



Community-Based Palliative Care in Florence

April 20th 2017

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What is Palliative Care?



"Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual."

(The World Health Organization)

- Palliative Care can be delivered in a variety of settings including:
 - Hospital-based programs
 - Clinic-based programs
 - Community-based care
- According to the National Palliative Care Registry:
 - There are currently 823 Palliative Care programs nationally serving 932 care settings.
 - 1.27 million initial patient consultations have been completed



- Palliative Care is provided by a specially trained team of doctors, nurses, social workers and other specialists who work together with a patient's doctor to provide an “extra layer of support” (<https://getpalliativecare.org/>).
- Key elements of successful Palliative Care programs appear to be home-based care, in-person interactions, geriatric assessment, caregiver support, palliative care skills, and round-the-clock clinical availability (Lustbader et al., 2016).



Why do we need Palliative Care?

- The sickest 5% of patients in the United States account for greater than 50% of health care costs, with the largest portion spent in the final months of life, generally for inpatient care (Lustbader et al., 2016).
- More than 70% of Americans would prefer to die at home; only 24% realize this goal (Lustbader et al., 2016).



- The Institute of Medicine released a report titled “Dying in America” which indicated that the United States currently spends \$170 billion in end-of-life expenditures; this is expected to exceed \$350 billion in 5 years. Discussions regarding end-of-life care early in the disease process will be vitally important.



- Studies have shown families who elect palliative care realized a 45% reduction in costs for the final month of life (Lustbader et al., 2016).
- Home-based palliative care greatly improves the likelihood that patients will receive the necessary care to remain in their home until their death (Lustbader et al., 2016).
- On the basis of 23 studies, when a patient receives home-based palliative care, the chances of remaining in their home until their death more than doubles (Lustbader et al., 2016).



- Many patients with chronic or terminal illness are excluded from the Medicare Hospice Benefit if they wish to continue certain medical treatments or have a multitude of chronic conditions but no single certifiable hospice diagnosis.
 - These patients qualify for Palliative Care services.



- The Centers for Medicare and Medicaid Services (CMS) announced that 50% of payments will be value-based by the end of 2018 (Lustbader et al., 2016).



Palliative Care in Florence



The Florence Community

- Located on the Oregon coast, 1 hour west of Eugene
- Retirement community
- According to the 2010 census:
 - Current population is 8,466 people
 - The median age is 57 years old
 - 36.4% of the population is over the age of 65 years old

“The Dream”



- It has been Dr. Kerner's dream for years to start a Palliative Care program in the Florence community.
- Dr. Kerner started his position as "Palliative Care" physician on 09/01/2017
 - Discontinued his clinic practice
- Donna, the Medical Social Worker, started on 12/05/2017

Program Objectives & Goals

- Improve the quality of life for patients and their families
- Offer compassion, psychosocial, and spiritual support
- Improve access and continuity of care
- Provide education to patients and families regarding the disease process, medical choices, and end-of-life decision making through Advance Directives and Physician Orders for Life Sustaining Treatment (POLST) forms

- Eliminate and/or decrease needless and unwanted hospitalizations and reduce frequency of Emergency Room visits
- Coordinate care with community partners



Program Scope

- Available Monday through Friday from 8 a.m. to 5 p.m.
- Serving patients in 7 different local facilities.
- Gradually accepting the highest need home-based patients
 - Referrals from Nurse Care Managers and local providers
- Also serving patients discharged from hospice (no longer meeting hospice admission criteria) and have significant difficulty getting into the clinic for appointments.

