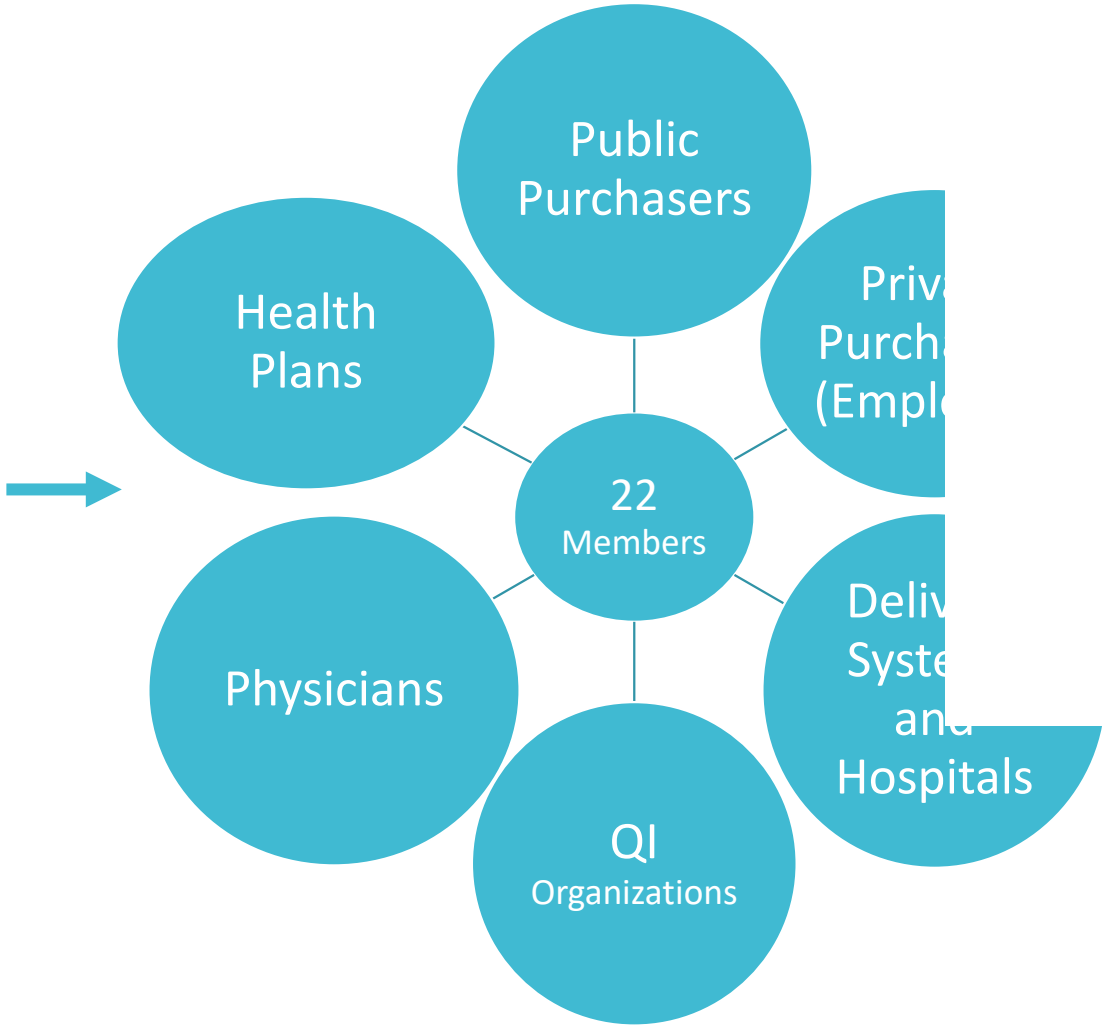
# Bree Collaborative's Palliative Care Report and Guidelines

October 23rd, 2024

# Bree Collaborative Framework for Action

House Bill 1311 (2011)

