Palliative Care Assessment in Vermont

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Introductions

Heather

- Medical school in Maine, residency in Vermont
- 1 year as chief resident in Internal Medicine, joint hospitalist appointment
- Will complete Hematology/Oncology fellowship in June 2023
- Goal for early, integrated and easily accessible Palliative Care for those facing advanced cancer

Amanda

- Medical school and residency in Pennsylvania
- 11 years in Family Medicine, working in Maine, NH, and VT
- 1 year as an associate Hospice Medical Director with Bayada
- Completed a fellowship in Hospice and Palliative Medicine prior to joining LPMR in 2021
- Goal of helping to make palliative care more accessible to rural populations

Leadership and Preventive Medicine Residency Program

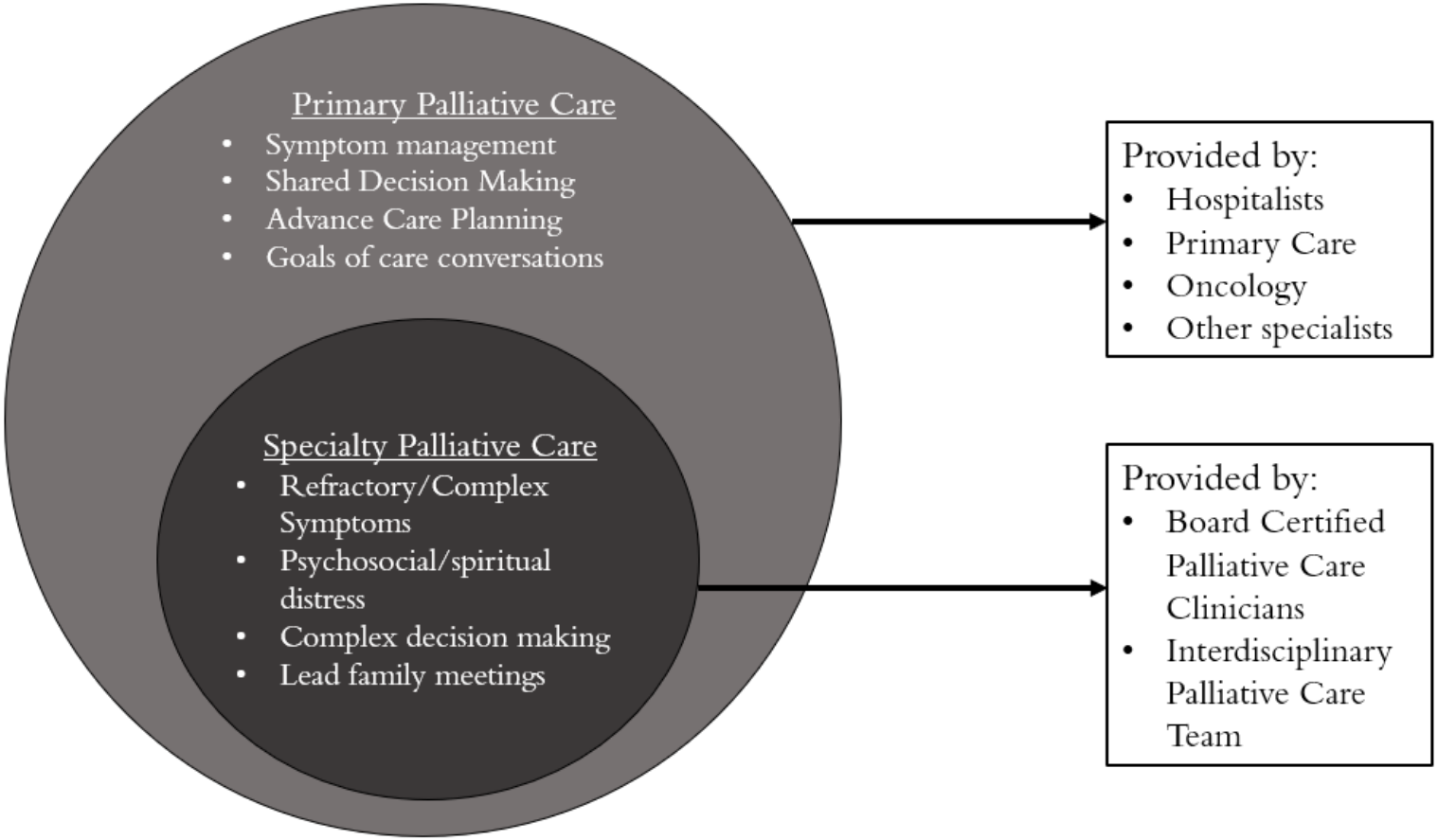
- Two-year program at DHMC that is completed in conjunction with an approved DHMC clinical residency or fellowship
- Aims to improve the technical, service, and cost excellence of care for patients and populations
- Mission: To attract and develop physicians capable of leading the change and improvement of the systems where people and health care meet
- Obtain a Masters in Public Health from The Dartmouth Institute
- Lead a quality improvement practicum
- Rotations in Weight and Wellness and Occupational Health
- Governmental Public Health Experience (GPHE)

