Center to Advance Palliative Care:

Transforming the Care of Serious Illness

Diane E. Meier, MD

26 April 2018

Presentation to The Netherlands Palliative Care Quality Congress



What is Palliative Care?

A new interdisciplinary teambased specialty that:

- → Provides an added layer of support for relief of pain, symptoms, and stresses of serious illness
- → Focuses on patient and family quality of life at the same time as curative or life-prolonging treatment:
 - Curable illness
 - Chronic illness
 - Progressive/terminal illness





What is a serious illness?

Serious illness is a condition that carries a high risk of mortality, negatively impacts quality of life and daily function, or places a high burden on family and other caregivers. (Kelley, 2014)

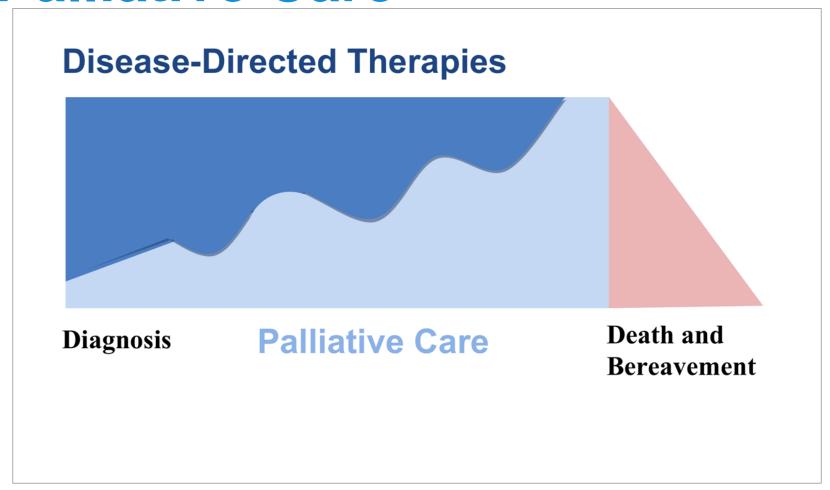


Is Palliative Care the Same as Hospice?

- → Hospice is a model of palliative care restricted to terminal illness. Eligibility:
 - Prognosis < 6months</p>
 - Patient agrees to give up insurance coverage for disease treatment
- → Palliative care is appropriate at any age and at any stage in serious illness. Eligibility:
 - Based on patient and family need
 - Concurrent with disease treatment



The Trajectory of Palliative Care





What is the impact of Palliative Care?

Quality

- Relieves pain and symptoms
- → Patients live longer
- → Better family support



Cost

- → Reduces hospitalizations and emergency department visits
- → Reduces unnecessary tests, procedures



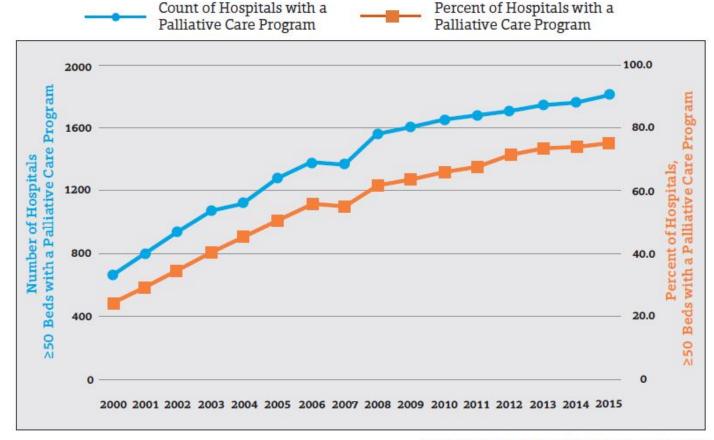
Growth in U.S. Hospital Palliative Care Teams 2000-2015

PALLIATIVE CARE IN U.S. HOSPITALS

with 50 or more beds, 2000-2015

Palliative care prevalence in U.S. hospitals has shown a steady increase since 2000.

