

Delivering High-Quality Palliative Care for Vulnerable Patients in Resource-Limited Settings

Anne Kinderman, MD

Director, Supportive & Palliative Care Service,
Zuckerberg San Francisco General Hospital
Associate Clinical Professor of Medicine, UCSF

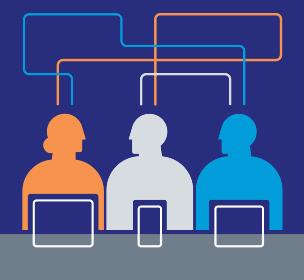
June 22, 2017

UCSF



ZUCKERBERG
SAN FRANCISCO GENERAL
Hospital and Trauma Center

Center to
Advance
Palliative Care™
capc



CAPC National Seminar and Boot Camp 2017

Practical Tools for Making Change
November 9-11, 2017
Sheraton Grand Phoenix | Phoenix, Arizona

Pre-Seminar Boot Camp: Developing
Palliative Care in Community Settings
November 8, 2017

2017 SEMINAR THEMES

- Program design for all care settings
- High-functioning teams
- Health equity in palliative care
- Quality measurement

HIGHLIGHTS

- Interactive sessions on cutting edge topics
- Networking events to connect and share ideas
- Office Hours with Seminar faculty for deep dive Q&A
- Poster session and reception

KEYNOTE LINEUP



Diane E. Meier, MD, FACP
Director, Center
to Advance
Palliative Care



Eric Widera, MD
Co-founder,
Geri-Pal



**Kimberly
Sherell
Johnson, MD**
National Health
Disparities
Expert



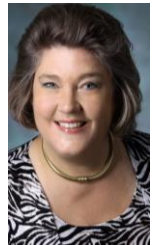
Ira Byock, MD
Founder,
Providence
Institute for
Human Caring



**Lauren Taylor,
MDiv, PhD(c)**
Co-author, *The
American Health
Care Paradox*



**Matthew
Gonzalez, MD**
Associate
Medical Director,
Providence
Institute for
Human Caring



**Lynn Hill
Spragens,
MBA**
Leading National
Palliative Care
Consultant

Delivering High-Quality Palliative Care for Vulnerable Patients in Resource-Limited Settings

Anne Kinderman, MD

Director, Supportive & Palliative Care Service,
Zuckerberg San Francisco General Hospital
Associate Clinical Professor of Medicine, UCSF

June 22, 2017

UCSF



Center to
Advance
Palliative Care™
capc

Disclosures & Thanks



Where do you practice?

1. Academic hospital/system
2. Community hospital/clinic
3. Public hospital/health system
4. Home health/hospice
5. Other

Palliative Care at ZSFG



Objectives

- Describe differences in patient population and palliative care team composition in safety net systems
- Identify the challenges to developing or expanding palliative care in safety net systems
- Develop strategies to overcome palliative care development challenges in resource-limited settings

What/Who are we talking about?

Vulnerable
Underserved
Marginalized

→ “those that are wounded by social forces placing them at a disadvantage for their health”



→ Essential
→ Safety Net
→ Public

Roadmap

- Experience of pal care in the safety net
- Challenges of pal care in the safety net
- Keys to success for pal care in resource-limited environments

