The Past and Future of Minnesota Planning for End of Life Care

Ed Ratner, MD
Associate Director, Education, Geriatrics Center, Minneapolis VA

Julie Benson, MD
Immediate Past President, MNHPC
Member, Palliative Care Advisory Group

Objectives

- Review the MN Commission on the End of Life Care (2000-2002)
- Describe consequences of the commission
- Review newly commissioned Palliative Care Advisory Council (2017)
- Explore future direction of End of Life Care in MN

Disclosures

- Ed Ratner has nothing to disclose
- Julie Benson has nothing to disclose

*** Though the title describes EOL care this presentation is not limited to EOL and includes palliative care
Commission on the End of Life Care
2000-2002

Outcomes Since the 2002 Minnesota Commission on End of Life Care

Edward Ratner, MD
University of Minnesota Medical School
Minneapolis VA Medical Center, GRECC

State Commission History
- Collaboration of MN Partnership to Improve End of Life Care and MN Dept of Health
- Funding: Robert Wood Johnson Foundation
- Created in May 2000
- 28 members (professional, public and gov’t)
- Final Report January 2002
Commission Recommendations
- Access to end of life care and services
- End of life education
- End of life public policy

Access to Care and Services
- Pediatrics – Create Central Resource Center
- Rural
  - Professional and Public Education
  - Fund hospice in underserved areas
- Minority and Immigrant
  - Professional and public education
  - Develop cultural assessment tool

Education
- Five guiding principles:
  - Discuss and respect preferences
  - Efforts to relieve pain and other physical sx.
  - Address emotional, spiritual, and personal suffering
  - Provide information about prognosis
  - Acknowledge grieving
- Target to public and health care organizations, professionals and trainees
Public Policy

- Improve funding for EOL care in senior housing and nursing homes
- Develop POLST
- Patients without surrogates (adult orphans)
  - Identify
  - Help find surrogates
  - Improve process for urgent decision making

Minnesota EOL Initiatives

- 24 rural palliative care programs [link]
- Hospice Medical Directors group
- U of MN Academic Health Center student curriculums
- Continuing education through MNHPC, U of MN SPH, others

Minnesota EOL Initiatives

- Widespread hospital palliative care teams [link]
- Metropolitan-wide ACP program (Honoring Choices) [link]
- Public TV (and Web) promotion of ACP [link]
- Implementation of POLST [link]
Since Minnesota’s Statewide Commission on EOL 15 years ago there has been:

- Expansion of education
- Program development
- Policy change
- Shift in deaths out of nursing homes

Palliative Care Advisory Council

2017
Statute [144.059]

- Created during 2017 legislative session
- 2017-2025
- Requires 18 public members
- 3 year terms and may be reappointed
- Reports to Commissioner of Health
- Must meet twice yearly
- Must submit a report each February
- Must have 6 members outside of the metro areas
- Open meetings

Duties

- Assess availability of PC in the state
- Analyze the barriers to access PC
- Recommend legislative actions to improve access to PC

Members

- 2 physicians
- 2 RNs or APRNs
- 1 care coordinator
- 1 spiritual counselor
- 3 licensed health professionals
  - Dietitian, therapist, pharmacist, complimentary health care provider
- 1 social worker
- 4 patients or personal caregivers
- 1 health plan rep
- 1 physician assistant
- 2 at large members
- Student designation
Members

- MD certified by ABHPM
  - Julie Benson, MD, FAAFP
- MD
  - Kirstin LeSage, MD
- RN certified NBCHPC
  - Joan Chrastek, RN, DNP, CHPN, FPCN
- RN
  - Rebecca Weber, MSN, NP-C, APRN, CPM
- Care Coordinator
  - Patrice Moore, RN, OCN, BSN

Members

- Spiritual Counselor
  - Elizabeth Mahan, DMin, BCC
- 3 Licensed Health Professionals
  - Ginger Thompson, Pharmacist
  - Mark Burnett, MT-BC, Music Therapist
  - Adine Stokes, LSW
- Licensed Social Worker
  - Mindy Wise, LICSW
- Representative from health plan
  - Howard Epstein, MD, SFHM

