California Health Care Foundation

HEALTH CARE THAT WORKS FOR ALL CALIFORNIANS

Expanding Palliative Care in Rural Settings: Challenges and Strategies

June 10, 2020

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Welcome and Logistics

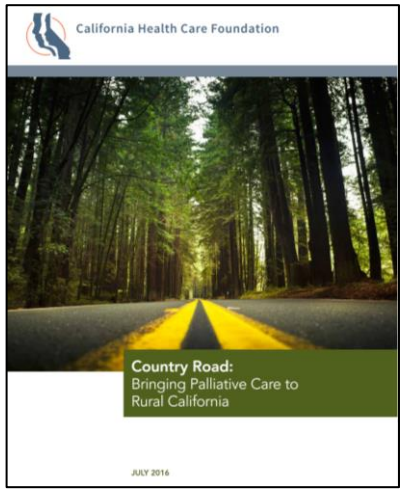
- Webinar recording and slides will be posted to CHCF website (https://www.chcf.org/) under “Events”

- Please use “Chat” function to:
  - Share observations or reactions in real time
  - Ask questions — we’ll try to address today or offline
  - Respond to other people’s comments or questions

  Make sure your chat message is going “To Everyone” so we can all see your ideas and questions

CHCF Focus on Rural Palliative Care

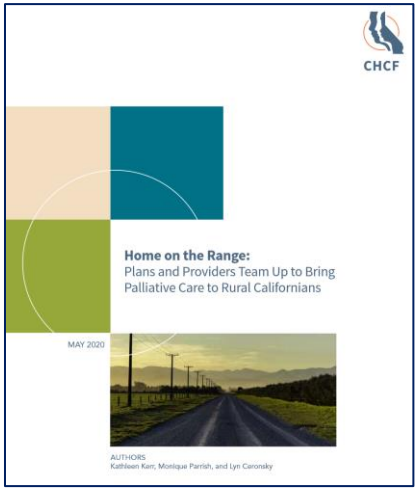
2014: CHCF mapping effort identified no community-based palliative care services in 22 counties, most of which were rural



2016

2017

2017–19



2020

Rural Palliative Care Is Different

The Rural Palliative Care Challenge

Designing and sustaining programs that will serve relatively few people who have intensive and complex needs, who are spread across huge geographies that tend to lack health care resources generally, and where there is a shortage of palliative care providers specifically.

Processing Lessons

Sifting Through the Content

- Unique challenges
- Common challenges that have greater impact in rural areas
- Emphasis on home-based services, plan-provider contracts

Barriers and Potential Solutions

- Identifying and enrolling patients
- Staffing services
- Sustaining services
- Attending to the full spectrum of patient needs

Essential Success Strategies

- Cultivate strong relationships between organizations and individuals
- Be creative and flexible with staffing and service models

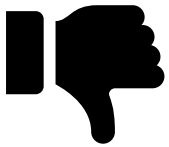
Barriers and Potential Solutions
Identifying and Enrolling Patients

Issue in more densely populated area

5,000 potential patients × 5% identified and enrolled = adequate volume for a small service

Issue in a rural area

250 potential patients × 5% identified and enrolled ≠ adequate volume even for a small service