In 2000, 24.5% of hospitals with more than 50 beds reported palliative care programs.
In 2015, 75.0% of such hospitals reported a program.



Vision for the Future: Palliative Care Everywhere

→ All patients with serious illness should have access to quality palliative care.

→ To get there we need to:

- Expand palliative care capacity to home and community care settings
- Train all clinicians who treat seriously ill patients to provide the basics of palliative care



Our Mission

The **Center to Advance** Palliative Care (CAPC) is a national organization dedicated to increasing the availability of quality palliative care services for people living with serious illness.



The Role of the Center to Advance Palliative Care:

Diffusion of Innovation



Levers for Impact

Model Dissemination & Technical Assistance

Community-Based Palliative Care

Workforce Training

Quality + Accountability Standards + Incentives

Payment Models

National Palliative Care Registry

Public & Professional Awareness

CAPC Education: Building Provider Capacity for "Palliative Care Everywhere"

Expanding Palliative Care Reach & Impact

Specialty Palliative Care Program Development

Training for All Clinicians



Training for All Clinicians: The CAPC Curriculum

- → Why: Not all seriously ill patients have access to palliative care specialists – and not all palliative care needs require specialty-level training (Ex: talking with patients about their goals for care)
- → Who: Clinicians from all specialties, disciplines, and care settings
- → What: Online courses in pain and symptom management, communication, caregiver support, and approaches for specific diseases



Training Through Stories









Clinical Training: Highlights and Next Steps

→260,000 course completions by nearly 27,000 clinicians from 830 organizations



Palliative Care Program Development

- → Structured on-line curriculum for expanding palliative care capacity across settings:
 - Inpatient
 - Home
 - Office/Clinic
 - Nursing Home



Specialty Palliative Care Program Development

CAPC National Seminar



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



Exp Rea





How Would You Handle This Complex Case?



Master Clinician Case Review: 45-year-old woman with chondrosarcoma, admitted for severe nausea and vomiting. Palliative care team was consulted to assist with management of medical symptoms, as well as underlying anxiety and adjustment difficulties.

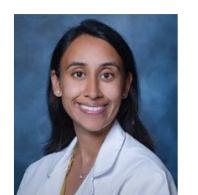


On this hour-long conference call, CAPC faculty will host a group case review, as well as live Q&A. This session is interactive: bring your team's questions for feedback from both CAPC faculty and your peers.









fice

ons with CAPC



Training for All Clinicians: The CAPC Curriculum

- → Why: Not all seriously ill patients have access to palliative care specialists – and not all palliative care needs require specialty-level training (Ex: talking with patients about their goals for care)
- → Who: Clinicians from all specialties, disciplines, and care settings
- → What: Online courses in pain and symptom management, communication, caregiver support, and approaches for specific diseases



Our Job? Getting the Message Out

- → Palliative care- in any setting- can help you have the best possible quality of life.
- → If you're not getting it you're not getting the highest quality care.

Creating and delivering on a <u>positive vision</u> of what good care looks like during serious illness.





What Is It

Is It Right for You

How to Get It

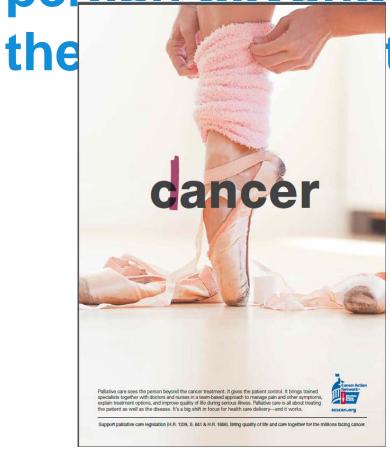
Blog & Resources





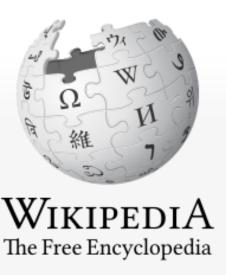
"Palliative care sees the

person beyond









Article

Talk

Read

Lung cancer

From Wikipedia, the free encyclopedia

This article is about lung carcinomas. For other lung tumor

Main page

Co Palliative care [edit

Palliative care when added to usual cancer care benefits people even when they are still chemotherapy. These approaches allow additional discussion of treatment options are arrive at well-considered decisions. Palliative care may avoid unhelpful but experse end of life, but also throughout the course of the illness. For individuals who have more a care may also be appropriate. [14][118]