2 lenses:
Patient
Program

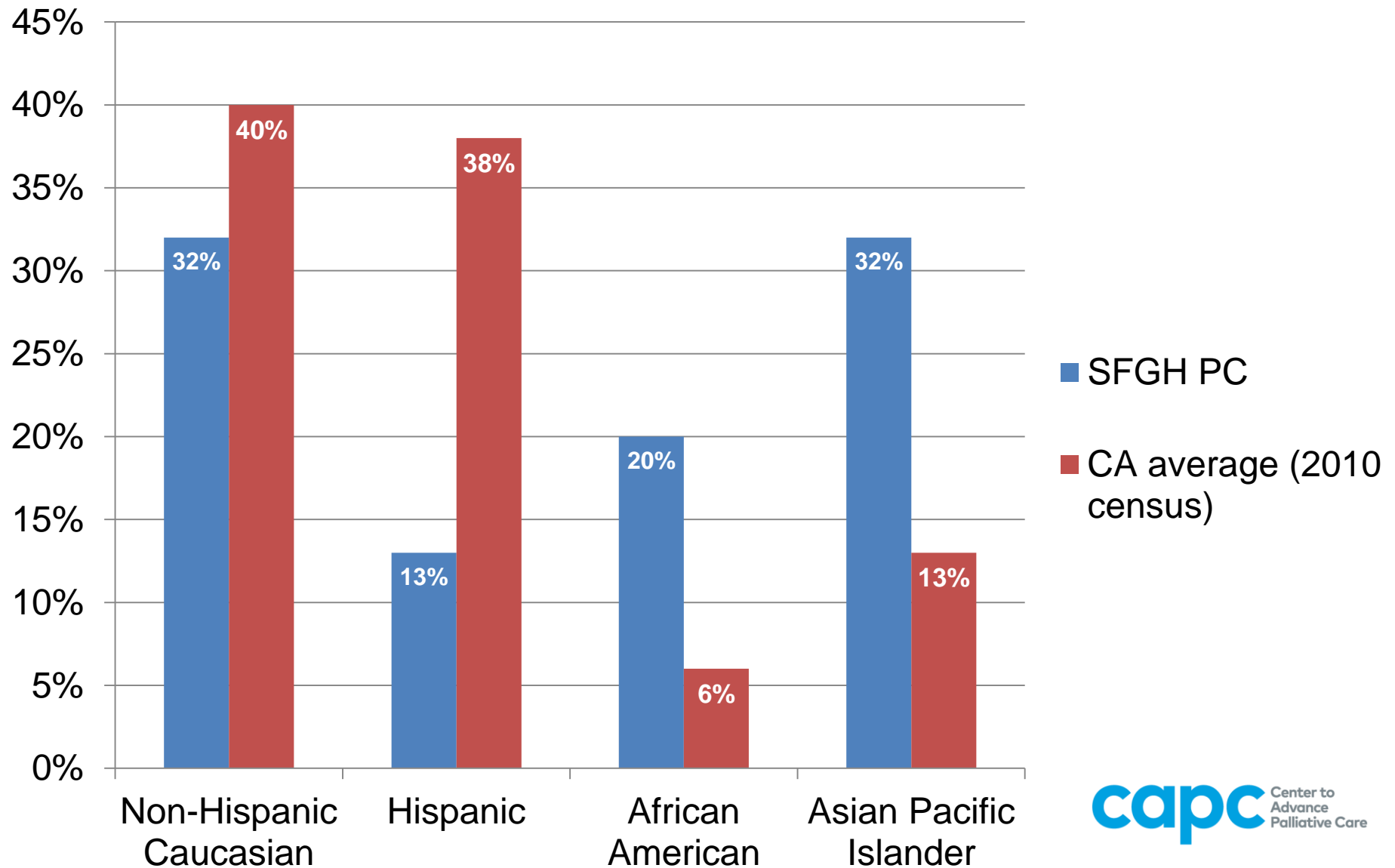
Palliative Care for Vulnerable Patients



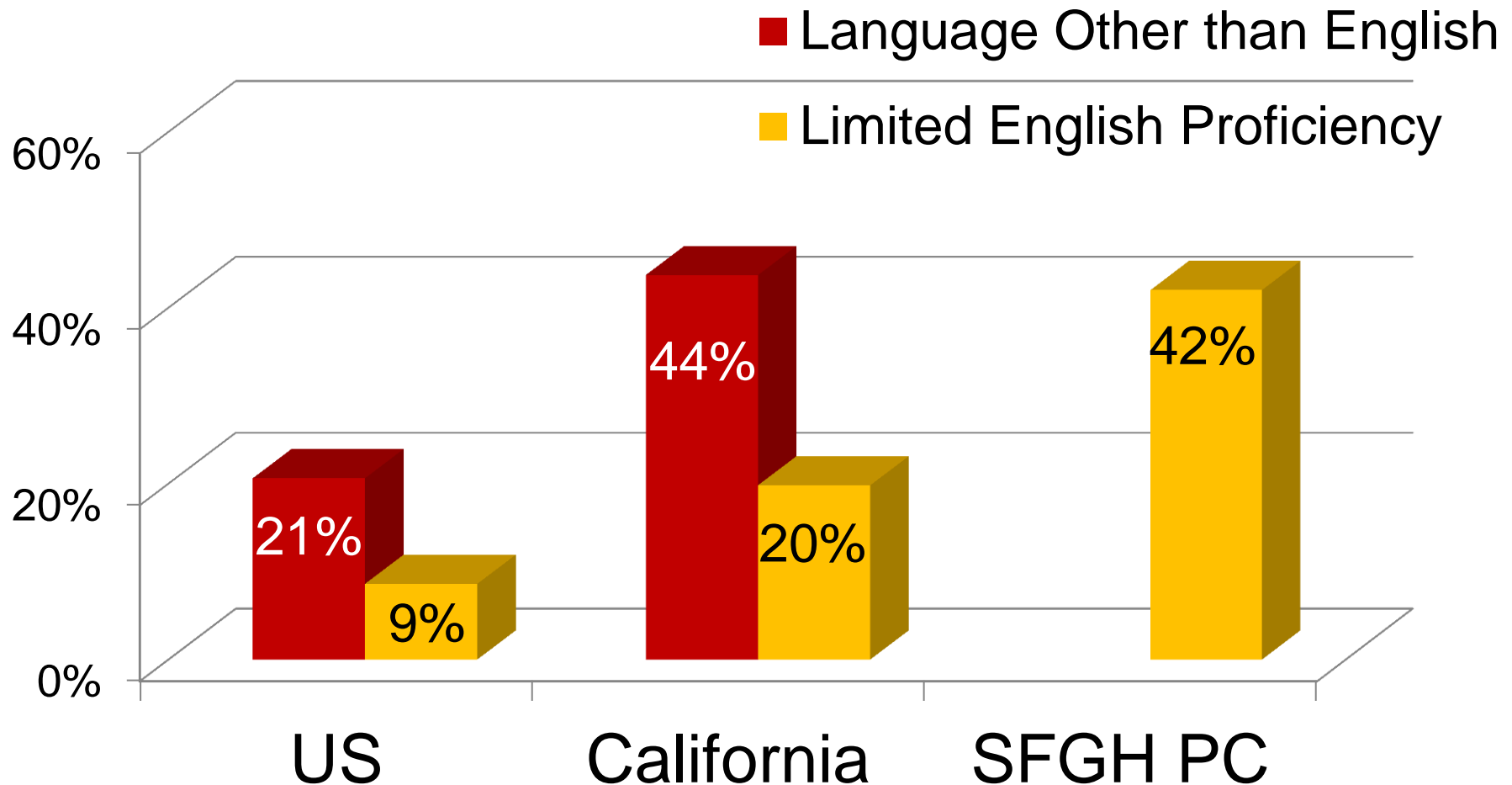
Juliet Wood, *Arbol de la Vida*



Who are our patients?



Communication Barriers



2010 US Census

Who are our patients?

- Mean age 62
- >20% marginally housed or homeless
- Medical Conditions
 - Cancer (40%)
 - Devastating brain injuries (14%)
- 10% unbefriended (no surrogate/caregiver)



Vulnerable Patients... even more vulnerable when seriously ill

- Limited caregiver support
- Limited resources to cover additional medical expenses
- Unstable housing
- Access to food, medication
- Cognitive function

Vulnerable Patients... even more vulnerable when seriously ill

- Coping mechanisms
- Communication barriers
- Health Literacy
- Limited social/emotional support
- Transportation

