

# OASIS: A Replicable Model to Support Communities of Color in Accessing and Utilizing Palliative Care

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Wednesday, April 27, 2016



# Join us for upcoming CAPC webinars and virtual office hours

## → Webinar:

### – **Paying for Home-Based Palliative Care: Innovative Models**

Thursday, May 12, 2016

Featured Presenter: Dana Lustbader, MD

## → Virtual Office Hours:

### – **Building Effective Payer-Provider Partnerships with Tom Gualtieri-Reed, MBA and Randall Krakauer, MD, FACP, FACR**

• Tues, May 24, 2016, 1-2 p.m. ET

### – **Improving Team Effectiveness with Andy Esch, MD, MBA**

• Weds, May 4, 2016 at 1-1:30 p.m. ET

### – **Marketing, Messaging, and Media with Lisa Morgan, MA**

• Fri, May 27, 2016 at 2-3 p.m. ET

## → **NEW! Master Clinician Series :**

→ Get answers to clinical questions and discuss case studies with Dr. Andy Esch and Jaime Goldberg, MSW, LCSW, ACHP-SW

→ Wednesday, May 11, 2016 at 3 – 4 p.m. ET



# Objectives

1. Describe two barriers that currently limit communities of color in accessing and utilizing palliative care.
2. Describe two successful approaches to supporting communities of color in accessing and utilizing palliative care.
3. Self-reflect on a barrier that limits Communities of Color in accessing and utilizing your palliative care program, and an action your program can take to overcome that barrier

# Poll:

## Who is on the webinar?

- Chaplains
- LCSWs, MSWs
- Medical Providers and RNs
- Managers, Administrators and Researchers
- Community Health Workers

# Poll:

## Where are you delivering palliative care?

- Hospital
- Clinic
- Home
- Assisted Living Facility
- Nursing Home

# Poll:

## Are Community Health Workers (CHWs) integrated into your palliative care team?

→ \_\_\_ Yes

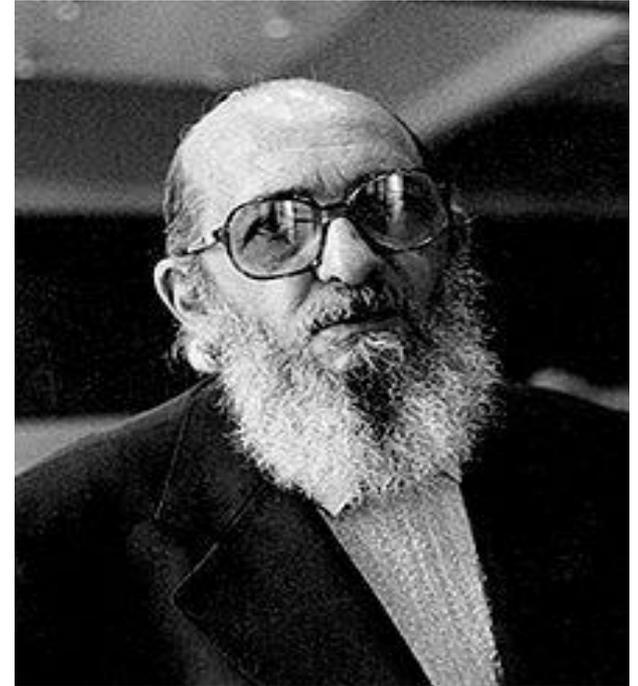
→ \_\_\_ No

# Popular Education

"What distinguishes popular education from 'adult' [or] 'non formal' [education]... is that in the context of social injustice, education can never be politically neutral: if it does not side with the poorest and marginalized sectors- the 'oppressed' – in an attempt to transform society, then it necessarily sides with the 'oppressors' in maintaining the existing structures of oppression..."

