

# Primary Palliative Care: Investing in Communication Training for All Clinicians

Caroline J. Hurd MD FACP FAAHPM  
Regional Palliative Care Educator, Providence Oregon  
Clinical Assistant Professor, University of Washington  
Senior Faculty, VitalTalk

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## FINANCIAL DISCLOSURES

- VitalTalk: Senior Faculty
- Cambia Health Foundation: Grant Funding





## Definition: Primary Palliative Care

**Primary (Generalist):** Palliative care knowledge, skills and principles that all healthcare professionals should have who care for patients with serious illness.

**Specialty:** Palliative Care provided by healthcare professionals who have advanced specialty training in complex communication skills and refractory symptom management who provide services through a subspecialty service and/or interprofessional team.

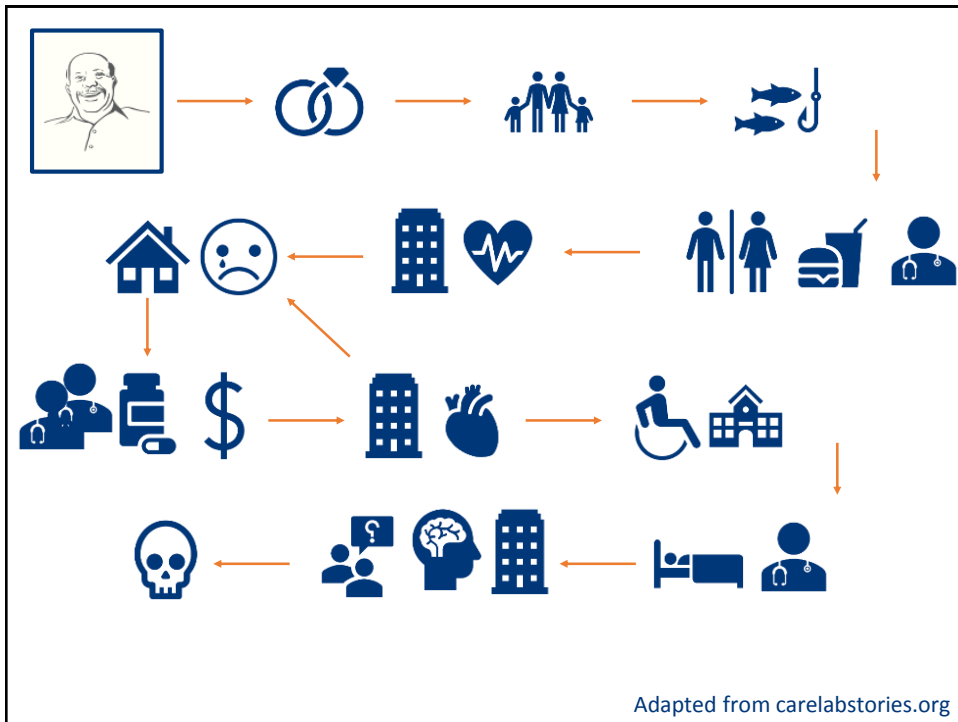
## OBJECTIVES

- Describe the role of palliative care clinicians in primary palliative care education for health care systems.
- Illustrate a model for interprofessional, primary palliative care training embedded in primary care.
- Outline foundational serious illness communication skills that all clinicians can integrate into their practice.
- Explain the benefits of training the entire interprofessional team in advance care planning and serious illness communication skills.