Different End of Life Experiences

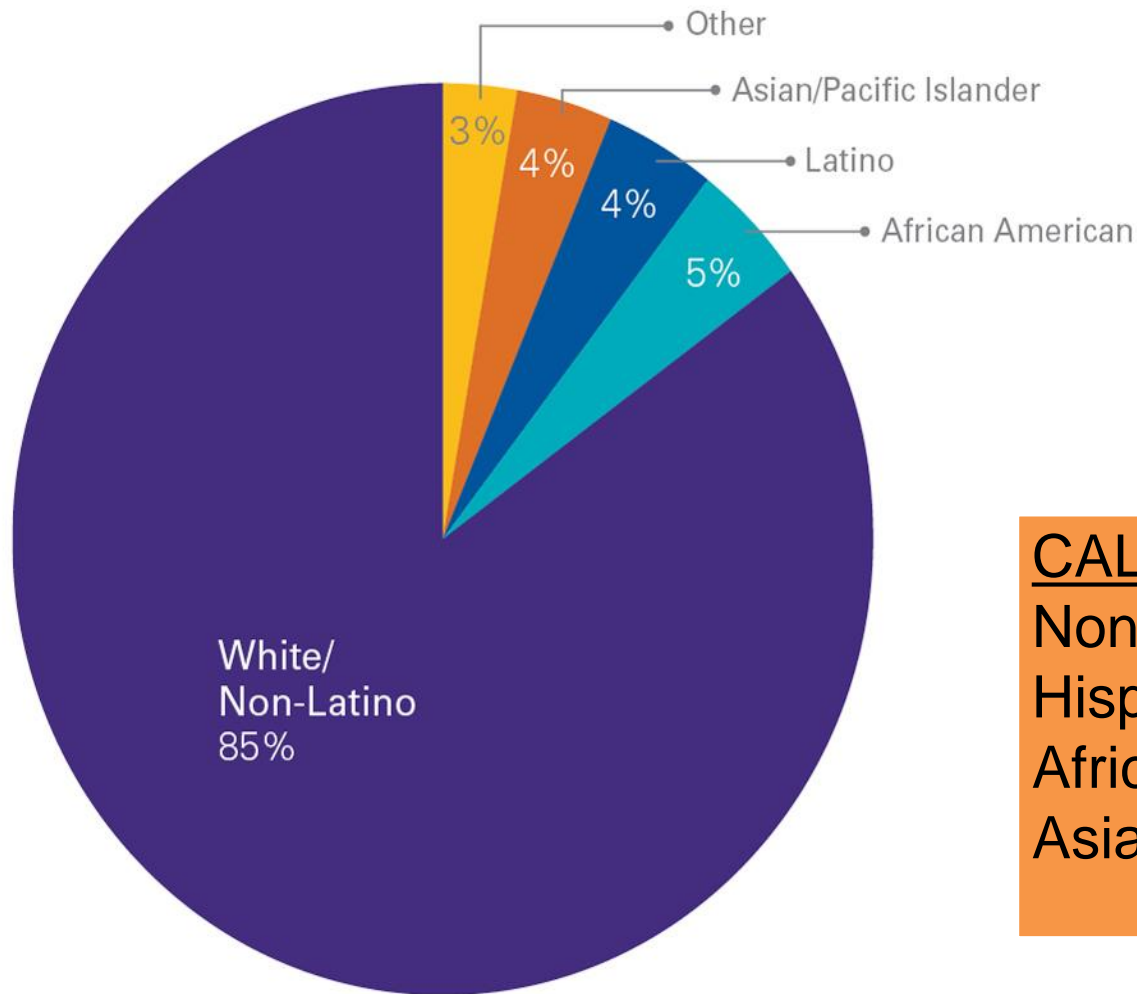


UnitedHealthcare®

Evidence of Disparities in End of Life Care

- Pain management
- Communication
- Preferences regarding life-sustaining treatments
- Access to palliative care
- Access to hospice services

Deaths in Hospice Care, by Ethnicity/Race, Medicare Beneficiaries, California, 2010



CALIFORNIA 2010:
Non-Hisp Caucasian 40%
Hispanic 38%
African-American 6%
Asian Pacific Islander 13%

Note: Segments may not add to 100% due to rounding.

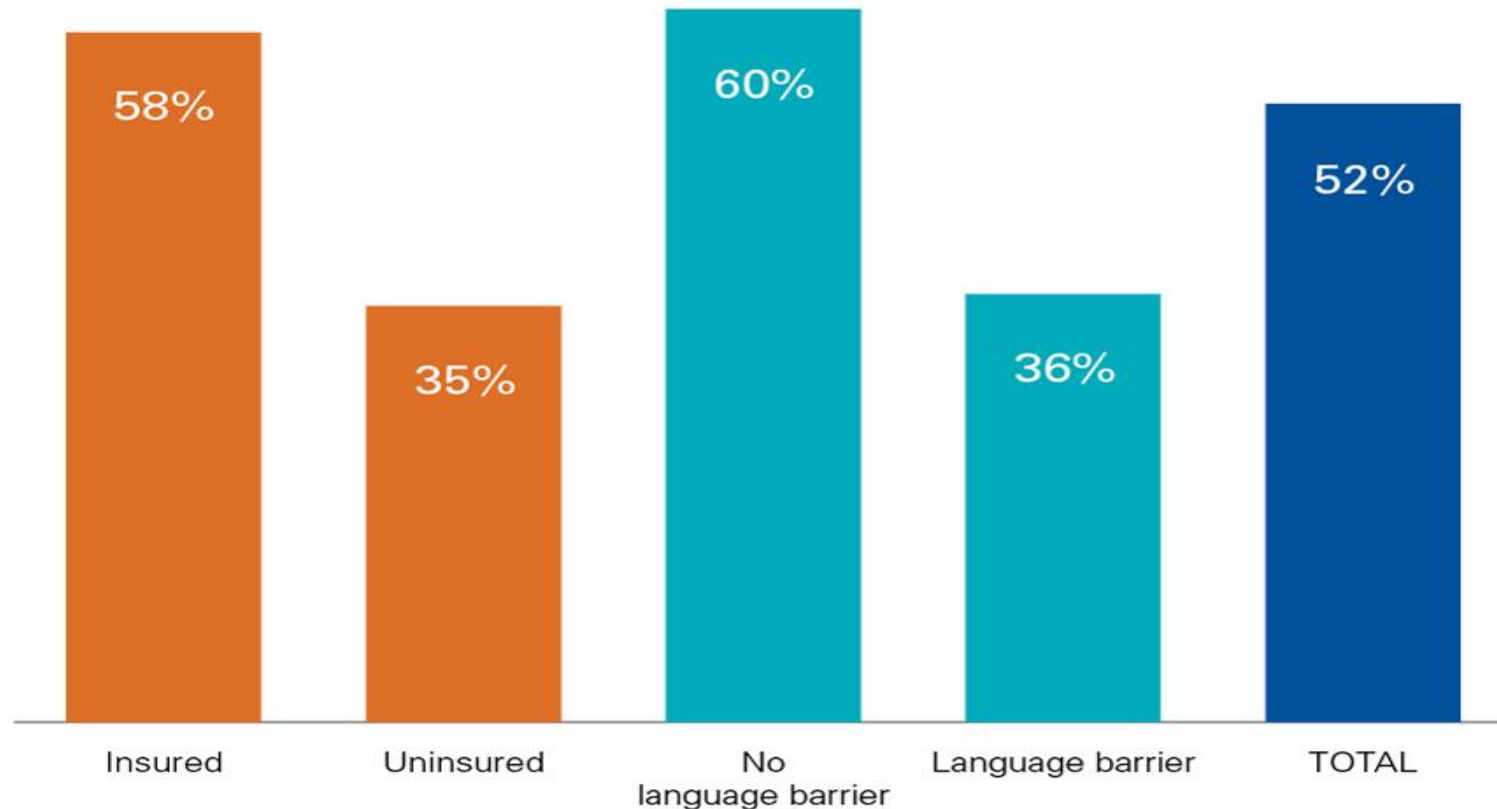
Source: California Hospice and Palliative Care Association, California State Hospice Data Report, 2012.