The Team



- Linda Shappell, RN – Program Manager
- Dr. Stephen Kerner – Board-certified palliative care physician
- Suzan Larson, Medical Office Assistant (MOA)
- Donna Becker, Medical Social Worker
- Vanessa Buss, Quality (assisting with tracking metrics)
- Michele Diffenderfer, Foundation
- Volunteers – 9 current volunteers + 9 more in training

The Volunteer Program

- Offer companionship, support, and respite care
- Licensed Massage Therapist
- Registered Pet Therapy team



The Patients



- Approximately 100 patients
 - Spruce Point Assisted Living = 39 patients
 - Spruce Point Memory Care Unit = 13 patients
 - Elderberry Square Residential Care Facility = 23 patients
 - Local Foster homes = 5 patients
 - The Shorewood Independent Living Apartments = 1 patient
 - Private residence patients = 8 patients

Program Success Stories

- Community Support:
 - Before the business plan was complete and approved, we had funding available for the first 2 years of the program (community & staff donations + one grant).
- Starting a Palliative Care Volunteer Program
- Completed/revised 47 Physician Orders for Life Sustaining Treatment (POLST) forms – this assures that patient's wishes are respected at end-of-life.

Physician Orders for Life Sustaining Treatment (POLST)

Section A: Certification of Readiness (CPR) - Resuscitation and Intubation

Section B: Medical Interventions - Patient has been asked to complete

Section C: Antibiotics - No antibiotic. Use other measures to relieve symptoms.

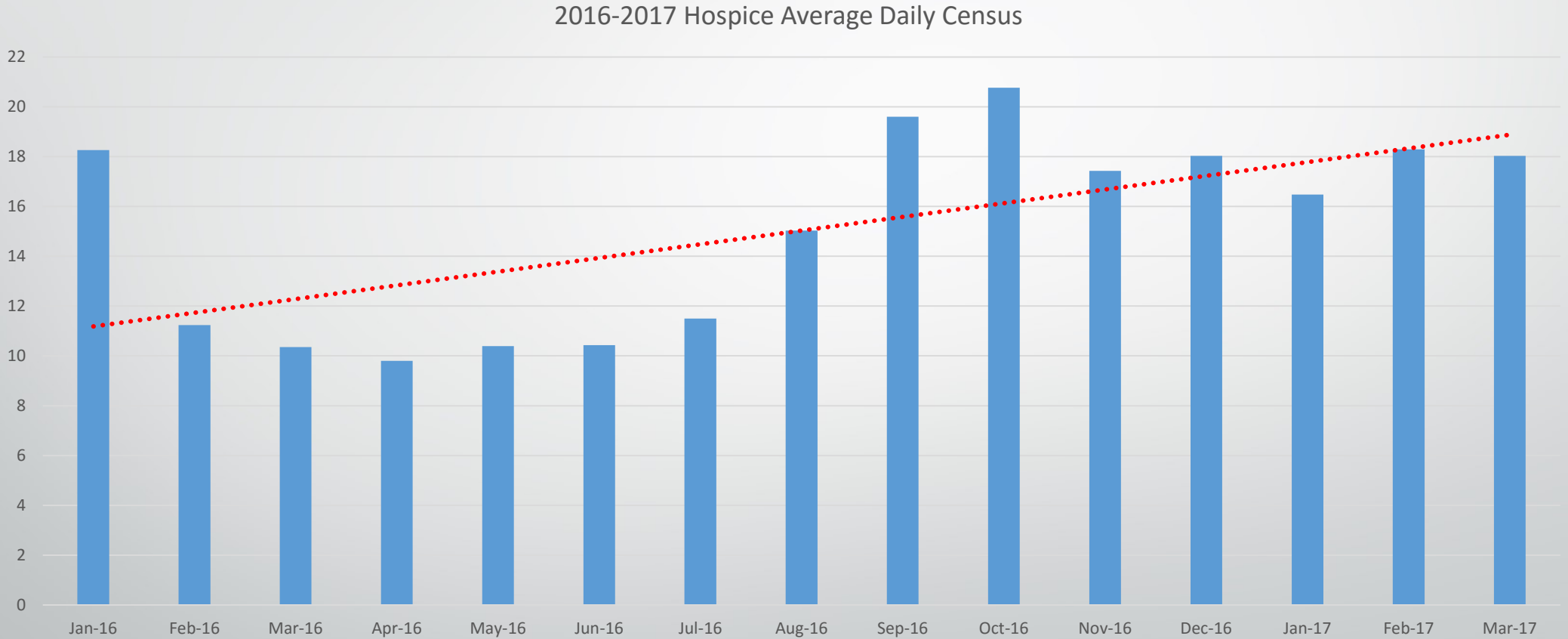
Section D: Artificially Maintained Nutrition - Allow the food to result if needed.