WHY

# Primary Palliative Care Education



**CONFUSING**  
 +  
**UNCOORDINATED**  
 +  
**UNCOMFORTABLE**  
 =  
**FRAGMENTED CARE**



COMMUNICATION

+

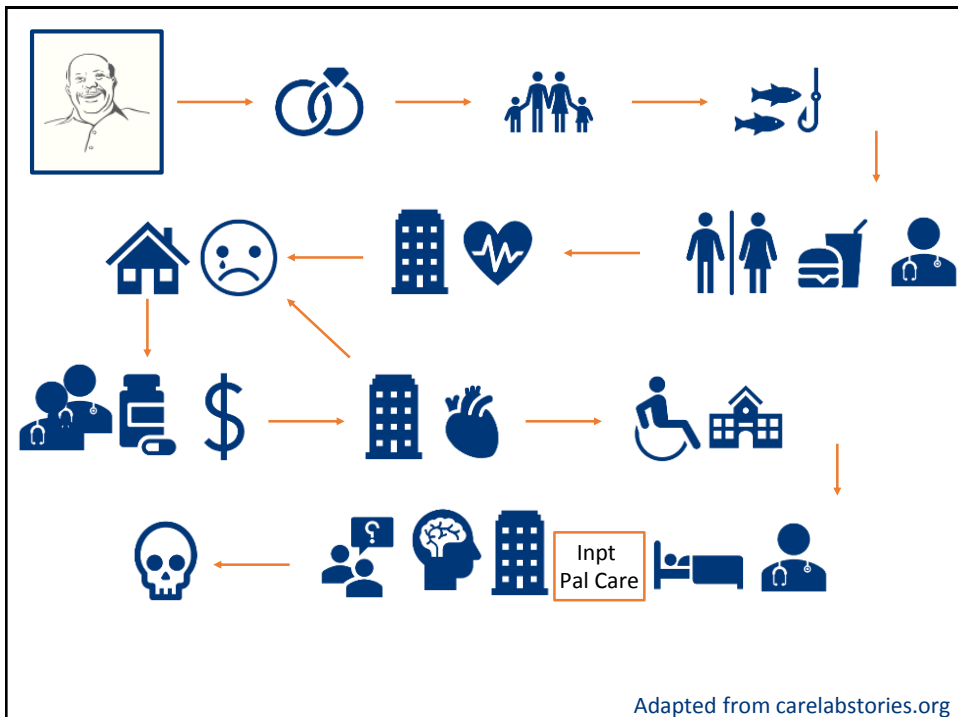
COORDINATION

+

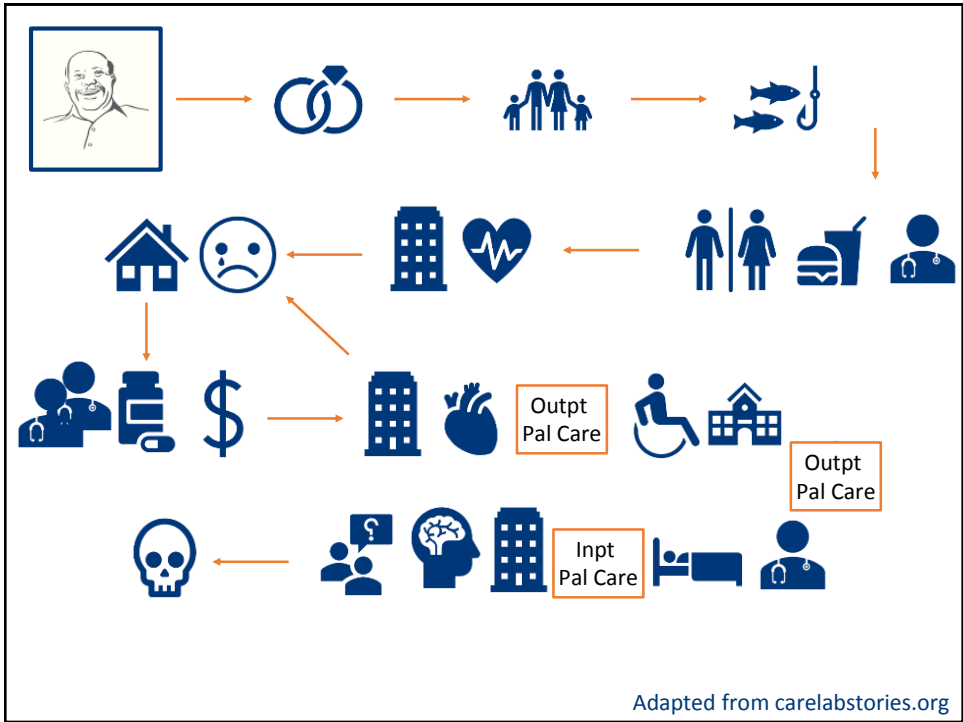
COMFORT

=

PALLIATIVE CARE



Adapted from carelabstories.org



# Benefits of Palliative Care

HEALTH CARE  
How to Die Well  
TIME

ORIGINAL ARTICLE

## Early Palliative Care for Patients with Metastatic Non-Small-Cell Lung Cancer

Jennifer S. Temel, M.D., Joseph A. Gruneir, Emily R. Gallagher, R.N., Sonal Adani, Vicki A. Jackson, M.D., M.P.H., Craig D. Blinderman, M.D., Juliet Jacobson, M.J., Andrew Billings, M.D., and T...

From: *Clinical Diabetes* 2018;36(1):73-77. doi:10.1093/cld/cay001

Arch Intern Med. 2018;138(16):1793-1800. doi:10.1001/archinternmed.2018.1793

The JAMA Network

Figure Legend

Mean blood counts per day for patients who did and did not receive palliative care consultation on hospice days 7, 10, and 13. Symbols and lines represent mean blood counts and 95% confidence intervals, respectively. Horizontal bars represent the day of admission.

## Impact of an Inpatient Palliative Care Team: A Randomized Controlled Trial

GLENN GADE, M.D.,<sup>1</sup> INGRID VENOHR, Ph.D., R.N.,<sup>2</sup> DOUGLAS CONNER, Ph.D.,<sup>3</sup> KATHLEEN McGRADY, M.D., M.S., M.A.,<sup>4</sup> JEFFREY BEANE, M.D.,<sup>5</sup> ROBERT H. RICHARDSON, M.D.,<sup>6</sup> MARILYN P. WILLIAMS, M.S., R.N.,<sup>7</sup> JENNIFER A. JACKSON, M.D., M.P.H.,<sup>8</sup> MARK BLUM, M.D.,<sup>9</sup> ANDREW BILLINGS, M.D.,<sup>10</sup> AND JULIET JACOBSON, M.J.<sup>11</sup>

**The Washington Post**

Hospitals make palliative care a priority to improve patients' quality of life

By Michelle Andrews | 11/25/2015

Marie Bakitas, DNSc, APRN

Palliative Care Intervention Improved Outcomes in Patients with Advanced Cancer: A Randomized Controlled Trial

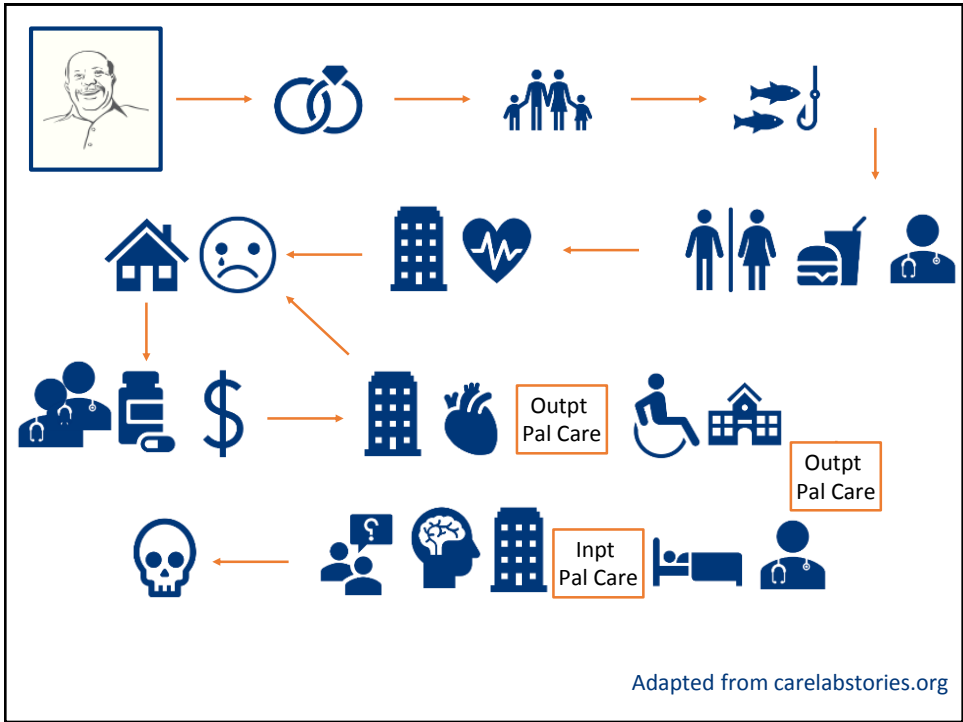
Effectiveness and cost-effectiveness of home palliative care services for adults with advanced illness and their caregivers (Review)

