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January 10, 2019



Reaching the Tipping Point

LEADING THE CHARGE FOR CHANGE

OVERVIEW

The Center to Advance Palliative Care was founded in 1999 with a significant multiyear grant from the Robert Wood Johnson Foundation.

It launched with an explicit charge to scale access to palliative care nationwide.

OVERVIEW

To that end, for 20 years CAPC has been dedicated to disseminating tools, training, and technical assistance to promote access to high-quality, sustainable palliative care in all health care settings.

OVERVIEW

In 2015, CAPC became a membership organization to stabilize its future sustainability and to support bringing palliative care to scale in the United States.

Today, CAPC serves more than 1,370 member health care organizations, while also driving public awareness and demand, supportive policy and payment, and standardization of quality.

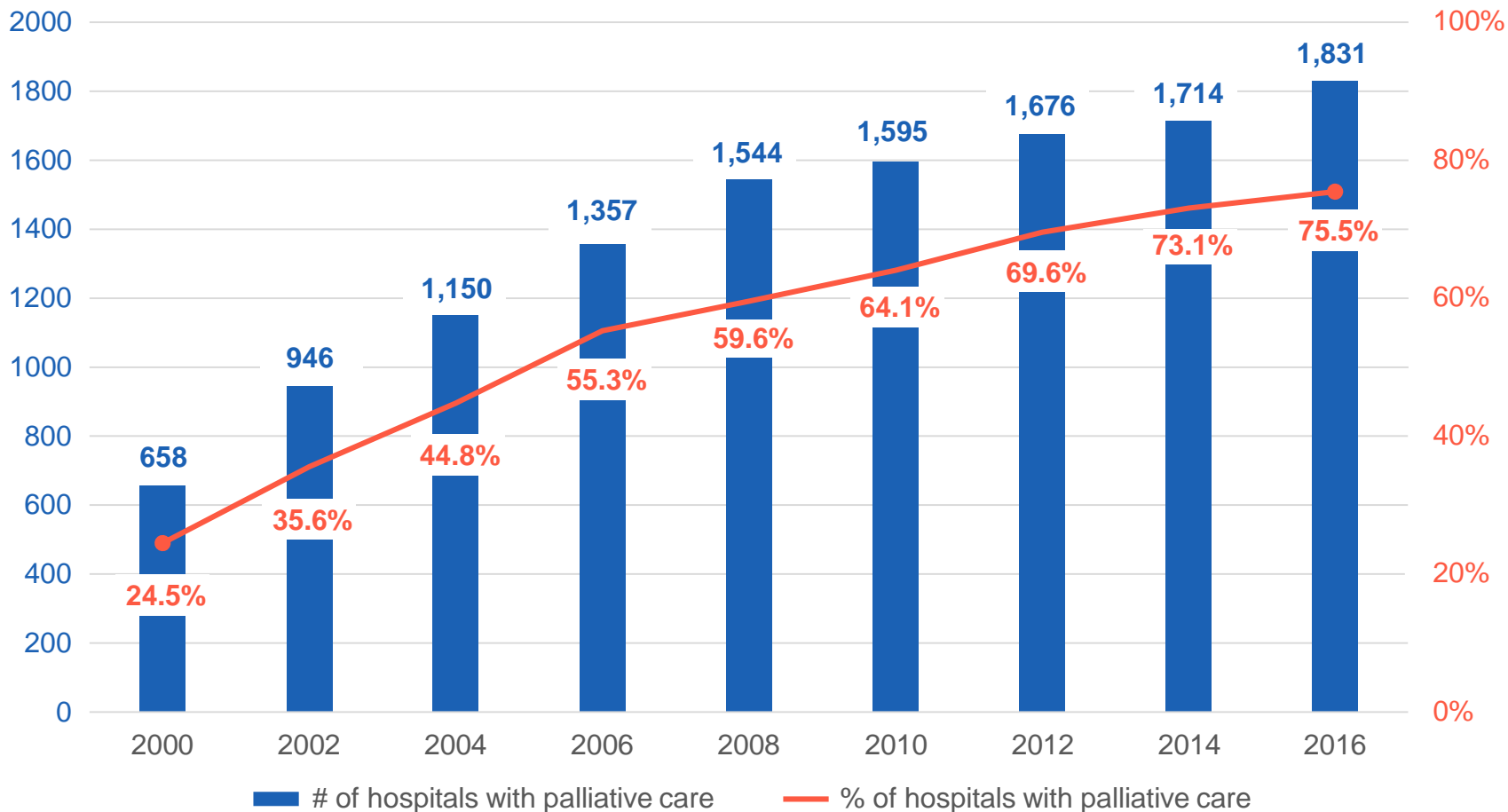
