Re-Creating Community: Owning the Mission of True Palliative Care

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Disclosures

I have no financial disclosures.

Objectives

1. Discuss key elements of palliative care community partnerships
2. Identify non-healthcare provider community opportunities: Church, neighbors, social media, support groups
3. Describe ways to enhance healthcare community partnerships and evaluate effectiveness with respect to palliative care growth and quality of patient care

ACCOUNTABLE CARE LEARNING COLLABORATIVE AT WESTERN GOVERNORS UNIVERSITY

THE Dartmouth INSTITUTE FOR HEALTH POLICY & CLINICAL PRACTICE GEISEL SCHOOL OF MEDICINE AT DARTMOUTH

Cohort study with a select number of thought-leading providers organization to participate in an invitation-only "PAC cohort" that aims to define the acute and post-acute provider competencies required for success under value -based payment models and how acute and post-acute provider organizations can effectively collaborate to collectively achieve the aims of value-based care for the local population.

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Subtext…

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Success Story

1. Pioneer ACO
    1. Lessons learned
        1. Across entire continuum
        2. Data to support philosophy
            1. 94% zero hospitalizations
            2. 40% reduction 30-day readmission
            3. Decreased LOS from +/- 4 to 1.79 days
            4. 21% Inpatient PC Consultation
            5. 70% reduction per-capita expenditures

History 101

1. Competing platforms preclude community
    1. Healthcare system structure
    2. Reimbursement models
    3. Society
    4. No common language
        1. Healthcare
            1. Delivery / Practice
            2. Education
        2. Society