Background of Palliative Medicine

- 2006: Recognized as a specialty by the ABMS
- 2014: fellowship became required for board certification
- NIH describes it as “specialized medical care for people living with a serious illness” and that it is meant to “enhance a person’s current care by focusing on quality of life for them and their family”
- Works as an interdisciplinary team to provide goal concordant care
- Not the same thing as Hospice

Zimmermann C, Mathews J. Palliative Care Is the Umbrella, Not the Rain-A Metaphor to Guide Conversations in Advanced Cancer. *JAMA Oncol*. 2022;8(5):681-682. doi:10.1001/jamaoncol.2021.8210

What is specialty palliative care?



2018 Hospice Utilization in Vermont

42.9% of Medicare decedents were enrolled in hospice at the time of death (47.5% in NH)

There has been a 22% increase since 2014

US average was 50.7%; Range 22.8% in Alaska to 60.5% in Utah

Vermont ranked 46th in hospice utilization

There are benefits to earlier hospice utilization

Hospice Facts & Figures | NHPCO. Accessed July 13, 2022. https://www.nhpco.org/hospice-facts-figures/

Why are we asking about access to Palliative care?

Better symptom management for patients with serious illness

Reduces risk of complicated bereavement for loved ones

Patients have been shown to live longer with earlier palliative care referrals

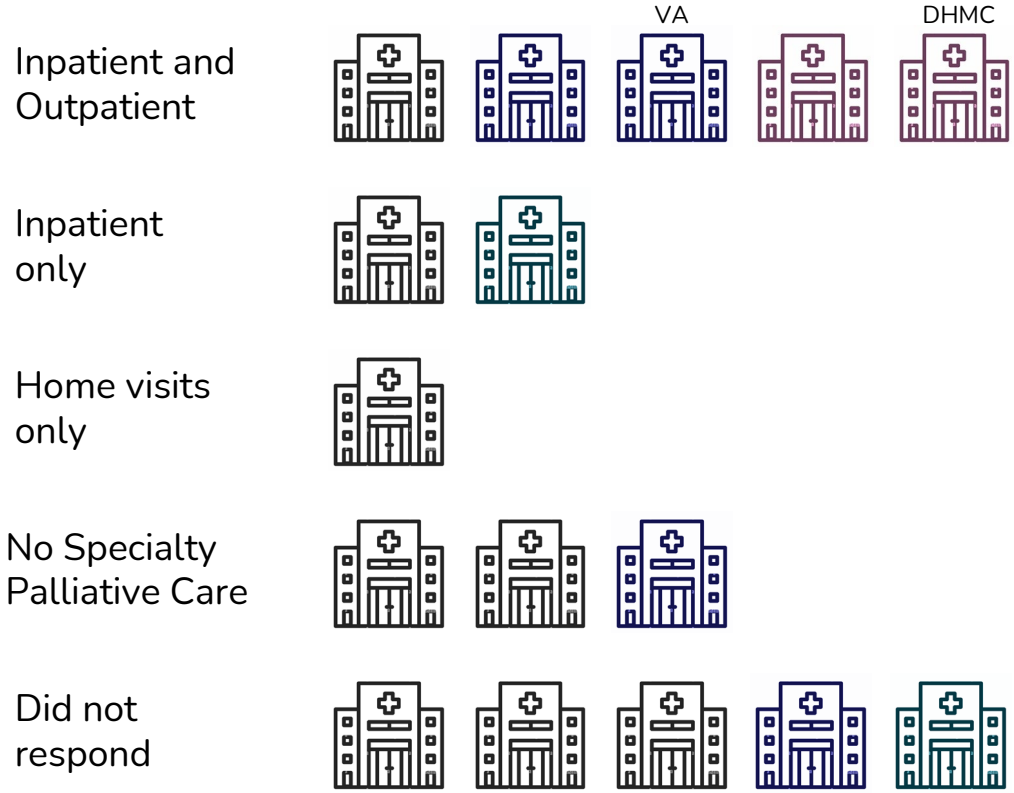
Reduces costs at end-of-life