OVERVIEW



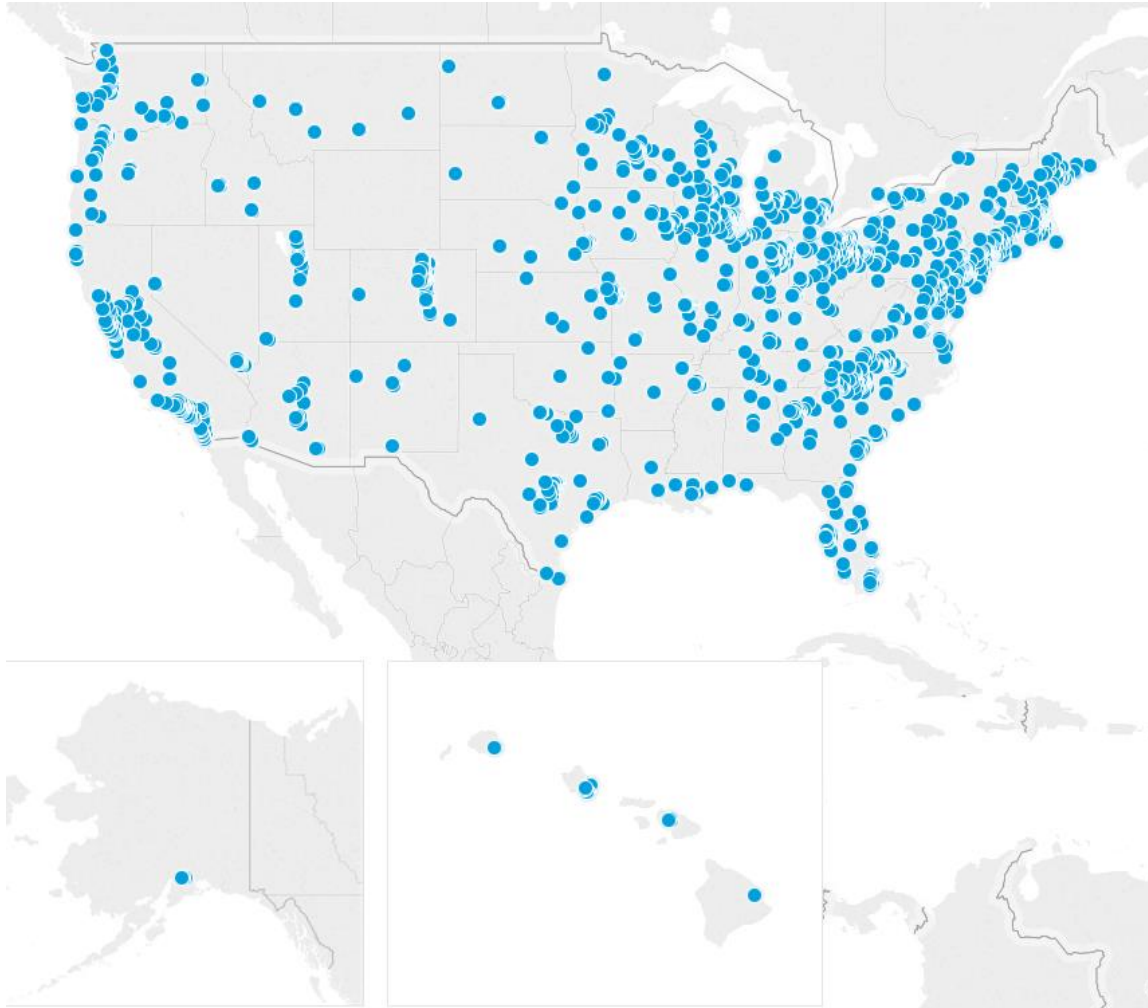


**SUCCESS:
THE RAPID
ADOPTION OF
PALLIATIVE CARE**

Hospitals (50+ beds) with Palliative Care

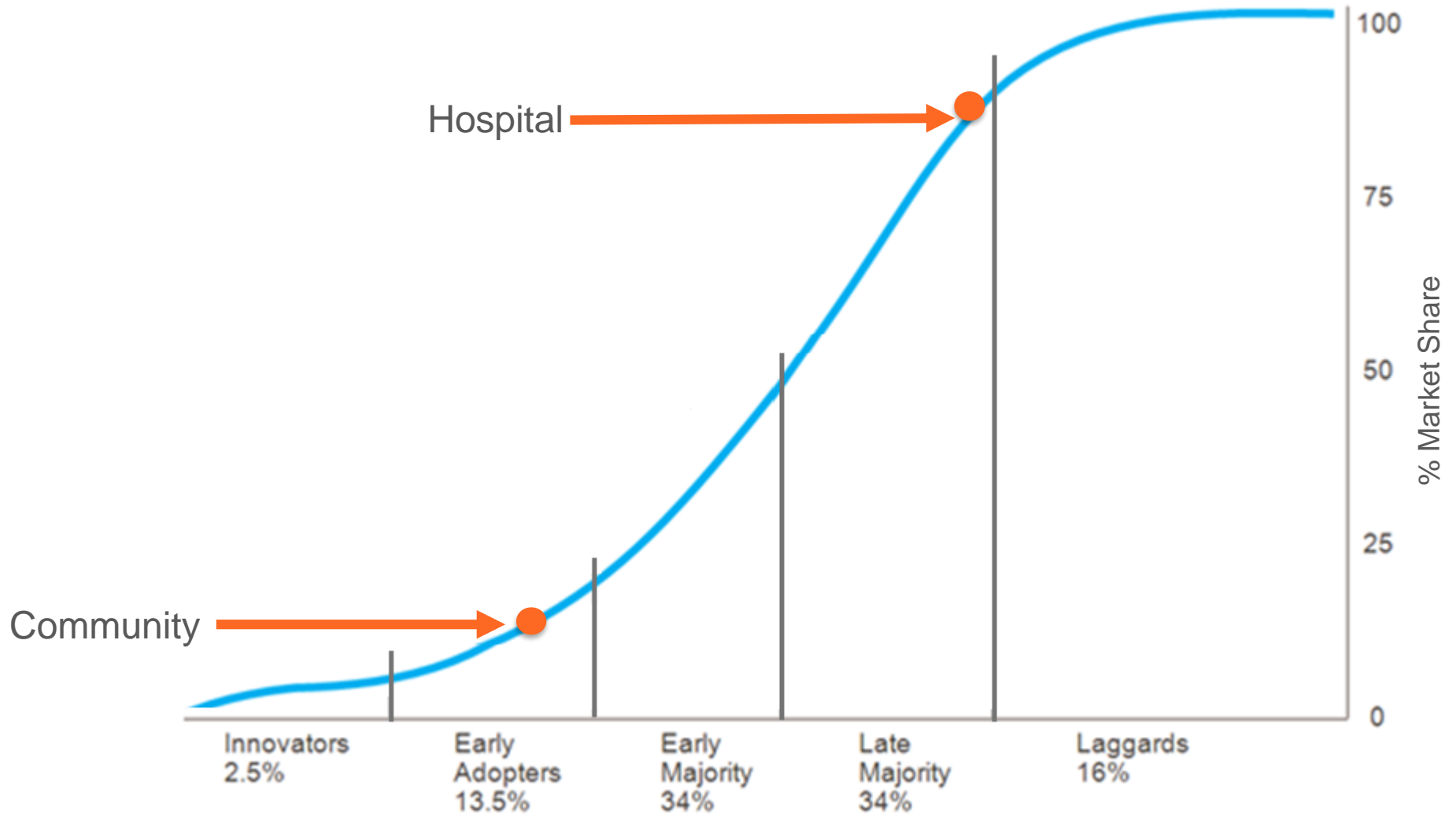


Community-Based Palliative Care: 800 Programs Serving >2,000 Sites



- 434 Offices or Clinics
- 1,137 Nursing Homes
- 537 programs serving patient's homes in 1,300 counties

Growth of Palliative Care



SUCCESS

Access is improving, but we have a way to go:

