

# How to Provide Effective Safety Net Palliative Care

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June 4, 2020

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.



**Catalyst**

| Innovations in Care Delivery

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ARTICLE

# Five Strategies to Expand Palliative Care in Safety-Net Populations

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Vol. 1 No. 2 | February 19, 2020

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## Millions Rely on the Health Care Safety Net



30%

of California's population is classified  
as relying on the health care safety net

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

“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."

<https://catalyst.nejm.org/doi/abs/10.1056/CAT.20.0004>

# 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\*

2016 (<https://essentialhospitals.org/wpcontent/uploads/2016/06/2014-Essential-Data-OurHospitals-Our-Patients.pdf>).

# 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

Racial and ethnic disparities in palliative care. *J Palliat Med.* 2013;16(11):1329-34.

O'Mahony S, McHenry J, Snow D, Cassin C, Schumacher D, Selwyn PA. A review of barriers to utilization of the medicare hospice benefits in urban populations and strategies for enhanced access. *J Urban Health.* 2008;85(2):281-90.

# What We See



YOUNGER AGE



MENTAL  
HEALTH



SUBSTANCE USE  
DISORDER



LACK OF SOCIAL  
SUPPORTS



FOOD  
INSECURITY



HOUSING

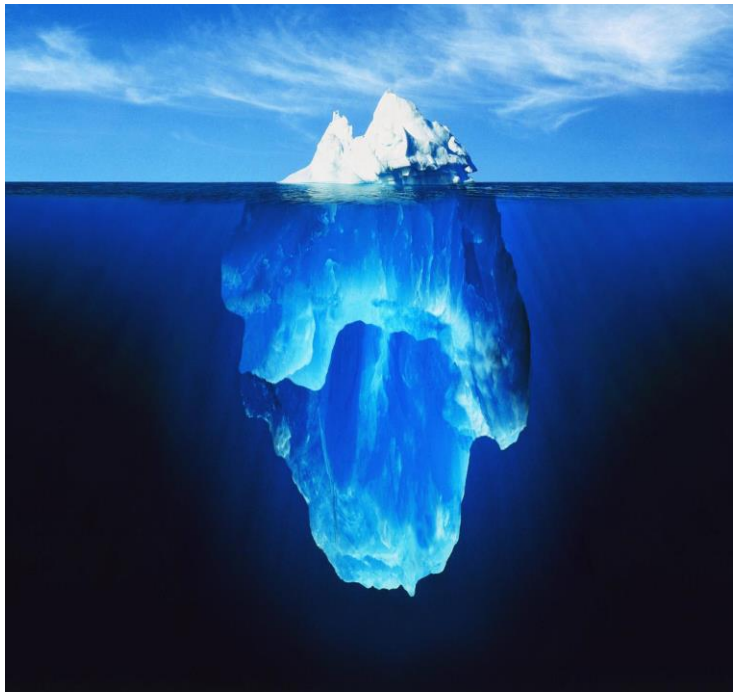


LOWER HEALTH  
LITERACY



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

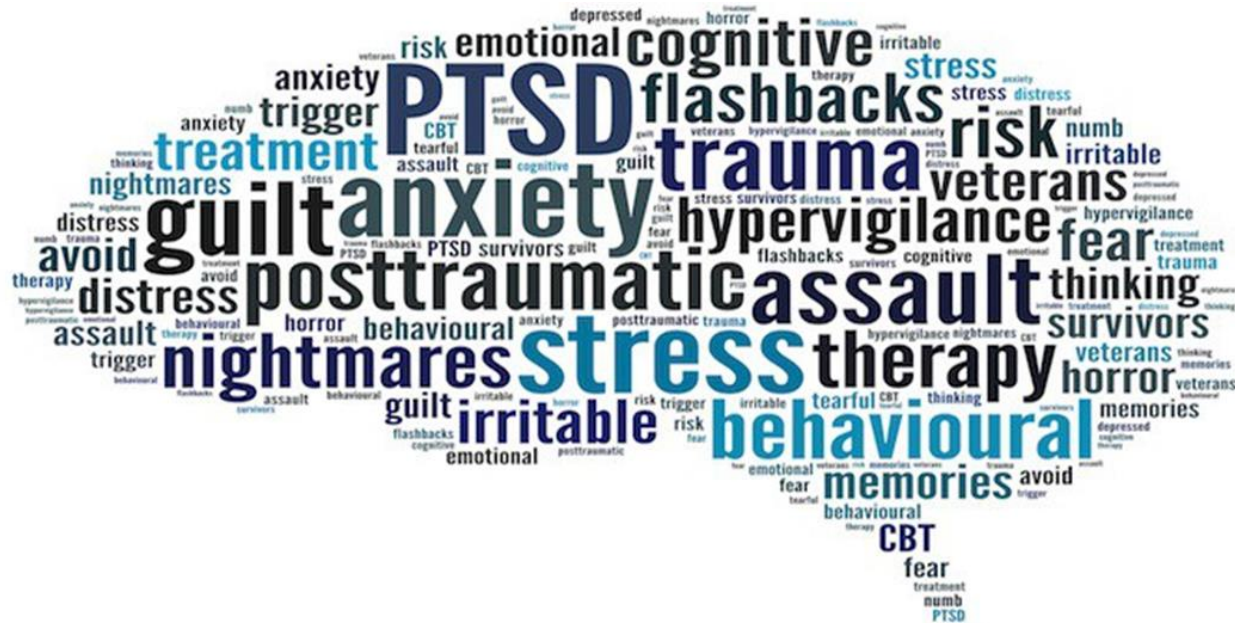
## Cultural Barriers:

- Provider Attitudes
- Discrimination
- Cultural Incompetence
- Prior Bad Experiences
- Distrust of System
- Language/Illiteracy
- Disorganized Lifestyle

