

# Making the Case for the C Suite

Using Leadership Insights and Strategic Resources  
To Put Your Pediatric Palliative Care Program  
in Prime Time

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# Disclosures

- The presenters do not have any relevant financial relationships to disclose
- James Block and Rebecca Kirch are consulting advisors for the Center to Advance Palliative Care

# Who We Are

## **James Block, MD – Pediatrician & Institutional Leader**

- President and CEO Johns Hopkins Health System and the Johns Hopkins Hospital, University Hospitals of Cleveland, Case Western Reserve University, and President of Rochester Area Hospital Corporation
- Kornfeld Foundation, Commonwealth Foundation, Robert Wood Johnson Foundation, CAPC, NPCRC

## **Joanne Wolfe, MD, MPH – Pediatric Palliative Care**

- Dana Farber Cancer Institute
- Boston Children's Hospital

## **Rebecca Kirch, JD – Health policy and advocacy**

- National Patient Advocate Foundation
- Center to Advance Palliative Care



# Objectives

- Improve proficiency in explaining PPC's value proposition
- Describe how to build support among hospital leadership
- Identify at least three resources for helping make the case
- Describe action steps to help bring palliative care everywhere

# Consider PPC opportunities in context of broader field growth

Embed PPC voices and values as part of the national palliative care movement



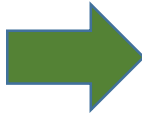




# Now: Many Moving Marbles

## Building Nationwide Momentum

- Collaborative Research: NPCRC, PCRC and PPCRN
- The National Palliative Care Registry™ program data
- The National Consensus Project Clinical Practice Guidelines for Quality PC (4<sup>th</sup> ed.)
- Public policy: PCHETA and NASEM Quality Care Roundtable



## PPC Playing Its Part

PPC State of the Science Meeting  
June 2018

**52** hospital PPC programs  
participated this past year

PPC on NCP committees and  
coordinating field input

PQLC PPC workgroup and NASEM  
workshop expert testimony



# Next: Move the Mountains

National Strategy for Boosting PC Access.

What will it take?

- **Increase awareness** of PC benefits for public, professionals and policymakers
- **Expand education** for health care workforce
- **Provide adequate training** and support for care team - including family caregivers
- **Align reimbursement** and insurance design to match patient/family needs
- **Improve accountability** for quality
- **Boost research investment** to build the evidence base



DE Meier, AL Back, A Berman, SD Block, JM Corrigan, RS Morrison. A National Strategy for Palliative Care. *Health Affairs*. 2017;36(7):1265-1273.



# What Adult Care Hospital and Health System Leaders Say About Caring for Seriously Ill Patients

## Top Challenges:

- Insurance Reimbursement
- Patient Satisfaction
- Hiring and Maintaining Staff

## Benefits of having a PC program:

- Improves QOL and support for patient and family
- Improves doctor and staff satisfaction

## Education and resource needs:

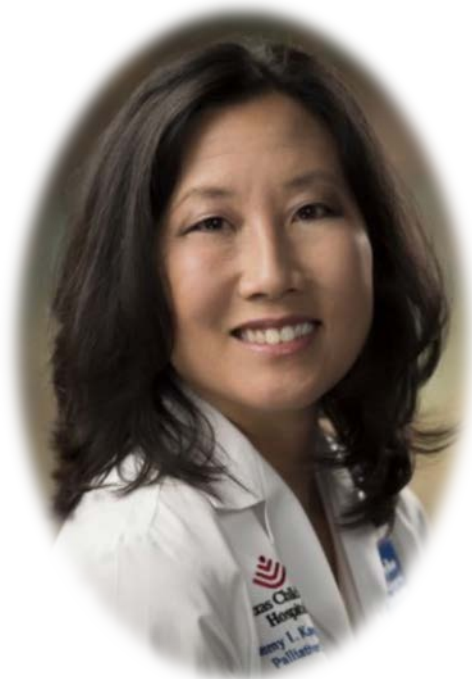
- **Patients** need to be made aware that PC exists as an option
- **Providers** need PC training and help understanding that people benefit from PC earlier in treatment than they might think
- **Executives** need to understand the value and benefits of PC for their institution



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# Project Background

- **6** Hospitals: Akron, Boston, CHOP, Los Angeles, St. Jude, Texas Children's
- **7** PPC leaders plus **11** hospital executives interviewed
- CEO, COO, VP, Physician-in-Chief, Department Chair, Trustee Perspectives

## We asked about:

- Reasons behind hospital's PPC support
- Key **pressure points** – what keeps them up at night
- How they view PPC as particularly helpful in addressing those concerns
- Specific **influential factors** in making PPC resource allocation and investment decisions
- Examples of successes and lessons learned making PPC business case


# Major Themes

- Care **quality**
- Family **satisfaction**
- Prevent **burnout**
- Hook for **philanthropy**
- Personal experience and/or family feedback about PPC's **transformational value**
- **Mission over margin**: Differentiator is the institution's emphasis on humanity, dignity and healing – a “service over self” culture
- **Comparative data** – show where hospital stands among its peers and competition
- **Rising severity** of case mix

# Surprises

PPC Recognized as Standard of Practice





# Palliative care = Quality Care

“How can you have a hospital caring for children with catastrophic illness without providing palliative care?”