Overall Rating of End-of-Life Care of Loved One, by Insurance Status and Language Barrier, California, 2011

Overall, how would you rate the care your loved one received at the end of their life?

PERCENT SAYING "EXCELLENT" OR "VERY GOOD"

n = 393



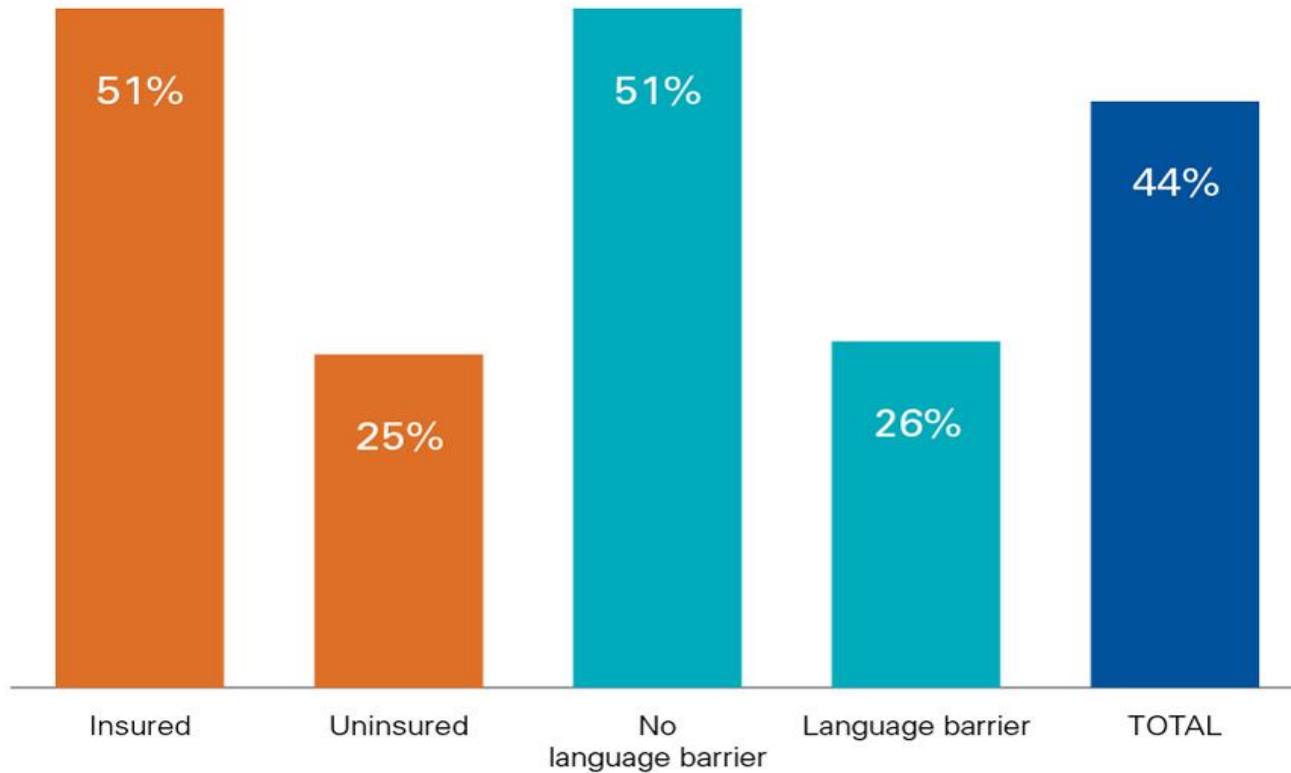
Note: Because sample sizes for uninsured (n=70) and facing a language barrier (n=71) are smaller than ideal, statistical tests of the differences across groups were conducted using Chi-Square tests. The difference between insured and uninsured is statistically significant at 99% level of confidence. Likewise, the difference between language barrier and no language barrier is statistically significant at 99% level of confidence.

Source: Californians' Attitudes Toward End-of-Life Issues, Lake Research Partners, 2011. Statewide survey of 1,669 adult Californians, including 393 respondents who have lost a loved one in the past 12 months.

Loved One's Wishes Completely Followed, by Insurance Status and Language Barrier, California, 2011