Challenges

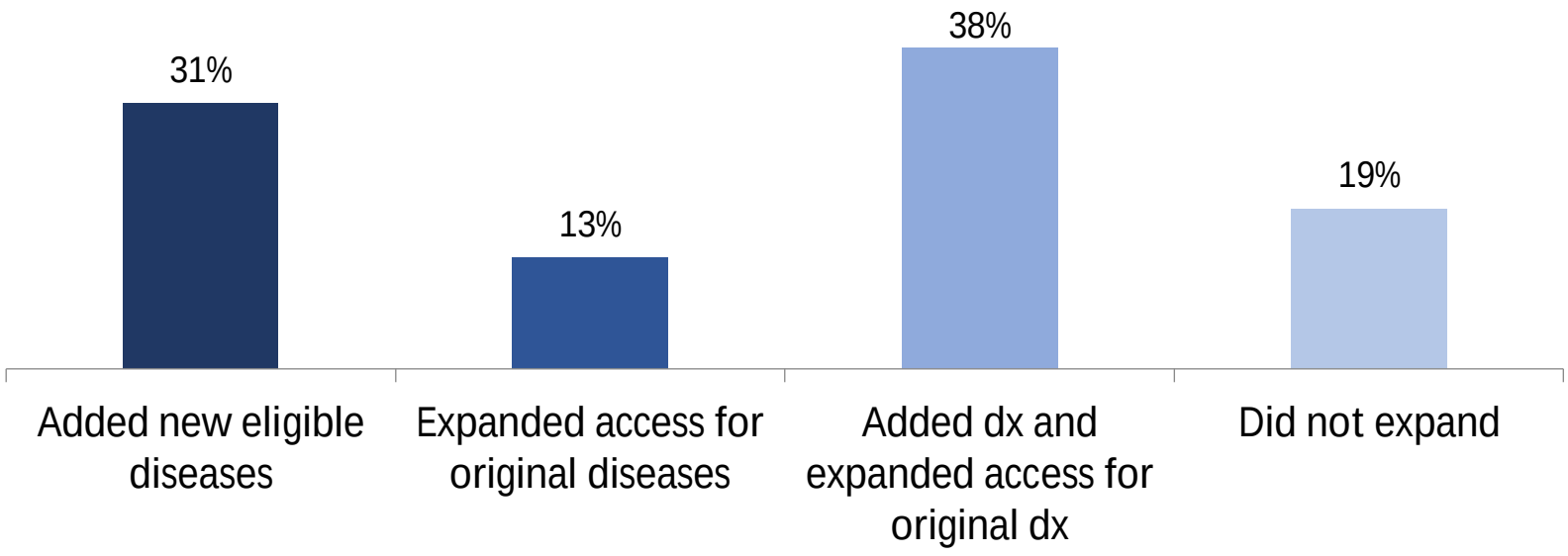
- Small number of potential patients
- Lack of accurate contact information
- Few resources for a robust patient outreach program
- Patient reluctance to accept services

Barriers and Potential Solutions
Identifying and Enrolling Patients

Challenge: Few plan members meet eligibility requirements

Potential solution: Consider adjusting eligibility criteria to increase pool of potential patients and make them easier to find

Health Plan Adjustments to Medi-Cal PC Eligibility Requirements (2020 CHCF Survey)



Barriers and Potential Solutions
Identifying and Enrolling Patients

Challenge: PC providers don't have accurate patient contact information

Potential solution: Share

- Plans
- Health systems
- Primary and specialty providers

Barriers and Potential Solutions
Identifying and Enrolling Patients

Challenge: Few resources for a robust patient outreach program

Potential solution: Piggyback on other patient health care encounters

"To find patients for our in-home palliative care program, we use our partnerships with our local hospital-based inpatient palliative care units, the hospital palliative clinic, our behavioral health partner, and our utilization management nurses assigned to every hospital and SNF in both counties wherever our members are admitted."

—Health plan

Barriers and Potential Solutions
Identifying and Enrolling Patients

Challenge: Patient reluctance to accept services

Potential solutions:

1. Build on existing trusted relationships with other health care providers
   - Primary care
   - Specialists in hospital and ambulatory settings

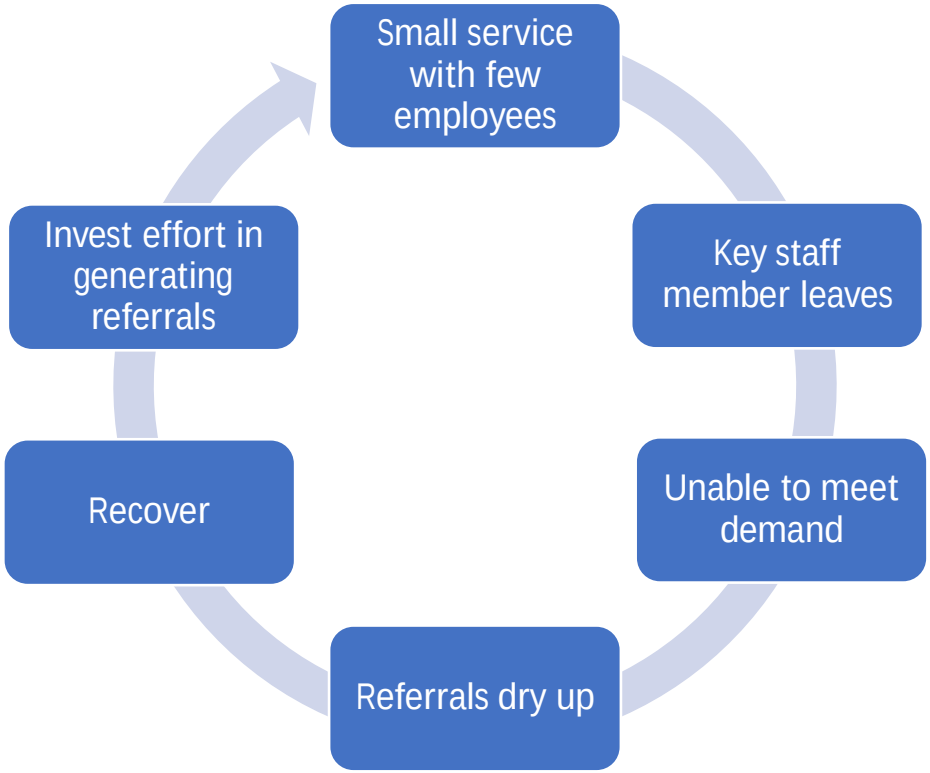
2. Be flexible, patient, and persistent
   - Willing to discuss/offer PC multiple times
   - Initial outreach in person
   - Unscheduled outreach visits
   - Connecting with neighbors
   - Using community health workers

