VCU Palliative Care ECHO*

September 12, 2019
Outpatient Palliative Care

*ECHO: Extension of Community Healthcare Outcomes
Physicians: VCU Health Continuing Medical Education is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. VCU Health Continuing Medical Education designates this live activity for a maximum of 1 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Continuing Nursing Education: 1.5 CE Contact Hours

VCUHealth is approved as a provider of continuing nursing education by the Virginia Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.
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The following Planning Committee and Presenting Faculty Members report relevant financial relationships to disclose:

The following Planning Committee and Presenting Faculty Members report having no relevant financial relationships:

J. Brian Cassel, PhD
Danielle Noreika, MD

No commercial or in-kind support was provided for this activity
Helpful Reminders

Right click the Zoom screen to rename your login; include your name and organization.
Helpful Reminders

If joining audio by telephone, press *6 to mute and unmute

Turn on your microphone and video

Activate chat

Chat box: type here
What to Expect

I. Didactic Presentation
   20 minutes + Q&A

II. Case Discussions
   • Case Presentation
     5 min.
   • Clarifying questions from spokes, then hub
     2 min. each
   • Recommendations from spokes, then hub
     2 min. each
   • Summary (hub)
     5 min.

III. Closing and Questions

• Bi-weekly tele-ECHO sessions (1.5 hours)
• Didactic presentations developed by interprofessional experts in palliative care
• Website: www.vcuhealth.org/pcecho
• Email: pcecho@vcuhealth.org

Let’s get started!
## Hub Introductions

### VCU Team

| Clinical Directors                      | Egidio Del Fabbro, MD  
VCU Palliative Care Chair and Program Director  
Danielle Noreika, MD, FACP, FAAHPM  
Medical Director/Fellowship Director VCU Palliative Care |
|-----------------------------------------|---------------------------------------------------------|
| Clinical Experts                       | Candace Blades, JD, RN – Advance Care Planning Coordinator  
Brian Cassel, PhD – Palliative Care Outcomes Researcher  
Jason Callahan, MDiv – Palliative Care Specialty Certified  
Felicia Hope Coley, RN  
Diane Kane, LCSW – Palliative Care Specialty Certified  
Tamara Orr, PhD, LCP – Clinical Psychologist |
| Support Staff                          | Teri Dulong-Rae & Bhakti Dave, MPH  
David Collins, MHA  
Frank Green |
| Program Manager                        |                                                          |
| Telemedicine Practice Administrator    |                                                          |
| IT Support                             |                                                          |
Spoke Participant Introductions

Name and Institution
Objectives

• Describe the necessary partnerships with referrers and other community services to build a successful outpatient program

• Select appropriate measures for evaluating an outpatient palliative care program

• Integrate patient and stakeholder needs into business plan for an outpatient program
Outpatient palliative care

J Brian Cassel, PhD
Palliative Care Research Director
Associate professor, Hematology/Oncology & Palliative Care
Virginia Commonwealth University
Brian.Cassel@VCUHealth.org
What it looks like

• **Office / clinic-based PC:**
  – MD, APRN, RN, access to SW and others
  – May be provided at referring provider practice (e.g., oncology clinic/office) or stand-alone site
  – Relies heavily on fee-for-service revenue
  – Oncology seems most common

• **Home-based PC:**
  – APRN, RN, SW with access to MD and others
  – May be supplemented by some tele / AV contacts
  – Similarities with home-based primary care
  – Difficult to do without contracts (enhanced fee-for-service, monthly bundle, or subsidy from larger entity)
CBPC is timely and concurrent

• 49 year-old woman diagnosed with stage IV NSCLC (with brain metastases) developed severe nausea/vomiting & vertigo 4 months into treatment.
• Aggressive management of symptoms in supportive care clinic
• Allowed her to improve & continue with cancer treatment while avoiding hospital admission.
• Followed in both supportive care (PC) clinic & MedOnc clinic.
• Lived 20 months after diagnosis and 16 months after first PC visit, transitioned to hospice in her final weeks of life.

• Timing of inpatient hospital PC before death: 3 weeks
• Timing of clinic-based PC before death: 5 months
• 55 year old male
• Recurrence of SCC base tongue (IV-A)
• Latest treatment: cisplatin + radiation
• 17% weight loss in 3 months
• Referred for pain and cachexia
• Supportive care clinic 8 weeks
• Opioid rotation to methadone
• Metoclopramide: nausea, early satiety
• Compliant with duloxetine, psychologist
• Total testosterone=132, replaced
• Gained: +5 kg (11%)
• BMI: 15.4 → 17.3
• SPPB: 6/12 → 9/12
• 6MW: 485 → 1252 feet
• Handgrip: 33 → 38

SPPB = Short Physical Performance Battery
6MW = Six minute walk test
## CBPC outcomes

