How to Provide Effective Safety Net Palliative Care

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I have no conflicts of interest to disclose
Learning Goals

1. How do we serve our community’s most vulnerable members living with advanced illness?
2. What partnerships do we need to provide this care?
3. How do we develop resilience to moral distress and burnout?
“All of us here in this Yard, at one time or another, have seen human tragedies that broke our hearts, and yet we did nothing – not because we didn’t care, but because we didn’t know what to do. If we had known how to help, we would have acted. The barrier to change is not too little caring; it is too much complexity.”

-Bill Gates
Opinion

Who Will Care For Society’s Forgotten?

Housecall Providers, an organization in Portland, Ore., provides end-of-life care for the city’s most vulnerable residents.
Five Strategies to Expand Palliative Care in Safety-Net Populations

Will Kennedy, DO, Lauran Hardin, MSN, RN-BC, Anne Kinderman, MD, Diane E. Meier, MD, John Loughnane, MD, Angelo Volandes, MD

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Millions Rely on the Health Care Safety Net

Safety net = enrolled in a public program and earning less than 300% of the federal poverty level

30% of California’s population is classified as relying on the health care safety net
“Those providers that organize and deliver a significant level of health care and other related services to uninsured, Medicaid, and other vulnerable populations”

-Institute of Medicine
"The safety net serves a substantial swath of low-income communities spanning race, geography, and age."

Why Now

• 30% of all Americans uninsured or on Medicaid
• Lack of structures in place
• America’s Essential Hospitals= 4% Margin
• Very little data to guide advanced illness strategy in this population*

An Inflection Point?

• Older Minority Americans will increase by 160% compared to 59% for non-Hispanic whites in coming years
• In some urban, low income neighborhoods, the percentage of decedents receiving hospice care was less than 5%
• Opioid epidemic as palliative care access issue

What We See

- Younger Age
- Mental Health
- Substance Use Disorder
- Lack of Social Supports
- Food Insecurity
- Housing
- Lower Health Literacy
- Safety
Underneath the Surface

System Barriers:
• No insurance
• Complicated Eligibility Requirements
• Disorganized Services
• Inaccessible Service Locations
• No documents/No Transportation
• Complex Health Problems – fragmented treatment silos

Cultural Barriers:
• Provider Attitudes
• Discrimination
• Cultural Incompetence
• Prior Bad Experiences
• Distrust of System
• Language/Illiteracy
• Disorganized Lifestyle
Traumatic Life Experience

PTSD, trauma, anxiety, stress, PTSD survivors, guilt, nightmares, fear, hypervigilance, treatment, cognitive, emotional, flashbacks, veterans.
MIND

Nightmares After the I.C.U.

BY JAN HOFFMAN  JULY 22, 2013 5:41 PM  Comment

Nightmares After the I.C.U.
Traditional Palliative Care

Symptom Management

Care Coordination

Goals of Care
Safety Net Palliative Care

- Symptom Management
- Care Coordination
- Goals of Care

Relationship
5 Strategies

- Lay health workers
- Goals of care
- Specialized Interventions
- IDT and Resilience
- Opioids
Strategy 1: Utilizing Lay Health Workers

• Establishing a trusting, longitudinal relationship with the patient,
• Early development of advance care planning, and
• Resolution of social determinant gaps
Effect of a Lay Health Worker Intervention on Goals-of-Care Documentation and on Health Care Use, Costs, and Satisfaction Among Patients With Cancer: A Randomized Clinical Trial

Manali I. Patel, MD, MPH, MS; Vandana Sundaram, MPH; Manisha Desai, PhD; Vyjeyanthi S. Periyakoil, MD; James S. Kahn, MD; Jay Bhattacharya, MD, PhD; Steven M. Asch, MD, MPH; Arnold Milstein, MD, MPH; M. Kate Bundorf, PhD
• Increased patient satisfaction
• A fivefold increase in goals-of-care documentation
• A doubling of hospice use
• A nearly sixfold reduction in emergency department and hospital use in the last month of life
Strategy 2: Addressing Gaps in Care and Setting Goals of Care

• Trauma Informed Care
• Motivational Interviewing
• Video Based Decision Aids
Motivational Interviewing Four Skills

• Open ended questions
• Affirmations
• Reflections
• Summaries
Ambivalence
Strategy 3: Creating Specialized Interventions

• Commonwealth Care Alliance: InstED, a specialized community paramedicine service
• In the program’s first year, 81% of paramedic home visits ended up with the patient able to remain at home

Strategy 4: Shaping the Interdisciplinary Team for Resilience Support

• Patient-defined dignity
• Non-abandonment
• Bearing witness
• Professional boundaries
Original Article

Prevalence and Predictors of Burnout Among Hospice and Palliative Care Clinicians in the U.S.