Increases hospice utilization

Survey Questions

- Is Palliative Care offered at your facility?
  - If so, is it inpatient? Outpatient? Home-based care? Combination of these?
- If you do offer palliative care:
  - What is the wait time for an appointment?
  - How many Palliative Care providers (FTE) work in Palliative Medicine at your hospital?
  - Do you offer interdisciplinary support within your Palliative Care team? (social worker/case manager, counseling support, nurse navigator, chaplain, etc?)
  - What is your catchment area?
  - What is the average travel time to Palliative Care appointments?
  - What percentage of visits are being conducted in-person vs. telehealth?
- What are the home health, nursing facility, and respite options in your area?
- Are there any barriers to providing or implementing palliative care?
- Anything you anticipate you might need to provide or improve access to palliative care?

Survey Results



Survey Results

Wait time(s):

- Inpatient
  - Most are seen within 24-48 hours
- Outpatient
  - 3 institutions reports 1-2 week wait times
  - 1 institution reports wait time between 2-3 weeks

Telehealth utilization:

- 1 institution: <10%
- 3 institutions: 40-70%

Travel time (average):

- 10-120 minutes (most 20-45 minutes)

Provider FTEs:

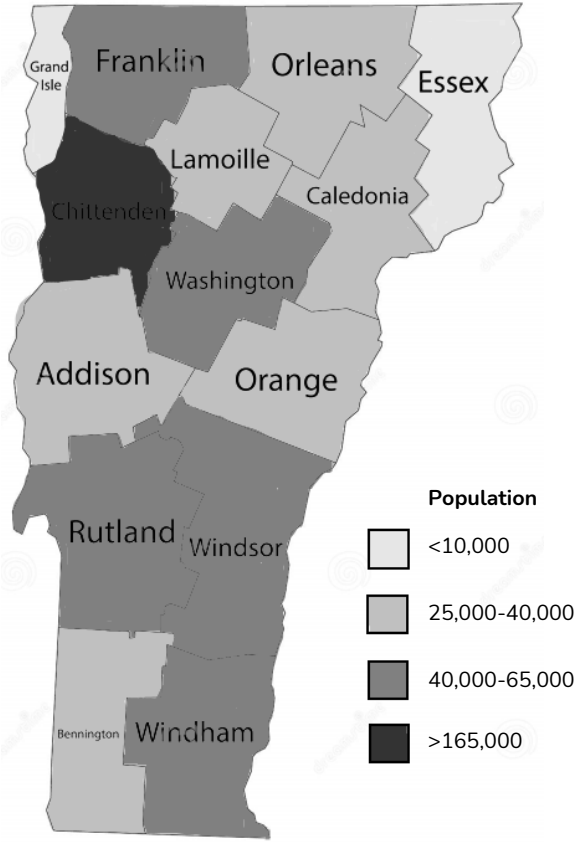
- Median 2 FTEs (range 1-9 FTEs)
  - One hospital reported one per diem provider

How much access is enough?