[https://en.wikipedia.org/wiki/Popular\\_education](https://en.wikipedia.org/wiki/Popular_education)

**Paolo Freire**



# Communities of Color in the U.S.

By 2050, racial/ethnic minorities will account for nearly 50% of the total U.S. population.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5333a1.htm>

# Immigrants in the U.S.

- Estimated 50 million
- Most come from Mexico and East Asia
- Over 11 million estimated to be undocumented

<http://www.cis.org/sites/cis.org/files/articles/2012/immigrants-in-the-united-states-2012.pdf>

# Worksheet



## Providence OASIS Palliative Care

CAPC Webinar  
Wednesday, April 27, 2016

### **OASIS: A Replicable Model for Supporting Communities of Color in Accessing and Utilizing Palliative Care**

#### Worksheet

1. This is what I know about the Communities of Color in my service area:

This is how I could find out more about the Communities of Color in my service area:

2. These are the barriers I am aware of that Communities of Color face in accessing and utilizing palliative care in my service area:

This is how I could find out more about barriers Communities of Color face in my service area face in accessing and utilizing palliative care:

# Health Disparities

Blacks, Hispanics, American Indians/Alaska Natives, Asians, and Native Hawaiian or Other Pacific Islanders bear a disproportionate burden of:

- Disease
- Injury
- Premature death
- Disability

[www.cdc.gov/mmwr/preview/mmwrhtml/mm5333a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5333a1.htm)

# Health Disparities

For these communities of color health disparities means:

- Lower life expectancy
- Decreased quality of life
- Loss of economic opportunities
- Perceptions of injustice

[www.cdc.gov/mmwr/preview/mmwrhtml/mm5333a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5333a1.htm)

# Contributors to Health Disparities

- Language
- Knowledge of health care system
- Documentation status and fear

# Disparities in Palliative Care

Minority patients:

- consistently receive poorer quality palliative care
- do not have equal access to pain care across all health care settings in the U.S.

<http://healthaffairs.org/blog/2014/07/30/disparities-in-access-to-palliative-care/>

# Worksheet



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CAPC Webinar  
Wednesday, April 27, 2016

### **OASIS: A Replicable Model for Supporting Communities of Color in Accessing and Utilizing Palliative Care**

#### Worksheet

1. This is what I know about the Communities of Color in my service area:

This is how I could find out more about the Communities of Color in my service area:

2. These are the barriers I am aware of that Communities of Color face in accessing and utilizing palliative care in my service area:

This is how I could find out more about barriers Communities of Color face in my service area face in accessing and utilizing palliative care:

3. This is what I know about Community Health Worker programs in my service area:

This is how I could find out more about Community Health Worker programs in my service area:

4. This is what my palliative care program is doing now to support Communities of Color in accessing and utilizing palliative care:

5. These are the 1 to 3 action steps I will take in the next 30 days that will support Communities of Color in my service area in accessing and utilizing palliative care:

# OASIS

**O**ffering

**A**dvocacy and

**S**upport in

**I**llness and

**S**uffering

# Fresh Stare (Radio Show)











# Community Health Worker (CHW) Model





# Testimonials

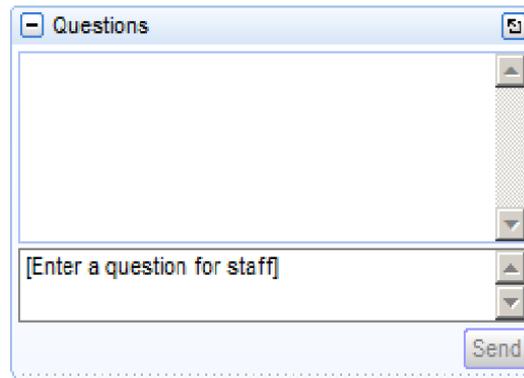
# OASIS Team

- MD (.3 Clinical, .2 admin FTE), NP (New 1.0 FTE)
- LCSWs (.5 FTE)
- Chaplain (.2 FTE)
- Clinical CHW (.7 FTE), Outreach CHW (.1 FTE)
- Coordinator (.6 FTE), Scheduler (.2 FTE)



# Questions about the OASIS palliative care program

→ Click the hand-raise icon  on your control panel to ask a question out loud, or type your question into the chat box.