PERCENT WHO SAID WISHES WERE COMPLETELY FOLLOWED AND HONORED

n = 393

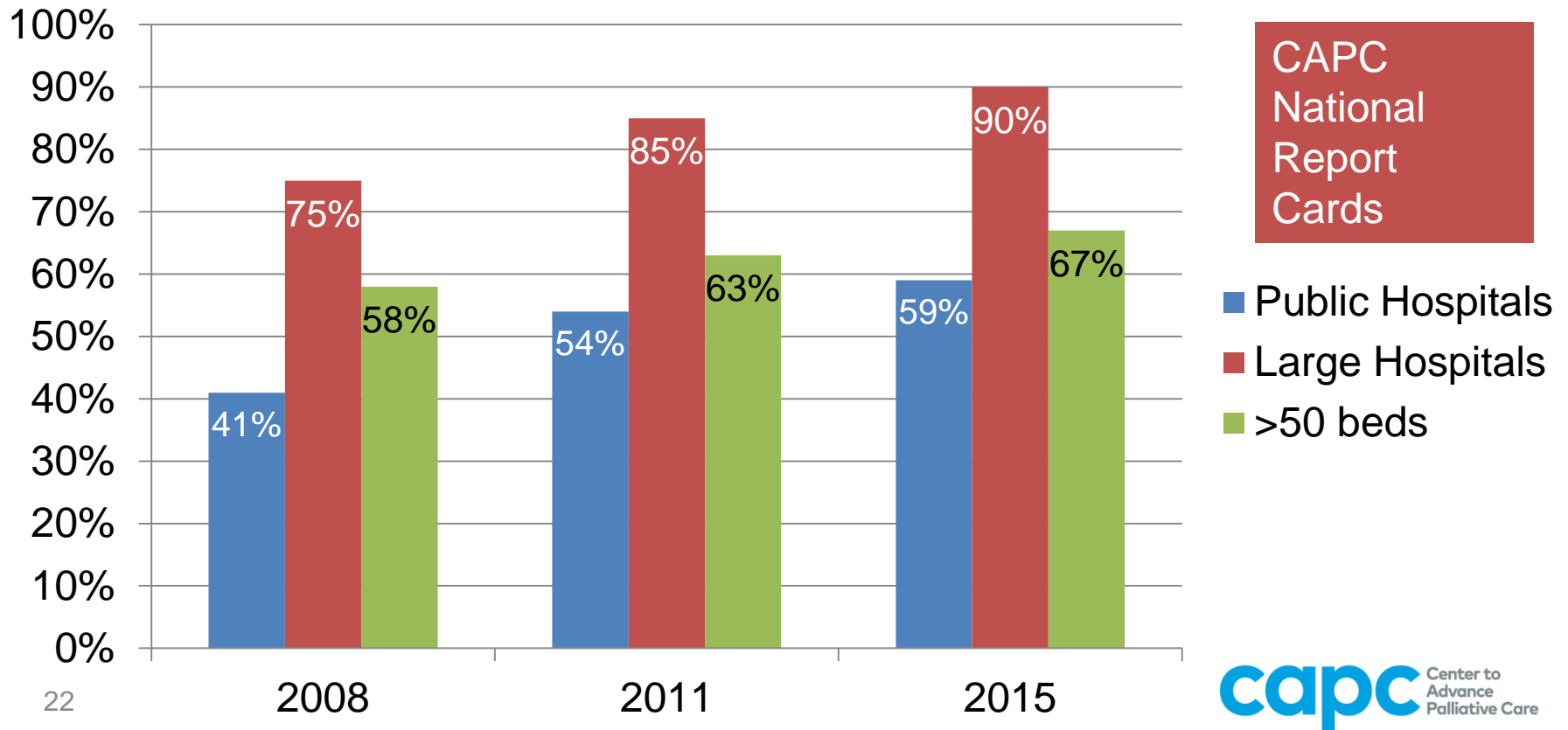


Note: Because sample sizes for uninsured (n=70) and facing a language barrier (n=71) are smaller than ideal, statistical tests of the differences across groups were conducted using Chi-Square tests. The difference between insured and uninsured is statistically significant at 99% level of confidence. Likewise, the difference between language barrier and no language barrier is statistically significant at 99% level of confidence.

Source: Californians' Attitudes Toward End-of-Life Issues, Lake Research Partners, 2011. Statewide survey of 1,669 adult Californians, including 393 respondents who have lost a loved one in the past 12 months.

Palliative Care Programs in the Safety Net

→ Slower to develop



Palliative Care Programs in the Safety Net

→ Different team characteristics

– California safety net hospitals

- 73% had Hispanic team member
- 73% had East Asian team member
- 83% had fluent Spanish speaker
- 42% had fluent Mandarin speaker
- 2.94 total FTE, only 29% had admin staff

Pal Care in the Safety Net -- SUMMARY

- Diverse patients
- Socially vulnerable
- Reduced access to palliative care, hospice
- Pal care teams slower to develop, more diverse, limited administrative support

Roadmap

- Experience of pal care in the safety net
- Challenges of pal care in the safety net
- Keys to success for pal care in resource-limited environments