Gomes B, Calanzani N, Curiale V, McCrossin P, Higginson IJ

**In Palliative Care, Comfort Is the Top Priority**

Paula Span

THE COCHRANE COLLABORATION®



The NEW ENGLAND  
JOURNAL of MEDICINE

## Generalist plus Specialist Palliative Care — Creating a More Sustainable Model

Timothy E. Quill, M.D., and Amy P. Abernethy, M.D.

Palliative care, a medical field that has been practiced informally for centuries, was recently granted formal specialty status by the American Board of Medical Specialties. The demand for palliative care specialists is growing rapidly, since timely palliative care consultations have been shown to improve the quality of care, reduce overall costs, and

health care organizations may soon receive capitated payments for all services that patients receive, many are investing in palliative care to improve overall value.

Although this trend has fostered rapid growth of the palliative care specialty, the current model adds another layer of specialized care for seriously ill patients on top of an already complex, expen-

fractory symptoms. Now that the value of palliative care has been recognized, specialists are sometimes called on for all palliative needs, regardless of complexity.

Although it may theoretically seem optimal for palliative medicine specialists to take on all palliative aspects of care, this model has negative consequences. First, the increasing demand for pallia-



Outstrips  
Supply



Undermines  
Relationships



Further  
Fragments



## FRAGMENTATION

- Decisions focused on the disease > person
- Lack of accountability among multiple clinicians
- Little emphasis on what matters to patients/caregivers

Tinetti et al Clin Geri Med 2016

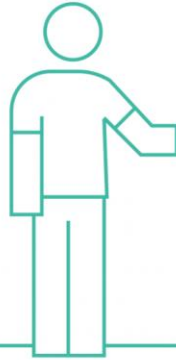
## TRAINING

“Health professionals cannot be expected to provide what they have never been trained to do. Our country is clearly in need of new and better training in communication and symptom management skills.”

CAPC Report: The Case for Improving  
Communication and Symptom Management  
Skills



**42 million individuals**  
with at least one chronic  
condition and ADL need



**Less than one third  
(29%) of physicians**  
report formal training about  
communication for GOC

**Nearly half (46%)**  
say they are unsure about  
what to say

**Nearly two thirds  
(66%) of ICU nurses**  
report not having palliative  
care communication training

<sup>1</sup> Lewin Group, 2010. Individuals Living in the Community with Chronic Conditions and Functional Limitations: A Closer Look (p.3; data from 2006)  
[http://www.lewin.com/content/dam/lewin/resources/Site\\_Sections/Publications/ChartbookChronicConditions.pdf](http://www.lewin.com/content/dam/lewin/resources/Site_Sections/Publications/ChartbookChronicConditions.pdf)

<sup>2,3</sup> National Survey conducted by The John A. Hartford Foundation, California Health Care Foundation (CHCF), and Cambia Health Foundation, 2016

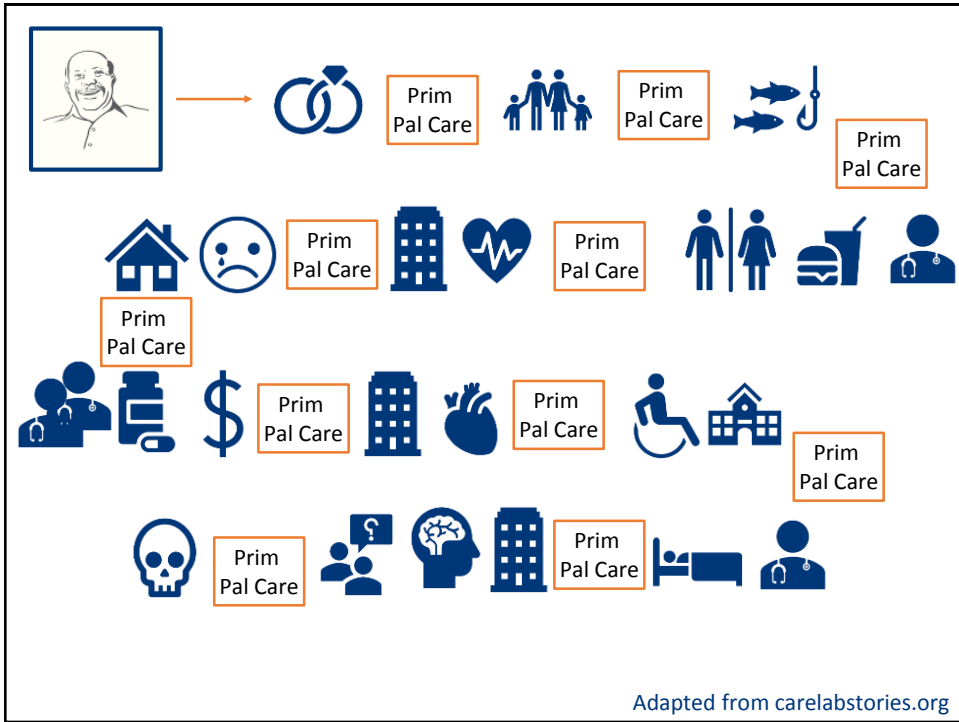
<https://communication-skills-pathfinder.org/resources-insights/resources/>

“Suddenly I am seeing a door appear where I didn’t see one before and not only do I see it, but I can walk in confident to face what I will find on the other side...”