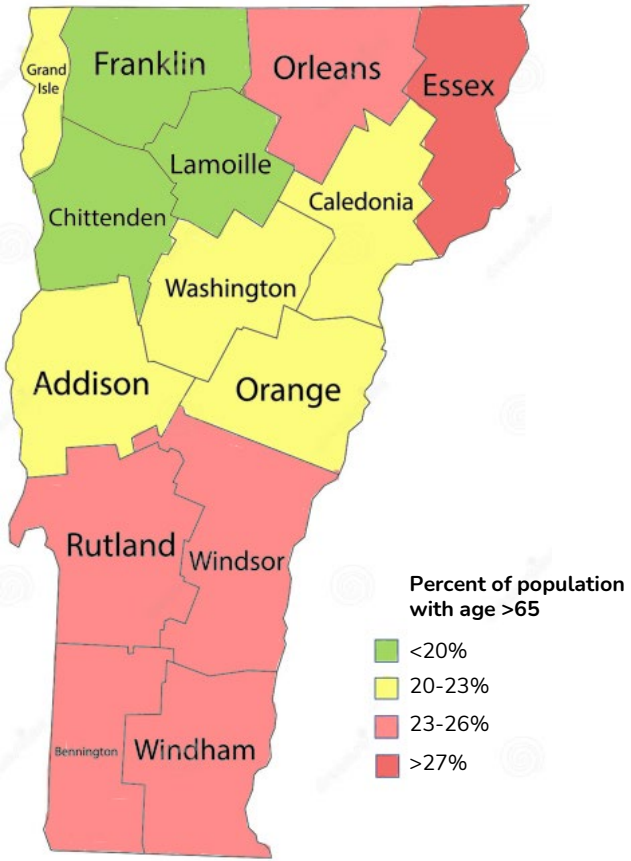
- Center for Advancing Palliative Care gave VT a perfect score for palliative care access.
- 6/6 of the hospitals reviewed in VT (those with 50+ beds) claimed to offer palliative care.
- In an article on understanding the current supply and projected demands of palliative care,[1] the authors looked at the number of palliative care providers/100,000 people aged 65 and over.
- The **national average in 2018 was 13.15 providers/100,000 persons >65** which they suggest is too low to meet demand.
- In 2022, VT had 132,987 people aged 65 and over.
- Based on the data we collected, VT has 22 palliative care providers working with hospitals which puts them at **16.5 providers/100,000 persons >65.**
- In rural states like VT, palliative care providers tend to work part time in palliative
- With 13.07 FTE of palliative care, VT has only **9.9 provider FTEs/100,000 persons >65**.
- Not only that, but there are some areas without any specialty palliative care providers

1.Lupu D, Quigley L, Mehfoud N, Salsberg ES. The Growing Demand for Hospice and Palliative Medicine Physicians: Will the Supply Keep Up? *Journal of Pain and Symptom Management*. 2018;55(4):1216-1223. doi:10.1016/j.jpainsymman.2018.01.011

Population vs. FTE



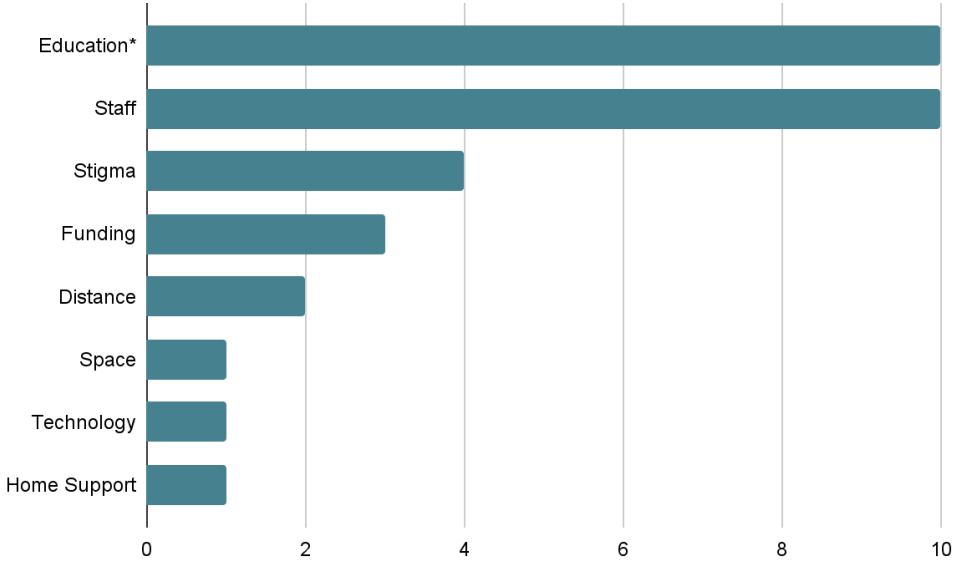
Age vs. Access



In the US, 16.8% of people are >65
Vermont, 20.6% of people are >65
Chittenden Cty lowest at 16.2%
Essex County highest at 27.1%


Barriers to Palliative Care
Upstream interventions
Both patient/provider education
Improve Communication
Provider education
Patient education
Opportunities
help reduce aggressive care
Resources Needed
Staff
Primary Care Barriers
Space
Education Needed
Benefits to Primary Care
Misunderstandings
Lack of Outpatient support
Specialty Agendas
Skilled Nursing Facilities
support at home
Distance
extra support
Technology
Time
Time
Stigma
telehealth options
Staff
legislation
Funding
Funding
Home Health
Palliative Unit