Barriers and Potential Solutions
Identifying and Enrolling Patients

Challenge	Potential Solution
Small number of potential patients	Loosen eligibility criteria
Lack of accurate contact information	Share data
Few resources for robust outreach program	Piggyback on other patient health care encounters
Patient reluctance to accept services	• Build on existing relationships with other health care providers • Be flexible, patient, and persistent

Barriers and Potential Solutions
Staffing Services

Small Organization Staffing Loop of Frustration (SOSLOF)



Challenges

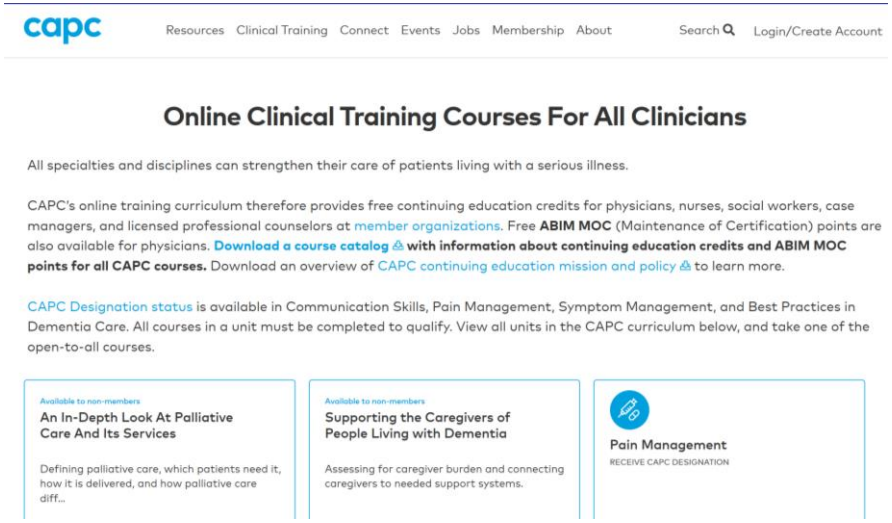
- Shortage of trained providers
- Difficulty retaining staff
- Mismatch between care model and available workforce

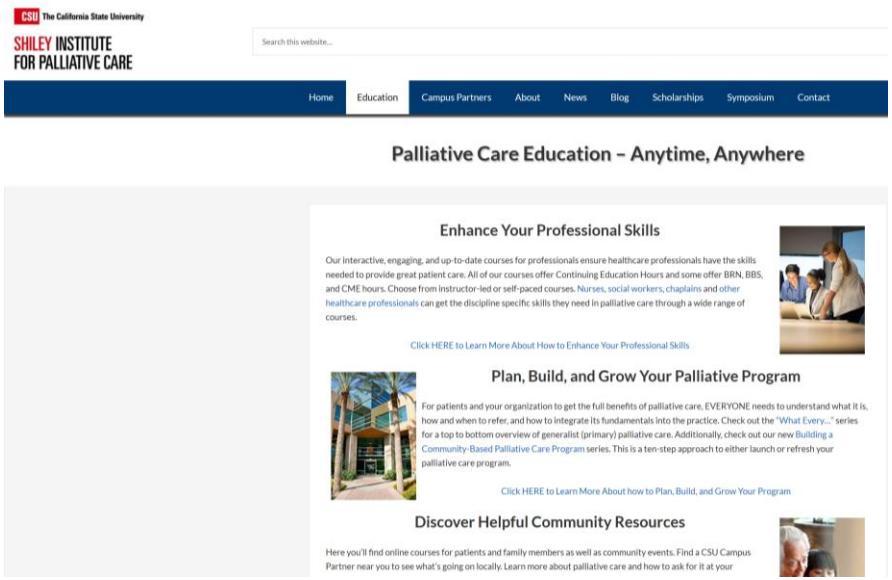
Barriers and Potential Solutions
Staffing Services