Primary Care Providers  
Palliative Care Champions  
Providence Medical Group



JEREL ROWAN BAKER  
copyright 2002



How

# PMG: Primary Palliative Care Initiative

## Investment: Primary Palliative Care



Train Clinicians  
(Skills)



Infrastructure  
(EHR)



Workflow  
(Teams)



Culture  
Change

CAPC Report: The Case for Improving Communication and Symptom Management Skills



## Primary Palliative Care in Primary Care



Train Clinicians  
(Skills)



Infrastructure  
(EHR)



Workflow  
(Teams)

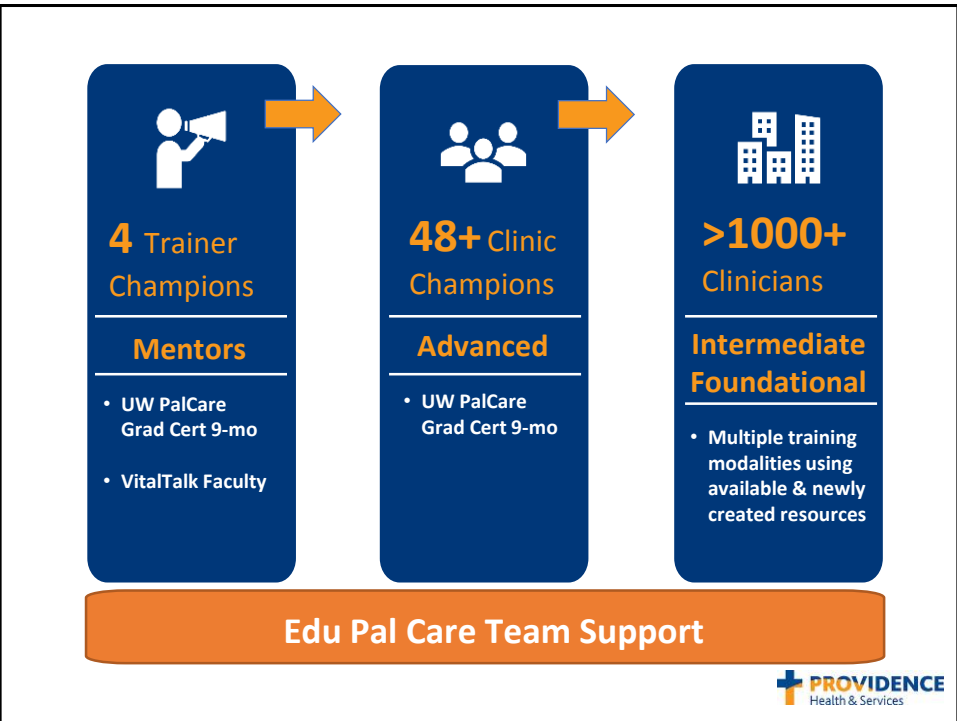
Interprofessional Collaboration  
and Contribution



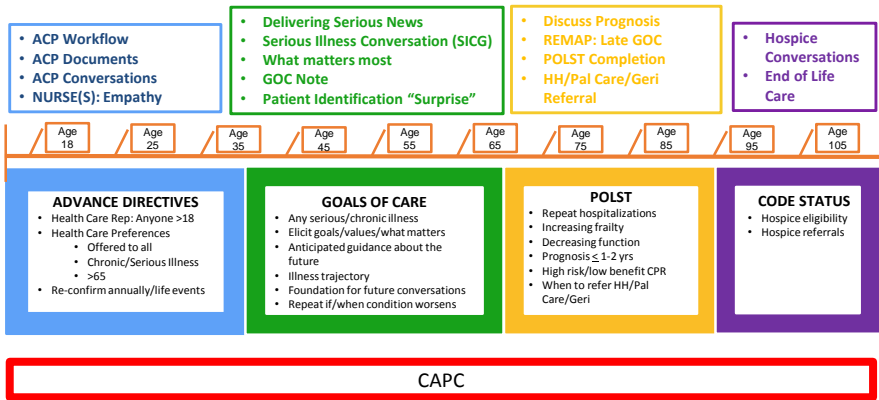
Culture  
Change

Popular Education + PMG Leadership

CAPC Report: The Case for Improving Communication and Symptom Management Skills



# 9-Month Curriculum Communication and ACP



Train Clinicians



# Communication Skills

# Communication Skills

	Initiate ACP	Empathize	POLST vs AD	Explain Pal Care	Ask What Matters	Complete AD	Serious News	Prognosis	Goals of Care POLST	Hospice
Front Desk										
MA/CCC*										
RN										
SW										
Psychologist										
PA/NP										
Physician										

AD=Advance Directive MA=Medical Assistant CCC=Complex Care Coordinator RN=Nurse SW=Social Work PA=Physicians Assistant NP=Nurse Practitioner

**EMOTIONS**

**INFORMATION**  
"Headline"

**VALUES**  
"what matters"

**TRADEOFFS**  
**ALIGN PLAN**

## EMOTIONS

### PART I: IDENTIFY THE EMOTION CUE

#### Case Script #1 FRONT DESK/PRR

Mrs. C: [Anxious] Hi, my name is Patricia Clark, I am here to see my doctor.  
PRR: Hello Mrs. Clark, you are all checked in, please fill out these forms and take a seat, we will call you when we are ready.  
Mrs. C: [Impatient] [Sigh] More forms... Didn't I already fill these out?  
PRR: Sorry, we need them for each visit.  
Mrs. C: Fine...how long will I have to wait? Last time, it was nearly 30 minutes before I saw my doctor.  
PRR: I really don't know today, it's hard to predict.  
Mrs. C: [More frustrated] Well can't you find out?  
PRR: [Apprehensive] I'll see what I can do.

