Building Community Capacity to Improve Rural Health: Palliative Care

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Rural Philanthropy Partners

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Stratis Health

- Independent, nonprofit organization founded in 1971 and based in Minnesota
  - Mission: Lead collaboration and innovation to improve health
- Core expertise: design and implement improvement initiatives across the continuum of care and in communities
  - Funded by government contracts and private grants
  - Work at the intersection of research, policy, and practice
- Rural health and serious illness care are long-standing organizational priorities
  - Have worked on rural palliative care program development in more than 40 communities since 2008

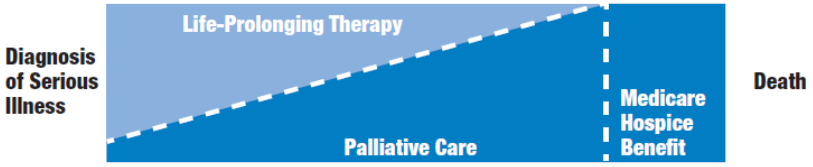
Presentation overview

- Identify key components of palliative care for serious illness and its relevance in rural settings in reducing disparities in access and services
- Describe a tested model for the development of palliative care services in rural communities
- Offer lessons learned from implementation in rural communities in multiple states
- Invite follow-up on policy considerations and program replication opportunities

Palliative care

- Specialized medical care and support for people with serious illness and their caregivers
- Goal: improve quality of life for patient and family
- Focused on relieving symptoms, pain, stress
- Appropriate at any age and at any stage, together with curative treatment (versus hospice, which focuses solely on end-of-life)
- Provided by a team of physicians, nurses, and others, such as social workers and chaplains, who work with the patient's other physicians to provide an extra layer of support

How palliative care fits in the course of illness



National Consensus Project for Quality Palliative Care
Clinical Practice Guidelines for Quality Palliative Care, Second Edition, 2009
http://www.nationalconsensusproject.org/guideline.pdf

Pillars of palliative care

- Information and support to make decisions that reflect patient goals and values
- Pain and symptom management
- Psychosocial and spiritual support for both patient and family
- Care plan continuity

What does rural palliative care look like?

- Community-centric rather than hospital-based
- Wide variation in structure and focus
- Often include a focus on process and system improvements such as:
  - Advance Directives
  - Process for goals of care discussions
  - Shared order sets and/or care plans across settings
  - Professional and community education

Variables in program structure

Methods of service delivery	Interdisciplinary team	Patient focus	Coordinating staff
Home visits	All teams included physician, social work, nursing	Hospice eligible but refused	Nurse practitioner
Clinic appointments	Other disciplines vary:	Infusion therapy	Registered nurse
Nursing home visits	• Rehabilitation services	Home care with complex illness	Social worker
Inpatient consultation	• Volunteers	Inpatient consult when requested	Certified nurse Specialist
Telephonic case management	• Nurse practitioner	Physician referred with complex illness	Advance practice nurse
Volunteer support visits/services	• Chaplain	Nursing home residents – triggered by minimal data set (MDS) criteria	
	• Pharmacy		
	• Advance practice nurse in psychiatry		

Rural challenges in providing palliative care

- Chronic workforce shortages
  - Clinical skills
- Financial barriers
  - Lack of direct payment and reimbursement
- Limited availability of supportive services
  - Hospice, home care, behavioral health
  - Social services such as transportation, meals, activities
- Lack of research and models specifically for rural care delivery

Rural opportunities in providing palliative care

- Networks and relationships are often strong and well connected
- Training is available to enhance clinical skills
  - Allows for care that builds on long-term provider and patient relationships
- Many needs related to serious illness care can be met locally, which is typically the preference of patients and families
  - Telehealth or other consulting arrangements can provide access for specialty needs
- National standards and best practices are relevant
  - Flexibility and creativity to support implementation

Highlights from Stratis Health Rural Palliative Care Initiatives

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Stratis Health rural palliative care initiatives

Goal: Assist rural communities in establishing or strengthening palliative care programs

Why: Rural communities have significant need and are uniquely positioned to align community resources to address disparities in access and services for serious illness

How: Bring together rural communities in a structured approach focusing on community capacity development