Challenge: Shortage of trained providers

Potential solution: Be flexible in employment models

- Recruit and train per diem providers to supplement salaried staff
- Cross-train existing staff from other business lines (home health, hospice) who express interest in palliative care





Barriers and Potential Solutions
Staffing Services

Challenge: Difficulty retaining staff

Potential solution: Make staff satisfaction a priority

Strategies for enhancing staff satisfaction:

- Conduct regular team meetings (virtual or in person)
- Set aside time for team wellness activities
- Offer educational and training programs
- Provide more generous mileage reimbursements for work travel
- Allow administrative staff to work from home

Barriers and Potential Solutions
Staffing Services

Challenge: Mismatch between care model and available workforce
Potential solution: Adjust the staffing/care model

"We transitioned from a nurse-led program to a care model that has a nurse practitioner and a physician as the lead staff. This allowed us to open a clinic so patients can see the palliative care physician directly, which is a patient satisfier and helps us respond to symptom management issues."

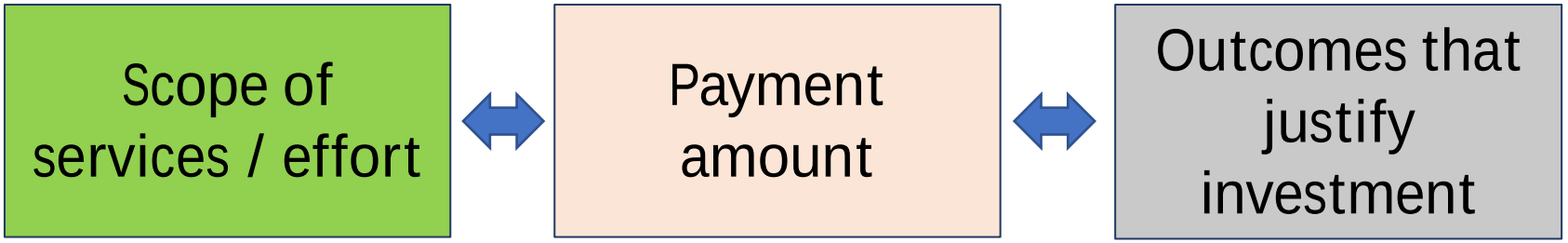
—Palliative care provider

Barriers and Potential Solutions
Staffing Services

Challenge	Potential Solution
Shortage of trained providers	Be flexible in employment models
Difficulty retaining staff	Make staff satisfaction a priority
Mismatch between care model and available workforce	Adjust the staffing/care model

Barriers and Potential Solutions
Sustaining Services

Balance Needed to Sustain a Program



Challenges

- Uncertainty that revenues will cover costs
- High costs of care delivery
- Plans and providers having different expectations and knowledge of costs
- Coverage misalignment

Barriers and Potential Solutions
Sustaining Services

Challenge: Uncertainty that revenues will cover costs

Potential Solutions:

- Look for value added to other service lines (home health, hospice)
- Share staffing costs with other business lines or plan partners

"Our team is comprised of a physician, two nurses, a care coordinator, two community health workers (CHWs), a social worker, and a chaplain. The nurses and CHWs see patients in person in addition to videoconferencing, while the rest of the team provides care via telemedicine and telephone. The CHWs are employed by the plan and support our care team on an as-needed basis. They are available to go to patient homes to check on them, in particular if our team is having difficulty contacting the patient and facilitate videoconferences for members of the care team."

