

#### VCU Palliative Care ECHO\*

September 12, 2019 Outpatient Palliative Care





#### Continuing Medical Education

#### September 12, 2019 | 12:00 PM | teleECHO Conference

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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.





#### Disclosures

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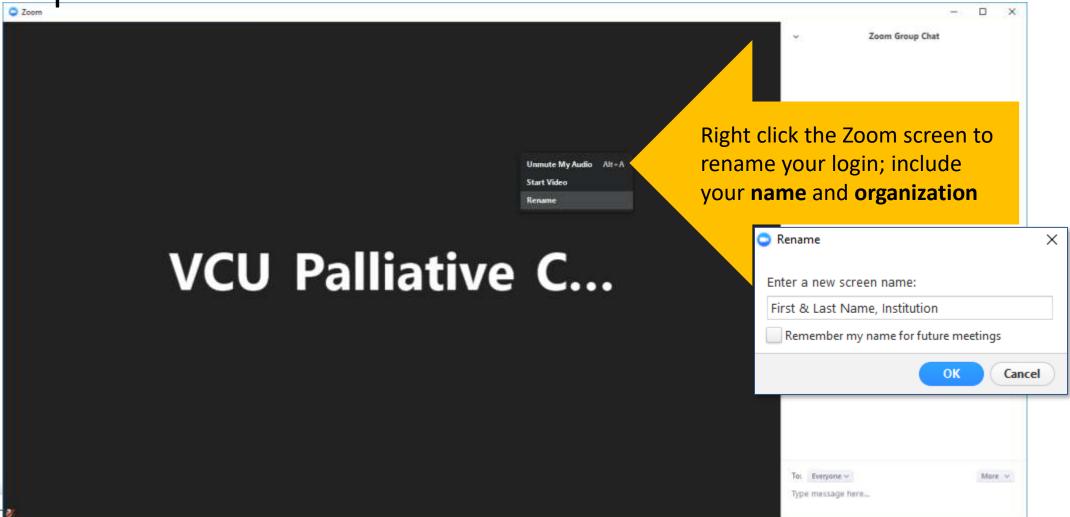
J. Brian Cassel, PhD Danielle Noreika, MD

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





Helpful Reminders







## Helpful Reminders





- I. Didactic Presentation20 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: <u>www.vcuhealth.org/pcecho</u>
- Email: <u>pcecho@vcuhealth.org</u>







#### **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 Program Manager Telemedicine Practice Administrator IT Support	Teri Dulong-Rae & Bhakti Dave, MPH David Collins, MHA Frank Green	





## 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

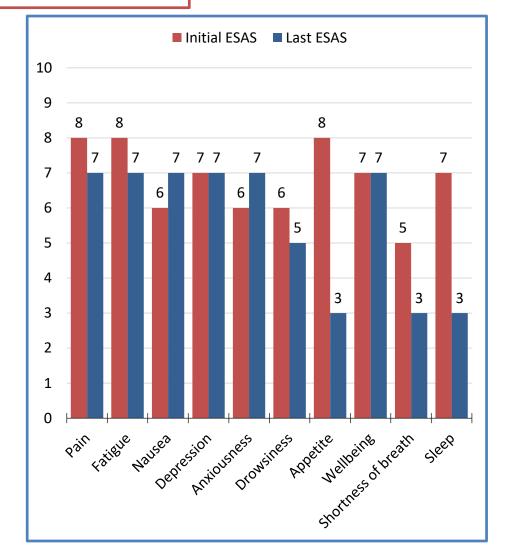
#### **VCU Massey Cancer Center**

- 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

#### Symptoms, function improved

#### **VCU Massey Cancer Center**

- 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:  $15.4 \rightarrow 17.3$
- SPPB:  $6/12 \rightarrow 9/12$
- 6MW:  $485 \rightarrow 1252 \text{ feet}$
- Handgrip:  $33 \rightarrow 38$