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# Traumatic Life Experience



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MIND

## Nightmares After the I.C.U.

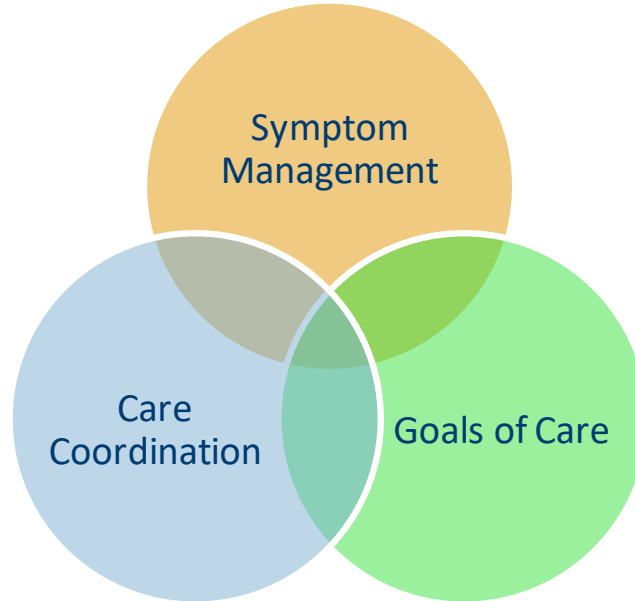
BY JAN HOFFMAN JULY 22, 2013 5:41 PM [Comment](#)



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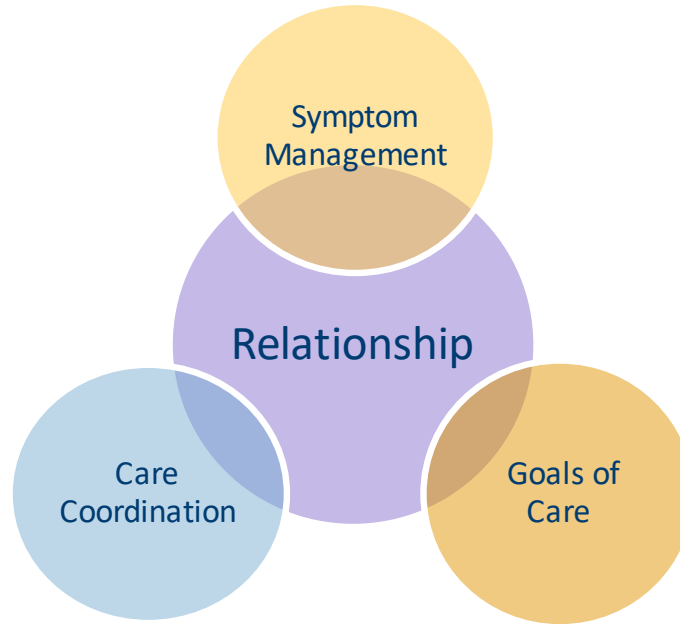


# Traditional Palliative Care





# Safety Net Palliative Care



# 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

JAMA Oncology | Original Investigation

# 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

[http://www.commonwealthcarealliance.org/getmedia/781f3835-4066-4a3f-9723-9336a4431c54/CCA-ACCP-White-Paper\\_September-22-16](http://www.commonwealthcarealliance.org/getmedia/781f3835-4066-4a3f-9723-9336a4431c54/CCA-ACCP-White-Paper_September-22-16).

# 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

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Nature of  
pain/suffering/substance use

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Risk as specific practices

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Risk as care model

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Empathy vs. Compassion



**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

JOURNAL OF PALLIATIVE MEDICINE  
Volume XX, Number XX, 2019  
© Mary Ann Liebert, Inc.  
DOI: 10.1089/jpm.2019.0243

Original Article

## 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,<sup>1,2,\*</sup> Ali Haider, MD,<sup>2,\*</sup> Zhanni Lu, MPH,<sup>2</sup> Syed Naqvi, MD,<sup>2</sup> Amy Zhuang, MS,<sup>2</sup>  
Kristy Nguyen, PharmD,<sup>2</sup> Akhila Reddy, MD,<sup>2</sup> Joseph Arthur, MD,<sup>2</sup> Kimberson Tanco, MD,<sup>2</sup>  
Janet Williams, MS,<sup>2</sup> Jimin Wu, MS,<sup>3</sup> Diane Liu, MS,<sup>3</sup> Jane Naberhuis, PhD,<sup>2</sup> and Eduardo Bruera, MD<sup>2</sup>

Nearly half of the patients achieved clinically improved pain control without opioid increases



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Oncologist®

Symptom Management and Supportive Care

## Outcomes of a Specialized Interdisciplinary Approach for Patients with Cancer with Aberrant Opioid-Related Behavior

JOSEPH ARTHUR <sup>b,†</sup>, TONYA EDWARDS, <sup>a†</sup> SURESH REDDY, <sup>a</sup> KRISTY NGUYEN, <sup>a</sup> DAVID HUI, <sup>a</sup> SRIRAM YENNU, <sup>a</sup> MINJEONG PARK, <sup>b</sup>  
DIANE LIU, <sup>b</sup> EDUARDO BRUERA <sup>a</sup>

<sup>a</sup>Department of Palliative Care and Rehabilitation Medicine and <sup>b</sup>Department of Biostatistics, University of Texas MD Anderson Cancer, Houston, Texas, USA

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 Housecall  
Providers

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"

It's not just about treatment. We also need to make sure that our patients feel seen.



<https://www.washingtonpost.com/outlook/2020/04/23/coronavirus-has-given-doctors-new-job-palliative-care/>

# 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

# Stay connected on Twitter



# Safety net palliative care references

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