Perceived Barriers to Implementing or Expanding Palliative Care



***Who needs education?**
40% patients
40% providers
20% both

"Biggest barrier is patient education and the patient not understanding the value of palliative care, how it differs from hospice, and prioritizing one more appointment."
- hospital survey

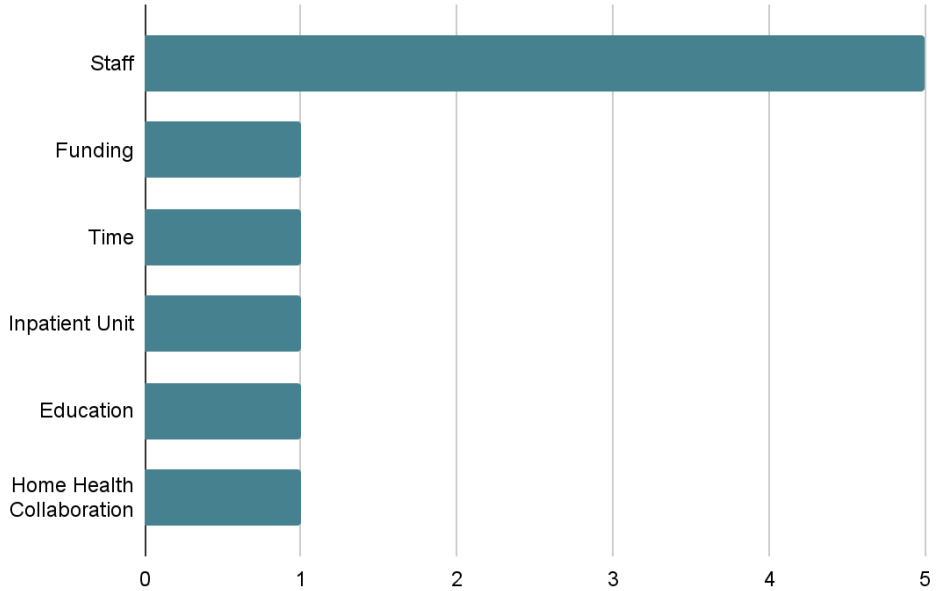
"Provider awareness in general isn't great. They often think it is the same thing as hospice and therefore are underutilizing palliative care."
- Cindy Bruzzese

Distance:
"We have a large catchment area geographically especially when people are homebound. There is no palliative care north of us, so patients requiring a home visit don't have access" - hospital survey

Home Support:
"There are socioeconomic gaps and we struggle to help families find necessary supports"
- hospital survey

Stigma:
"Discussing Palliative care early, outside of an urgent situation, helps make the conversation less scary."
- Dr. Barnard

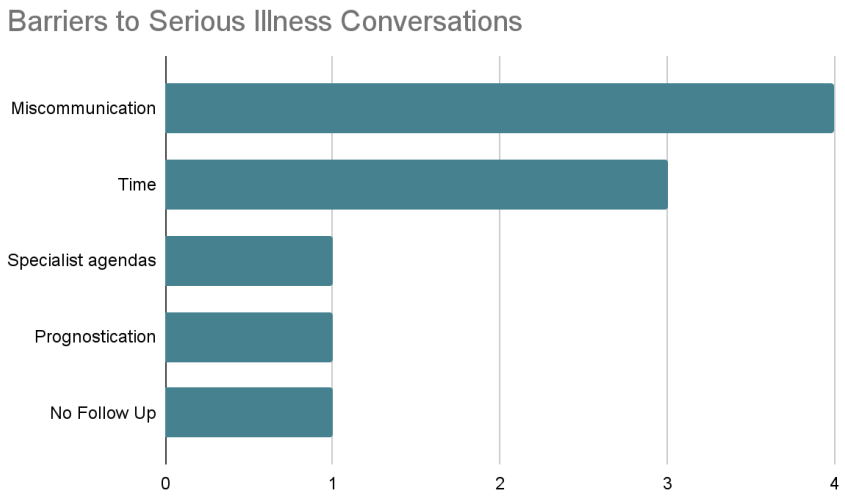
What resources do hospitals need?



Staff:
"There is not enough outpatient palliative care. This is partly due to the lack of infrastructure for symptom management. If there is only one or a couple of providers in an area, it is challenging to provide call coverage for a panel of patients. And then there is the need for support staff."
- Dr. Barnard

Collaboration:
"More intensive collaboration with home care and hospice agencies."
- Hospital Survey

What does Primary Care have to say about barriers to having Conversations?



