



Examining the Effect of an Embedded Outpatient Palliative Care Clinical for Patients with COPD



Tracy Fasolino, PhD, ACHPN; Wayne Hollinger, MD
 Tracy_Fasolino@bshsi.org; Wayne_Hollinger@bshsi.org
 Greenville, SC

BACKGROUND

- The need to improve care for patients with serious, complex, and potentially life-threatening or life-limiting medical conditions is undisputed. Clinic based palliative care for patients with advanced illnesses hold great promise.
- Studies have demonstrated that outpatient palliative care clinics can improve quality of life, reduce healthcare utilization, and potentially improve survival.
- Details on developing and management of outpatient palliative care clinics is scarce.

PURPOSE

The purpose of this presentation is to describe an embedded outpatient palliative care model within an existing pulmonary practice for patients with chronic health conditions, particularly COPD.

STRUCTURE

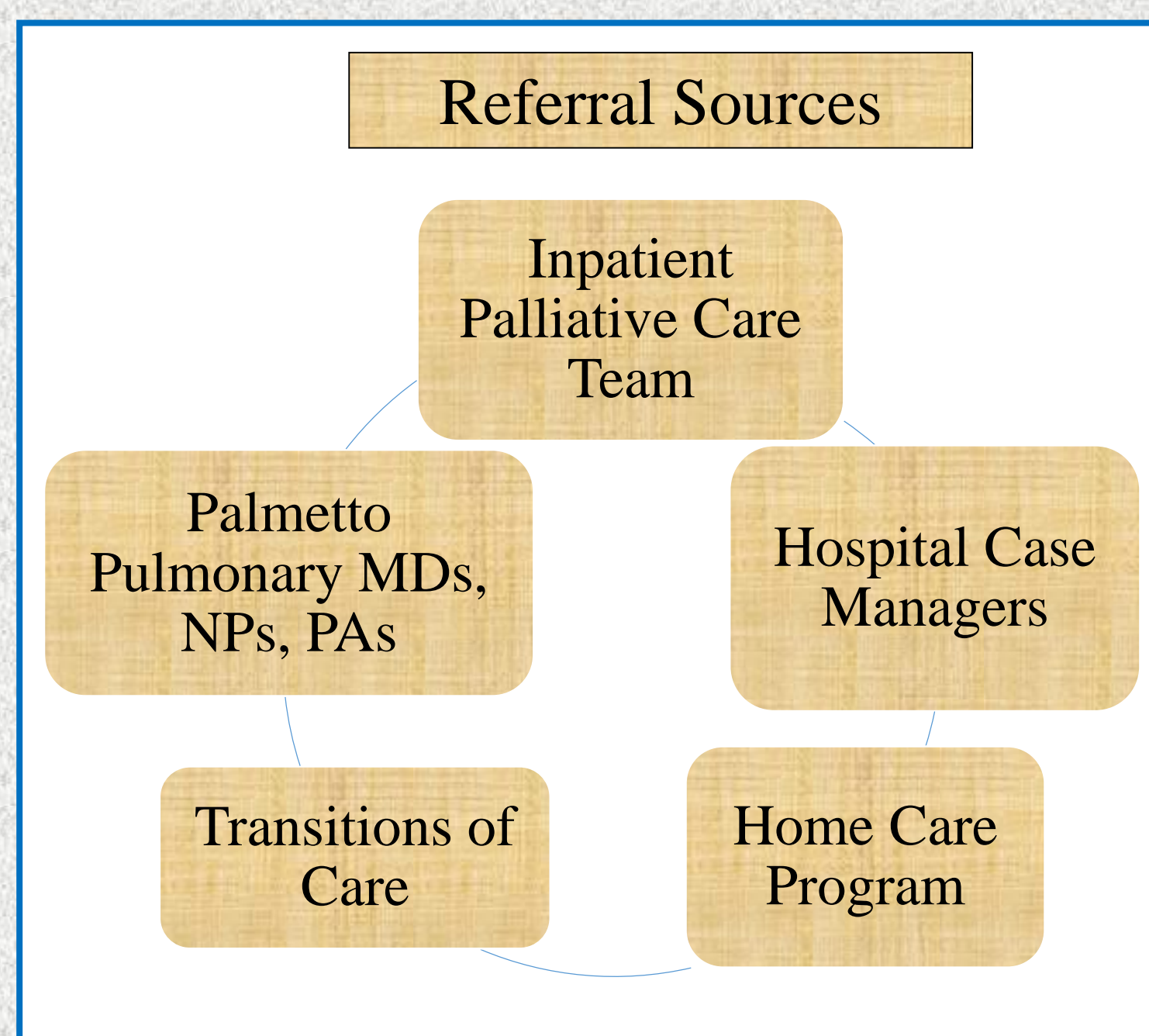
Palmetto Pulmonary & Critical Care Associates, PA

- Pulmonary MDs BC-Hospice & Palliative care
- Well developed RN triage phone process
- Referral, appointment and clinical staff availability
- Linked EHR - Pulmonary & Hospital system
- Physician practice partnership with health system
- Readiness for embedding palliative care due to high readmissions and ER utilization

Inpatient Palliative Care

- Medical Director & NPs BC-Hospice & Palliative care
- Patient management primarily acute care

PROCESS



Referral Processes

1. OPPC Nurse Practitioner notified of referral to clinic.
2. EHR inbox notification to referral and triage RN
3. Usual process for scheduling appointment with patient
4. Time allotment for appointments = 40 minutes
5. Designated OPPC clinic on Tuesday's.

OUTCOME

Emergency Department Visits:

- Exacerbation of Primary Disease = 5
- Secondary to Treatment = 1
- Transfer from external facility = 1

Readmissions:

- Primary Dx = 2 (COPD)
- Secondary Dx = 3 (Sepsis, N/V, Urolithiasis)

Enrollment into Hospice Services:

- Twenty-three patients enrolled into hospice
- 3 patients remained with OPPC & Hospice
 - 1 patient revoked after enrollment

SIX MONTH RESULTS

Number of hours (MD & NP)	112
Total number of visits (index & follow-up)	83
Total # of new patients enrolled	57
Average age of patients	73
Primary reason for referral	
• Goals of Care	26
• Management of Symptom Burden	31
Impact on Pulmonary Office	
• # of reduced office visits to pulmonary providers	53
• # of reduced RN triage phone calls	92
Billing & Revenue	
• 99213, 99214, 99215	77
• 99204, 99205, 99354	6

EFFECT OF OPPC CLINIC

