

NHPCO Project ECHO

August 24, 2022

Case presentation by Allegheny Health Network, Pittsburgh, PA

ECHO Session Facilitator

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Vice President Quality, NHPCO



Disclosures

Disclosure

The planners and faculty disclose that they have no financial relationships with any commercial interest.

Data Collection

In order to support the growth of the ECHO® movement, Project ECHO® collects participation data for each ECHO® program. Data allows Project ECHO® to measure, analyze, and report on the movement's reach. Data is used in reports, on maps and visualizations, for research, for communications and surveys, for data quality assurance activities, and for decision-making related to new initiatives.

Evaluation

You will be receiving an email with a link to complete a short survey about this session. Please complete the survey within 48 hours. Completion of this evaluation is required for Quality Connections credit. We ask all participants to take the survey as it will help us to improve future clinic sessions.

Today's Agenda

- Welcome and brief introductions
- Introduction of the case presenter and subject matter experts
- Brief didactic presentation and review of UR tool - case presenters discuss case details and specific questions or ponderings.
- Questions and clarifications – subject matter experts and participants
- Final thoughts

Ground Rules and Video Teleconferencing Etiquette

- This is an all share-all learn format; judging is not appropriate
- Respect one another – it is ok to disagree but please do so respectfully
- Participants - introduce yourself prior to speaking
- One person speaks at a time
- Disregard rank/status
- Remain on mute unless speaking and eliminate or reduce environmental distractions to improve sound/video quality
- Use video whenever possible; make eye contact with the camera when you are speaking
- **Do not disclose protected health information (PHI) or personally identifiable information (PII)**

Introductions

Session Presenters

- Uzma Khan, MD, Medical Director for Hospice and Palliative Medicine Jefferson Hospital, Allegheny Health Network, PA
- Georgina Lorenzi, RN, Care Coordinator, Palliative Medicine Jefferson Hospital, Allegheny Health Network, PA

Subject Matter Experts

- Andy Arwari, MD, MS FACP SFHM FAAHPM HMDC, Hospice Palliative Care Educator, Holistic Patient-Centered Care Advocate, Medical Director for Miami, Vitas, FL
- Sara Dado, LCSW , Executive Director- Adult Palliative Programs, The HAP Foundation, IL
- Amy Rose Taylor, AGNP-BC, DNP, MSN, BSN, RN, FIEL Chief of Staff to CEO, Dr. George Rapier WellMed Medical Management NY
- Kimberly Spering, MSN, CRNP, FNP-B.C., ACHPN, OACIS/Palliative Medicine Nurse Practitioner, Lehigh Valley Health Network, PA

Today's Case Themes

- Need for palliative care and early identification, especially in older adults
- Quality improvement and measurement of change
- Continuity of care after acute event, referral to palliative care and hospice

The Regulations

§ 418.3 Definitions

“Terminally ill means that the individual has a medical prognosis that his or her life expectancy is 6 months or less if the illness runs its normal course.”

§ 418.20 Eligibility requirements.

- In order to be eligible to elect hospice care under Medicare, an individual must be--
 - (a) Entitled to Part A of Medicare; and
 - (b) Certified as being terminally ill in accordance with § 418.22.

How do Local Coverage Determinations (LCDs) apply?

- LCDs are all about coverage and payment
- Established by Section 522 of the Benefits Improvement and Protection Act
 - Decisions by MACs whether to cover a particular service.
 - Is it reasonable and necessary?
- Guidelines
 - Yet frequently referred to as criteria

Quote from All MACs

“Some patients may not meet these guidelines, yet still have a life expectancy of six months or less. Coverage for these patients may be approved if documentation of clinical factors supporting a less than six-month life expectancy, not included in these guidelines, is provided.”

CMS Database. <https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>

Documentation of Prognosis

- **Paint the picture** – narrative is necessary!
- Remember Function, Cognition, Nutrition
- Use objective LCD data when it's available
- If the patient doesn't "meet" a specific LCD, describe why they are terminally ill anyway; often more than one diagnosis is contributing to the prognosis.

