

Leadership in Palliative Care: Strategies for APNs

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Lyn Ceronsky DNP, GNP, CHPCA, FPCN

lcérons1@fairview.org

System Director, Palliative Care

Director, Fairview Palliative Care Leadership Center

Fairview Health Services

Minneapolis MN

Objectives

- Discuss the financial and clinical case to demonstrate the value of palliative care
- Identify two strategies to extend the impact of palliative care through APN roles
- Describe current and future trends impacting APN practice in palliative care

Dialogue with Attendees

- Who is here?
- Why are you attending this session?
- What do you hope to learn?

Plan for session

- What APNs need to know about making the clinical and financial case for palliative care today
- Discuss the role of APNs in improving care of patients and families
- What lies ahead for APNs/RNs as palliative care evolves

Part One: PC Impact Cascade

Primary impact is on the patient

- A. Prevention & relief of pain & other symptoms; attention to social, emotional, spiritual, practical needs
- B. Clarification of prognosis and goals of care
- C. Greater concordance between preferences and setting/types services received

Secondary impact is on those around patient

- D. Family – less confused, more satisfied, better coping
- E. Nurses, doctors – appreciate specialist help, less distress

Tertiary impact is on institutions, systems, payers

- F. Fiscal and operational changes:
 - Frequency, intensity, duration, settings, costs, revenues for services
- G. Impact on quality & performance metrics

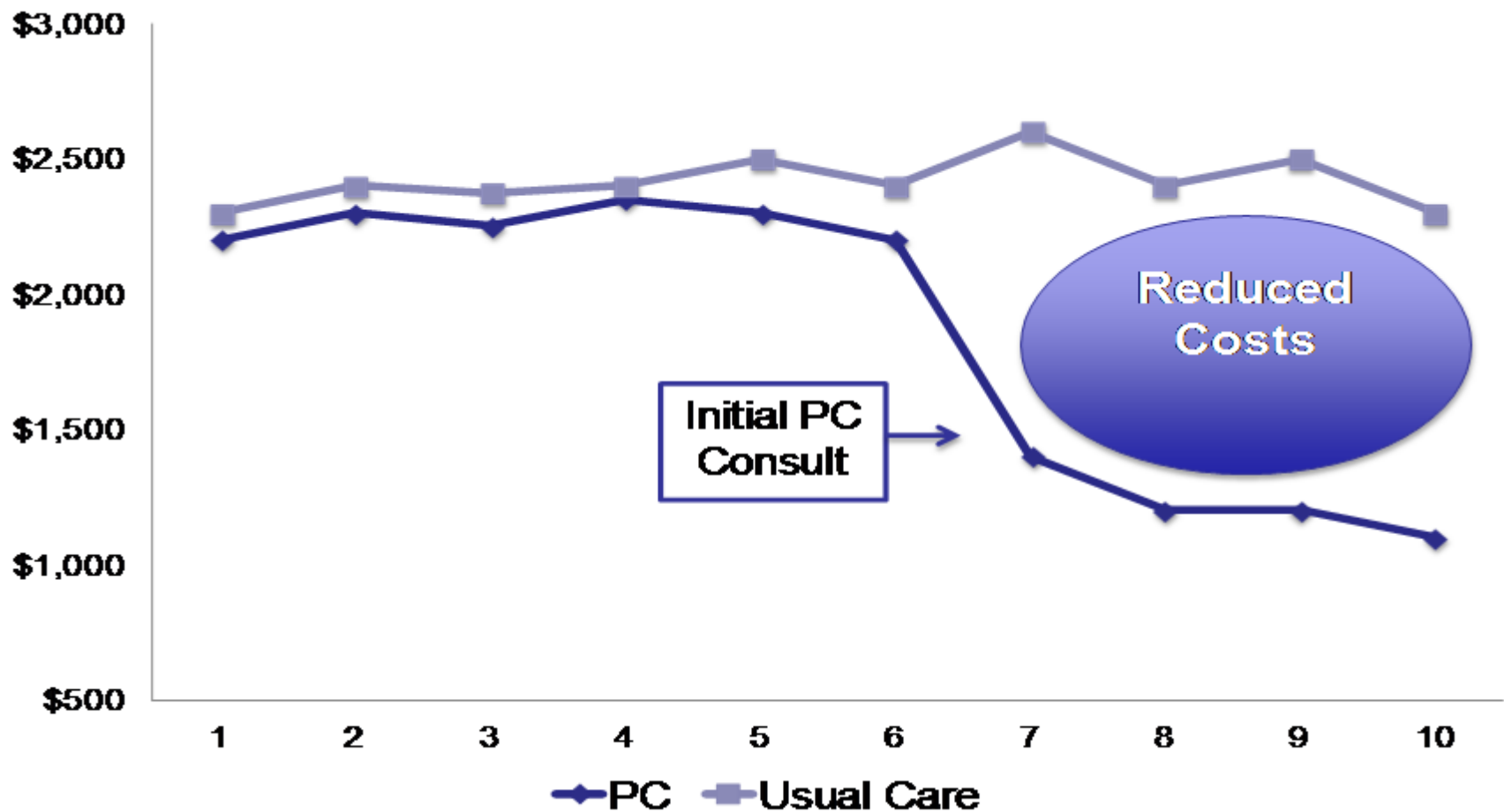
Cassel & Kerr (2007). "Measuring the impact of palliative care: Hospital, patient, and provider perspectives". Univ Illinois- Chicago.