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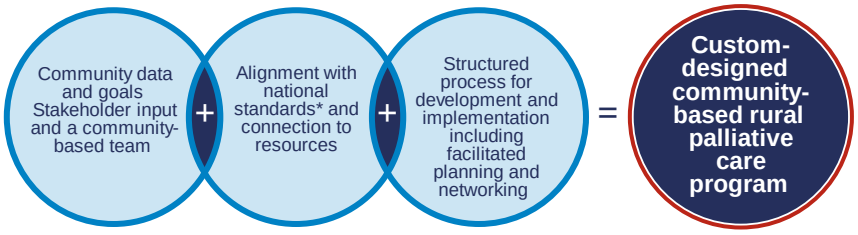
Community capacity development theory

- Communities tackle problems through collective problem-solving
- Change happens by enhancing existing capacities
- Approach is strength-based
- Requires leadership, broad participation, learning over time

Why capacity building works in rural communities

- “Community” is often well defined and naturally bounded
- Asset-based rather than deficit-based approach emphasizes and leverages each community’s strengths and resources
- Developing programs based on community assets and tailored toward community needs lends itself to sustainability

Community capacity-based formula for program development

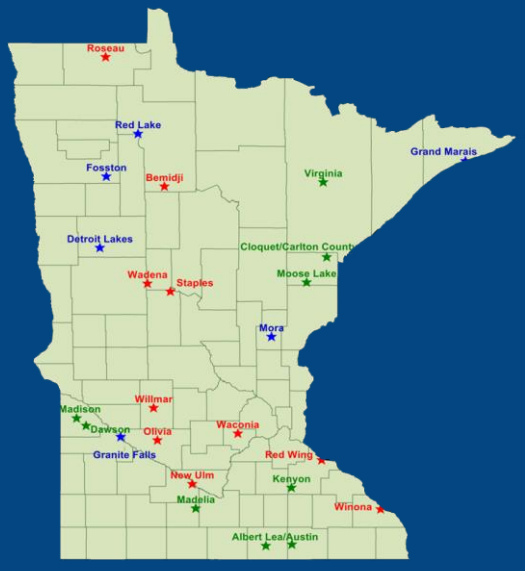


*National Consensus Project for Quality Palliative Care, 4th Edition Guidelines, 2018

Stratis Health rural palliative care initiatives

2008-2014	23 MN communities in 3 cohorts
2009	3-community pilot in ND, MS, and NC, in partnership with National Rural Health Association
2012-2013	Measurement pilot with 5 of the MN communities
2017-2020	Community cohorts in ND, WA, and WI (21 communities)
2018-2020	Advanced work in technology, payment, and tools. Project ECHO Pilot in Minnesota.

Participating communities 2008-2016



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Palliative care community development in Minnesota

- Community teams apply to participate
- Initial cohort used a Learning Collaborative Model
- Subsequent cohorts focused on facilitated community level planning with opportunities networking across sites
- Wrap-around support and resources facilitated via state-level advisory group (e.g., access to clinical training)

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Results

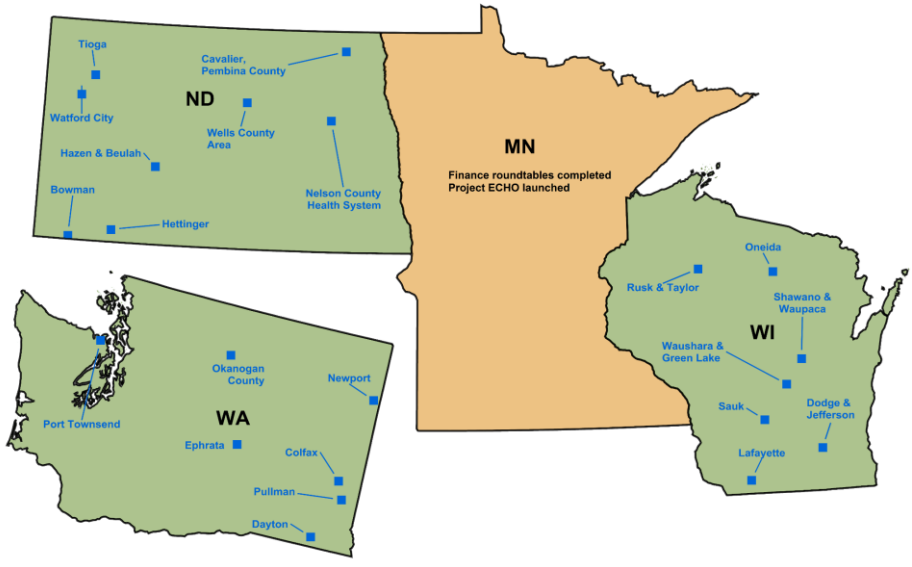
- At the end of the project, 15 of 23 Minnesota communities were providing palliative care services
  - Settings: home care, outpatient, nursing home, assisted living, inpatient, community
- All participating teams implemented program development and structural and clinical interventions including:
  - Palliative care education
  - Advanced care planning
  - Care coordination
- Increases in:
  - Level of expertise in pain management consultation and staff education
  - Belief that pain and symptom management needs are being met
  - Confidence that care transition processes are meeting needs of patients