**NURSE(S)**

**Name**

**Understand**

**Respect**

**Support**

**Explore**

**(Silence)**

## VALUES "what matters"

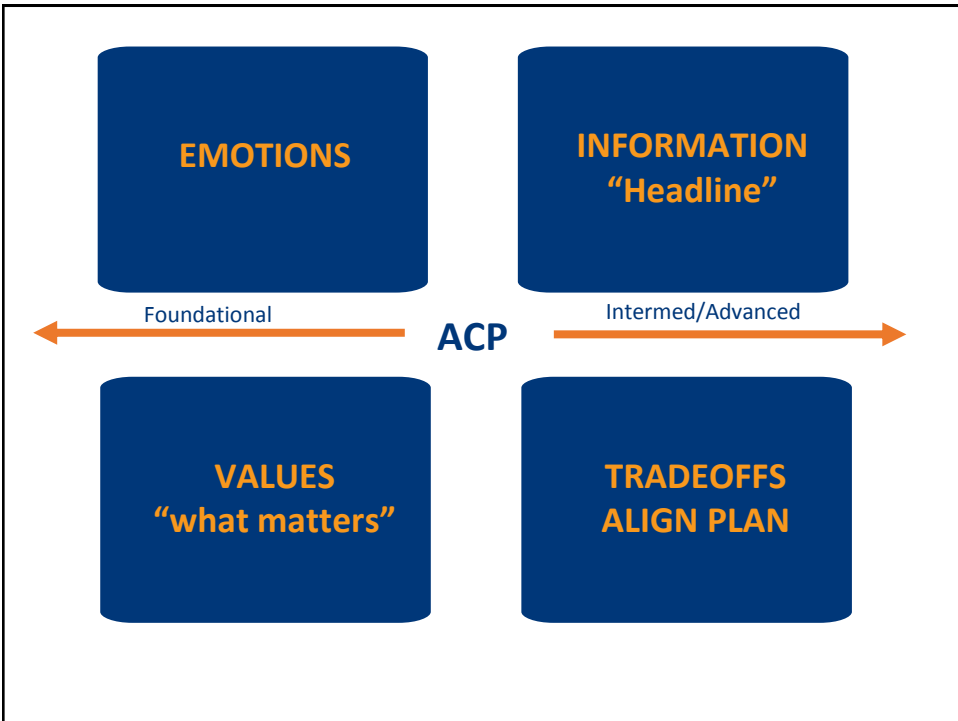
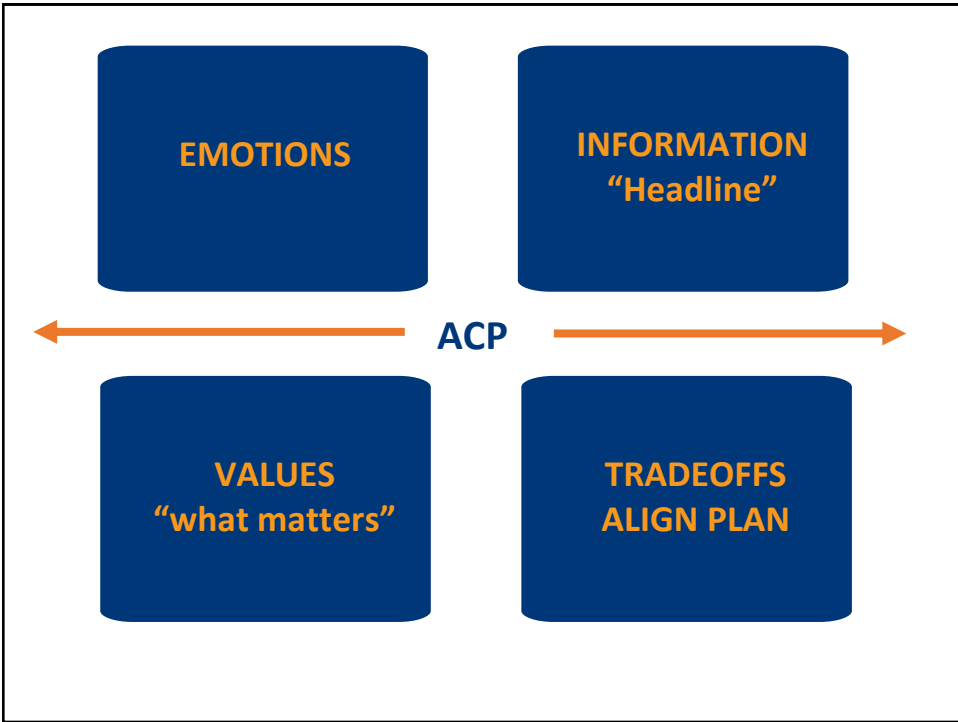
**Important Today**