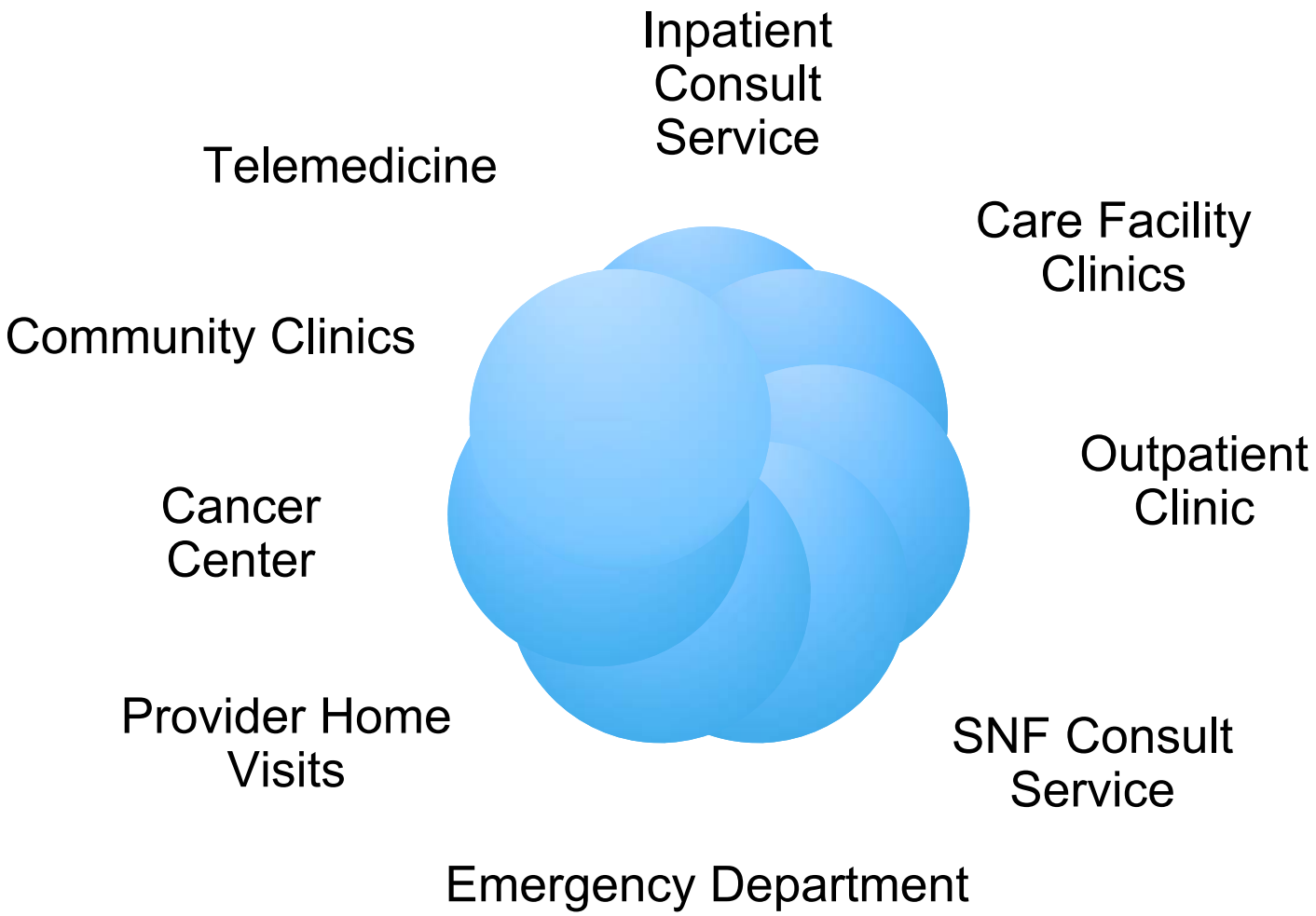
“True” Palliative Care

1. Expands spectrum of current held beliefs and practice
2. Is proven model for population health
3. Requires community for success
4. Currently in our “Preadolescence”

Key Elements

1. Healthcare Partners
    1. Understanding each other
        1. Scope of Abilities / Vision / Goals
            1. Clinical
            2. Administrative
            3. Regulatory
            4. Availability
        2. Concerns / Fears
        3. History of relationship
    2. Strategic starting points
    3. Frequent Dialogue
    4. Common metrics

Healthcare Partnering



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Healthcare Partner Example

1. "Cathy"
    1. 60+ y/o h/o CVA → dysphagia, fxl debility, LTC
        1. No Palliative Care
            1. 2 years — 18+ hospitalizations — > $1,000,000
        2. True Palliative Care
            1. 4 years — 3 hospitalizations* — < $50,000
    2. Society
    3. No common language
        1. Healthcare
            1. Delivery / Practice
            2. Education
        2. Society