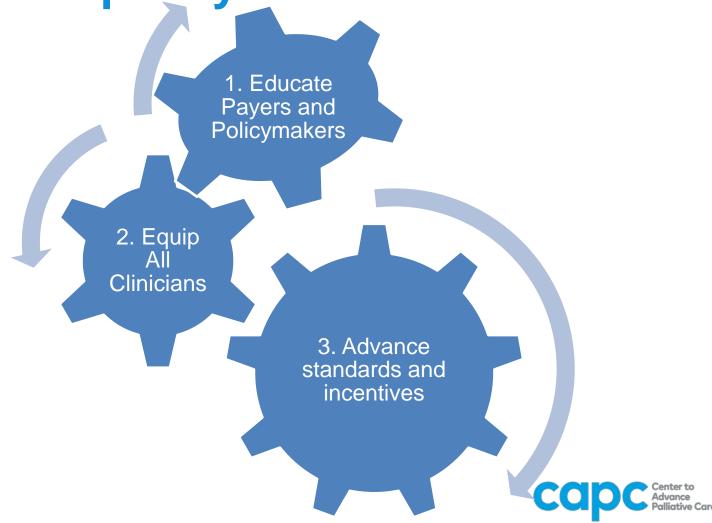
About Wikipedia

non-small-cell lung carcinoma (NSCLC). The most common

Payment, Policy, and Accountability for Access and Quality



CAPC has a three-pronged strategy to assure payment and drive supportive policy



1a. Payer Strategies

https://www.capc.org/payers-policymakers/payer-resources/palliative-care-payer-strategies/



National Consensus Project for Quality Palliative Care

- Developed by coalition of multiple palliative care organizations with external grant funding
- → Evidence-based standards for quality structures and processes, 4th edition underway
- → 8 domains
- → Examples: 24/7 access; specialist training; interdisciplinary team; staff support; physical, psychological, and spiritual care; social supports; end of life care; care coordination; measurement and evaluation; focus on both patients and families
- → www.nationalconsensusproject.org



Uses of the NCP Guidelines

- → Foundation for certification/accreditation by external entities
- →Used by payers to determine program eligibility for payment, quality
- → Used by organizations and clinicians to build/improve programs



National Coalition for Hospice and Palliative Care

Home of the National Consensus Project

Home Advocacy

National Consensus Project

News/Info

Home

Welcome!

Welcome to the home of the National Coalition for Hospice and Palliative Care!The NCHPC, formerly known as the Hospice and Palliative Care Coalition (HPCC), was founded in 2001 by the American Academy of Hospice and Palliative Medicine, the Hospice and Palliative Nurses Association and the National Hospice and Palliative Care Organization to create a mutually beneficial framework for shared organizational activities. With the addition of the Association of Professional Chaplains, Center to Advance Palliative Care (CAPC), the National Palliative Care Research Center (NCPRC), and the Social Work Hospice and Palliative Care Network (SWHPN), the NCHPC is designed to focus on common goals while recognizing that each organization has its own unique goals that it may choose to pursue independently.

(use the About Us page for information on each member organization, and links to their respective website)



















Home of the National Consensus Project



Patient Quality of Life Coalition

























































NATIONAL COALITION

FOR CANCER SURVIVORSHIP



MPTF









National Coalition for Hospice and Palliative Care

Home of the National Consensus Project

Home Advocacy National Consensus Project News/Info

Home

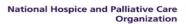
Welcome!