Arif H. Kamal, MD, MHS, Janet H. Bull, MD, Steven P. Wolf, MS, Keith M. Swetz, MD, MA, Tait D. Shanafelt, MD, Katherine Ast, MSW, Dio Kavalieratos, PhD, Christian T. Sinclair, MD, and Amy P. Abernethy, MD, PhD
>62% Burnout
Strategy 5: Addressing Opioids

<table>
<thead>
<tr>
<th>Nature of pain/suffering/substance use</th>
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<tbody>
<tr>
<td>Risk as specific practices</td>
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<tr>
<td>Risk as care model</td>
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<tr>
<td>Empathy vs. Compassion</td>
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Risk Evaluation & Mitigation Tool-Kit: Strategies to Promote the Safe Use of Opioids
• Non-opioids therapies
• Controlled setting
• Adjuvant medication
• Total pain treatments
• Non-abandonment
• Staff support for moral distress
Factors Associated with Improvement in Uncontrolled Cancer Pain without Increasing the Opioid Daily Dose among Patients Seen by an Inpatient Palliative Care Team

Yu Qian, MD,1,2,* Ali Haider, MD,2,* Zhanni Lu, MPH,2 Syed Naqvi, MD,2 Amy Zhuang, MS,2 Kristy Nguyen, PharmD,2 Akhila Reddy, MD,2 Joseph Arthur, MD,2 Kimberson Tanco, MD,2 Janet Williams, MS,2 Jimin Wu, MS,3 Diane Liu, MS,3 Jane Naberhuis, PhD,2 and Eduardo Bruera, MD2
Nearly half of the patients achieved clinically improved pain control without opioid increases
Outcomes of a Specialized Interdisciplinary Approach for Patients with Cancer with Aberrant Opioid-Related Behavior

Joseph Arthur, Tonya Edwards, Suresh Reddy, Kristy Nguyen, David Hui, Sriram Yennu, Minjeong Park, Diane Liu, Eduardo Bruera

Department of Palliative Care and Rehabilitation Medicine and Department of Biostatistics, University of Texas MD Anderson Cancer, Houston, Texas, USA
The intervention was associated with a reduction in the frequency of AB and opioid utilization among patients with cancer receiving chronic opioid therapy.
"Corona Virus has given doctors a new job: palliative care"

INNOVATION

Why Constraints Are Good for Innovation

by Oguz A. Acar, Murat Tarakci and Daan van Knippenberg

November 22, 2019
Ongoing

• Telemedicine acceptance
• Home based care priority
• Health coverage expansion
• Wider scope of practice (RNs, NPs, PAs)
• Prospective payment models
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Safety net palliative care references

New York Times articles: Who Will Care For Society’s Forgotten?

New England Journal of Medicine Catalyst: Five Strategies to Expand Palliative Care in Safety Net Populations

30% of Californians in the safety net

Older Minority Americans Will Increase By 160% Compared To 59% For Non-Hispanic Whites In Coming Years
Safety net palliative care references (2)

In Some Urban, Low Income Neighborhoods, The percentage Of Decedents Receiving Hospice Care Was Less than 5%

Nightmares After The ICU

Lay Health Workers
Safety net palliative care references (3)

Video Supported Decision Making


Trauma Informed Care


Motivational Interviewing


[housecallproviders.org](http://housecallproviders.org)
[facebook.com/housecallproviders](http://facebook.com/housecallproviders)
Safety net palliative care references (4)

Community Paramedicine


Resilience and Burn Out


Non-Abandonment


housecallproviders.org
facebook.com/housecallproviders
Safety net palliative care references (5)

Bearing Witness


Empathy vs. Compassion

- https://www.lionsroar.com/helping-fixing-or-serving/

Dignity

Safety net palliative care references (6)

Safe Opioid Practices in Palliative Care and Hospice


Aberrant Drug Taking Behaviors