

Palliative Medicine Discussion with PCAG

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4/19/2023

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 Hospice
- 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 & Preventive Medicine Residency

- 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)

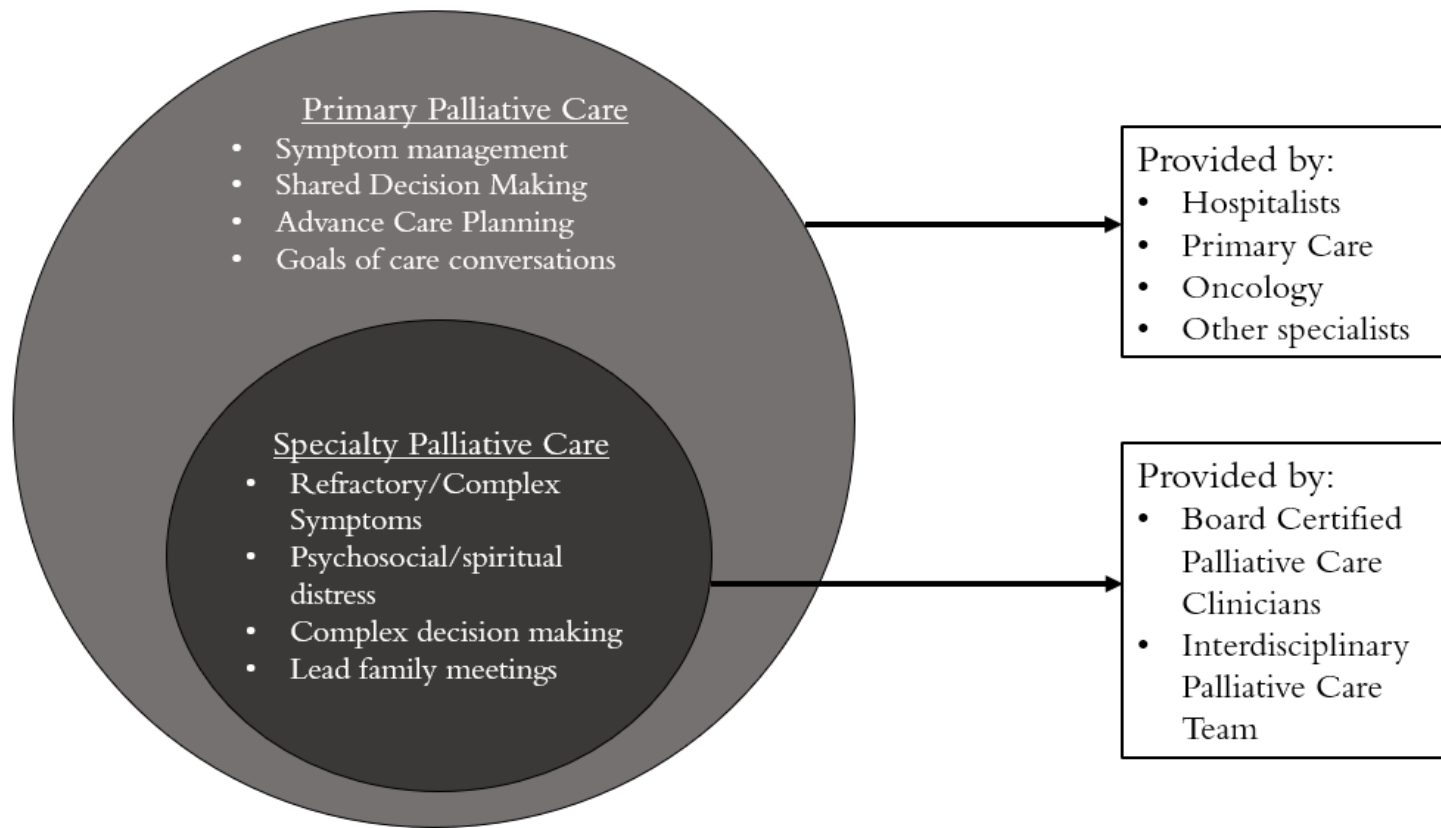
GPHE Project: VT Palliative Care Needs Assessment

- Surveyed DHMC, the VA at White River Junction, and the other 14 hospitals in the state to assess if specialty palliative care is provided
- We inquired about FTEs, inpatient and outpatient options, wait times for consults and referrals, telehealth options, and average travel times for patients
- We also asked about barriers to expanding palliative care and what they may need to make that possible
- Biggest concerns were education for patients and providers, staffing issues, space, and funding

Difference Between Hospice and Palliative Medicine

Aspects of Care	Hospice	Palliative Care
Training	Fellowship not required, eligible for certification after 2 years of work	Fellowship required for Board Certification since 2014
Type of patients	Terminal illness with a prognosis of 6 months or less	Serious or terminal illness with no limitations on prognosis
Treatment plan	Non-curative, focus on comfort	Can pursue curative treatments while focusing on quality of life
Place where care occurs	Typically in the patient's 'home' or a facility	Inpatient consults, outpatient, home-based care
Interdisciplinary Team	Covered as part of the hospice benefit	Important, but not typically covered by insurance
Complex symptom management	Rules/limitations more relaxed	Careful balance between symptom management and achieving goals
Family/caregiver support	Covered as part of the hospice benefit	Important, but not typically covered by insurance

What is specialty palliative care?



PCAG Discussion

- 1) What are the barriers to having Serious Illness Conversations (aka Goals of Care Conversations) with your patients?
- 2) What information about Palliative Care as a specialty would be useful for you or your co-workers?
- 3) What additional information would be helpful to your patients?
- 4) If you have referred patients to Palliative care, what was your experience like and what was the patient's experience like?
- 5) If you have not referred eligible patients to Palliative Care, will you help us understand why?
- 6) How do you feel about Palliative Care specialists helping with complex symptom management in patients with a terminal illness?
- 7) How do you feel about Palliative Care providers having serious illness conversations with your patients?