Next Steps

Case presentation

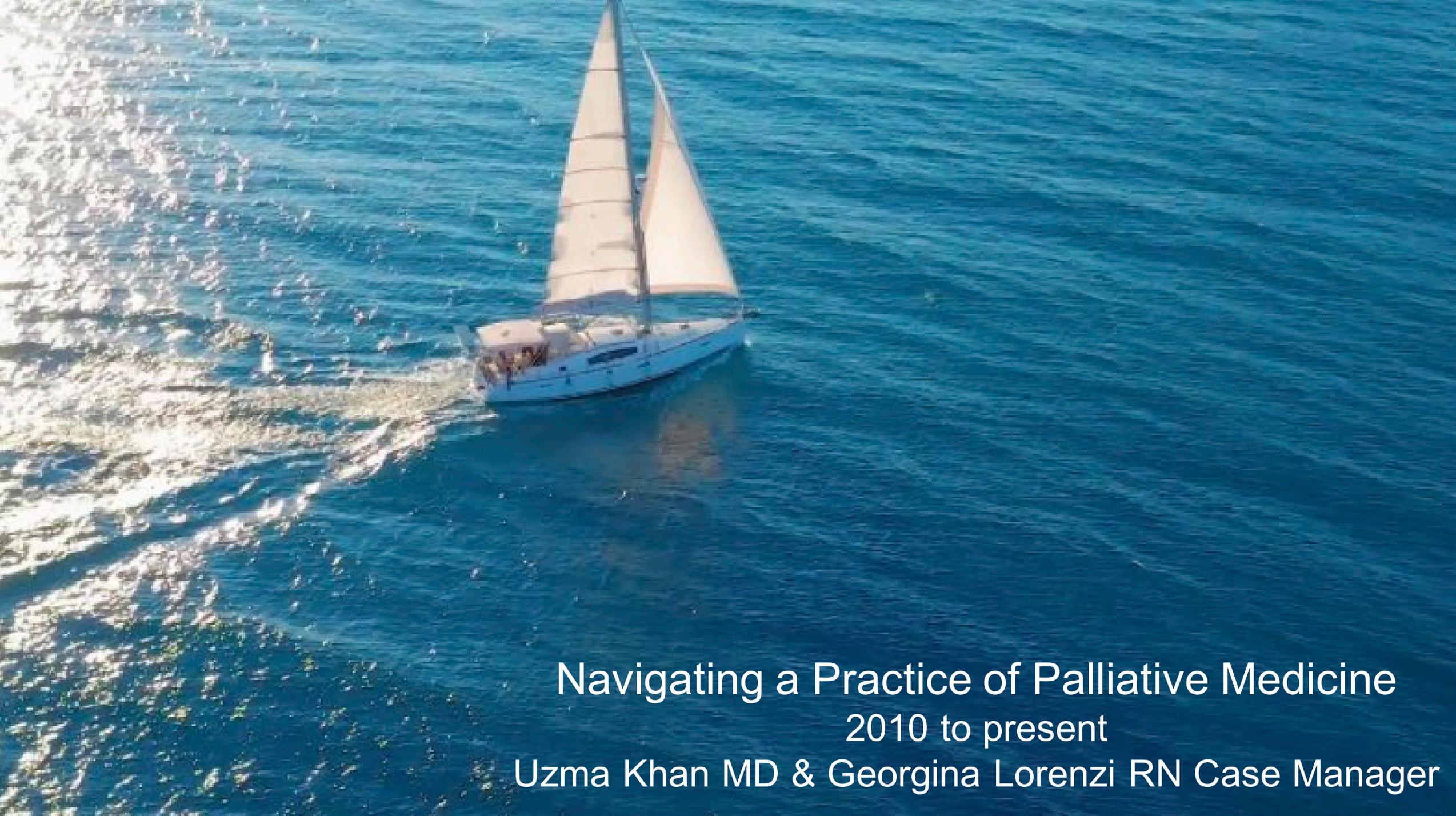
Questions

- Subject Matter Experts & Participants

Recommendations

- Subject Matter Experts & Participants

Summary

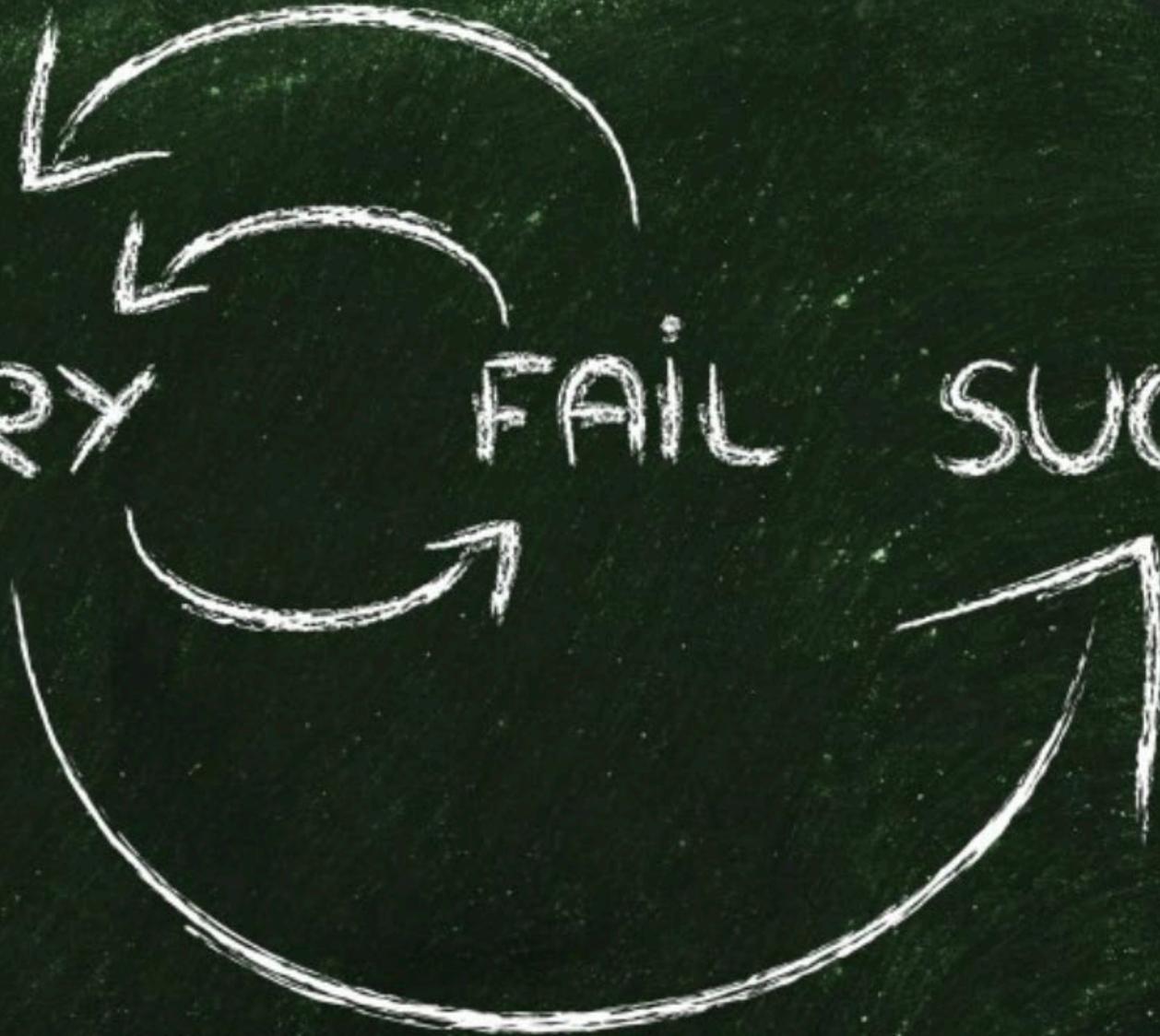


Navigating a Practice of Palliative Medicine
2010 to present
Uzma Khan MD & Georgina Lorenzi RN Case Manager

Objectives

- Understand operational metrics and their limitations
- The need for palliative care
- Education on palliative care
- Need for self-care
- Need for innovation
- Creating new metrics