Cassel (2013). "The importance of following the money in the development and sustainability of palliative care". Palliat Med 2013 27(2): 103-104.

What is the clinical and financial (business) case?

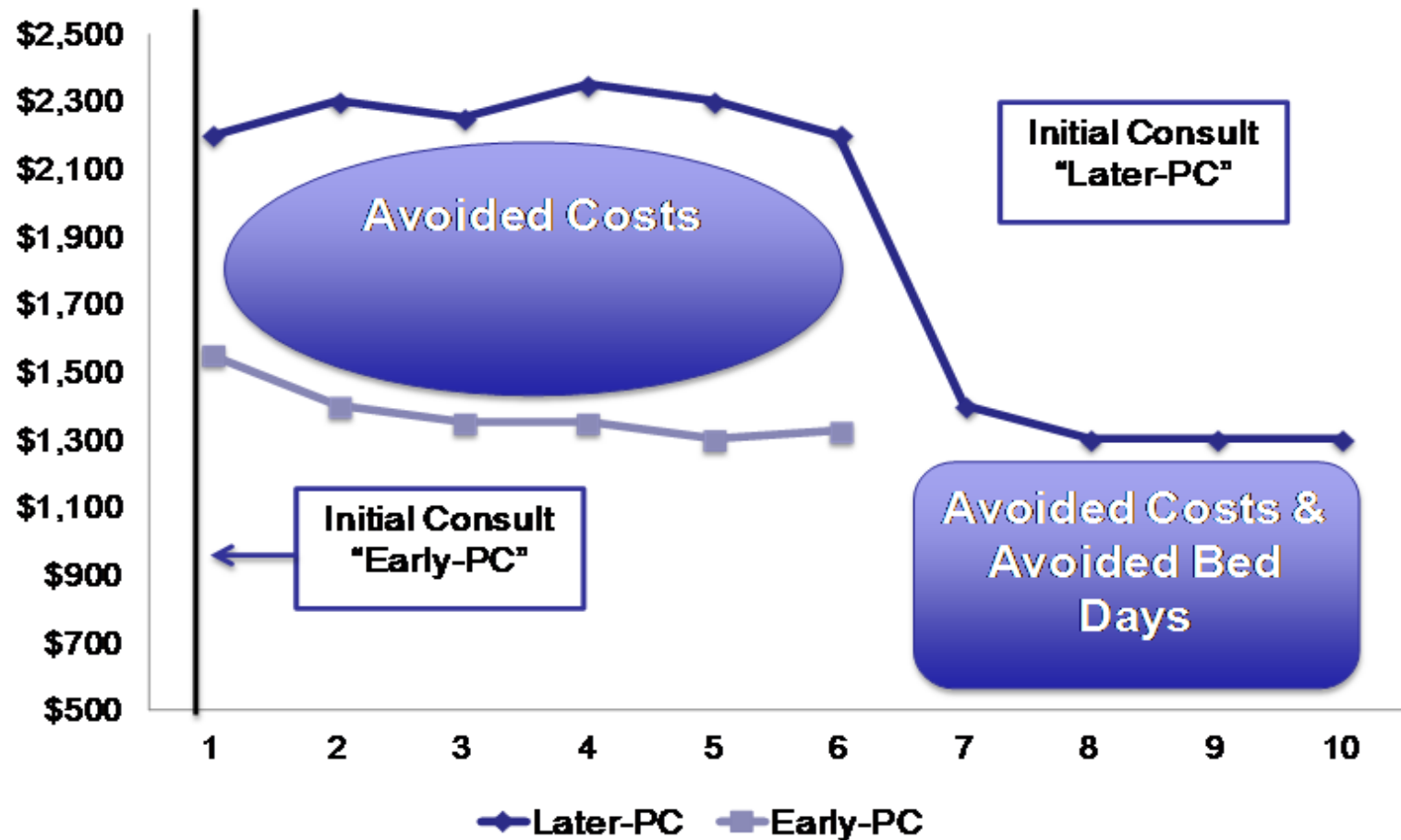
- Persons with serious illness often have high utilization of expensive services in last months of life, some of which is avoidable
- Hospital-based care improves symptoms: patients feel better
- Hospital-based palliative care decreases cost as patient preferences align with plan of care
- Outpatient palliative care improves symptoms, coordinates care and reduces ED visits and hospitalizations in last months of life