—Palliative care provider

Barriers and Potential Solutions
Sustaining Services

Challenge: High costs of care delivery

Potential solution: Focus on efficiencies

Per diem staff

Telehealth

Incorporate lower-cost disciplines

Barriers and Potential Solutions
Sustaining Services

Challenge: Plans and providers having different expectations and knowledge of care delivery costs

Potential solution: Collect data and communicate early and often

JOURNAL OF PALLIATIVE MEDICINE
Volume 20, Number 10, 2017
Mary Ann Liebert, Inc.
DOI: 10.1089/jpm.2016.0433

Delivery of Community-Based Palliative Care: Findings from a Time and Motion Study

Nrupen A. Bhavsar, PhD, MPH,[1] Kate Bloom, MPH,[2] Jonathan Nicolla, MBA,[3] Callie Gable, BA,[4] Abby Goodman, BS,[2] Andrew Olson, MPP,[2,5] Matthew Harker, MPH, MBA,[2,5] Janet Bull, MD, MBA,[6] and Donald H. Taylor, Jr, PhD[2,5,7]

Abstract

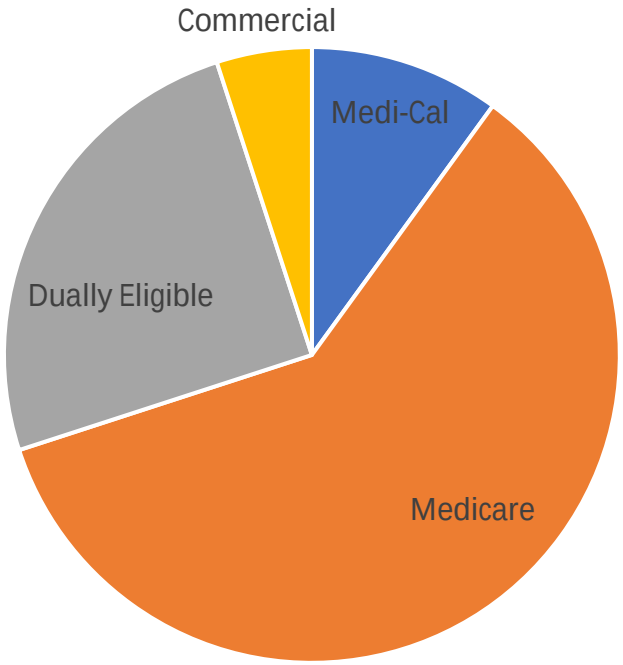
Background: Use of palliative care has increased substantially as the population ages and as evidence for its benefits grows. However, there is limited information regarding which care activities are necessary for delivering high-quality, interdisciplinary, community-based palliative care.

Barriers and Potential Solutions
Sustaining Services

Challenge: Using an IDT when FFS Medicare is dominant

Potential solution: Consider a provider-led model

What to do if your palliative care payer mix looks like this?



Barriers and Potential Solutions
Sustaining Services

Challenge	Potential Solution
Uncertainty that revenues will cover costs	• Share staffing costs • Look for value added to other service lines
High costs of care delivery	Focus on efficiencies
Plans and providers having different expectations and knowledge of costs	Collect data; communicate early and often
Coverage misalignment (FFS Medicare)	Consider a provider-led model

Barriers and Potential Solutions
Attending to the Full Spectrum of Patient Needs

Goal: Quality, comprehensive, accessible care

Needed but not always there:
- Timely access to primary and specialty providers
- Supportive services (like case managers)
- Hospice

Complicating factors:
- High prevalence of substance use disorders
- Poverty
- Older, isolated population

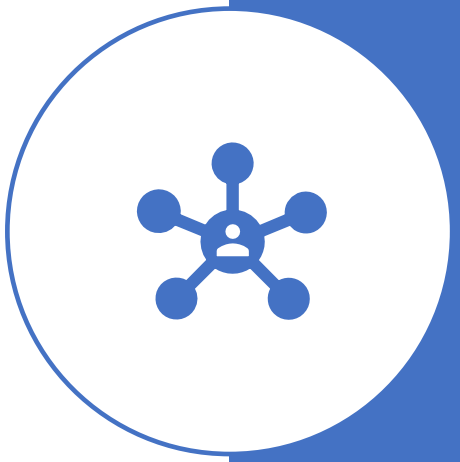
Challenges
- Complex needs and lack of resources
- Underutilization of available supports
- Difficulty engaging with primary providers
- No local hospice

Barriers and Potential Solutions
Attending to the Full Spectrum of Patient Needs

Challenge: Complex needs and lack of resources

Potential solution: Adopt care processes and staffing models that will meet a broad spectrum of needs

- Utilize trained CHWs to initiate advance care planning discussions and provide links to community resources
- Use regular plan-provider meetings to review enrolled patients, resolve challenges to meeting their care needs, and ensure referrals to appropriate services



Barriers and Potential Solutions
Attending to the Full Spectrum of Patient Needs

Challenge: Underutilization of available supports

Potential solution: Employ existing resources

- Palliative care team members, especially CHWs and social workers, can encourage and help connect patients with existing services and supports such as housing, transportation, and meals. Some supports may be available through the health plan itself.