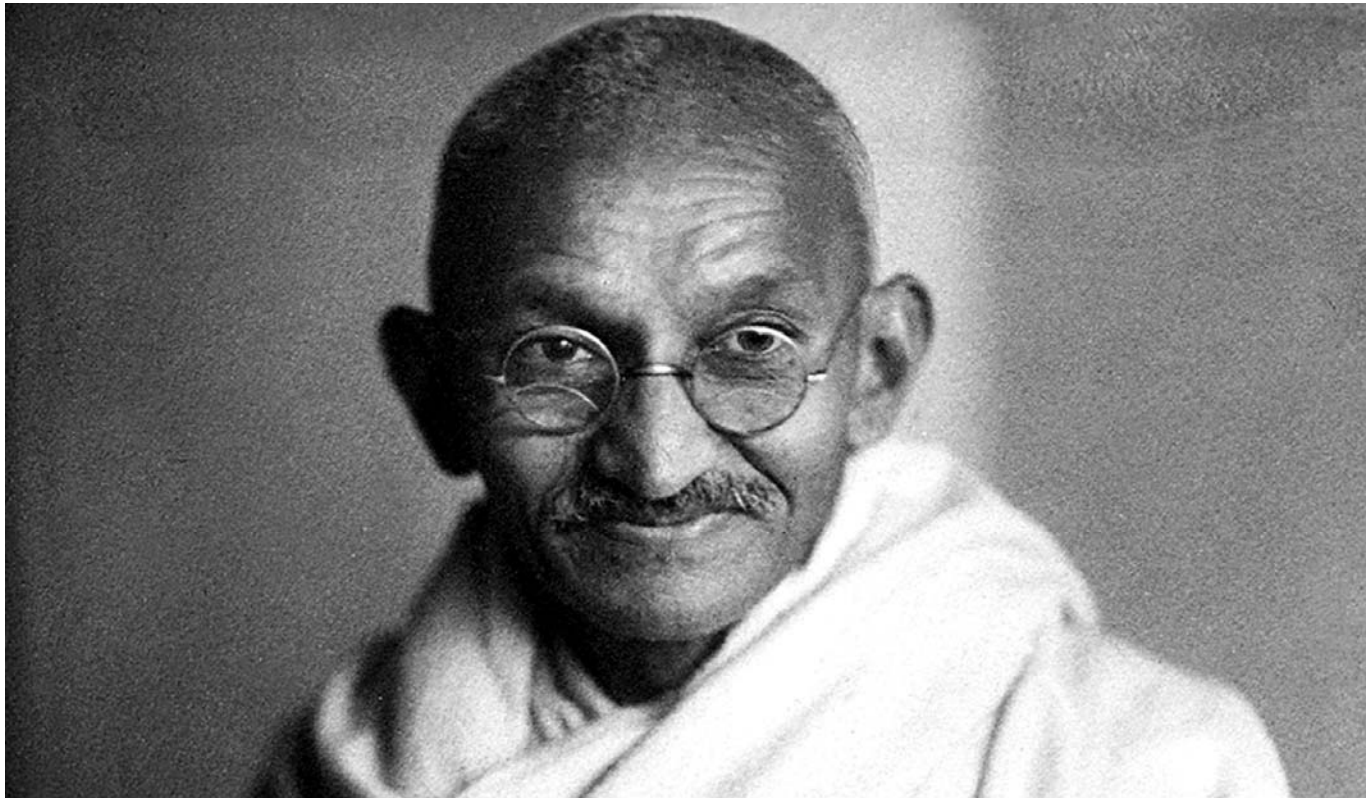
Key Elements

1. Non-Healthcare Partners
    1. Personal
        1. Ask the patient
        2. Educate their circle of care
            1. ddx, care needs, what to anticipate
    2. Public
        1. Conduits to broader resources
            1. Ex: The Carolinas, Trillium institute, TRU Community

Enhancing HCPs

1. Due diligence
2. Repeat initial meeting
3. Don’t portend to be anything other than that which you are
4. Don’t over promise
5. Be open to the where the relationship may take you

Enhancing HCPs

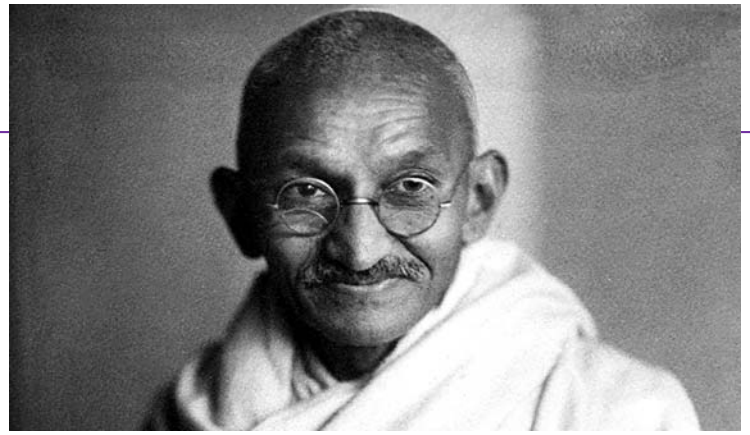


Evaluating HCPs

1. Program growth
2. Metrics
3. Patient satisfaction
4. Awareness
    1. Public
    2. Healthcare
        1. Providers
        2. Administration
        3. Policy

Conclusions

Deconstruct



Relationships

Embrace