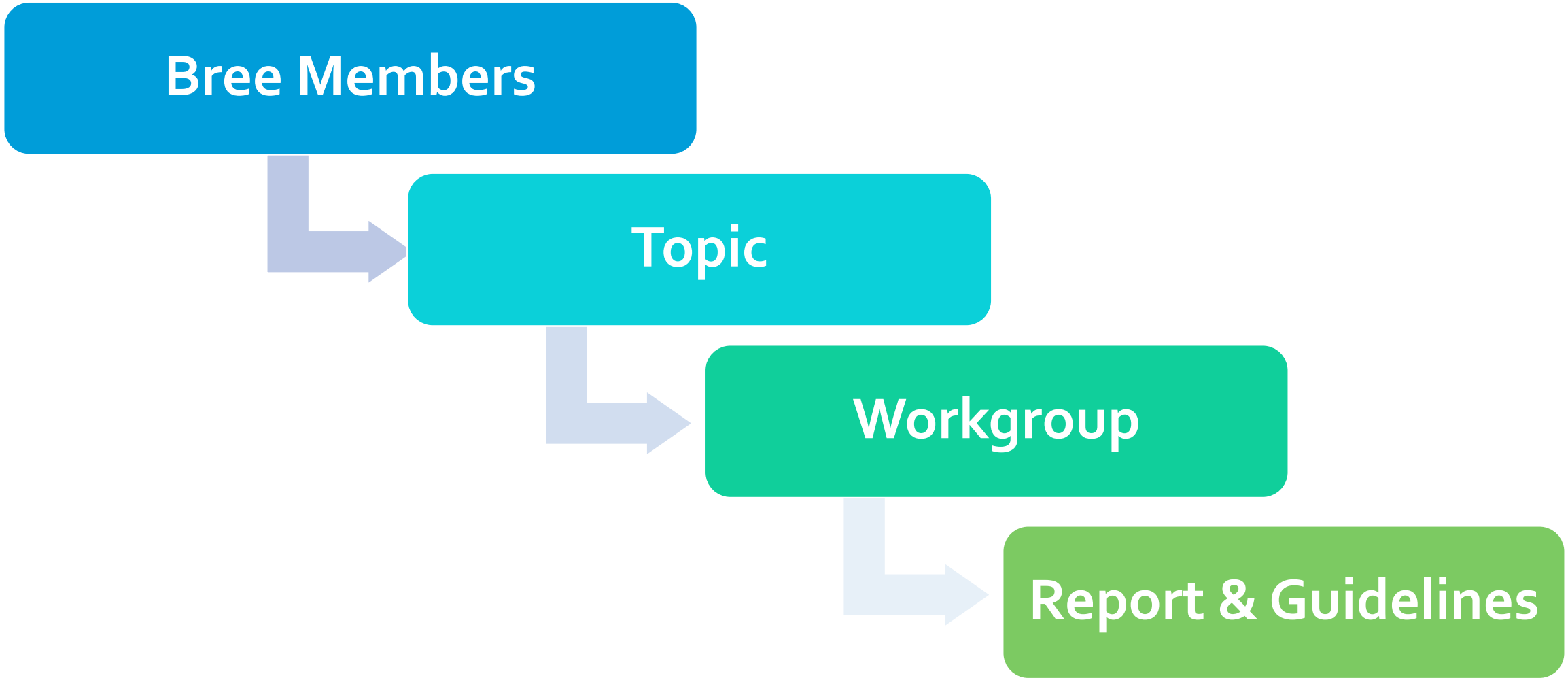



Identify health care services with high:

- **Variation**
- **Utilization**

Without producing better outcomes **and/or equitable outcomes**

# Introduction to the Bree Collaborative Process



# Report Audiences

- Washington State Health Care Authority and Department of Health
- Health Plans
- Health Care Purchasers (employers and union trusts)
- Patients and Family Members
- Specialty Palliative Care Teams
- Primary Care Providers and Sub-specialty Providers
- Health Systems

# Palliative Care Report and Guidelines

# Palliative Care Workgroup

- **Aim**: To develop best practice recommendations for palliative care regarding:
  - Assessment of patients with serious illness for primary and/or specialty palliative care need
  - Care delivery frameworks
  - Payment models to support delivery of care.
- **Final Report and Guidelines adopted November 2019**

# Workgroup Members

- **Chair: John Robinson, MD, SM, Chief Medical Officer, First Choice Health**
- Lydia Bartholomew, MD, Senior Medical Director, Pacific Northwest, Aetna
- George Birchfield, MD, Inpatient Hospice, EvergreenHealth
- Raleigh Bowden, MD, Director, Okanogan Palliative Care Team
- Mary Catlin, MPH, Senior Director, Honoring Choices, Washington State Hospital Association
- Randy Curtis, MD, MPH, Director, Cambia Palliative Care Center of Excellence, University of Washington Medicine
- Leslie Emerick, Director of Public Policy, WA State Hospice & Palliative Care Organization
- Ross Hayes, MD, Palliative Care Program, Bioethics, Rehabilitation, Pediatrician, Seattle Childrens
- Greg Malone, MA, MDiv, BCC, Palliative Care Services Manager, Swedish Medical Group
- Kerry Schaefer, MS, Strategic Planner for Employee Health, King County
- Bruce Smith, MD, Medical Director of Providence Hospice of Seattle, Providence Health and Services
- Richard Stuart, DSW, Psychologist, Swedish Medical Center - Edmonds Campus
- Stephen Thielke, MD, Geriatric Psychiatry, University of Washington
- Cynthia Tomik, LICSW, Manager, Palliative Care, Evergreen Health
- Gregg Vandekieft, MD, MA, Medical Director for Palliative Care, Providence St. Peter Hospital
- Hope Wechkin, MD, Medical Director, Hospice and Palliative Care, EvergreenHealth