Barriers and Potential Solutions
Attending to the Full Spectrum of Patient Needs

Challenge: Difficulty engaging with primary and specialty providers

Potential solution: Assume some primary care responsibilities if helpful

- PC team can assume some aspects of a typical primary care role as a strategy for overcoming fragmentation
- PC physician can make referrals to needed specialists and other services directly, rather than waiting for a PCP to act on a recommendation

Barriers and Potential Solutions
Attending to the Full Spectrum of Patient Needs

Challenge: No local hospice

Potential solution: Meet the need but adjust the contract

"Our contract is based on a per-member-per-month payment structure, including three tiers of service. The most intensive tier, called "virtual hospice," is used if the patient has no access to on-the-ground hospice services or is unwilling to enroll in hospice services."

—Palliative care provider

Barriers and Potential Solutions
Attending to the Full Spectrum of Patient Needs

Challenge	Potential Solution
Complex needs and lack of resources	Adopt care processes and staffing models that will meet a broad spectrum of needs
Underutilization of available supports	Employ existing resources
Difficulty engaging with primary and specialty providers	Assume some primary care responsibilities if helpful
No local hospice	Meet the need but adjust the contract

Essential Success Strategies
Cultivate Strong Relationships Between Organizations and Individuals

Build relationships with . . .

- Hospitals and health systems
- Medical groups
- Social service organizations
- Health departments
- Emergency medical technicians

. . . to help with

- Identifying potential patients
- Educating providers about palliative care generally and your program specifically
- Educating patients about palliative care generally and your program specifically
- Promoting appropriate referrals
- Accessing community resources

Essential Success Strategies
Be Creative and Flexible with Staffing and Service Models

Include community health workers on the palliative care team

Develop standardized processes to maximize quality and efficiency

Plan for inevitable personnel changes

Embrace telemedicine and video visits

Resources

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PUBLICATION

Home on the Range: Plans and Providers Team Up to Bring Palliative Care to Rural Californians

MAY 13, 2020

Kathleen Kerr, Consultant, Kerr Healthcare Analytics
Monique Parrish, LifeCourse Strategies
Lyn Ceronsky, palliative care nurse administrator and consultant

SHARE

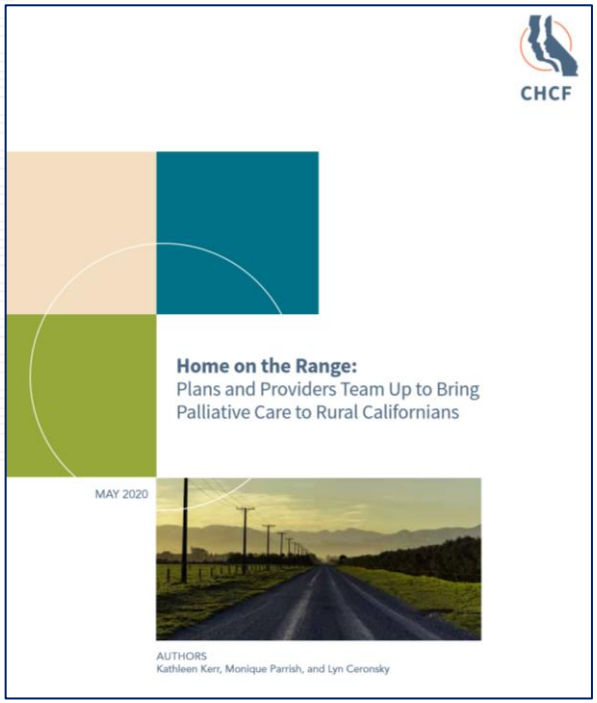
DOWNLOADS

The well-documented benefits of palliative care for people with serious illness have led to a proliferation of specialty palliative care programs operating in acute care hospitals in California and nationally.

In recent years, there has been increasing focus on providing access to palliative care in patient homes, clinics, and physician offices — referred to as community-based palliative care (CBPC). In addition to improving alignment between patient goals/preferences and the care they receive, CBPC has been shown to improve symptom control and to reduce unnecessary hospitalizations and total costs

What Is Palliative Care?