Miscommunication:
"Sometimes it is hard to get everyone on the same page. I had a patient with ovarian cancer that understood where things were at, but I couldn't get through to her husband. After meeting with palliative care, he finally got it"
- PCAG

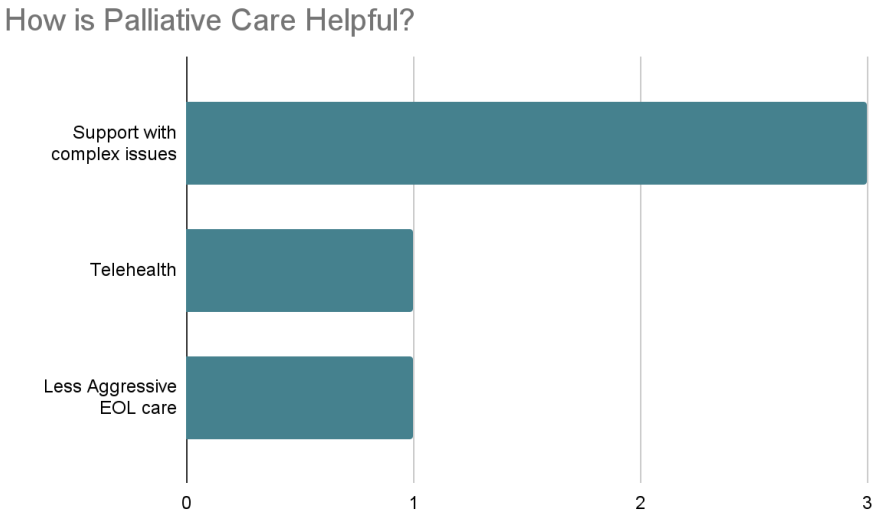
Time:
"There is a lack of time, You are already booked solid and only have 15-20 minutes. Rarely will you have patients that you have known for a long time, and it may be easier, but that is not the norm" – PCAG

Specialist Agendas:
"When patients are seeing specialists, they are focused on the next lines of treatment and we don't have them back in the medical home until the very end" - PCAG

Prognostication:
"Sometimes we are too close to see what is happening. Or we can't get everyone on board. Palliative care can bring objectivity to the forefront." - PCAG

Follow up:
"We get great palliative care consults when a patient is hospitalized, but there is not a lot of follow up" - PCAG

How can palliative care assist primary care?



Support with Complex issues:
“Everyone leaves the conversation feeling good about what happened even if it was a difficult situation”
- Dr. Murman

Less aggressive care at end-of-life:
“Dr. Maloney was able to help my patient stay out of the ED when nothing else worked”
- PCAG

Improvement suggestions from interviews

"Systems see the value of palliative care, but they don't have a good plan in place to set aside the money to make it possible." – Dr. Barnard

Opinions vary on how to proceed

“There needs to be more public education outside of the medical realm.”
- Dr. Barnard

“It may actually do a disservice to educate patients at this point because there will not be enough supply of providers and other team members to meet the demand that could create.”
- Cindy Bruzzese

What did we learn?

- Education may help but needs to be thoughtfully done to avoid creating a demand that outstrips the supply of care
- Staffing is an issue everywhere which complicates adding a new service
- Health systems may need to make access to palliative care a priority and trust that it will lead to better care and savings for the health care system
- Legislation may be also needed to help make this a priority among so many other competing concerns
- Opportunities may exist for creative solutions for home-based care, but paying for it continues to be a challenge
- Patients need to understand the value so it isn't seen as a burden
- One of the biggest barriers is to increase comfort with involving specialty palliative care in conversations that many providers want to be able to do themselves

Next Steps

- Continue conversations with OneCare Vermont about including palliative care measures in their next strategic plan to encourage VT hospitals to increase access to palliative care services
- Continue to work with members of the Vermont legislature to develop policy that will support expansion of palliative care in rural areas of Vermont and possibly policy to cover home health visits for patients that are not homebound
- Create opportunities to provide education about specialty palliative care and ongoing opportunities to improve serious illness conversation skills to support primary palliative care
- Develop education for the public so that it is available when the time is appropriate

Figure. Illustrated Metaphor of Late vs Early Palliative Care

A Late palliative care referral

B Early palliative care referral

https://www.youtube.com/watch?v=BbNi_-wYXJE