<table>
<thead>
<tr>
<th>Program / population</th>
<th>Positive effects</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC in primary care clinic for adv CHF, COPD, cancer</td>
<td>Dyspnea, anxiety, spiritual well-being, sleep quality, satisfaction with care</td>
<td>Rabow: Arch IM 2004, JPSM 2003</td>
</tr>
<tr>
<td>Home-based PC for home-bound Ca, CHF, COPD</td>
<td>Satisfaction, more at-home deaths, fewer ED visits and hospitalizations</td>
<td>Brumley JAGS 2007</td>
</tr>
<tr>
<td>Home-based PC for all conditions (cancer, CV, respiratory, etc.)</td>
<td>Anxiety, appetite, dyspnea, well-being, depression, nausea; hospice use; lower healthcare costs</td>
<td>Kerr JPM 2014, JPSM 2014</td>
</tr>
<tr>
<td>Home-based PC for MSSP (ACO) beneficiaries</td>
<td>Increased hospice enrollment &amp; length; less hospital use &amp; lower costs</td>
<td>Lustbader JPM 2017</td>
</tr>
<tr>
<td>Home-based PC for MA; CHF, Cancer, COPD, dementia</td>
<td>Less hospital use and lower healthcare costs; patient experience high</td>
<td>Cassel JAGS 2016</td>
</tr>
<tr>
<td>Psycho-educ telehealth for adv cancer &amp; care-givers</td>
<td>Patient survival, caregiver depression</td>
<td>Bakitas &amp; Dionne-Odom JCO 2015</td>
</tr>
</tbody>
</table>
“Home Connections” (Buffalo NY)

Symptoms controlled, costs lower

Mean ESAS item scores (y-axis) as a function of the week of enrollment (x-axis) within groups categorized by the score at enrollment: good scores (0-2) on onset are represented by the gray line and moderate (4-6) and/or poor (7-10) scores at onset are represented by a black solid line (n=428).

- Kerr, Donohue, Tangeman et al. [Cost outcomes] JPM 2014 Dec;17(12):1328-35.
297 cancer patients, 204 with Late-PC: first PC within 90 days of death
93 with Early-PC: first PC >90 days preceding death

*QF measures
VCU study early vs. late PC

433 pairs solids, 50 pairs hemes


Cassel et al., MASCC 2017.
Why payers and some providers are interested in early, ambulatory PC

- EOL care can be hugely expensive, some of which may be avoidable
- Payers and at-risk providers (HMO-owned health systems, entities with risk-bearing contracts) want to reduce expenditures
- Accountable care organizations (ACOs) and providers / health systems participating in CMS Bundled Payment program may share in cost-savings
- In the fee-for-service world, there are penalties for over-utilization (CMS readmissions) and quality and patient experience metrics are tied to reimbursement (CMS value-based purchasing)
- For some hospitals, revenues don’t keep up with costs of EOL hospitalizations (Medicare, Medicaid, uninsured)
- Some hospitals are overly full and may want to reduce the bed-days used for symptom-related care
- Some providers (hospices, home health) are branching out into palliative care as a separate revenue stream
Clinic, home, tele-medicine, or combination?

Cost of care delivery

- Services you are providing
- Staffing model
- Referring provider meetings
- Travel time / costs
- Admin processes
- Number, settings of visits
- Data collection, reporting


Case Presentation
Accessing CME and CEU Credits
Claim CME / CEU at www.vcuhealth.org/pcecho

VCU Health Palliative Care ECHO

Our VCU Health Palliative Care ECHO program partners with community practices caring for patients with serious illness and applies our interdisciplinary care team - a mix of physicians, nurses, social workers, psychologists, chaplains and more - to provide patient care support and education throughout Virginia.

We have a long-standing palliative care program with an inpatient unit, consult service and supportive care clinic to provide serious illness care. Many communities in Virginia do not have access to palliative care and we’re here to help.

- View Palliative Care ECHO sessions (CME/CEU available).
- Register now for an upcoming clinic.
- Submit a case study (registered participants only).
- Live Session Participants: Claim CME/CEU

Contact us for more information or help with any questions about our program.

About Palliative Care
Submit your evaluation to claim your CME

VCU Health Palliative Care ECHO Survey

Please complete the survey below.

Thank you!

Name
* must provide value

Credentials (MD, DO, NP, RN, ...)
* must provide value

Email Address
* must provide value

I attest that I have successfully attended the Virginia Palliative Care ECHO Clinic.
* must provide value

Yes
No
VCU Health Palliative Care ECHO

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About Palliative Care
Curriculum

Register now for an upcoming clinic on palliative care.

Upcoming Clinics

Mindfulness and Provider Self Care
June 13, 2019

Previous Clinics

Introduction to Palliative and Supportive Care
Feb. 14, 2019

View session for CME
Presented by Danielle Noreika, MD

Learning Objectives:
- Define palliative care and differentiate from hospice.
- Describe reasons for referral to palliative care.
- Describe basic structure of palliative care team.
View previously recorded ECHOs for CME

Click “Tests” to view video of the session and take a short quiz for continuing education credit.
View your CME/CEU transcript

- Go to vcu.cloud-cme.com and click “My CE”
- Log in with the email you used to register for our ECHO session
View your CME/CEU transcript

If you have never logged in before, you may be prompted to enter more information before you can view your transcript.
THANK YOU!
We hope to see you at our next ECHO