– *St. Jude SVP Pat Flynn, MD*

“Regardless of whether it generates a lot of revenue, it’s just mission critical. Families need it, critically ill children, children with chronic disease, children with complex medical problems, they all need it. It’s absolutely essential to their recovery, to their health, in some cases to death with dignity. It’s one of those ‘gotta do’ things.

**It’s not optional. It’s mandatory.**

– *Texas Children’s Department Chair Mark Kline*

“Top US News and World Report ranked children’s hospitals all have PPC programs. Even absent an explicit indicator, the message is that **you can’t be a topnotch program at the pinnacle without having a PPC program in place.**”

– *Texas Children’s VP Nursing Jackie Ward*





# Core to Case Making

1. Family Support and Satisfaction
2. Staff Support and Satisfaction
3. The Business Case – Emphasize QUALITY
4. Standard of Practice Trend

# Family Support – Educate Through Storytelling

*“If you ever have any doubt about the value of this program, believe me, there are families that I’ve met, and two minutes into that conversation, for you to say there’s not value in palliative care would be impossible.”*

*- Akron CEO Bill Considine*

- **Families are influential messengers on program value**
  - ✓ Their feedback about care gaps often fuels program startup
  - ✓ Harness family feedback about their improved experiences and satisfaction
  - ✓ Also strong hook for donor development
- **Mobilize them as advocates** in making the PPC case for hospital leadership, development office and referring specialists

# Thank you strategy

Formalize an informal, proactive process to get patient/family gratitude on the radar

- When families say they want to help, ask them to send thank you communication directly to hospital leadership, development office, and/or referring physician/team
- Tell family the note should describe in their words precisely how PPC enhanced their care experience and satisfaction – use their narrative to build awareness and demonstrate value
- PPC program could create its own pre-printed thank you info postcard for families providing recipient(s) names/addresses and describing type of info most helpful to include in either e-mail or letter

# Staff Support – Preventing Burnout

**Empower frontline clinicians** with primary/generalist PC skills to be effective in their communication with families that can help avoid moral distress and professional burnout.

“There are inherent rewards in practicing, but also stresses. PPC makes that inherent stress better and that support is a very helpful element of preventing burnout among staff.”

*CHOP CEO Madeline Bell*

“Palliative care is part of our ongoing sensitivity to our staff and the stresses they feel.”

*CHLA Trustee Roberta Williams*

“Can we put a value on the service in terms of what it means relative to healthcare costs and other kinds of things? For example, if PPC has a **positive effect on your workforce and lessens their stress, reduces burnout, and maybe reduces turnover**, there are some dollar savings there. My gut tells me it’s there, but I’ve not been able to quantify it.”

*Akron CEO Bill Considine*



# Surprises

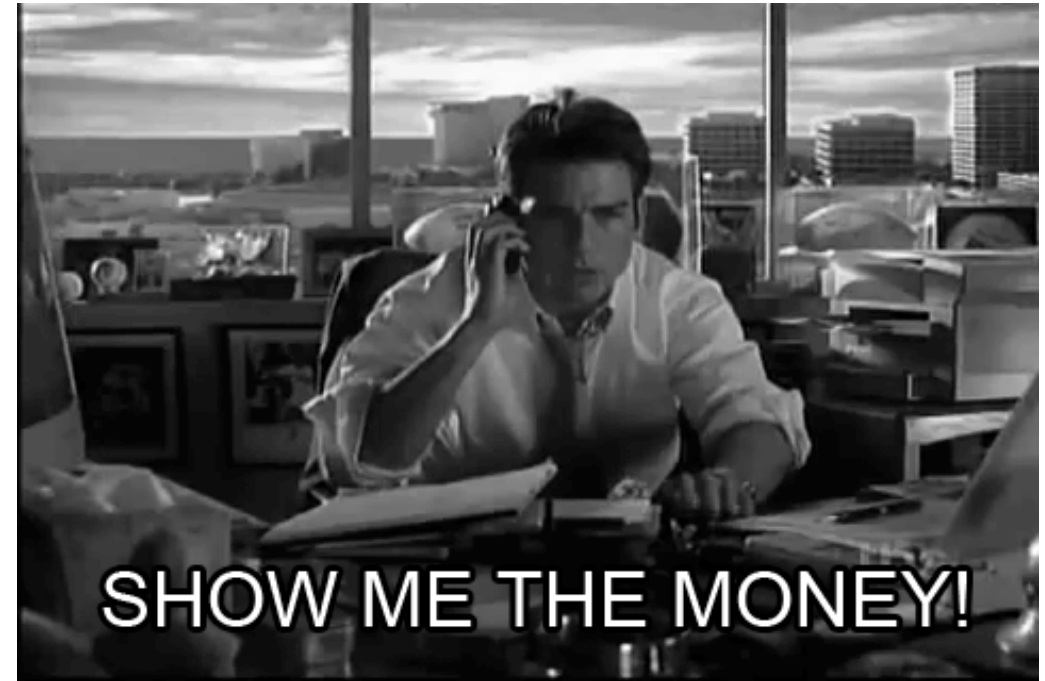
High risk maternity cases - impact on the business case