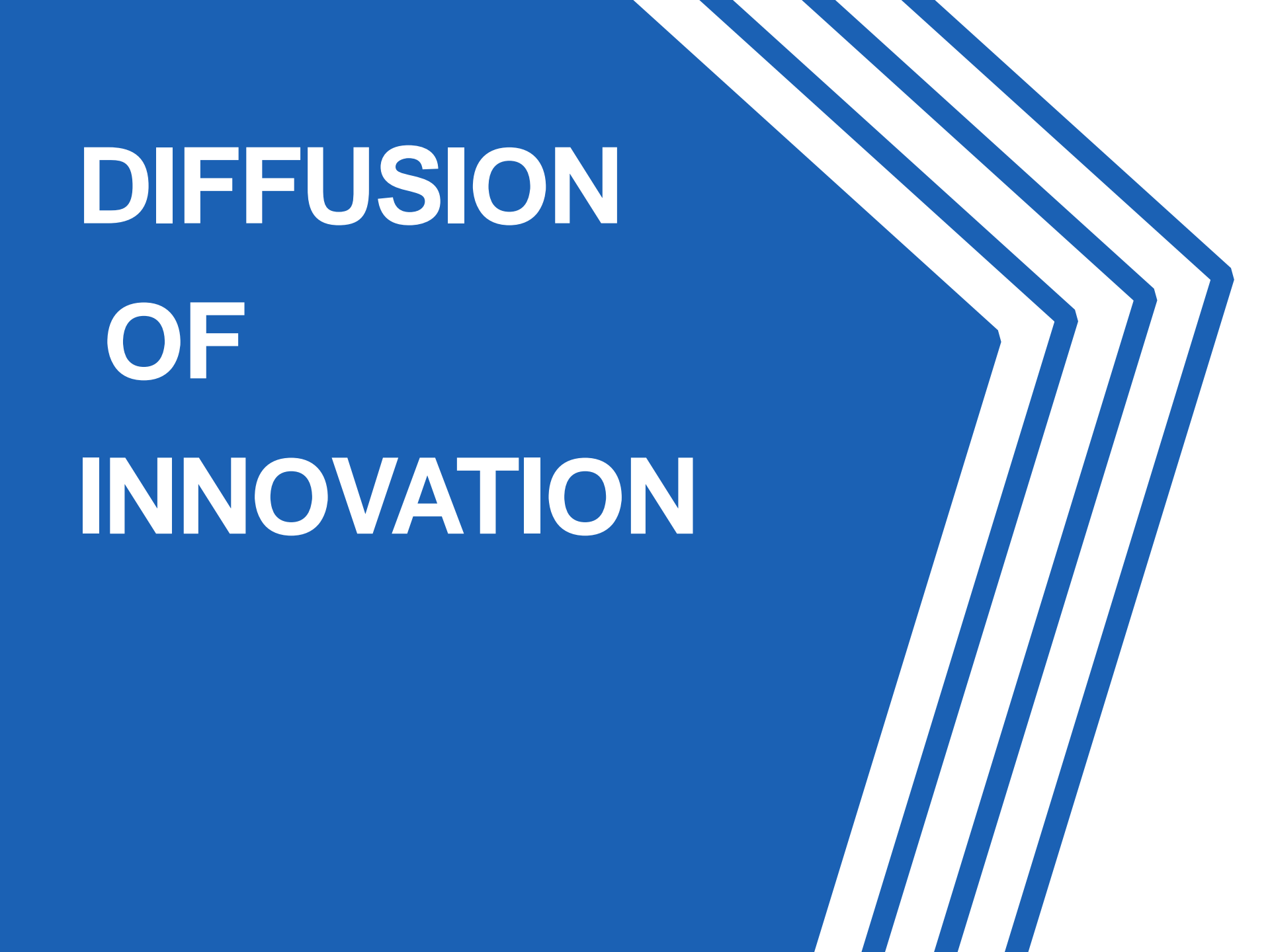
- ✓ It is estimated that fewer than 5% of people living with serious illness who could benefit actually receive care informed by palliative care principles and practices.
- ✓ Barriers include lack of training of frontline clinicians in the core skills of communication, symptom management, and family support over time; unreliable financing; deficits in specialist workforce; and persistent misunderstanding of eligibility for, and benefits of, palliative care.

SUCCESS

Our growth as a field so far was catalyzed by tens of millions of dollars in philanthropic support for innovation, dissemination, and professionalization, but most importantly . . .

SUCCESS

**...by envisioning a
different future**



DIFFUSION OF INNOVATION

DIFFUSION OF INNOVATION

The aim of CAPC's focus on technical assistance and dissemination of knowledge and skill to the field is to **reduce the opportunity cost** of start-up and to help catalyze rapid growth in the numbers and quality of palliative care programs.

