Introduction

The NCRPI (National Capital Region Pain Initiative) headquartered at Walter Reed National Military Medical Center (WRNMMC) is a unique mandated regional military initiative that, in addition to integrative and alternative care, includes a Palliative Care (PC) program. Begun in May of 2014, the PC program will fully integrate into patient care at WRNMMC, and will serve as a prototype for future PC programs in the military health system.

Goals of this Initiative:
- Improve access to and quality of services to all beneficiaries, particularly Wounded Warriors
- Provider/staff competency in pain and symptom management
- Increase patient and family education and satisfaction
- Improve response times for pain emergencies after hours
- Reduce hospital costs, reliance on medications and opioid abuse and misuse
- Improve treatment of chronic pain and PTSD

WRNMMC Palliative Care Program

QOL CARE TEAM

The name of the PC program was changed to Quality of Life Care as a way to engage pts and families. This initiative already has a robust pain management department; the QOL team will initially concentrate on cancer patients and those closer to the EOL.

Team members: Program Manager (retired chaplain and psychologist), RN and RNCM, full time palliative MD and part-time geriatrician and psychiatrist. The chaplain is a longstanding member of the WRNMMC staff and rounds in the MICU daily to offer spiritual/psychosocial support.

Issues Impacting PC at WRNMMC

Geographic distance from family support

The PC team partnered with systems within WRNMMC, including the Murtha Cancer Center, the Ulman Cancer Fund for Young Adults, and community resources to provide a broad support system for patients and families.

No military hospices/Longer hospital LOS

The PC team partnered with military and community organizations and hospices that have programs specifically to support veterans. This support decreases LOS and allows the patient to spend quality time at home with family at EOL.

TriCare’s simultaneous coverage of curative treatment and hospice

This policy actually allows greater collaboration between the PC team, oncologists, WRNMMC, and community hospices. The patients are referred earlier in the disease trajectory, which increases patient satisfaction and symptom control and decreases hospital readmissions and pain scores.

Overview of Program Outcomes

PC Consult Numbers

- PC Consult Numbers
- June: 25
- July: 20
- Aug: 15
- Sept: 10
- Oct: 5

Reason for PC Consults*

- EOL/Emergency - 25%
- Hospice Info - 27%
- Pain/Sx - 20%
- Goals of Pt - 16%

* Often there is more than one palliative care issue per consult

PC Consults by Diagnosis

- Diagnosis
- Dementia - 5
- COPD - 5
- Other - 3

Cancer Types*

- Cancer Type
- Breast - 7
- Ovarian - 20
- Prostate - 3
- Other - 26%

*Out of 58 patient visits

Outcomes

- Outcomes
- June: 10
- July: 12
- Aug: 14
- Sept: 16
- Oct: 18

Current Methods for Increasing PC Consults

- Attend Tumor Boards
- Attend AM Oncology clinic meetings
- Attend Oncology inpatient IDT
- Rounding daily with MICU team
- Providing PC in-service lectures to nurses, residents and fellows
- Participating in oncology clinic Care Coordination pilot
  - Will assist in training new patient navigators
  - Will receive training in ACG tool to identify high risk pts

Future Plans for Continued Program Growth

- Develop ½ day PC clinic sessions within oncology clinics
- Expand to Cardiology, Renal, Pulmonary clinics
- Eventually stand alone PC clinic
- Collaboration with sister hospital, Fort Belvoir, in standing up new PC program

Contact Information

Valencia Clay, MD
Palliative Medicine Physician
Quality of Life Care Team
Walter Reed National Military Medical Center
Center 4504 North Palmer Road
America Bldg. 19, 3rd Fl, room 3606
Bethesda, MD 20889-5600
(301)319-8126
valencia.clay.ctr@mail.mil