Palliative care is focused on improving the quality of life for seriously ill patients and their families by reducing suffering and stress. It is ideally provided by a team of palliative care doctors, nurses, social workers, chaplains, and others who work together with a patient's other doctors to offer an additional layer of support. It is appropriate at any age, regardless of diagnosis or prognosis, and is provided



Resources

Stratis Health

Leading collaboration and innovation in health care quality and safety

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PIONEERS IN RURAL PALLIATIVE CARE

Since 2008, Stratis Health has pioneered processes for establishing and supporting palliative care services in smaller, rural communities. Recognizing that existing best practices were designed for large hospitals, Stratis Health has addressed this gap by working with more than 40 rural communities across the country to build capacity to offer palliative care services.

To increase access to palliative care services in rural areas, Stratis Health leads efforts to:

- Support development of palliative care models that work in rural communities
- Test measures to assess how rural palliative care delivers value
- Assist rural communities to build their capacity to offer palliative care services
- Establish a Rural Palliative Care Resource Center with tools and resources tailored for rural community teams

Building community-based palliative care

Stratis Health assists communities with program development and in building skills to improve advance care planning, symptom management, communication, coordination, and delivery of care to improve the quality of life and care for those with chronic diseases or life-limiting illness. Community-based teams identify their goals and resources, and then develop plans for implementation with a focus on current strengths and resources.

Key findings related to developing, implementing and sustaining a rural, community-based palliative care program

Based on our experiences in rural palliative care, Stratis Health has found that:

- Rural communities can provide palliative care services effectively and the models for service delivery can and do vary widely. Most of the programs participants developed are based out of home care organizations or are led by a nurse or nurse practitioner based in a clinic or hospital.
- For most rural communities, external resources and support are necessary to support community development of palliative care services.
- Ongoing networking for learning and sharing is critical to program sustainability and continuing progress.
- Defining community-based metrics is essential to quantify the impact on cost, quality, readmissions, and patient and family satisfaction.
- More widespread third party reimbursement for palliative care services, including visits by RNs, social workers, and chaplains, would make a significant contribution to the sustainability of programs in rural communities.
- Development of palliative care programs and services must align with other efforts to redesign care delivery to maximize value and efficiency for rural providers.

Palliative Care COVID-19 Resources

COVID-Ready Communication Skills: A playbook of VitalTalk Tips. Includes suggested language and framing, as well as conversation maps to support a variety of challenging conversations, including proactive planning discussions, addressing resource limitations, and helping family members have final conversations with loved ones over video or phone.

Center for Advancing Palliative Care (CAPC) COVID-19 Response Resource Toolkit. All resources are publicly available, includes communication tips, symptom management protocols, support for using telehealth, and more.

National Hospice and Palliative Care Organization COVID-19 Information. A mix of clinical tools and resources, as well as related policy and regulatory alerts.

PC NOW COVID-19 Resources for Hospice and Palliative Care Workers. Resource list for hospice and palliative care professionals.

Serious Illness Care Program COVID-19 Response Toolkit. Ariadne Labs developed toolkit supports health systems and clinicians in addressing the communication needs of patients in the community and those in the hospital. The toolkit also includes resources for patients to begin having these conversations with people they trust.

Rural Palliative Care

Palliative Care Resource Center

Understand

Assess

Plan

Implement

Optimize

Patients and Families

Palliative Care Initiative (login)