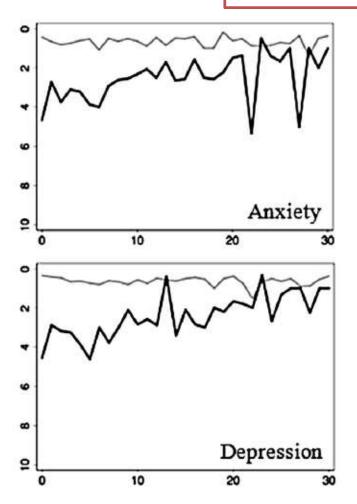


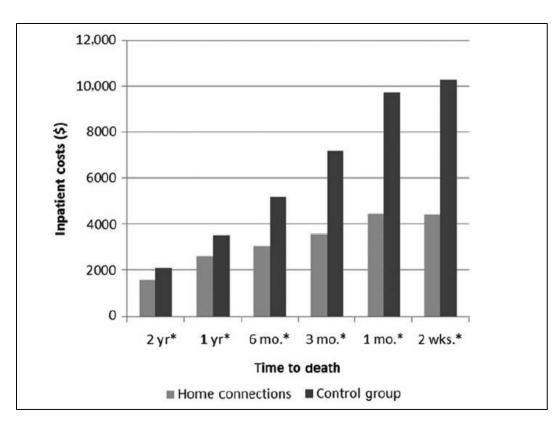
#### **CBPC** outcomes

Program / population	Positive effects	Source
PC in primary care clinic for adv CHF, COPD, cancer	Dyspnea, anxiety, spiritual well-being, sleep quality, satisfaction with care	Rabow: Arch IM 2004, JPSM 2003
Outpatient PC for adv NSC lung cancer	Survival, quality of life, depressive symptoms	Temel NEJM 2010 / JPM 2016
Home-based PC for home-bound Ca, CHF, COPD	Satisfaction, more at-home deaths, fewer ED visits and hospitalizations	Brumley JAGS 2007
Home-based PC for all conditions (cancer, CV, respiratory, etc.)	Anxiety, appetite, dyspnea, well-being, depression, nausea; hospice use; lower healthcare costs	Kerr JPM 2014, JPSM 2014
Home-based PC for MSSP (ACO) beneficiaries	Increased hospice enrollment & length; less hospital use & lower costs	Lustbader JPM 2017
Home-based PC for MA; CHF, Cancer, COPD, dementia	Less hospital use and lower healthcare costs; patient experience high	Cassel JAGS 2016
Psycho-educ telehealth for adv cancer & care-givers	Patient survival, caregiver depression	Bakitas & Dionne- Odom JCO 2015

#### Symptoms controlled, costs lower

"Home Connections" (Buffalo NY)



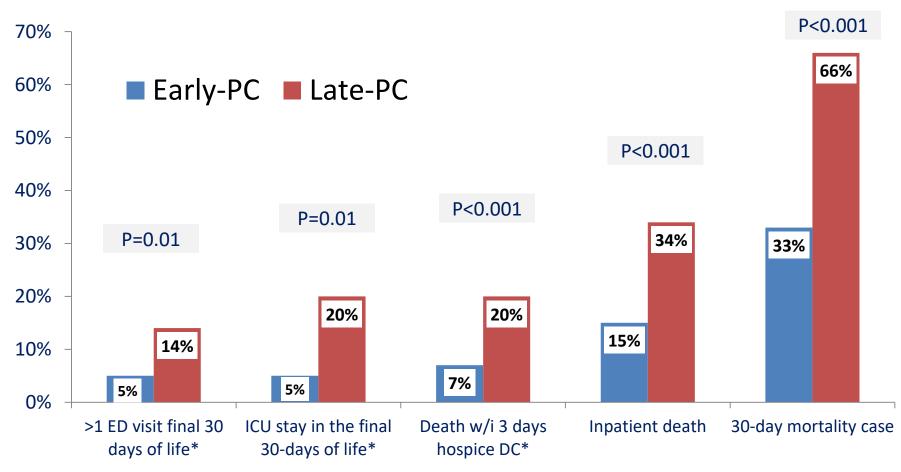


Mean ESAS item scores (y-axis) as a function of the week of enrollment (x-axis) within groups categorized by the score at enrollment: good scores (0-2) on onset are represented by the gray line and moderate (4-6) and/or poor (7-10) scores at onset are represented by a black solid line (n=428).

- Kerr, Donohue, Tangeman et al. [Cost outcomes] JPM 2014 Dec;17(12):1328-35.
- Kerr, Tangeman, Rudra et al. [Clinical outcomes] JPSM. 2014 Nov;48(5):883-92.