Section E: Summary of Medical Condition and Signatures

- We are maintaining sustainability due to Dr. Kerner's ability to bill for services. Allows us to hire an additional provider for the program.
- Since we started tracking some data/metrics in December, the program has made 22 hospice referrals.



Increased Hospice Average Daily Census

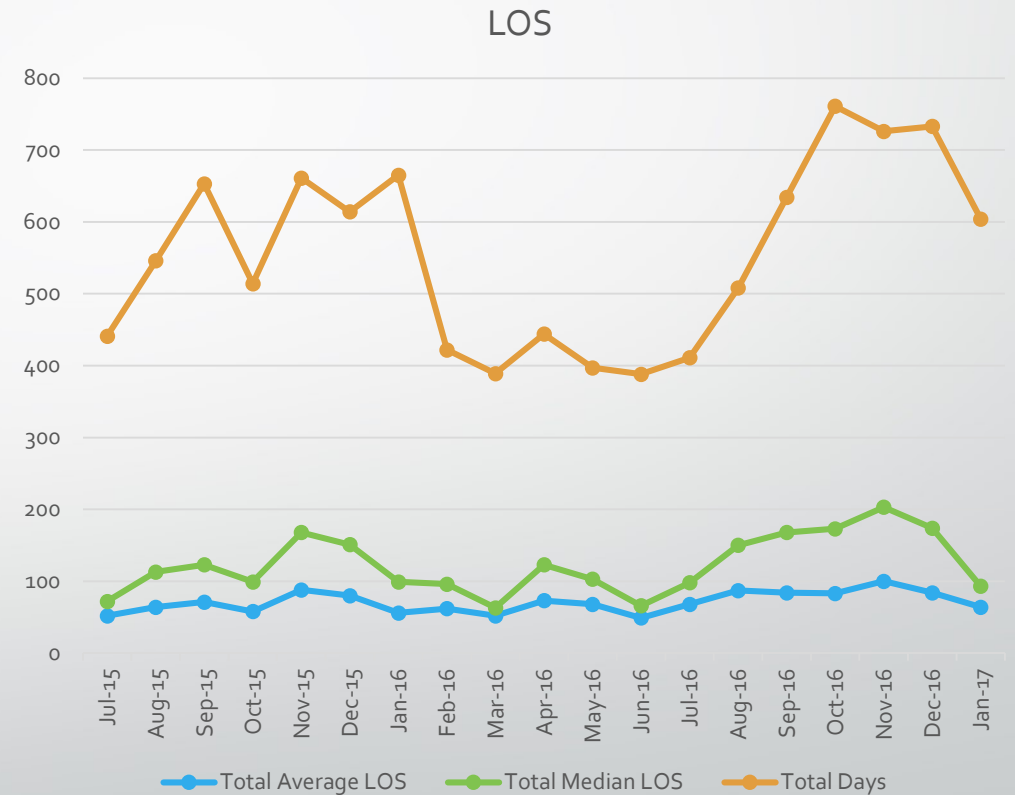


Increased Hospice Revenue and Length of Stay (LOS)