When goals match plan of care → less resource use (Pantilat, 2015)



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Palliative Care Service consultation within the first 24 hours of hospital admission ensures that patient preferences are assessed and followed from the outset impacting care for the entire admission (Pantilat, 2015)



Growing evidence of benefits of OP PC

- Temel NEJM 2010:
 - Outpatient PC for late-stage NSCLC patients
 - Improved: survival, quality of life, depressive symptoms
- Bakitas JAMA 2009:
 - Psychoeducational sessions for patients with advanced cancer
 - Improved: quality of life, depressive symptoms
- Brumley JAGS 2007:
 - Home-based PC for home-bound pts with Ca, CHF, COPD
 - Improved: satisfaction, at-home deaths, fewer ED visits and hospitalizations
- Rabow Arch Intern Med 2004, JPSM 2003:
 - PC in primary care clinic for late-stage COPD, CHF, Ca patients
 - Improved: dyspnea, anxiety, spiritual well-being, sleep quality, satisfaction with PCP and medical center



Predictable OP PC impact on utilization

Rabow et al, Moving Upstream: A review of the Evidence of the Impact of Outpatient Palliative Care. J Palliat Med. 2013; 16(12):1540-9

- ↓ Acute care hospitalizations/readmissions
- ↓ Emergency department/urgent care visits
- ↓ Deaths in acute care facilities
- ↓ Aggressive care in final month of life
- ↓ Total costs of care

- ↑ Hospice utilization
- ↑ Hospice length of service

... but significance of reduced utilization will vary, because fiscal and quality incentives are not always aligned

How/why PC has positive outcomes for patients, families, hospitals and payers

PC Impact on Pt/Family	Secondary Outcome	Best Published Evidence
More communication, greater comfort, preferences met	Patients live longer and with higher QoL	Temel NEJM 2010; 363:733-742
More communication, greater comfort, preferences met	Greater patient / family satisfaction	Casarett Arch Int Med 2011; 171:649-655
Goals of care clarified, and often changed	Lower costs per day	Morrison Arch Int Med 2008; 168:1783-90
Goals of care clarified, and often changed	Shorter ICU length of stay	Norton Crit Care Med 2007; 35:1530-35
Greater comfort, access to hospice	Shorter hospital length of stay among survivors	Wu J Palliat Med. 2013 Nov;16(11):1362-7
Clinical documentation of symptoms, discharge to home care or hospice	No increase in hospital mortality rate	Elsayem JPM 2006; 9:894-902; Cassel JPM 2010; 13 (4): 371-374
Better symptom management with in-home PC	Fewer ED visits and hospital admissions	Brumley JPM 2003; 6:715-724
Better symptom management with in-home PC	Fewer hospital admissions and inpatient deaths	Brumley JAGS 2007; 57:993-1000
Better symptom management with home care or hospice	Fewer 30-day re-admissions	Enguidanos JPM 2012;15(12):1356-1361; Ranganathan JPM 2013 16(10):1290-1293.