#### **UCSF Symptom Management Service**

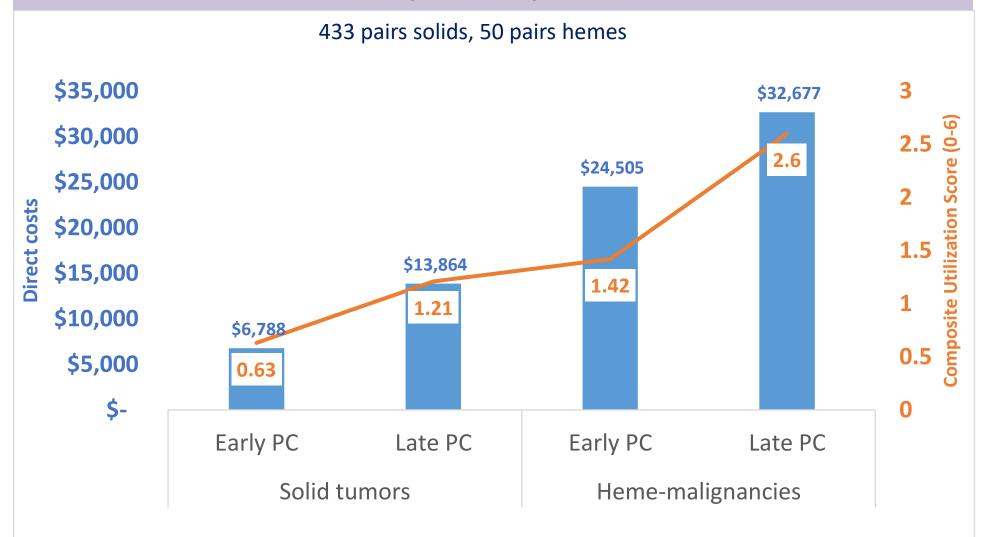
297 cancer patients, 204 with Late-PC: first PC within 90 days of death 93 with Early-PC: first PC >90 days preceding death



<sup>\*</sup>NQF measures

Scibetta C, Kerr K, Mcguire J, Rabow MW. *The Costs of Waiting: Implications of the Timing of Palliative Care Consultation among a Cohort of Decedents at a Comprehensive Cancer Center*. J Palliat Med. 2016 Jan;19(1):69-75.

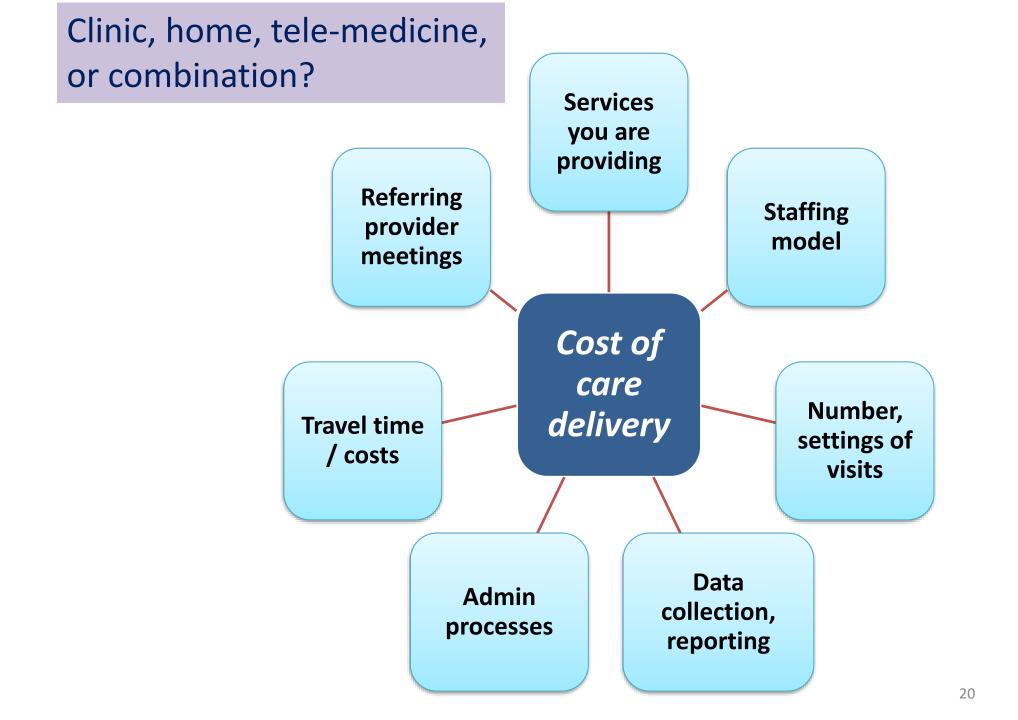
#### VCU study early vs. late PC



Solids: p<.0001 for costs and composite score. Hemes: p=.041 for costs, p=.001 for composite. Interaction effects: p=.439 for direct costs, p=.023 for composite score

# 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 riskbearing 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



#### References and resources

- Rabow M, Kvale E, Barbour L et al. Moving upstream: a review of the evidence of the impact of outpatient palliative care. J Palliat Med. 2013 Dec;16(12):1540-9.
- Pimentel LE, De La Cruz M, Wong A, et al. Snapshot of an Outpatient Supportive Care Center at a Comprehensive Cancer Center. J Palliat Med. 2017 Apr;20(4):433-436.
- Temel JS, Greer JA, Muzikansky A, et al. Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer. N Engl J Med. 2010 Aug 19;363(8):733-42.



