - Participating in POLST process



Community Engagement



- Bring the conversation to where our patients are
 - Homes
 - Workplaces
 - Schools
 - Other gatherings
- Collaborations
 - County of Sonoma
 - St. Joseph Health
 - Petaluma Healthcare District
- Host monthly community events







- Scarcity of time in PCP visits
- Length and complexity of most advanced directive forms
- Language and culture issues







Contact Information

Luke Entrup, MSW, MPH lukee@phealthcenter.org



Danielle Oryn, DO, MPH danielleo@phealthcenter.org