**Meaning**

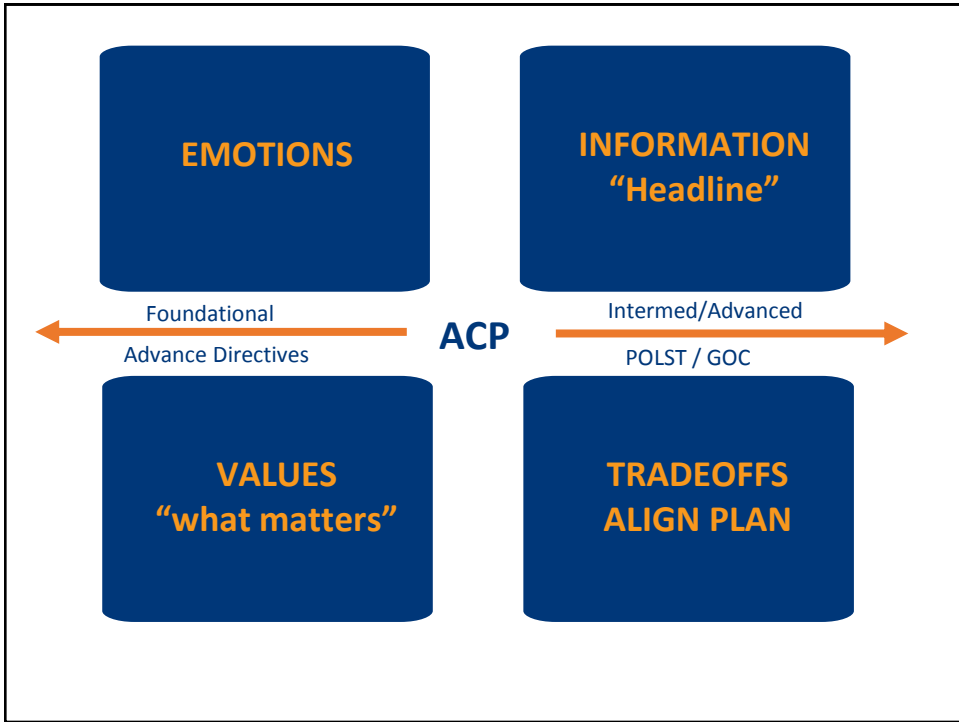
**Concerns/Worries**

**Health Concerns**

**Hopes and Goals**

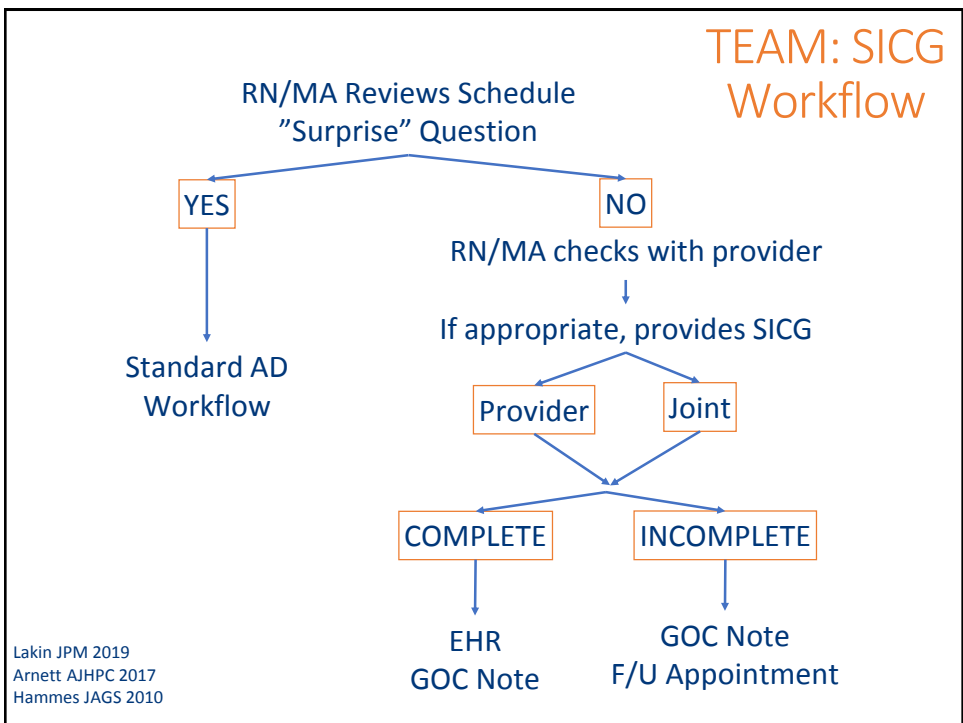
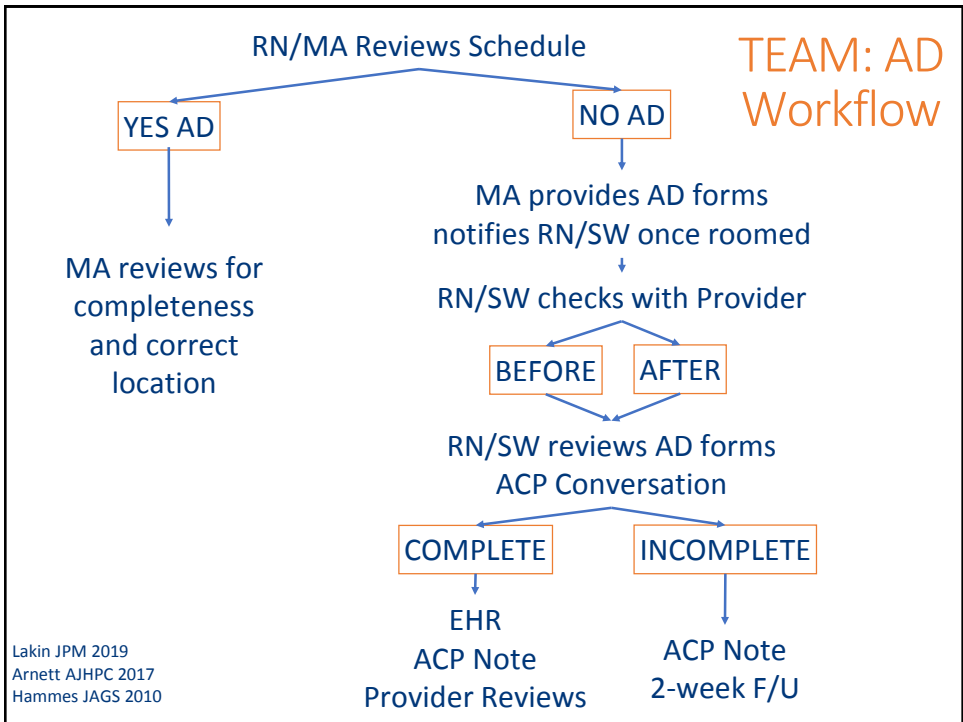