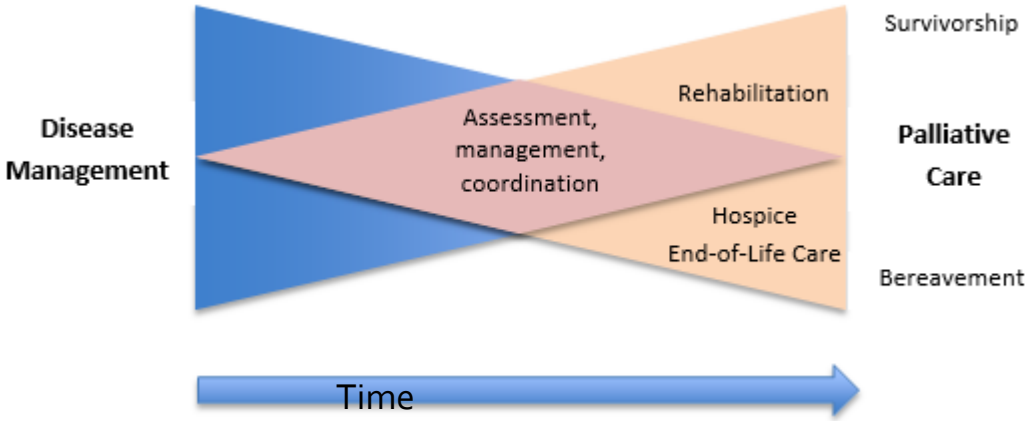
# Focus Areas

- **Defining palliative care** using the standard definition developed by the National Consensus Project
- **Spreading awareness** of palliative care.
- **Clinical best practice provisions** of palliative care
- **Availability of palliative care** through revision of benefit structure such as a per member per month (PMPM) benefit.

# Definitions

- Serious illness is a condition that "*negatively impacts quality of life and daily function, and/or is burdensome in symptoms, treatments, or caregiver stress*… [and] *carries a high risk of mortality*."

**"focuses on expert assessment and management of…symptoms, assessment and support of caregiver needs, and coordination of care [attending] to the physical, functional, psychological, practical, and spiritual consequences of a serious illness. It is a person- and family-centered approach to care, providing people living with serious illness relief from the symptoms and stress of an illness."**




Source: Kelley AS. Defining "serious illness". J Palliat Med. 2014 Sep;17(9):985.

Source: National Consensus Project for Quality Palliative Care. Clinical Practice Guidelines for Quality Palliative Care, 4th edition. Richmond, VA: National Coalition for Hospice and Palliative Care; 2018. www.nationalcoalitionhpc.org/ncp.

# Primary and Specialty Palliative Care

## Primary Palliative Care

- Delivered within primary care and relevant sub-specialty care
- Meets physical, functional, psychological, practical, and spiritual consequences of a serious illness
- Refer patients to specialty palliative care when needs cannot be met

## Specialty Palliative Care

- Interdisciplinary team
- Includes or has access to a care coordination function and is able to meet medical, psychological, and spiritual care needs
- Access (e.g., telemedicine) to 24/7 specialty expertise highly recommended

# Interdisciplinary Team

- The National Consensus Project defines the interdisciplinary team as a "*team of physicians, advanced practice registered nurses, physician assistants, nurses, social workers, chaplains, and others based on need*" and breaks out professions by the following roles:

| **Physicians and/or advanced practice providers** | **Nurses** | **Social workers** | **Chaplains** | **Clinical pharmacists** |
|---|---|---|---|---|
| Illness trajectory, prognosis, and medical treatments | Assessment, direct patient care, serving as patient advocate, care coordinator, and educator | Family dynamics, assess and support coping mechanisms and social determinants of health, identify and facilitate access to resources, and mediate conflicts | Spiritual care specialists, assess and address spiritual issues and help to facilitate continuity with the patient's faith community as requested | Medication management, adjustment and deprescribing |