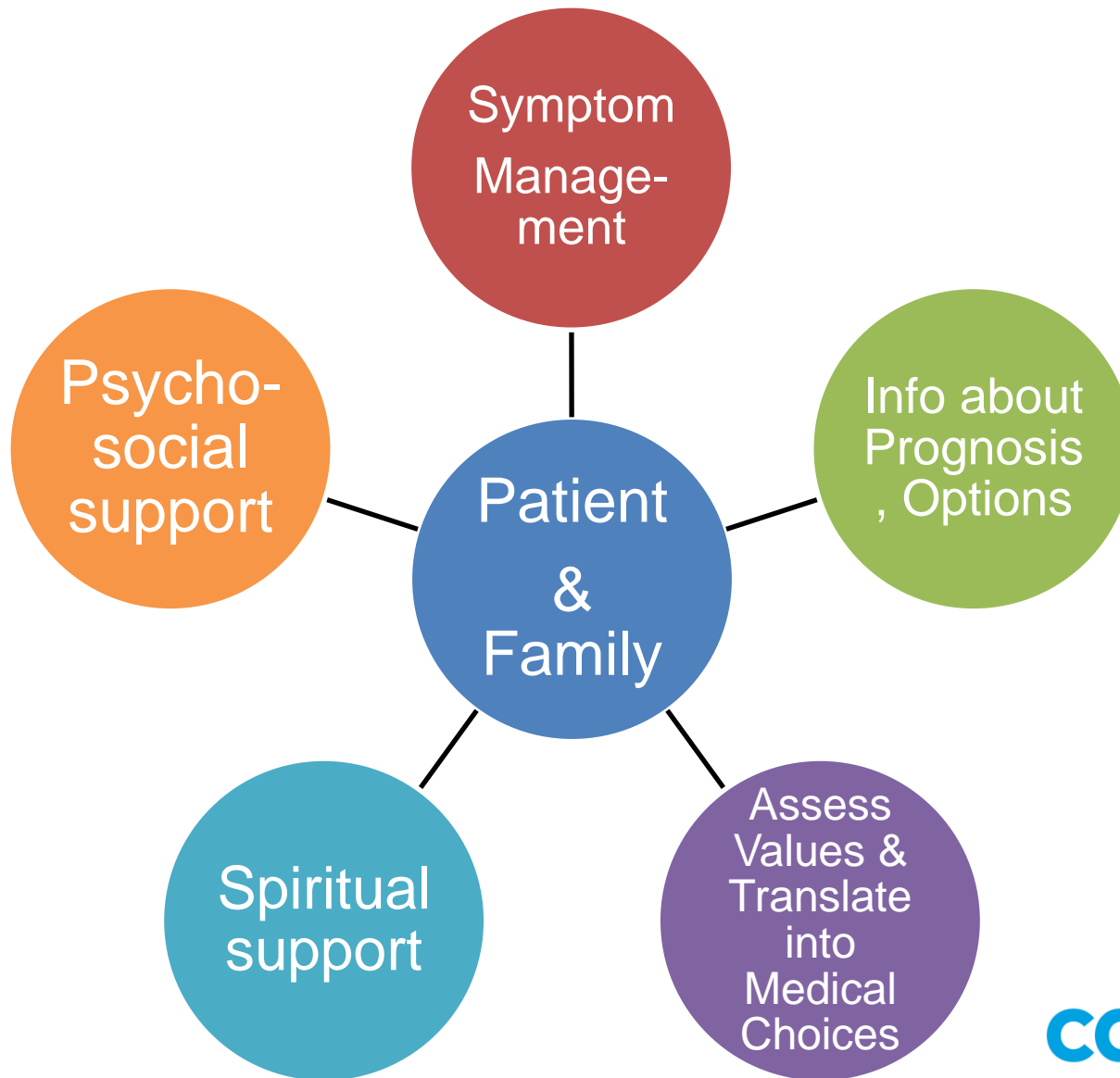
2 lenses:
Patient
Program

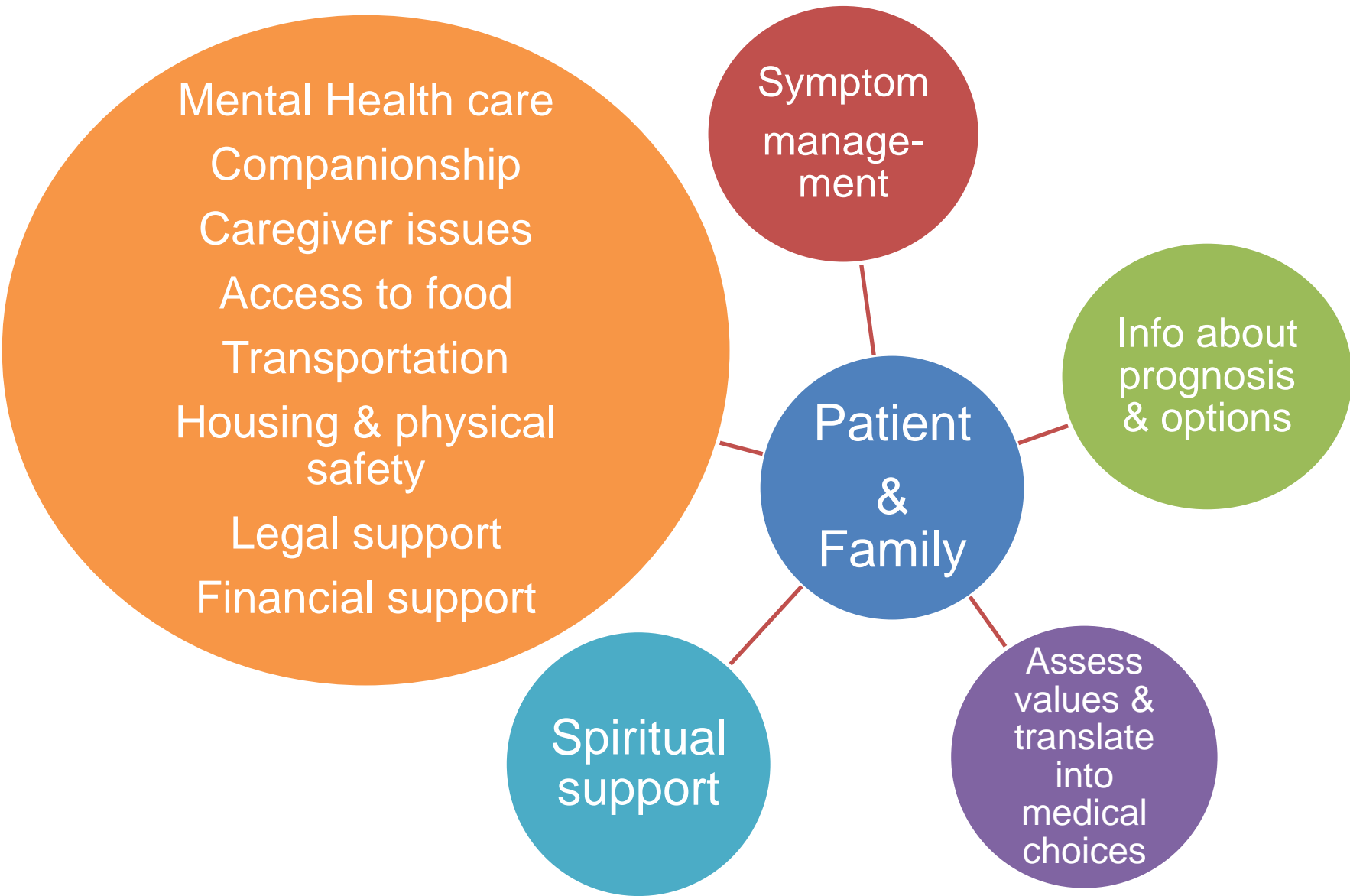
Palliative Care Case



- COPD, progressive pulmonary fibrosis
- Respiratory failure, rocky & prolonged hospital course
- Communication challenging
- Complex family system
- Palliative care consulted to help clarify his goals of care

Palliative Care Needs





Challenges in Caring for Seriously Ill, Vulnerable Patients

- The simplest tasks can be a challenge
- Resources are limited
 - Patient resources
 - Program development
- Bureaucracy issues
- Taking on too much responsibility
 - “Martyrs in Palliative Care” (Weissman, JPM 2011)

Challenges to Development -- Palliative Care in the Safety Net

- Hospital governance and regulation
 - Example business plan proposal
- Public hospital funding
 - Uncertainty
 - Competing priorities

Challenges to Development -- Palliative Care in the Safety Net

→ Program administration

→ Data access

→ Staff turnover

Challenges in the Safety Net -- SUMMARY

- Simple tasks can be a challenge
- Lots of energy on psychosocial issues
- Limited resources for program development, data analysis
- Complex bureaucracies