Evidenced based interventions to positively impact finances

- For ACOs, home based programs decrease total costs of care, increase hospice LOS
- Early palliative care for patients with advanced cancer and other life-limiting illnesses
- Communication Initiatives, for example Serious Illness Care discussions

Discussion

- What challenges have you faced in describing the clinical outcomes and/or financial impact?
- What has worked well in advocating for palliative care?

Part Two: Nurses' Contributions to Palliative Care

- Definition of nursing: patient's response to illness, strength based, pt + family, advocate
- Prevalence of nurses in all sites of care, with all ages and variety of serious illnesses
- Awareness of the impact of social needs on health → critical
- Navigate processes to promote continuity/transitions and failures/gaps
- Trusted by patients and families

Primary and Specialty Palliative Care

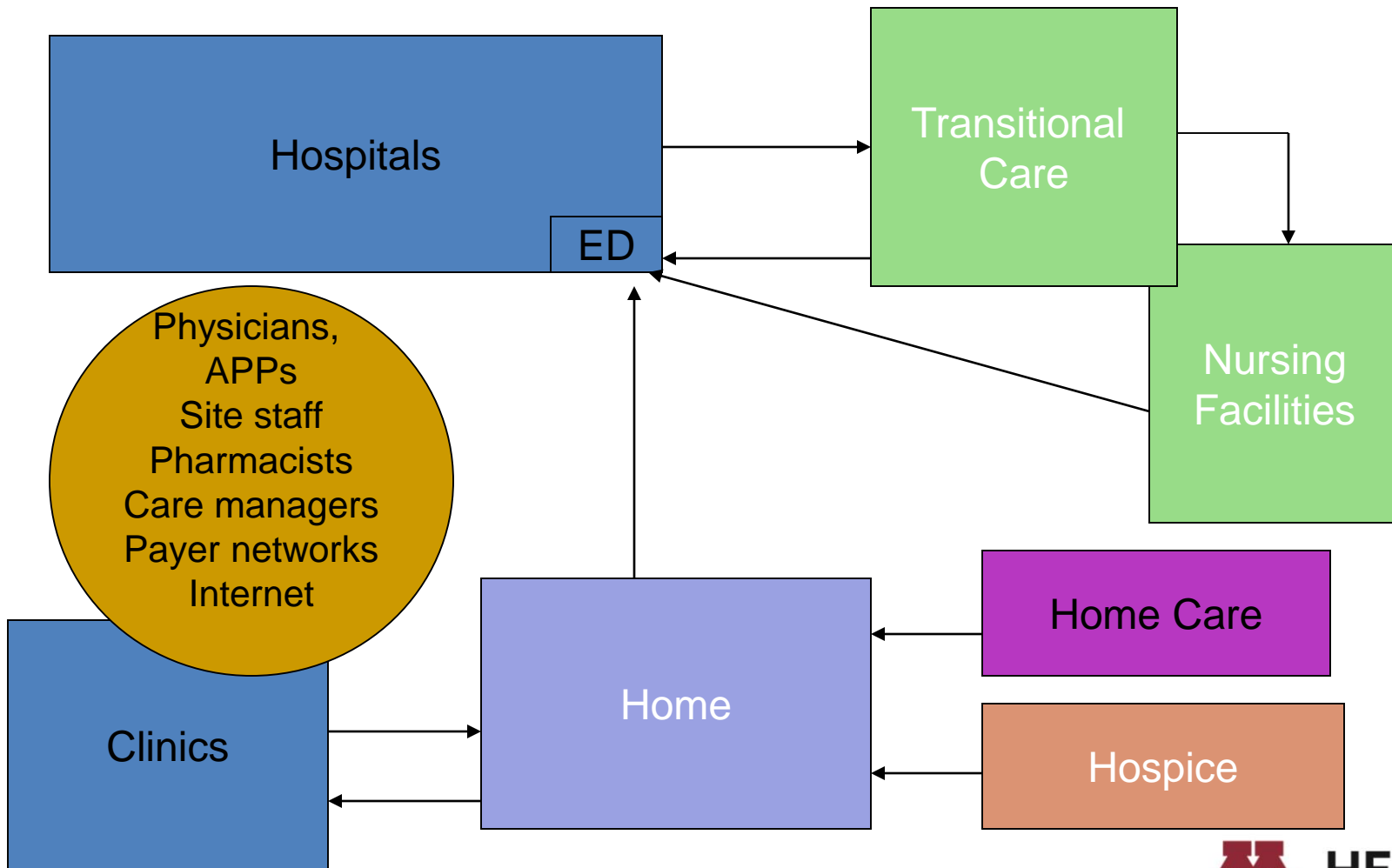
- Primary: skilled in symptom management, communication, psychosocial and spiritual support, transitions of care
- Specialists: major focus, certification, fellowships
- Primary: skilled in symptom management, communication, psychosocial and spiritual support, transitions of care
- Both are essential in all care settings
- Both need systems and processes to support the work