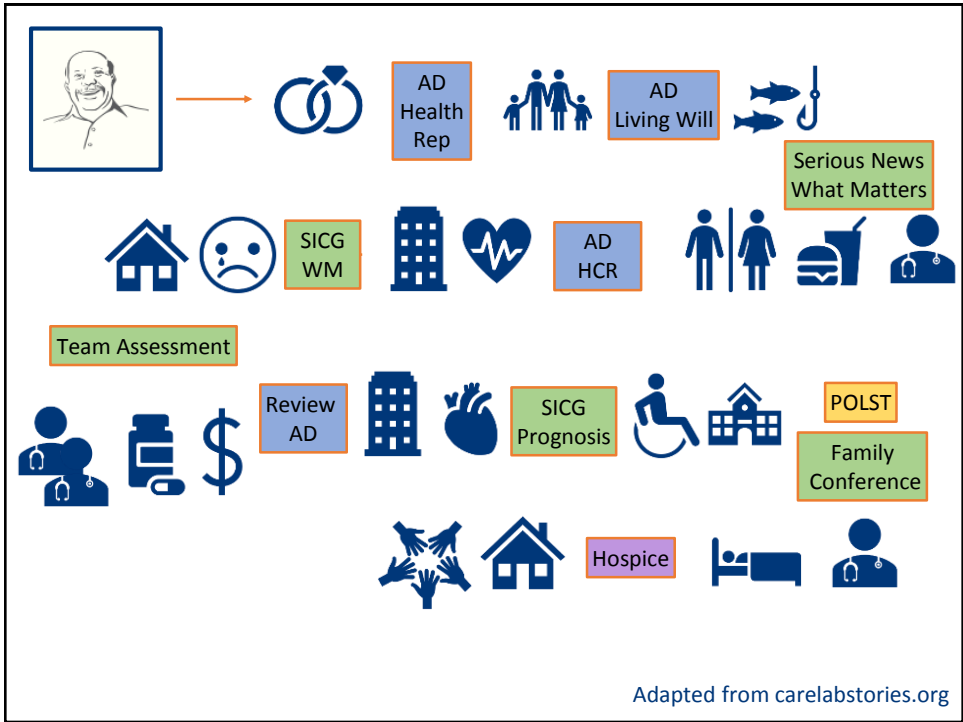




**TEAMS**

**ACP Workflow**





Culture Change

# Community

# Workflow and ACP Culture Assessment

- Advance directives are between the doctor and the patient
- I don't have to think about a directive until I am older

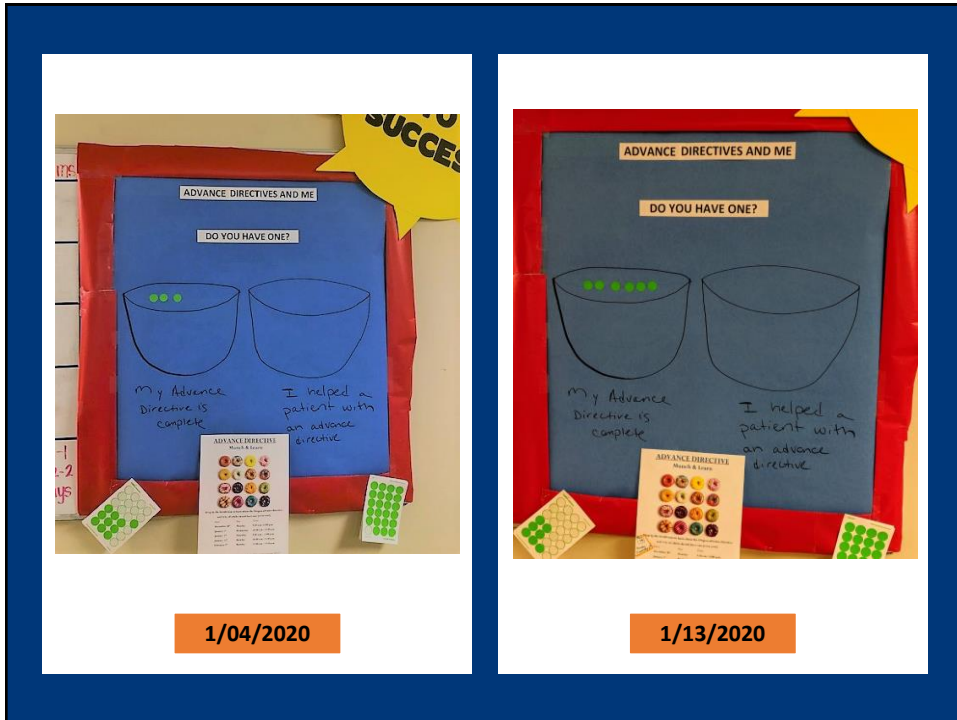
The image displays two hand-drawn charts and an event schedule. The top chart, dated 12/12/14, shows a line graph with green dots representing survey results. The bottom chart, dated 1/13/20, shows a similar line graph but with a mix of green and red dots. To the right is a poster for an 'ADVANCE DIRECTIVE Munch & Learn' event, featuring a grid of donuts and a table of dates and times.