# **Initial Assessment and Ongoing** Assessment and Management

- Goals of care conversations including around hospitalization
- Advance care planning
- Cognitive impairment
- Functional needs
- Symptom management and medical care
- Pharmacy management
- Caregiver needs
- Behavioral health and psychosocial (i.e., depression, anxiety, suicidality, others)
- Spiritual care needs
- Care Coordination
- Urgent Issues

# Benefit Structure

- A per member per month (PMPM) palliative care benefit for seriously ill patients
- Open to all ages
- Follows a patient across care settings (e.g., if hospitalized)
- Does not require the patient to be homebound or t stop curative or disease modifying therapy
- Setting the of provision of specialty palliative care services (e.g., hospital) as the accountable entity

# Benefit Structure Cont'd

## Identification:

- Develop an agreed-upon strategy to identify seriously ill patients (e.g., such as with the PACSSI Eligibility and Tiering Criteria outlined in **Appendix D**).

## Interdisciplinary:

- Require an interdisciplinary approach to care that does not require a physician to lead the interdisciplinary team.

## Payment structure:

- Offer a larger payment for the initial intake visit, a PMPM payment, and a smaller per-in-person visit payment.

# Benefit Structure Cont'd

- **Services:** Palliative care should include the following services…

- An initial assessment
- Goals of care conversation(s)
- Advance care planning
- Assessment of cognitive impairment
- Assessment and management of
  - functional needs
  - symptoms/medical care
- Pharmacy management
- Caregiver support, if needed
- Assessment and management of behavioral health/psychosocial needs related to serious illness
- Spiritual care needs
- Other, as needed
- Ongoing management
- Define excluded services (e.g., hospitalizations for unrelated diagnoses)

# Benefit Structure Cont'd

**Measure:** Measure success using at least one metric related to

1. Potentially avoidable complications
2. Patient-specific quality of life.

# How to use the report?

- Review your section
- Familiarize yourself with other audiences
- Assess your work
- Prioritize a guideline
- Implement
- Evaluate

# Implementation Guide

## Palliative Care

| GUIDELINE INFORMATION |
| --- |
| READ ON-LINE |
| RESOURCES AND TOOLS |
| METRICS AND EVALUATION TOOLS |
| EXAMPLES OF IMPLEMENTATION - IN DEVELOPMENT |

**Guideline title: Palliative Care Report and Guidelines**

**Publication Status:** Active

**Date of publication**: 2019

**Date of last evidence search:** 2019

**Scope:** Definitions; spreading awareness of palliative care; clinical best practice; revision of benefit structure.

**Methods:** Current guidelines and literature review and expert consensus

**Description:** These guidelines present steps for adoption for individual stakeholder groups including patients and family members, specialty palliative care, health care systems, health plans, and the Washington State Health Care Authority on pages 5-11. Palliative care is further defined, including information on best practices for spreading awareness, clinical components of high-quality palliative care, differences between primary and specialty palliative care, and when to refer to specialty palliative care. Goals of care conversations are discussed and reimbursement strategies are outlined. Finally, quality metrics are outlined.

# Bree Collaborative Awards Program

LEARN MORE ABOUT OUR AWARDS PROGRAM BY WATCHING OUR VIDEO AT: https://www.youtube.com/watch?v=eDnHVx1rqto

## Pathfinder Award

Awarding program: *Bree Collaborative*

Criteria: *Completion of a checklist at any level, for any topic*

Submission Deadline: *None*

Award notification: *on receipt of checklist*

## Trailblazer Award

Awarding program: *Bree Collaborative*

Criteria*: Completion of a score card for any topic*

Submission Deadline: *End of calendar year*

Award notification: *January of each year*

## Mountain Climber Award

Awarding program: *Foundation for Health Care Quality*

Criteria: *By invitation for those who have won a Trailblazer Award*

Submission Deadline: *Annually by March 1st*

Award notification: *April 30th each year*

# Social Need and Health Equity Summit

- Date: Thursday, November 7th, 2024
- Time: 9am-12:15 pm pt
- Virtual
- Cost: Free
- CME credits available
- Plenary Speaker: Edwin Lindo, JD


This activity has been approved for *AMA PRA Category 1 Credit™*.

# Stay in Touch

## Thank you!

Sign up for our Listserv by scanning the QR code

**Contact:**

bree@qualityhealth.org


Attend our SNHE Summit 11/7