APN Roles in Primary and Specialty Palliative Care

- Roles in non-palliative care services: Heart Failure, Primary Care, Geriatrics, Pediatrics
- Educators, Policies, Ethics Committee Members
 - Represent primary palliative care
 - Advocate for specialist involvement
- Members of Specialty Teams in hospitals, home-based programs or clinics

What Health Care Looks Like to People with Serious Illness

Community



What if...

- Nurses were comfortable, supported and looked to for information about patient goals, values, preferences → EMR, family meetings
- Nurses' ability to tackle symptoms with finely tuned assessment and medication management was recognized and highlighted
- Nurses' ability to use non pharmacological interventions was seen as essential versus 'nice to do'

High Impact Roles in Palliative Care

- Teacher-coach-mentor
- Integrate palliative care in processes, pathways, guidelines
- Role model in your own clinical practice
- Focus on “pillars” of palliative care everywhere
 - Symptoms: evidenced based assessment/management
 - Anticipatory guidance to document patient understanding of prognosis, patient preferences
 - Transfer of care plan across settings with eye to feasibility and practical implications and relationships with care coordinators
 - Collaboration with psychosocial and spiritual colleagues

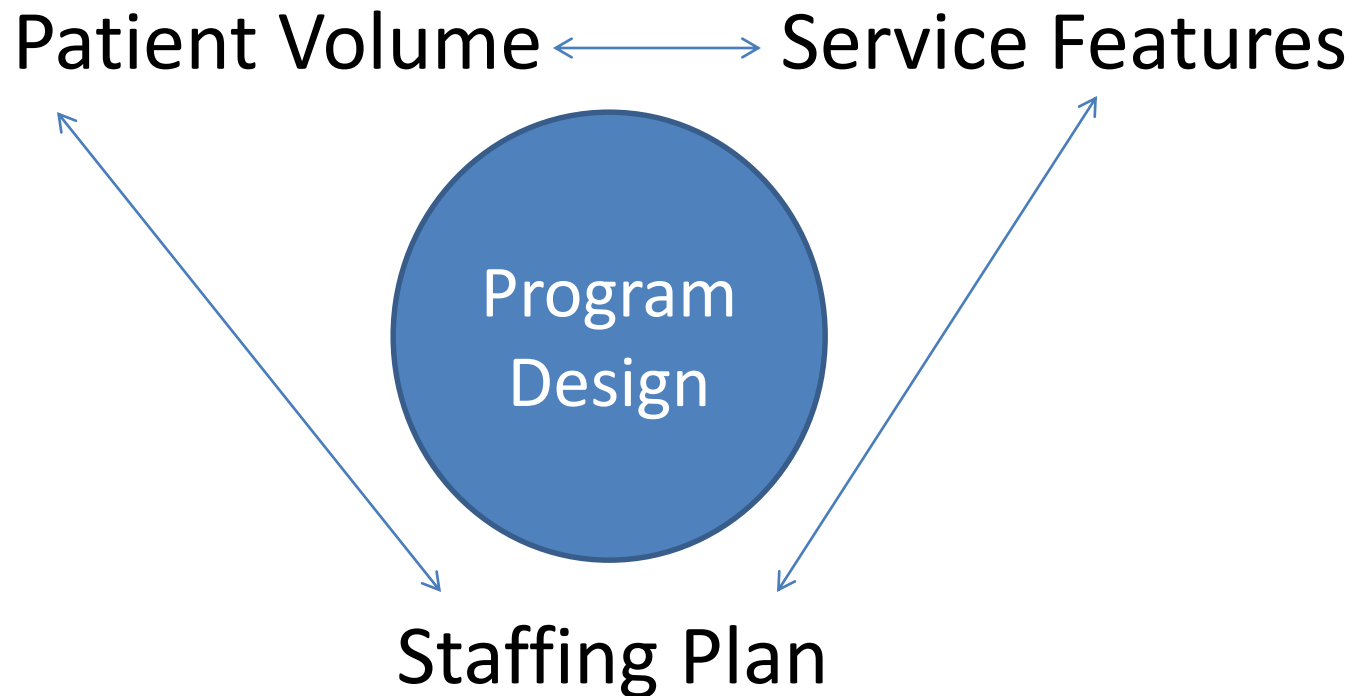
Focus on Communication Initiatives

- Goals of care discussions at specific points in time
- Serious Illness Conversations with systems to support implementation (education, mentoring, documentation)
- Role play for specific skills with practice and feedback

Lead Successful Palliative Care Program Development and Expansion

- Assess need: share your vision, hear from stakeholders, confirm your impressions
- Identify your patients
 - Who, when, how, by whom
 - Define your clinical model
- Select measures and process to evaluate

Program Design Elements



Program Components

- Needs Assessment
- Develop Clinical Model and define partners
- Select Measures (operational, financial, clinical, satisfaction)
- Education
- Marketing
- Evaluation and ongoing strategic planning

Needs Assessment

- What is the gap?
- Why does this exist?
- Who else is working on this? Or on overlapping areas?
- Who “owns” this problem?
- Can we find data to illustrate the gap and identify how/where we will intervene?
- What services are most important to your stakeholders?

Questions to Address Clinical Aspects for your program

- Patient eligibility
- How are referrals made?
- How are appts scheduled? How many/patient?
- Who will see the patient?
- Who is on your team?