2017-2020 Rural Community-Based Palliative Care Project

- A two-part Stratis Health project
- Expand rural community-based palliative care in other states (ND, WA, WI)
  - Partnership with State Offices of Rural Health to build capacity in 5-7 rural communities in each state in a train-the-trainer mode
- Advance MN palliative care efforts
  - Project ECHO pilot, and creation of blueprint to related sustainability in the changing health care payment and reimbursement environment

State-level approach

- Advisory Committee
- State-level Environmental Scan
- Recruit 5-7 Rural Communities
- Support Development of Community Teams:
  - Asset and Gap Analysis
  - Facilitated Planning Workshops
  - Coaching and Mentoring
  - Networking and Sharing
  - Data Collection/Quality Measurement
- Facilitate and/or support education and resources based on community needs



Geographic reach of program efforts 2017-2020

Note: Stratis Health has previously worked with more than 20 rural communities in MN to support palliative care development

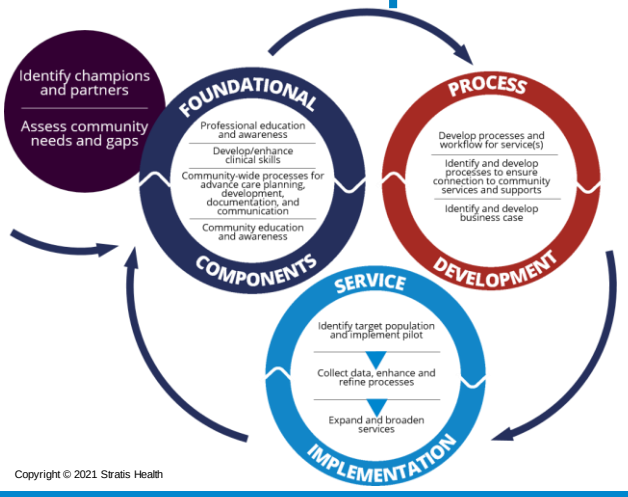
What have we accomplished and learned?

Results

- Community teams improved levels of experience and expertise in a variety of core palliative care processes, and saw an increase in the number of staff with palliative care certification or additional training
- Decreased unnecessary health care utilization and reported smoother transitions to hospice (where available)
- Achieved patient-reported improvements in 7 of 9 symptoms assessed, with notable decreases in pain and depression
- Earned high patient satisfaction ratings by ensuring support that care honors stated goals

"Without this service it would have been very difficult to keep my dad in his own home. I will be forever grateful for the supportive, compassionate care that was given to us in our time of need."
- family member served by one of the rural WA community programs

Rural Community-based Palliative Care Service Development Framework



Rural Palliative Care: Strategies for Sustainability

Billing and Traditional Reimbursement	Grants and Philanthropy	Value-Based Contracting	Emerging Opportunities
What: Direct billing for specific services through Medicare, Medicaid, or private plans. **How:** • **Provider Visits:** Physician, APRN/PA, MSW (in some situations) - E&M codes • **Medicare Care Coordination Codes:** - Advance Care Planning (ACP) - Chronic Care Management (CCM and Complex CCM) - Transition Care Management (TCM) **Align with other services:** • Incorporate as part of covered home health services for appropriate patients. • Potential for earlier hospice admissions (as appropriate) and longer hospice length of stay.	**What:** • Federal, state, local grant opportunities. • Donations or local foundation funds (i.e., auxiliary). **How:** • One-time grants are typically used to fund development costs. • Local foundations might offset operating costs. • Bequests or larger gifts can support services in a variety of ways.	**What:** • Accountable Care Organizations (ACOs) • Bundled payment program especially for oncology or heart failure • Other population-based or risk-sharing arrangements **How:** Understand how focusing on patient goals and active care planning can help: • Reduce potentially avoidable utilization • Decrease use of high-cost treatments and medications as aligned with patient goals. • Generate savings, which can be used to re-invest and help cover costs of palliative care services. Request supplements or bonuses based on performance related quality metrics, such as rates of ED visits, readmissions, and patient satisfaction.	**What:** Medicaid programs, Medicare Advantage plans, and/or other payers develop palliative care reimbursement or benefit options (varies by state and market). Potential for participation in Community Health Access and Rural Transformation (CHART) Model **How:** Advocate for development of palliative care reimbursement options, or benefit and insurance coverage programs, ideally with implementation aligned across payers in a state/region.