# The Business Case - It's not all about money

- **Shine more light on PPC “synchronicity of vision”** – Help system infrastructure learn what PC is and what it can provide that aligns with hospital priorities
- **NOBODY** talked about need to save the hospital money or PPC having to be a revenue generator.
- Mission critical dimensions:
  - View provision of PC as standard of practice
  - Case severity rise correlates with need for PC services
  - Throughput is not main driver; PC fosters more efficient care and movement to appropriate care settings families want



# Trending: PPC as Standard of Practice

“Palliative care is the entity that comes forward and asks the right questions. I’m not saying other staff won’t come to the fore and make everything ok, but boy, **palliative care is an insurance policy and I don’t know how a hospital would meet their mission without having that service.**”

– CEO Bill Considine, Akron Children’s Hospital

“By definition if you have one of the top 10 children’s hospitals in the country, you should have a strong PPC program because that would represent the complexity of the patients you take care of and the quality of the care you are providing.”

– BCH COO Kevin Churchwell

“There’s a strong rationale for hospital investment in PPC because it fosters effective communication, enhances quality care, and improves the patient and family experience – **this really is an investment in delivering high quality care.**”

– CHOP Physician-in-Chief Joe St. Geme



# Give People the Words

**We all have a role in making standard of practice the reality**

- Get yourself on the Patient Safety Committee
- Present at Medical Staff Executive Committee
- Any other high impact opportunity

“If you want to care for children in a quality way today,  
PPC has to be part of the standard of practice.”

# 2018 Strategy: Next Steps with Stakeholders

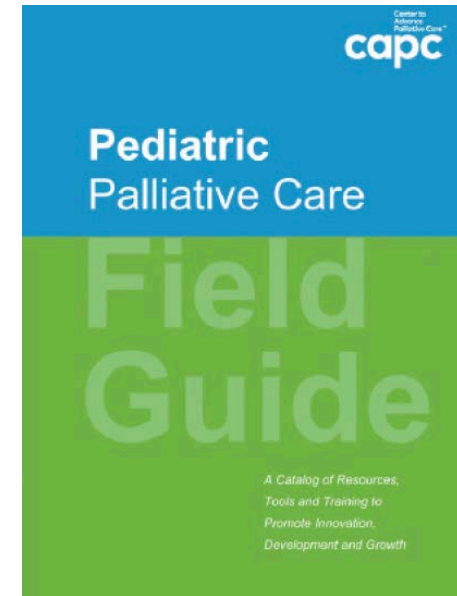
Engage leaders to prompt prominent PPC discussion on the dockets of:

- Association of Medical School Pediatric Department Chairs (AMSPDC)
- Children's Hospital Association
- American Academy of Pediatrics
- Federation of Pediatric Organizations
- American Hospital Association Circle of Life Awards
- The Joint Commission
- CAPC Payer Workgroup
- US News and World Report



# Helpful Resources

- 1) PPC Field Guide
  - 2) Leadership book authored by Akron CEO
  - 3) Public opinion research summary from CAPC with key messaging guidance
  - 4) National Palliative Care Registry™ PPC survey and reports
  - 5) Patient QOL Coalition website
  - 6) The CAPC PPC Toolkit: online tools and technical assistance for program development and expansion available to members in CAPC Central™
- **Coming soon:**
    - *National Consensus Project 4<sup>th</sup> Edition*
    - Making the Case supplement to Field Guide with C Suite Project findings and tools



- <https://www.capc.org/topics/pediatric-palliative-care/>
- <https://www.amazon.com/Leadership/dp/0998020702>
- [https://media.capc.org/filer\\_public/18/ab/18ab708c-f835-4380-921d-fbf729702e36/2011-public-opinion-research-on-palliative-care.pdf](https://media.capc.org/filer_public/18/ab/18ab708c-f835-4380-921d-fbf729702e36/2011-public-opinion-research-on-palliative-care.pdf)
- <https://registry.capc.org>
- <https://palliativeinpractice.org/palliative-pulse/palliative-pulse-july-2017/spotlight-pediatric-palliative-care-national-landscape-hospital-based-programs-2015-2016/>
- <http://patientqualityoflife.org>





# Action Steps

- ❑ **Channel family gratitude** to all key audiences to demonstrate program value through personal narratives – try the thank you note satisfaction strategy and involve family advisors/feedback in your planning
- ❑ **Put PPC on the map.** Participate in the National Registry annually and use the comparative reports to help in making your case
- ❑ **Leverage these leadership quotes.** Use these findings to educate your own administration, development office, potential referral sources and partners.
- ❑ **Harness every opportunity.** Think of every conversation as an opportunity to gracefully and firmly educate audiences about PPC and its value proposition that emphasizes *quality*.

# Questions and Discussion



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