Members

- 4 patients or caregivers
  - Jessica Hausauer*, PhD – MNHPC
  - Darrell Shu, mother of Levi
  - Deborah Laxon, wife of
  - Carol Shapiro,
- Physician Assistant, HPM
  - Ryan Baldeo, MPAS, PA-C
- 2 Members at Large
  - Karen Grandstrand Gervais, PhD
  - Karen Wald, MS, CCC-SLP
- Student
  - Joy Liu**, MS4 – Mayo Medical School
To date

- First meeting November 2017
- Meet monthly 2nd Wednesday of the month from 5-7 p.m.
- Selected chair & vice chair
- Developed bylaws
- Reviewed other state work
- Prepared first report
- Strategic planning

CAPC grade of MN

2015 data
- A - >80% of the state’s hospitals reporting a palliative care team
  - < 50 beds – 28%
  - 50-150 beds – 52%
  - 151-300 beds – 70%
  - >300 beds – 96%

CAPC

- Defined barriers to access PC
  - Workforce
  - Research
  - Payment models
Texas
- Promote 2 component definition of Palliative Care
  - SPC (supportive & PC) and HC (hospice care)
- Expand SPC programs in Texas
- Increase SPC training & awareness for all healthcare professionals
- Promote highest standards for quality
- Provide model policies & protocols for SPC programs

MMA convened system CEOs and CMOs pre 2015 to identify area for collaboration (pre 2015)
- End of life was identified as an area ripe for collaboration
- Charge: The Collaborative Task Force will work to identify best practices for the last 18 months of life, including implementation strategies.

In 2016, MMA convened a group of palliative care leaders across systems who scoped a specific role within this charge:
- Foster a culture and community standard that normalizes serious illness communications and goals of care
Objective
Foster a culture and community standard that normalizes serious illness communication and goals of care by:

Phase 2: Commit, Invest, Equip Systems, Train, and Track
Phase 3: Implement, Communicate, Evaluate, and Scale

Outcomes
Improved quality of life and patient experience
Decreased LOS, visits, utilization, cost of care
Decreased provider burnout

Preliminary Metric(s)
Presence of serious illness conversation/goals of care documented in medical record
(Potential) clinician self-rated confidence and competence in serious illness communication

Other best practice resources
First Iteration Hub Goals

Help health systems:
- Disseminate primary palliative care skills among all physicians (not just palliative specialists) in serious illness communication
- Identify patients who require serious illness communication
- Increase skills and confidence including trackable documentation of conversations

Hospice Minnesota created in 1980
- Changed names in 2011
  - To include palliative care into its name
  - To reflect the changing focus not just on the End of Life but more upstream to include serious illness

Other State Work
MNHPC

- **Education**
  - Annual Conference
  - Fall Forum
  - Webinars
  - We Honor Veterans
  - Hospice Stories
  - Public events – Byock and Gawande
  - Emergency preparedness

MNHPC

- **Advocacy**
  - PCAC
  - Meet with legislators
  - MDH
  - NHPCO

- **Standards of Practice**

Stratis

- **Rural Palliative Care Initiative**
  - 2008 – 2010: 10 communities

- **Rural PC Community Development Project**
  - 2010 – 2012: 6 communities
  - 2013 – 2014: 8 communities

- **Palliative Care Measurement Pilot**
  - 2013 – 2014: 6 communities

- **Expanding Rural PC Initiatives**
  - 2017 – 2020: ND, WA, WI
  - Each will guide 5-8 communities
Conduct rural palliative environmental scan
Launch pilot with 1-2 rural community-based palliative care programs to explore the use of technology
Create a blueprint to advance palliative care in rural areas in the context of the changing health payment/reimbursement programs.

Targeting Resource Use Effectively (TRUE)
- Goal: Optimize hospice use
  - Increase appropriate referrals to hospice
  - Increase the length of stay of hospice patients (days of care)

MN has made great strides in caring for people at the end of life
We are moving upstream from EOL & Hospice to palliative care
There are growing palliative care initiatives in MN
Palliative care is not just in hospitals

Conclusion