- On call, other partners, documentation

Part Three: Future Trends and Opportunities

- “Palliative Care Everywhere”
- Role of the Community in meeting palliative care needs
- Aligning incentives: Payer-provider partnerships
- Population Health: identifying patients at risk, involving care coordination, stratifying interventions to level of need, transitions
- Technology
- Continuing workforce shortage (example: APRN externship program)
- Promoting understanding of benefit of palliative care

The Triple Aim + Improving Work Life of the Health Care Team

- Recognizing importance
- Challenges:
 - Workforce shortages
 - Working at “top of license”
 - Interdisciplinary synergies

Resiliency for Nurse Leaders

- Think about someone you have admired...
- What were they like?
- How would you describe them?
- Knowing ones self and what you stand for→
follow direction from inner compass

Resiliency and Knowing Oneself

- Self awareness: what are your triggers?
 - How do you respond?
- What is *not* helpful from a nurse leader?
 - Inconsistency, subjective decisions
 - Passivity
- What can I control/influence and what is out of my control
 - Courage to persevere
 - Who can help?
 - Developing and maintaining a self care plan

Revisit objectives

- Financial and clinical case
 - improves quality of life
 - Well demonstrated in hospitals
 - Good evidence for home based and outpatient clinics
 - ACO examples
- Strategies
 - Focus on palliative care, increasing skills and developing process to support communication and palliative care principles
- Trends
 - Greater recognition of impact of social needs
 - Increasing role of the community
 - Collaborating with new partners: example, payers
 - Continuing workforce shortage creates opportunities
 - **Your own resiliency is critical**

Discussion

Resource List

- Call to Action: Nurses Lead and Transform Palliative Care. American Nurses Association Professional Issues Panel. March 2017.
- Conversations in Palliative Care: Questions and Answers with the Experts. Fourth Edition (2017). Edited by Plakovicm K, Barton B, Coyne, P. Hospice and Palliative Nursing Association.
- Dahlin, C and Coyne P. (2016). Advanced Practice Palliative Care Nursing. Oxford University Press.
- <http://advancingexpertcare.org/aprn-externship/>
- Quill, T.E. & Abernethy, A.P. (2013). Generalist plus specialist palliative care-creating a more sustainable model. N Engl J Med, 368, 13, 1173-1175.
- Stagman-Tyrer, D. Resiliency and the nurse leader: the importance of equanimity, optimism and perseverance. (2014). Nursing Management, 46-50
- <https://www.ariadnelabs.org/areas-of-work/serious-illness-care>
- <http://Vitaltalk.org/>