Hospice

Resources

StratisHealth

Sustainability Strategies for Community-based Palliative Care

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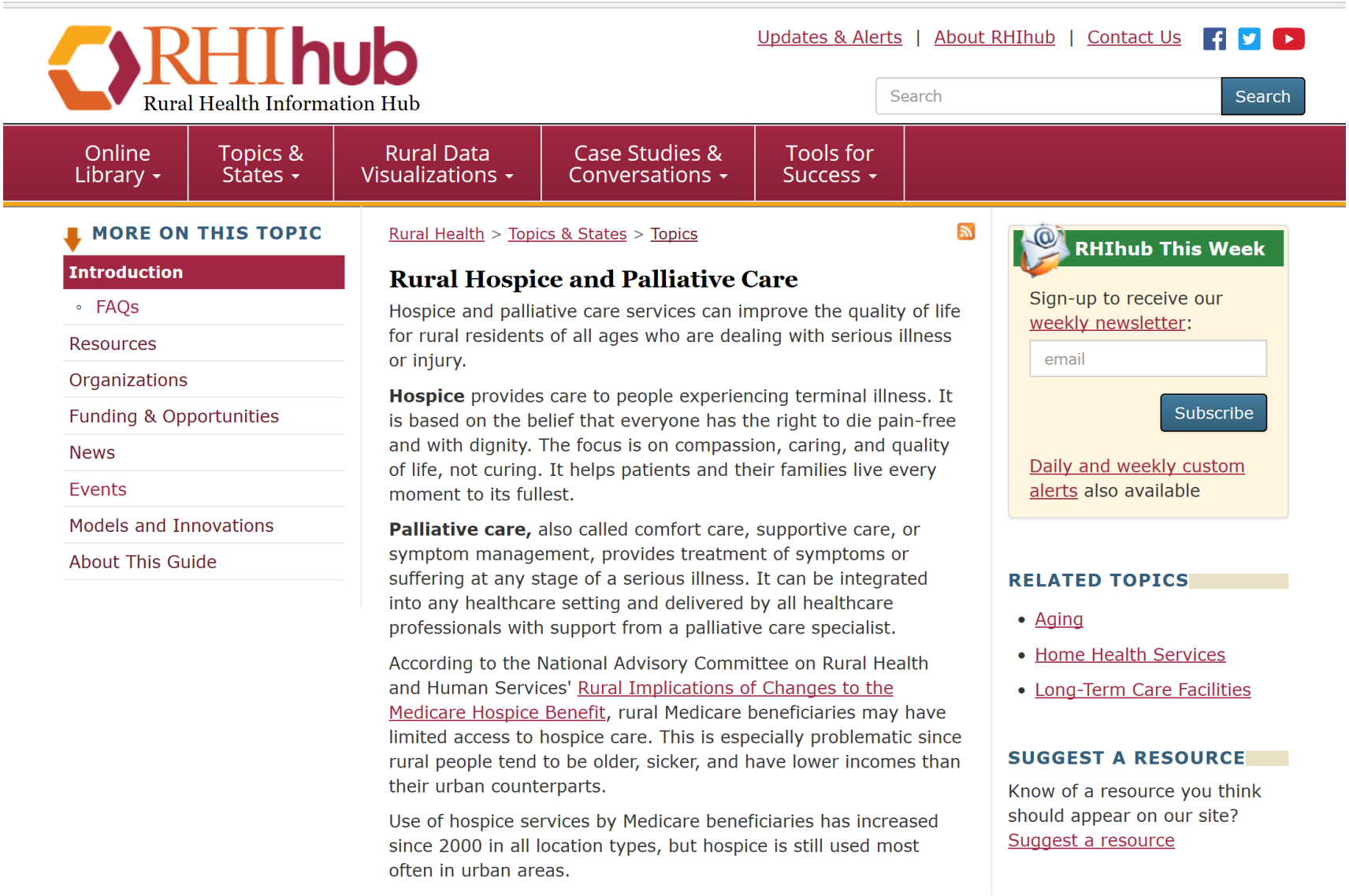
A Blueprint for Supporting Rural Palliative Care Services

Stratis Health, based in Bloomington, Minnesota, 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.

Resources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About This Guide
Rural Health > Topics & States > Topics
Rural Hospice and Palliative Care
Hospice and palliative care services can improve the quality of life for rural residents of all ages who are dealing with serious illness or injury.
Hospice provides care to people experiencing terminal illness. It is based on the belief that everyone has the right to die pain-free and with dignity. The focus is on compassion, caring, and quality of life, not curing. It helps patients and their families live every moment to its fullest.
Palliative care, also called comfort care, supportive care, or symptom management, provides treatment of symptoms or suffering at any stage of a serious illness. It can be integrated into any healthcare setting and delivered by all healthcare professionals with support from a palliative care specialist.
According to the National Advisory Committee on Rural Health and Human Services' Rural Implications of Changes to the Medicare Hospice Benefit, rural Medicare beneficiaries may have limited access to hospice care. This is especially problematic since rural people tend to be older, sicker, and have lower incomes than their urban counterparts.
Use of hospice services by Medicare beneficiaries has increased since 2000 in all location types, but hospice is still used most often in urban areas.
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Suggest a resource

Thank you!

Thanks to the health plans and provider organizations that participated in the *Increasing Access to Rural Palliative Care in California* project, for their work to improve care for seriously ill Californians, and for sharing their wisdom and experiences.

Health plans: Health Net / California Health & Wellness, Health Plan of San Joaquin, Partnership HealthPlan

Providers: Community Care Choices / Community Hospice, Hospice of the Foothills, Hospice Services of Lake County, Outreach Care Network, Pacific Palliative Care/Hospice of San Joaquin, ResolutionCare, San Joaquin General Hospital, Sierra Nevada Memorial Hospital