Underlying Value

- Providing palliative care is the "right thing to do."
- Improved quality of care and quality of life for patients with serious illness and/or complex needs.
- Increased likelihood for patients to continue receiving care in their community, close to family and friends.
- Increases patient and family/caregiver satisfaction.
- Supports clinician and staff satisfaction and resiliency.
- Additional palliative care team support for complex patients can reduce clinician stress and enable time to see other patients.

Resource available at https://stratishealth.org/wp-content/uploads/2020/07/Sustainability-Strategies-for-Rural-Community-Based-Palliative-Care.pdf

Supplemental strategy: Project ECHO

- Minnesota
  - Eleven rural community teams participated in a 9-month Project ECHO effort focused on building palliative care clinical skills
  - Interdisciplinary Palliative Care team from M Health Fairview served as faculty
  - Strong positive feedback from hub and spoke participants
- North Dakota Center for Rural Health offering Palliative Care focused Project ECHO sessions monthly (since 2019)
- Washington Rural Palliative Care Initiative has been utilizing a telehealth case consultation component to support program and clinician skill development

Key take-aways

- Palliative care programs and services align well with other current efforts to redesign care delivery toward higher quality, lower costs, and better access
- External guidance, technical assistance, and access to clinical training is needed for most rural communities to develop palliative care services
- The community capacity building approach to developing palliative care is replicable and scalable

Lessons Learned

- Ongoing networking for rural leaders to learn and share is critical to building and sustaining palliative care
- Champions— individuals committed to improving access to palliative care in rural communities — at a state and community level are critical for facilitating the development and growth of programs
- Financially and programmatically integrating palliative care services with other care delivery and payment changes is essential
- Collection of standardized community-based metrics is important to quantify impact on cost, quality, potentially avoidable utilization, and patient and family experience
- Lack of reimbursement for palliative care services as a covered benefit from payers and insurers remains a significant barrier

An invitation to partner

- On policy:
  - Benefit design and payment
    - Medicare, Medicaid, and more broadly
  - Support and infrastructure for workforce training and development of clinical skills
    - Palliative Care and Hospice Education and Training Act
  - Measurement and reporting strategies
  - Leveraging telehealth flexibilities to support palliative care

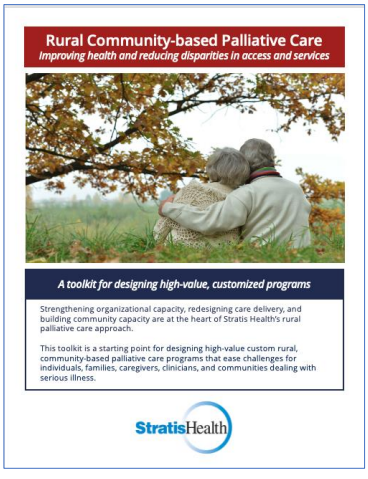
Join our upcoming MN Policy and Payment Summit on August 13!
www.mnhpcconference.org

An invitation to partner

- On replication in other states:
  - Our tested model is ready to replicate and bring to scale in other states and regions
  - All materials and resources are on the Stratis Health website in the public domain, our team is available to advise and support

Tools and Resources

- Rural Palliative Care Toolkit
- Sustainability Strategies for Community-Based Palliative Care
- Project Brief and Evaluation Report
- Journal of Palliative Medicine article (publication anticipated Fall 2021)
- Policy and Regulatory Considerations to Address Urgent Needs During the Pandemic: Recommendations from Minnesota's Serious Illness Action Network



"Start where you are.
Use what you have.
Do what you can."

- Arthur Ashe

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