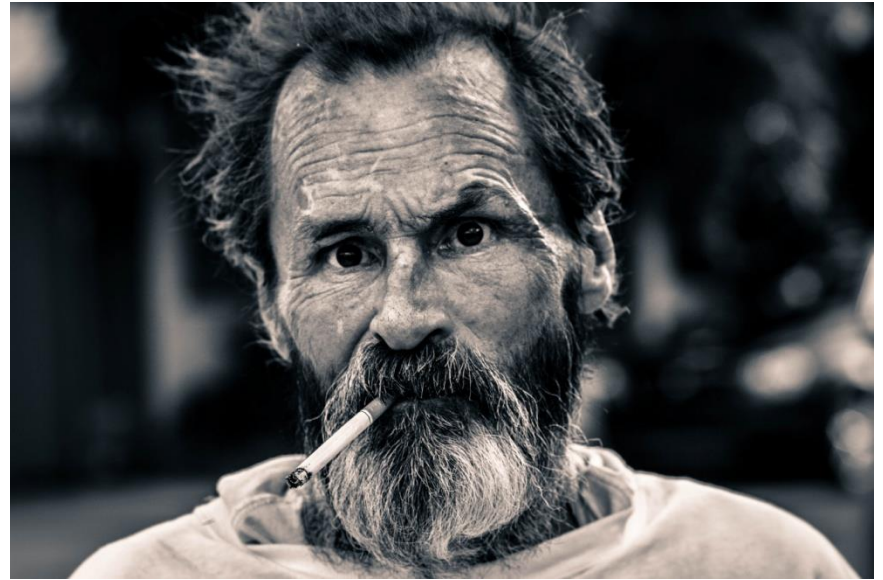
Roadmap

- Experience of pal care in the safety net
- Challenges of pal care in the safety net
- Keys to success for pal care in resource-limited environments

2 lenses:
Patient
Program

Best Practices in Patient Care

- Cultural humility & curiosity
- Leverage the experts
- Adapt traditional structures when needed



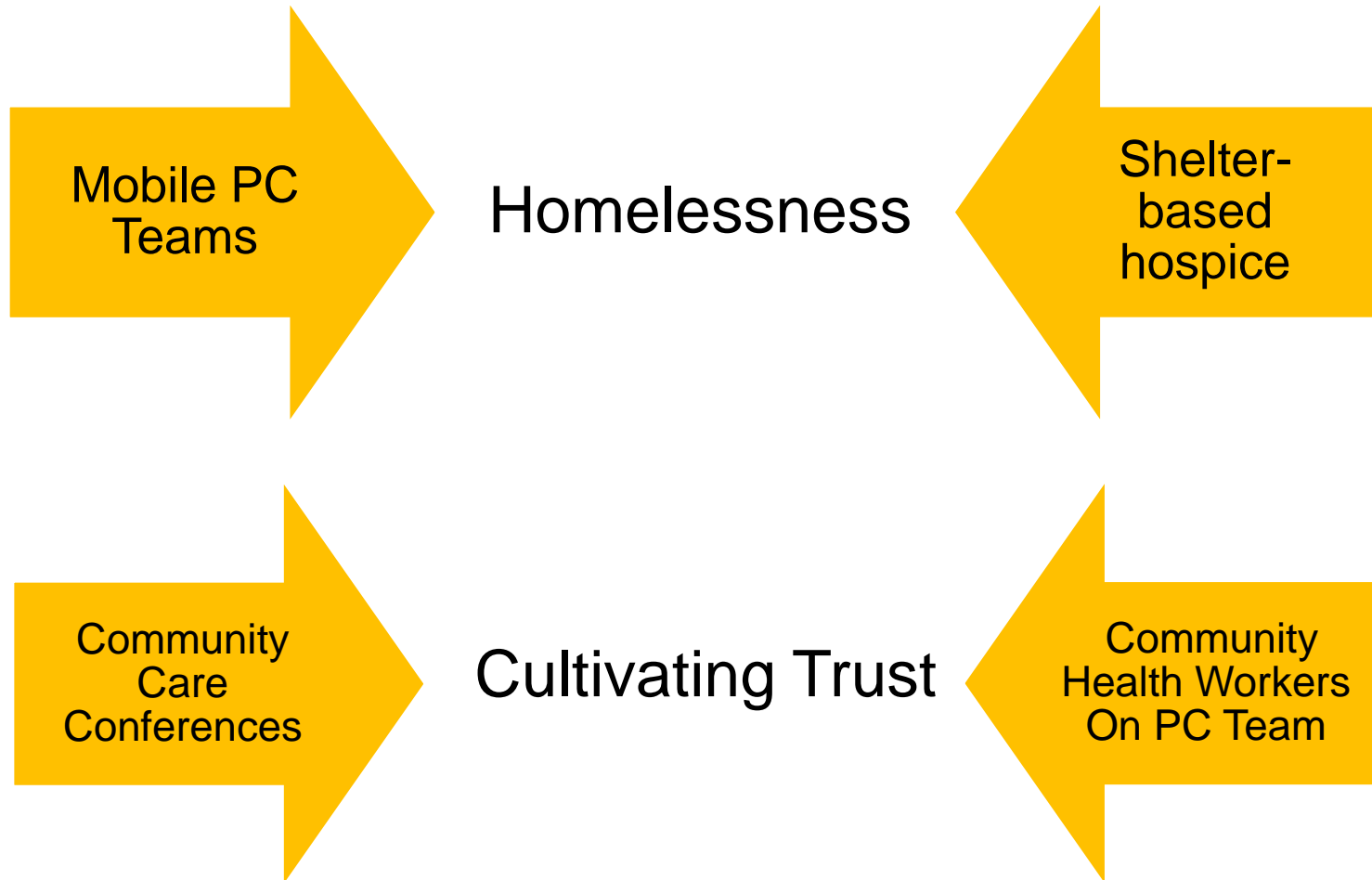
End-of-Life Cultural Norms: Things to Consider

- Decision-making issues
 - Preferences for information
 - Naming surrogate decision-makers
 - Limited social connections
 - Family/cultural norms
 - Health care provider's role
- Connection with friends, family, pets
- Preferences for location in final days of life, place of death
- Rituals/traditions before and after death
- Funerals/final arrangements

