



Minnesota Rural Palliative Care Initiative

Lyn Ceronsky, MS, GNP
Palliative Care, Fairview Health Services

Janelle Shearer, RN, BSN, MA
Stratis Health

July 17, 2008



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

3

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

4

Where is Palliative Care Provided?



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

5

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

6

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

7

Opportunities for Rural Communities

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

8

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

9

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

10

Minnesota Rural Palliative Care Initiative Partners



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

11

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

12

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

13

Minnesota Rural Palliative Care Initiative Expected Outcomes



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

14

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.

15

Minnesota Rural Palliative Care Initiative



- 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

16

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

17

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

18

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>

19

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#

20

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

21



Questions?

Contact Information



Janelle Shearer, Program Manager
Phone 952-853-8553
jshearer@stratishealth.org

Karla Weng, Program Manager
Phone 952-853-8570
kweng@stratishealth.org

**Stratis Health, 2901 Metro Drive, Suite 400
Bloomington, MN 55425
Fax 952-853-8503
Toll-free number 1-877- 787-2847**

23



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.

24