**ADVANCE DIRECTIVE Munch & Learn**

Drop by the breakroom to learn about the Oregon advance directive and why all adults should have one (even you!)

Date	Day	Time
December 30 <sup>th</sup>	Monday	9:30 a.m. - 12:00 p.m.
January 1 <sup>st</sup>	Wednesday	10:30 a.m. - 12:30 p.m.
January 2 <sup>nd</sup>	Thursday	9:30 a.m. - 12:00 p.m.
January 13 <sup>th</sup>	Monday	10:30 a.m. - 12:30 p.m.
February 3 <sup>rd</sup>	Monday	11:30 a.m. - 12:30 p.m.

It's never too early, but it can be too late. [Conversations Matter](#)



“A nurse shared his belief that if he talks about it [death], it will happen and that he struggles talking about ACP with his patients”

“A staff member talked extensively with with his mother-in-law, despite his wife not wanting to talk about it and leaving the room. When his mother-in-law died later that year his wife was so grateful he had those discussions with her and knew exactly what to do.”

Much and Learn Stories

ROI

# Primary Palliative Care Education

## Primary Palliative Care = PMG Oregon Strategic Plan (2019-22)

EXPERIENCE

PMG Caring Behaviors, Provider Ratings

VALUE BASED CARE

Advance Care Planning

ENGAGEMENT

Clinician Turnover, Provider Engagement

QUALITY

Streamline Continuity, Clinical Quality Improvement

ACCESS

Increase Access, Grow Strategic Markets

## EXPERIENCE

## Communication Training



“She proceeded to berate me for insulting her... I listened. I just tried to keep myself in a place of empathy for her. How hard it must be to feel this way all the time. I asked permission to ask questions. I asked her if she would like information from me or to hear my thoughts. I asked her to think about what would happen if, when we meet next time, the treatment that she wants to do for her diabetes doesn't work. It was amazing. Asking her if I could ask her a question would visibly calm her down and she would make eye contact and engage. She left in a much calmer state than she came, and she also scheduled another appointment for a few weeks away so we can keep working together.”

-Clinic Palliative Care Champion



## VALUE BASED CARE

## Advance Care Planning

18%  30%  12%

**10 X \$9,500 = \$95,000**  
ACP      \$ Saved/Pt      Total Cost Savings

Bond et al, JPM, Dec 2017



## ENGAGEMENT

Enable Sustainably Engaged Providers + Caregivers

*“I have been a general internist for almost thirty years and I’ve felt marginalized and unimportant. After this training I feel connected to my patients in a way that I haven’t for a long time. This training has renewed my commitment to the profession. I feel important to my patients again.”*

- Caroline Reay, PMG Physician



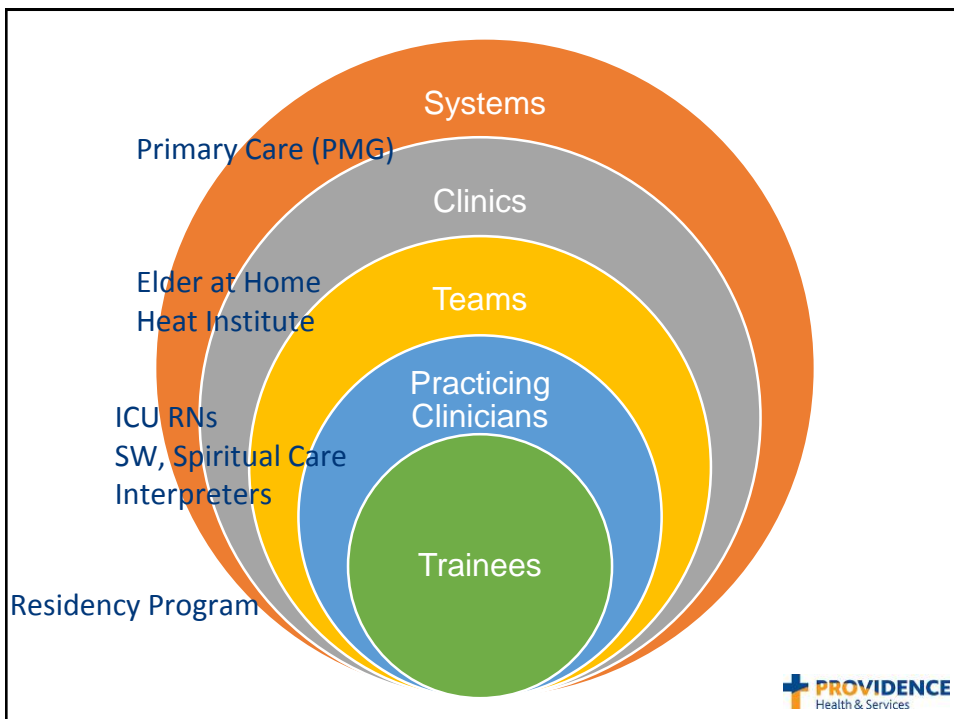
Lessons Learned

# Primary Palliative Care



## Strategic Planning: Primary Palliative Care

- Leadership prioritizes education and provides clear vision
- Incentivize education efforts
- Reframe your value with educational metrics
- Align with system wide initiatives
- Invest in proven educational strategies
- Consider educational specialization of your pal care team
- Resist pressure from ever increasing consults
- Start where soil is fertile



## Thank You

Renee Henriques  
Jennifer Levi  
Linda DeSitter  
Mari Matsumoto  
Doug Niehus  
Caroline Reay  
Marianne Parshley  
Supportive Care Coalition  
PMG Leadership  
VitalTalk  
Cambia Health Foundation  
Providence Connections (Palliative Care) Team  
UW Graduate Certificate in Palliative Care Teaching Team

## Questions?

[caroline.hurd@providence.org](mailto:caroline.hurd@providence.org)