## 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.

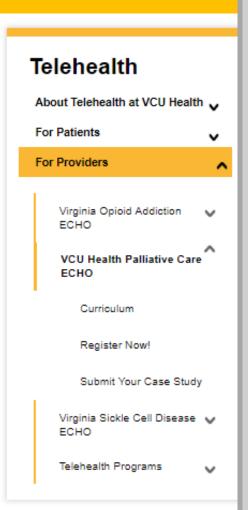
We have a long-standing palliative care program with an inpatient unit, consult service and supportive care clinic to provide serious illness care. Many communities in Virginia do not have access to palliative care and we're here to help.

- 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.



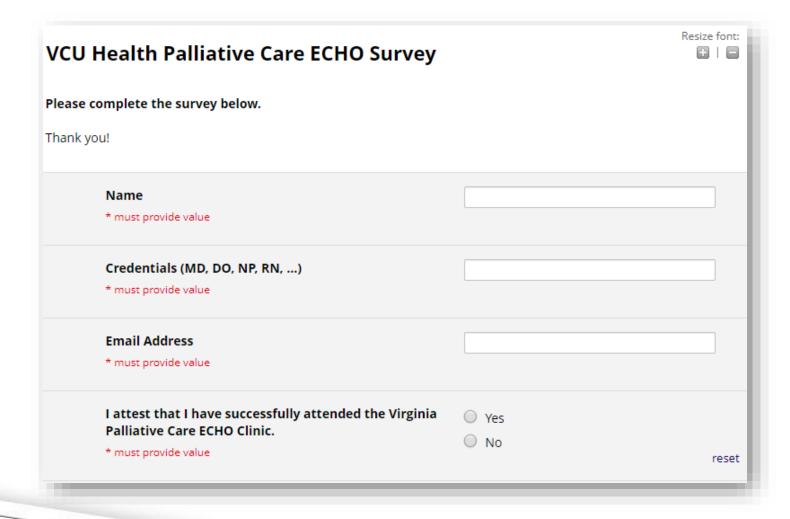
About Palliative Care







## Submit your evaluation to claim your CME





## View recorded sessions at www.vcuhealth.org/pcecho



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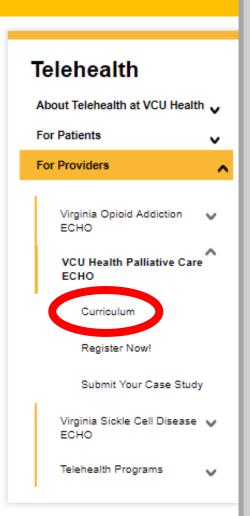
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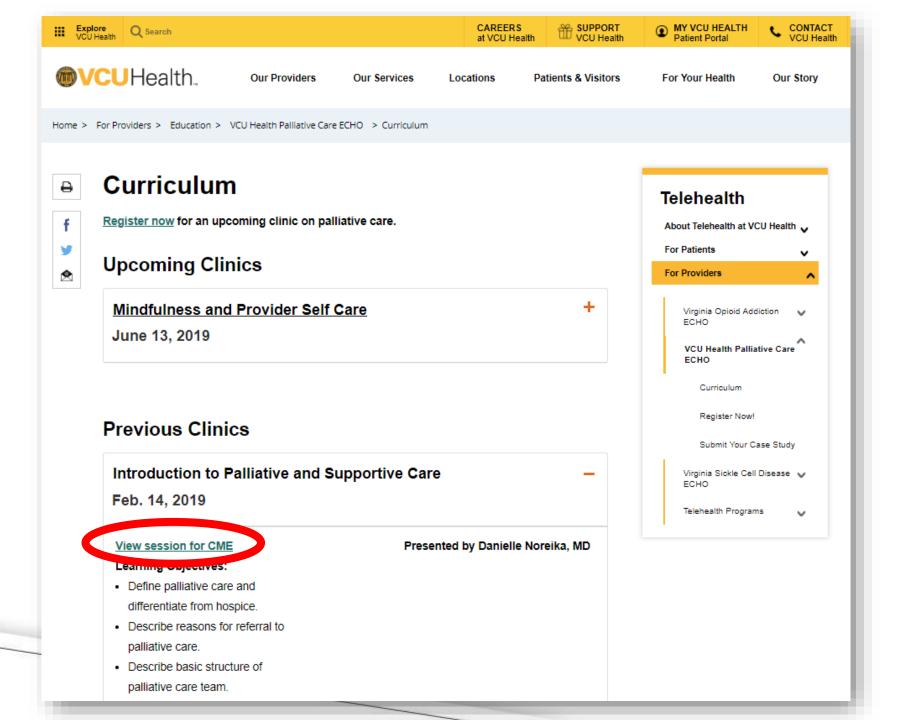
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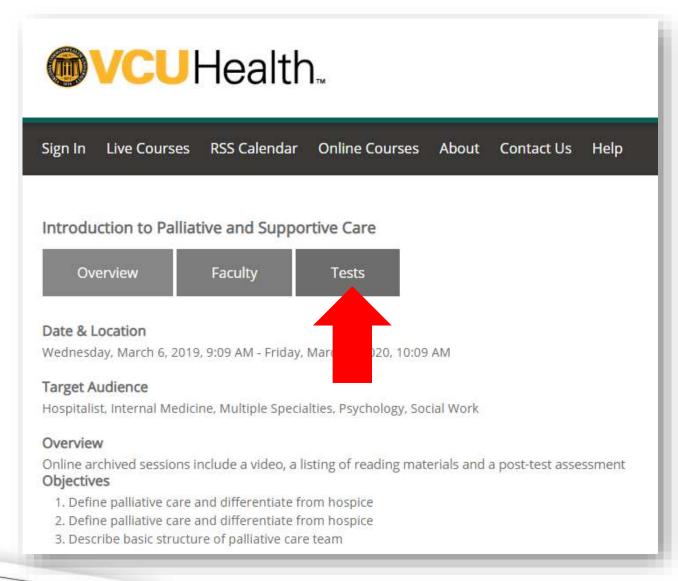