# Replicable Model (Success Factors)

- Integrate CHW into palliative care team with proper supervision
- Conduct appropriate community outreach
- Diversify palliative care team to reflect the community in service area
- Ensure language and cultural competency
- Institutional commitment to promote equity in communities of color

This is what my palliative care program is doing now to support Communities of Color in accessing and utilizing palliative care:

This is one action step I will take in the next 30 days that will support Communities of Color in my service area in accessing and utilizing palliative care:

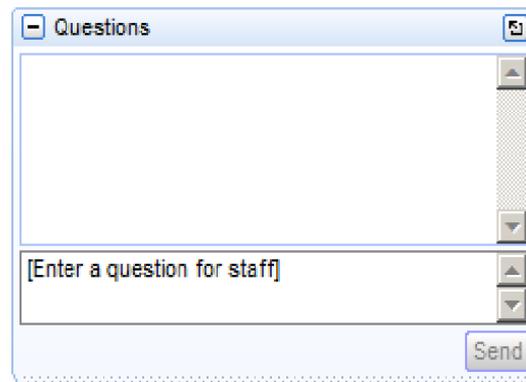
# Presenters' Contact Information

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[lorena.sprager@providence.org](mailto:lorena.sprager@providence.org)

# Questions and Comments

Do you have questions for the presenters?

- Click the hand-raise icon  on your control panel to ask a question out loud, or type your question into the chat box.



# Fresh Stare Radio Show Script

# Our Community

- Service area is Mid Columbia Gorge of Oregon and Washington
- Rural
- Agricultural and tourism industry

# Latino Population

- Over 30% Latinos in immediate service area
- Over 50% Latino children in schools
- Many are more recent immigrants
- Most are Spanish speaking
- Some do not speak English

Please note:

This model can be applied to palliative care programs across Communities of Color in both rural and urban areas.

# Health Care Disparities for Latinos in Our Community

- Language
- Cost
- Transportation
- Cultural Sensitivity
- Discrimination

# OASIS Palliative Care

- Community and Clinic based
- Medical provider to medical provider referral
- We accept referrals for patients living in our service area (this includes patients from within and outside the Providence system )

# Patients can be referred when have a life-limiting condition and:

- Have declining ability to complete activities of daily living
- Have had weight loss
- Have had multiple hospitalizations
- Have physical or emotional symptoms related to serious medical illness that are difficult to control
- Have DNR order conflicts
- Have limited social support (e.g., homelessness, chronic mental illness)
- There is use of tube feeding or TPN in cognitively impaired or seriously ill patients
- Patient, family or physician have uncertainty regarding prognosis
- Patient, family or physician have uncertainty regarding goals of care
- Patient or family have requests for futile care (non beneficial treatment)
- Patient or family have psychological, spiritual or existential distress
- Need help with housing, food or transportation

# OASIS Funding

- Grant from the Cambia Foundation to address health disparities in the Latino community (some operational costs)
- Billable services reimbursed through insurance and patient payments
- Uncompensated care counted as community benefit

# CHW Model – Key Points

- Trusted and respected members of their community
- Serve as a two way bridge between services and their community
- Represent and advocate for their community
- Provide culturally and linguistically specific services that no other discipline is equally suited or qualified to provide

# CHW Role in OASIS

- Member of team with equal voice at IDT
- Two-way cultural bridging
- Holds and shares knowledge of complex realities of her community
- Makes visits and calls, then charts
- Supervised by Medical Director and Coordinator

# OASIS CHW Role with Patients and Families

- Resource support with immigrant and cultural context
- Health care and social system navigation
- Transportation resource assistance
- Financial literacy
- Interpreting
- Social, spiritual and emotional support
- Community outreach

# Result of Replicable Model

Went from serving 0% Latino patients to an average of 35%