Minnesota Rural Palliative Care Initiative

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Session Goals

- Identify the importance and components of palliative care
- Differentiate palliative care from hospice care
- Describe the unique challenges and opportunities for rural communities in providing palliative care
- Gain information about participating in the Minnesota Rural Palliative Care Project
- Describe factors to consider in planning for a palliative care program in your community
Definition of Palliative Care

- Interdisciplinary care that aims to relieve suffering and improve quality of life
- For patients with advanced illness and their families
- Offered at the same time as other medical treatments

Components of Palliative Care

- Symptom management (pain, dyspnea, anxiety, other)
- Elicits and clarifies goals of care
- Attention to emotional and spiritual needs
- Coordinates the plan of care across settings
- Bereavement
Where is Palliative Care Provided?

- Hospital
- Home
- Outpatient
- Nursing homes
- Assisted living
- Hospice

Definition of Hospice

- A program designed to provide palliative care when life expectancy is six months or less
- Covered by Medicare and Medicaid
- Covered by private insurance plans with enhanced home care benefits
- Provided by an interdisciplinary team
- Originally designed for cancer trajectory
Why is care for people with advanced disease so difficult?

- Uncertainty about prognosis
- “Do no harm” —truth telling vs. hope
- Insufficient training—symptom management, communication
- Suffering is emotionally difficult
- Medical culture—death as a failure

Opportunities for Rural Communities

- Relationships
- Existing processes for care
- Community support and accountability
- Flexibility and critical thinking
- Preference to receive care in home community
Challenges

- Access to specialists and specialty training in palliative care
- Limited existing models of community-based palliative care models
- Need to create models that fit individual community needs

Minnesota Rural Palliative Care Initiative

What is it?
A learning collaborative that will bring together up to 10 rural communities to start or strengthen palliative care programs in their communities
Minnesota Rural Palliative Care Initiative Partners

- Stratis Health
- Fairview Health Services
- UCare
- Minnesota Department of Health
  Office of Rural Health and Primary Care

Minnesota Rural Palliative Care Initiative Goal and Objectives

**Goal**
- To assist communities in establishing or strengthening palliative care programs in rural Minnesota

**Objectives**
- 100% of communities will develop a work plan to implement a palliative care program in their community
- 100% of participating health care professionals will report increased knowledge of symptom management
- 100% of participating health care professionals will report increased knowledge of effective care-goals discussions
Minnesota Rural Palliative Care Initiative Expected Outcomes

Short-term Outcomes
- Evidence of broad community support for palliative care
- Increased use of resources for palliative care
- Increased application of clinical and associated quality measures

Long-term Outcomes
- Decreased number of patients having to leave their home community for palliative care
- Improved management of symptoms
- Increased satisfaction with family/clinician relationships
- Increased discussions of care goals
- Decreased reported problems around care transitions
- Earlier and increased referrals for palliative care and hospice care
Minnesota Rural Palliative Care Initiative

Who is eligible?
- Minnesota rural communities
  - Hospitals
  - Home health agencies
  - Hospice programs
  - Nursing homes
  - Clinics
  - Other community organizations such as public health, parish nursing, etc.

Who should be on a community palliative care team?
- Representatives from various provider settings
- Multiple disciplines
  - Physician
  - Nurse
  - Therapist
  - Social Services
  - Chaplain
  - Administrative/business
  - Pharmacy
  - Others
Minnesota Rural Palliative Care Learning Collaborative

- Goal: develop or enhance a community-wide palliative care program
- Activities
  - Four in-person learning sessions
  - Regular webinars and conference calls
  - Individual technical assistance
    - Email, phone contact, site visits
- Fall 2008 – spring 2010

Minnesota Rural Palliative Care Initiative

- What is the collaborative timeline?
  - Recruitment
    - Summer 2008
  - Applications
    - Distributed mid-July
    - Due August 22
  - Selection of communities – early September
  - First learning session – November
Minnesota Rural Palliative Care Initiative

How does a community apply?
- Determine who will be included in your community effort
- Select a lead organization
- Select a team leader for the initiative
- Complete and submit the application
  • http://www.stratishealth.org/palcare

Q & A Teleconference Calls

For interested communities
- Tuesday, July 22, 11:30-12:30 p.m.
- Thursday, July 24, 9:30-10:30 a.m.

Call-in number: 1-800-270-1153
Code: 132642#
Initiative Advisory Committee

- Barry Baines, chief medical officer, UCare
- Estelle Brouwer, sr. vice president, Programs Operations and Communications, Stratis Health
- Lyn Ceronsky, system director, Transitions & Life Choices, Palliative Care Leadership Center, Fairview Health Services
- Michele Fedderly, executive director, Hospice Minnesota
- Patricia Freeman, case review manager, Stratis Health
- Jennifer Lundblad, president and CEO, Stratis Health
- Mark Papke-Larson, chaplain, North Country Health Services
- Jane Pederson, director of medical affairs, Stratis Health
- Janelle Shearer, program manager, Stratis Health
- Sandra Stover, MD, Cook County Northshore Hospital
- Cally Vinz, director, Evidence-Based Health Care, ICSI
- Karla Weng, program manager, Stratis Health
- Rhonda Wiering, regional director of quality initiatives, Avera Health

Questions?
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Stratis Health is a non-profit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.