Welcome to the home of the National Coalition for Hospice and Palliative CareThe NCHPC, formerly known as the Hospice and Palliative Care Coalition (HPCC), was founded in 2001 by the American Academy of Hospice and Palliative Medicine, the Hospice and Palliative Nurses Association and the National Hospice and Palliative Care Organization to create a mutually beneficial framework for shared organizational activities. With the addition of the Association of Professional Chaplains, Center to Advance Palliative Care (CAPC), the National Palliative Care Research Center (NCPRC), and the Social Work Hospice and Palliative Care Network (SWHPN), the NCHPC is designed to focus on common goals while recognizing that each organization has its own unique goals that it may choose to pursue independently.

(use the About Us page for information on each member organization, and links to their respective website)















http://www.nationalcoalitionhpc.org/



3. Serious Illness Accountability Hub

Finalize care guidelines, measures and benchmarks

Advance adoption in Medicare VBP and reporting

Advance adoption in health plan standards and incentives



The Accountability Hub convenes subject matter experts with key accountability systems

- → Serious Illness population definition
- Preferred quality measures
- Clinical care guidelines and standards
- → Registries

- → Accreditation/ certification bodies
- → Purchasers
- → Health Plans
- Quality improvement organizations
- → State regulators



Sustainability: CAPC Membership

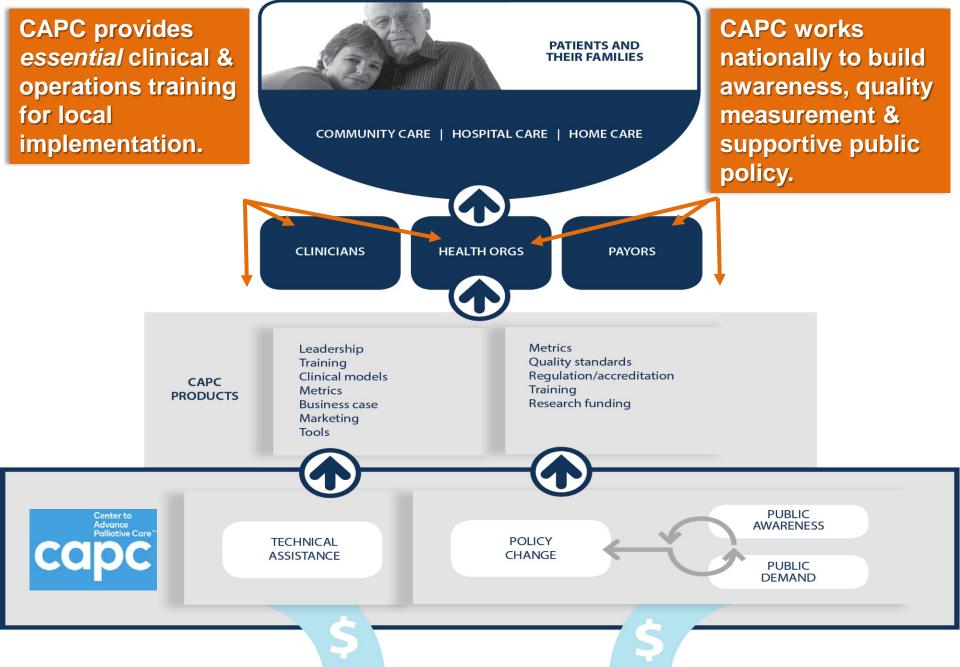
	CAPC Member Acquisitions (since inception of membership)	
	Revenue	Number of Organizations
TOTALS	\$9.5M	1,398

- → Covers 40% of operating budget, remainder via grants/philanthropy. (no government support)
- Member segmentation:
 - 54% hospitals
 - 17% hospices
 - 8% long term care
 - 21% other: payer, medical groups, home care agencies, professional organizations

The Challenge: 45,000,000

The need for palliative care is great. Americans with both *serious chronic conditions and functional dependency* comprise about 45 million people or 18% of the population of the United States. And the number is growing.





GRANTS AND

PHILANTHROPY

FEES AND

SUBSCRIPTIONS