Pushing Palliative Care Further Upstream: Embedded RN-led clinics in Primary Care Practices

Jennifer Blechman, MD • Adriane Mackey, RN • Robyn Tatom, SW • jennyb@partnersbend.org

1 Background

Partners In Care is a non-profit, community-based hospice and home health agency in Bend, OR. In 2014 we started providing out-patient palliative care, with a physician embedded in the oncology practice of a multi-specialty clinic. Three years since inception, we are successful in measured metrics. With the intention to reach more patients further upstream in their disease trajectory, we started palliative care nurse-led clinics embedded within primary care (PC) practices.

Palliative Care: Oncology Quality Metrics

- **+78%** Pain scores improved
- **+84%** Dyspnea scores improved
- **+97%** Hospice LOS for oncology patients increased
- **89%** of patients discuss advance care planning
- **96%** of patients seen have completed POLST

2 Methods

Our goal is for palliative care nurses to see patients while they are seeing their primary care provider (PCP), and target patients:

- Felt to be within their last two years of life
- For clarification of care goals or help with advance care planning
- For symptom management related to their serious illness

Our program is modeled on a nurse-led palliative care program in Everett, WA (Providence).

Palliative Care Locations

- **Mosaic Medical.** FQHC 36 miles from Bend in Prineville; staffed 2 days/week. Started Aug. 2017. Palliative care RN Angel.
- **Home Visits.** Primarily seeing home health patients who have difficulty getting to clinic. Started Nov. 2016. Palliative care RN Velda.

3 Demographics for 2017 (January–September)

<table>
<thead>
<tr>
<th>Total Patients</th>
<th>217</th>
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<tbody>
<tr>
<td>AVG. AGE (YRS)</td>
<td>79.9</td>
</tr>
<tr>
<td>M = 53</td>
<td>94</td>
</tr>
<tr>
<td>F = 123</td>
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4 RN Patient Encounters

- **High Lakes Health Care**
  - Total Visits: 143
  - Initial: 92
  - Follow Up: 51
  - Telephone Encounters: 980
  - **Mosaic Medical Prineville**
  - Total Visits: 23
  - Initial: 21
  - Follow Up: 2
  - Telephone Encounters: 44
- **Home Visits**
  - Total Visits: 155
  - Initial: 73
  - Follow Up: 82

5 Results

**Advance Care Planning**

- 84% of patients discussed advance care planning
- 39% of patients completed POLST
- 46% of patients reviewed or completed Advance Directive

**Hospice**

- 51 Hospice referrals
- Avg. length of stay: 59.56 days
- 3 Palliative care deaths

6 Early Conclusions / Future Directions

- Palliative care nurses have been successfully integrated into different models of PC clinics, and though early in the project, we are seeing increased referrals to hospice and home health, and believe more patients are completing advance directives and POLST.
- Majority of contact is by telephone, often after initial meeting while patient is being seen by PCP. “Warm hand-offs” improve collaboration with PCPs, though office space will continue to be a challenge.
- This project is too young to fully understand our impact, but we anticipate the number of referrals and LOS on hospice will increase, making our program sustainable.
- Team expansion to include dedicated chaplain and SW support, as well as consideration of NP.
- Partnering with these clinics has been invaluable as PCPs now better understand services available to their frail patients, and better utilize our continuum of services.