DIFFUSION OF INNOVATION

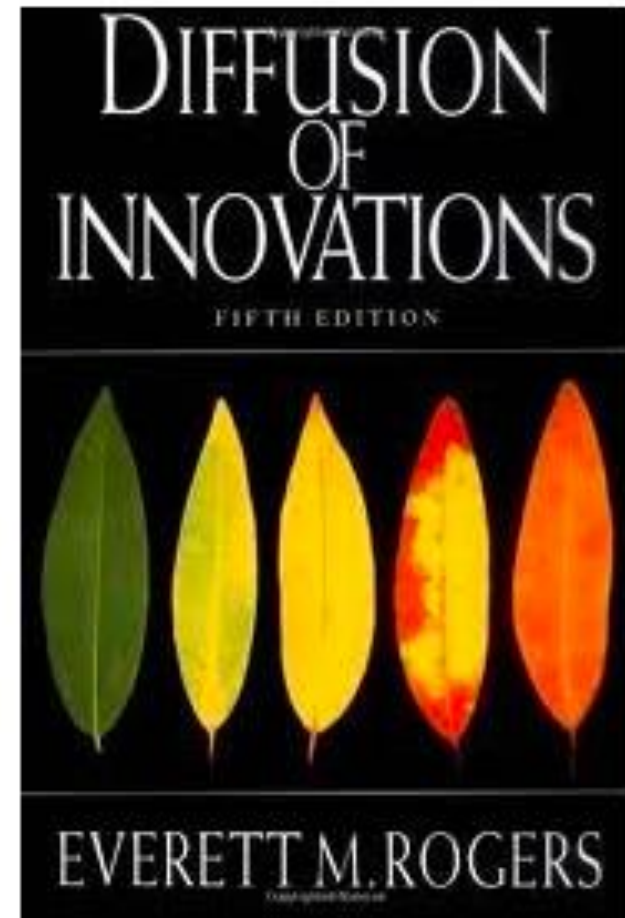
Accelerated by
professionalization and
standardization via **The CAPC
Model** and the **Palliative Care
Leadership Centers™ (PCLC)**

DIFFUSION OF INNOVATION

Helping program leaders to demonstrate quality and financial outcomes for their organizations, in turn driving executives' commitment to palliative care.

DIFFUSION OF INNOVATION

In his 1962 book, *The Diffusion of Innovations*, Everett Rogers argued that diffusion is the process by which an innovation is communicated thru channels over time among participants in a social system.



DIFFUSION OF INNOVATION

According to Rogers, four main elements influence the spread of a new idea:

The innovation itself +

- ✓ Communication channels
- ✓ Time
- ✓ A social system



DIFFUSION OF INNOVATION



**This is where
you come in.**

DIFFUSION OF INNOVATION

In order for an innovation to scale, it must be widely adopted. And there is a point at which adoption of an innovation reaches critical mass or a tipping point.

DIFFUSION OF INNOVATION

CAPC is launching **Project Tipping Point** – a 5-year campaign to drive palliative care principles and practices into the standard of practice for care of people living with a serious illness, and their families and other caregivers.

REACHING THE TIPPING POINT



REACHING THE TIPPING POINT

Tipping Point

The critical point in a situation, process, or system beyond which a significant and often unstoppable effect or change takes place.

REACHING THE TIPPING POINT

CAPC's initial Tipping Point goal is focused on the frontline clinical workforce—in an effort to ensure that *all clinicians and organizations have the knowledge and skills necessary to provide better care to their patients living with a serious illness.*

This goal applies to **all clinicians**, palliative care specialists and non-palliative care specialists alike.

Tipping Point CHALLENGE

The literature suggests that a tipping point for social transformation is reached when roughly **25%** of people or organizations adopt the innovation.

(Source: Centola, D, Becker, J, et al. Experimental evidence for tipping points in social convention. *Science*. 08 Jun 2018:vol. 360, Issue 6393, pp. 1116-1119)

Tipping Point CHALLENGE

Our first year Tipping Point Challenge goal is to strengthen the skills needed by the clinical workforce to improve care for people living with serious illness-- until we reach that ***tipping point of 25% of clinicians*** in each health care organization.

Four Challenge Categories

Course Completions

- ① Highest # course completions in 2019; or
- ② Highest # course completions since becoming a CAPC member

CAPC Designations

- ③ Highest # Designations in 2019; or
- ④ Highest # Designations since becoming a CAPC member

The result?

- ✓ **Clinicians** will improve skills that transform practice and improve the quality of patient care.
- ✓ **Patients and families** will experience improved interactions with clinical staff, leading to better care and quality of life.
- ✓ **Organizations** will care more reliably for patients and families living with serious illness, expand their abilities to achieve their mission, improve affordability, and make a positive impact on the communities they serve.

**Say Happy 20th Anniversary to
CAPC! by joining the Project
Tipping Point campaign...**

Take the Tipping Point Challenge!



**LEARN MORE.
MEET THE
CHALLENGE.**

Go to tippingpointchallenge.capc.org →