## View previously recorded ECHOs for CME

Click "Tests" to view video of the session and take a short quiz for continuing education credit



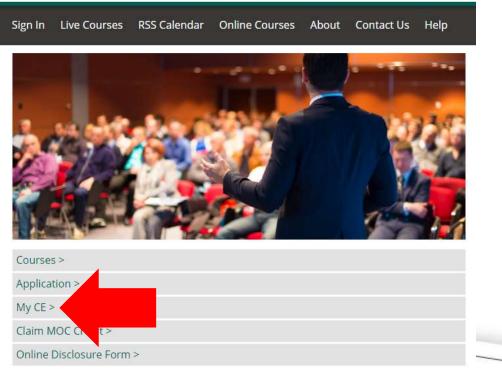


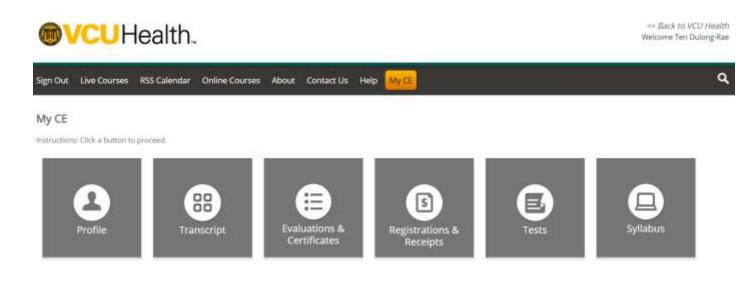


## View your CME/CEU transcript

- Go to <u>vcu.cloud-cme.com</u> and click "My CE"
- Log in with the email you used to register for our ECHO session







# Virginia Commonwealth University

Suffix

## View your CME/CEU transcript

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Please complete the information below. Required fields are noted with a red asterisk. Scroll down and click Submit. If you are new to this system, you will need to login with your email address and the password you created below.

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I am NOT a member of VCU Health Staff

I am eligible for the following credit categories  AMA PRA Category 1 Credits™  AAFP - American Academy of Family Physicians  ACPE - Accreditation Council for Pharmacy  Education  ANCC - American Nurses Credentialing Center  (contact hours)  ADA CERP - American Dental Association  Continuing Education Recognition Program  ABA MOCA 2.0 Part 2	<ul> <li>✓ Non-Physician Attendance</li> <li>AAP - American Academy of Pediatrics</li> <li>ABIM - American Board of Internal Medicine MOC Part II</li> <li>ASET - The Neurodiagnostic Society ACE</li> <li>ABP - American Board of Pediatrics MOC Part II</li> <li>General Attendance</li> <li>ABIM MOC Part 2</li> <li>ABPN MOC Part 2</li> </ul>
American Psychological Association	ADEN MOC Part 2
Basic Information	
Employee Category  I am an employed member of VCU Health Staff.  I am a community member of VCU Health Staff.	

Last





#### THANK YOU!

We hope to see you at our next ECHO