Hospice's Expected Revenue



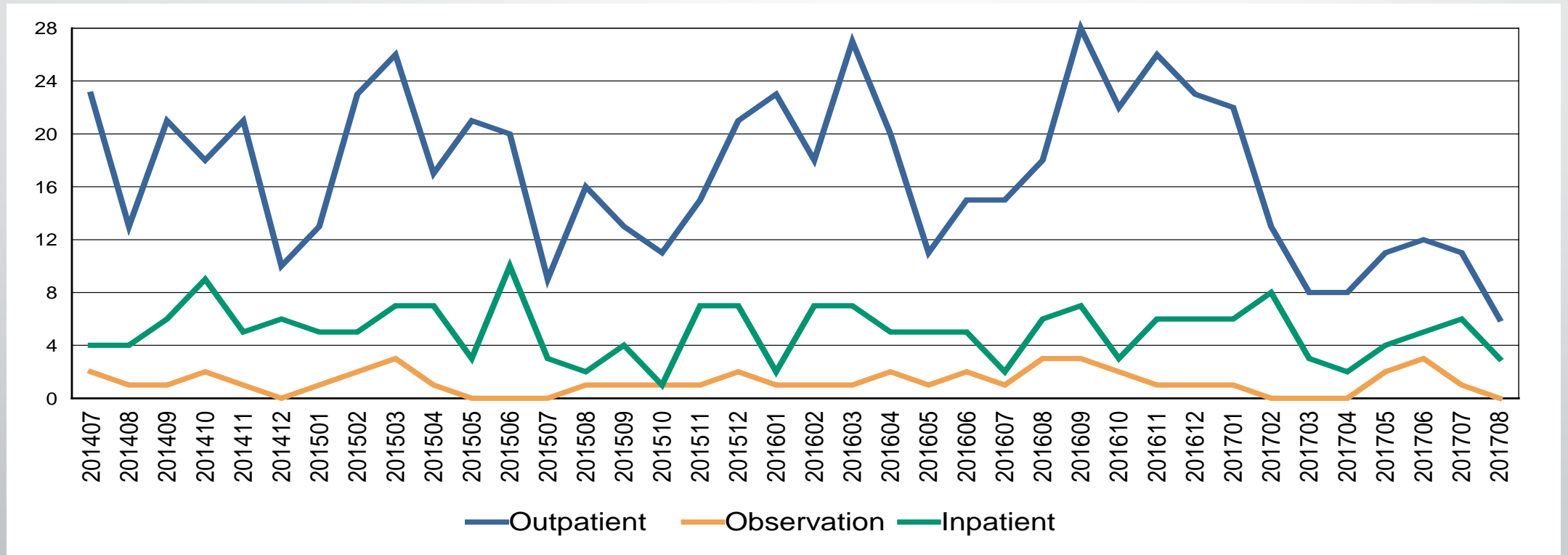
Hospice's Average LOS



- Dr. Kerner has reduced the number of unnecessary Emergency Room visits.
 - If a facility calls with an urgent patient need, he can usually arrange to see the patient either the same day or the next day.



Reduction in Emergency Room Visits – patients from Elderberry Square, Spruce Point, & Regency Care Center



- For patients that do not want to be in the hospital and elect palliative care, the program is able to keep patients comfortable and well cared for in their own living environment. This results in a reduced need for Emergency Room visits and hospitalizations. It also eliminates the need for uncomfortable and costly ambulance transfers.



Program Challenges

- Resources and time – trying to prioritize patient and program needs
- Local facility dynamics – navigating facility rules and regulations
- Meeting the needs of the community

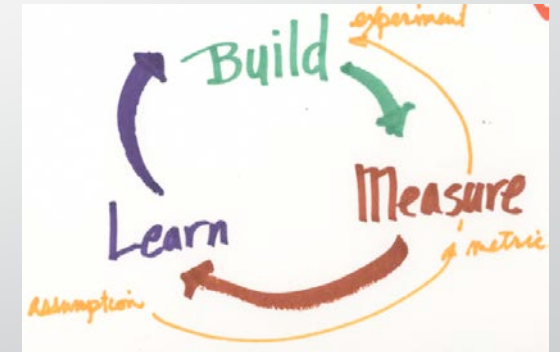


Our Future Goals

- Currently posting a position for a Physician Assistant or a Nurse Practitioner (this position will be able to bill for services)
- Add a Registered Nurse to the team (likely later this year)
- Offer 24-hour coverage
- Continue to grow the program, expand services outside of local facilities



- Evaluate volume and need for the following disciplines
 - Additional Administrative Support
 - Chaplain
 - Bath Aide
 - Volunteer Coordinator
 - Music thanatology
 - Pharmacy Support
 - Physical/Occupational Therapy
 - Dietician Support
 - Quality Improvement Specialist
- Continue building a volunteer program
- Continue with community outreach
- Find ways to continue to make the program sustainable



QUESTIONS

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