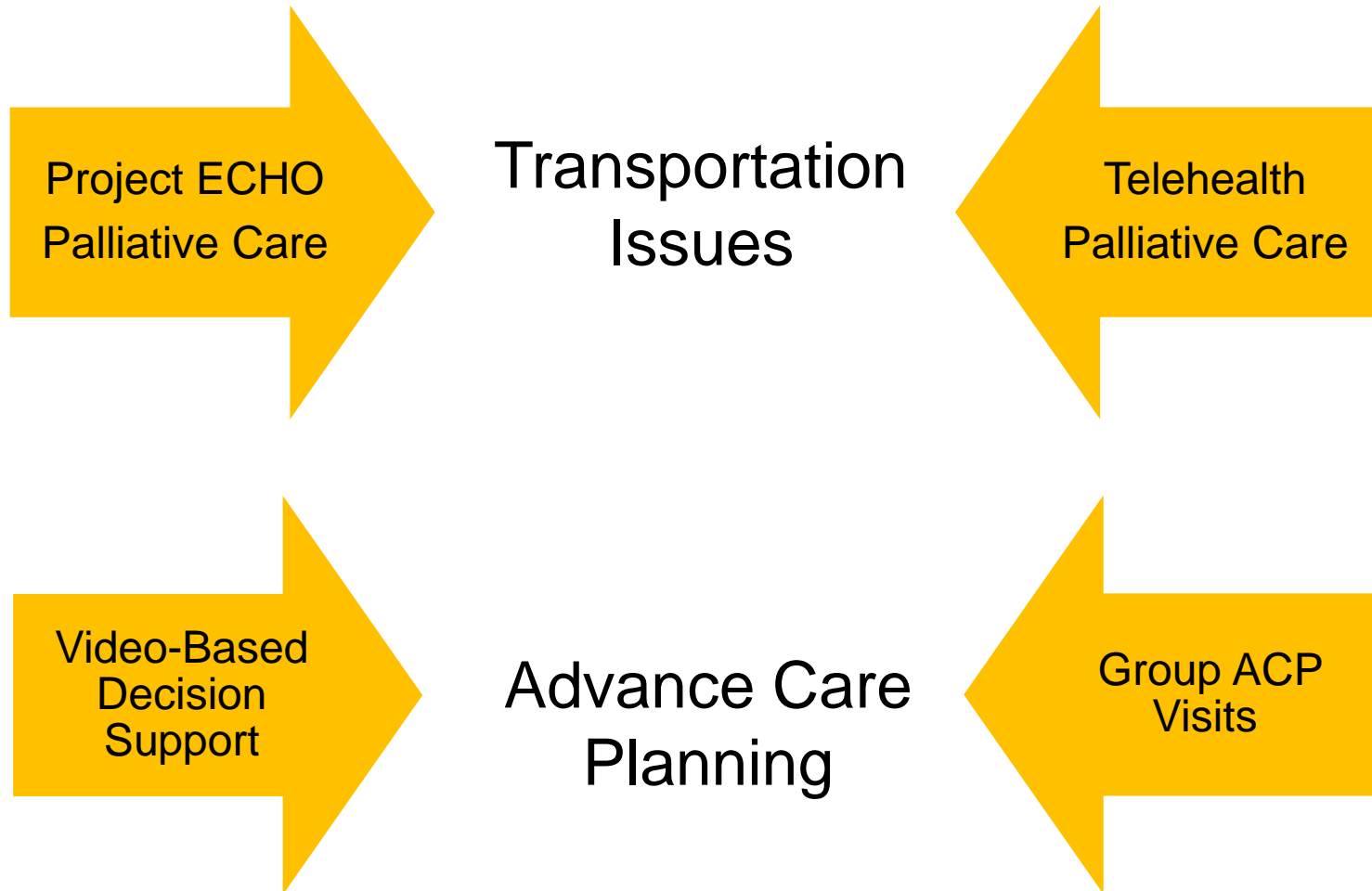
Leverage the experts

- Case managers, navigators, community health workers
- Community centers
- Local hospices focusing on patient population/community
- National and local non-profit organizations
 - Homelessness
 - Advocacy Groups (e.g. Chinese American Coalition for Compassionate Care, Familias en Acción)

Different Ways to Meet the Needs



Different Ways to Meet the Needs



Be Creative



Keys to Success for Program Development

- Supplemental funding
- Technical assistance
- Dedicated time for planning
- Leverage existing (external) data
- Network, network, network

Keys to Success for Program Development

→ Supplemental funding

- Grant funding for program expansion
- Philanthropy for patient support services

SUGGESTIONS

- Combination of stories and business case
- Partner with Medicaid payers

Keys to Success for Program Development

- Technical assistance
- Dedicated time for planning

SUGGESTIONS:

- Advocate for what you need!
 - BEWARE the *Safety Net* Pal Care martyr!
 - Weissman, 2011 JPM
- PCLCs, quality networks, local experts

Keys to Success for Program Development

- Leverage existing (external) data
- Network, network, network

SUGGESTIONS:

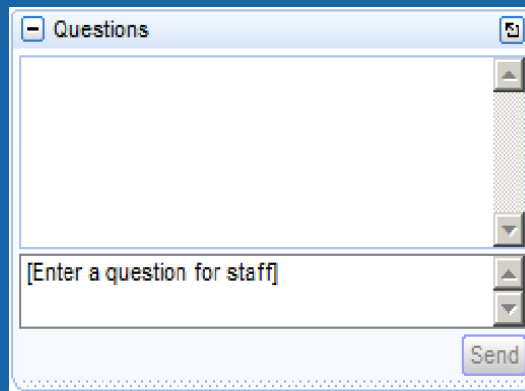
- Find and collaborate with other safety net providers in your state/region
- AAHPM Safety Net SIG
- Join a quality collaborative (GPCQA, PCQN)

SUMMARY

- Flexibility + curiosity = survival skills
- Don't try to do this on your own!
 - Learn from content experts
 - Collaborate with others in under-resourced settings
- Get the resources and support you need
 - Startup funding
 - Technical assistance, TIME

Questions and Comments?

Please type your question into the questions pane on your webinar control panel.



A screenshot of a web-based interface titled "Questions". It features a large empty text area for input, a smaller text area below it containing the placeholder text "[Enter a question for staff]", and a "Send" button at the bottom right. The interface includes standard scrollbars and window controls.



Juliet Wood, *Arbol de la Vida*