TRY FAIL SUCCESS



Making the case

- Establish the groundwork/ blueprint
- Hitting the pavement
- Measuring what needs to be measured
- Learning from failures
- Feedback and staying the course
- Adapting to the rapids
- Reflecting deeply
- Growing within to grow outside
- Discovering worth and success



data
collection

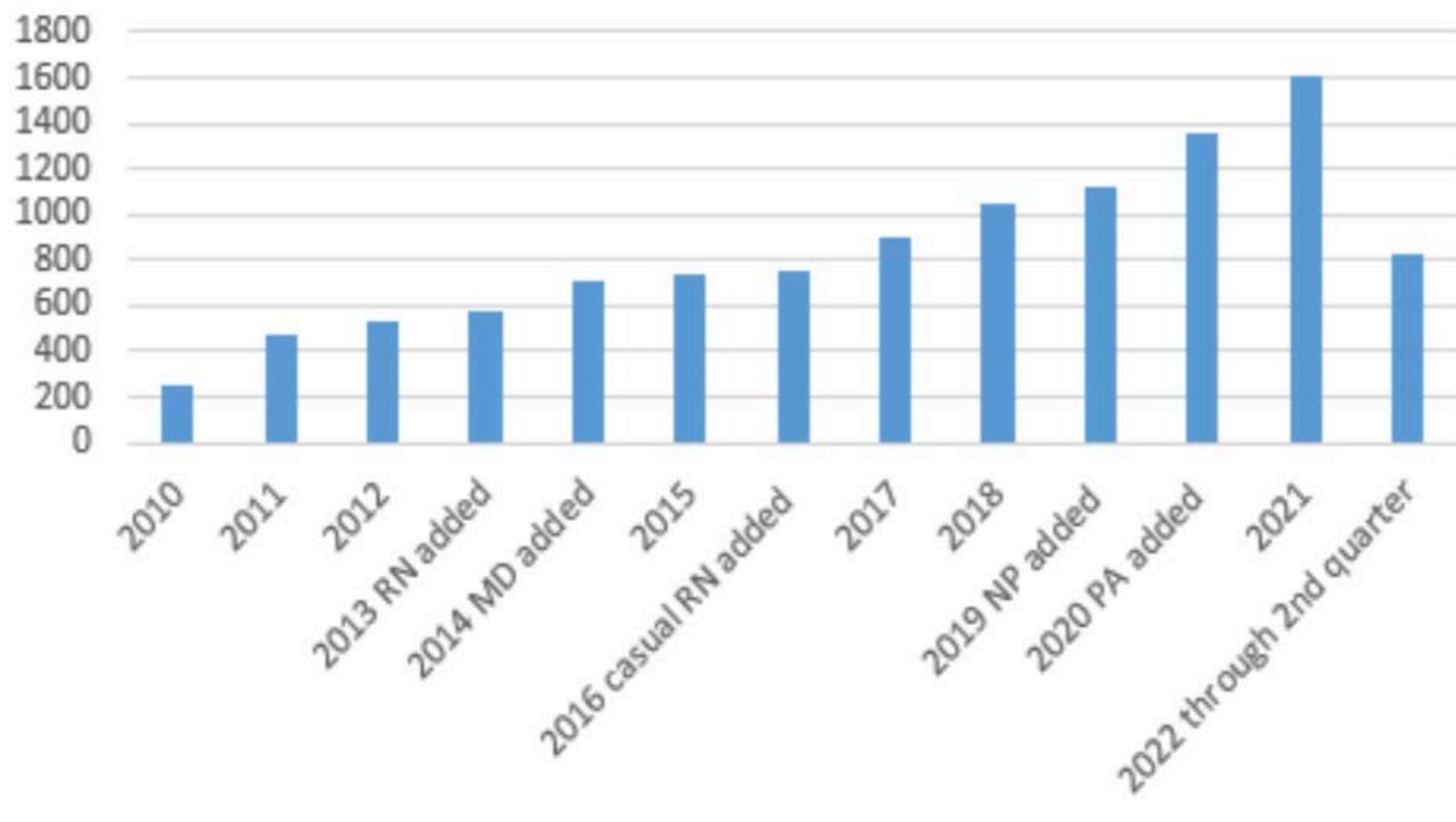
Operational Metrics

- # of consults
- # of team visits
- # of no dictation
- Disposition: inpatient hospice/outpatient hospice/ SNF/ home/PCH/LTAC
- # signed off
- # referred to outpatient palliative care
- Insurance carrier
- Source of consult

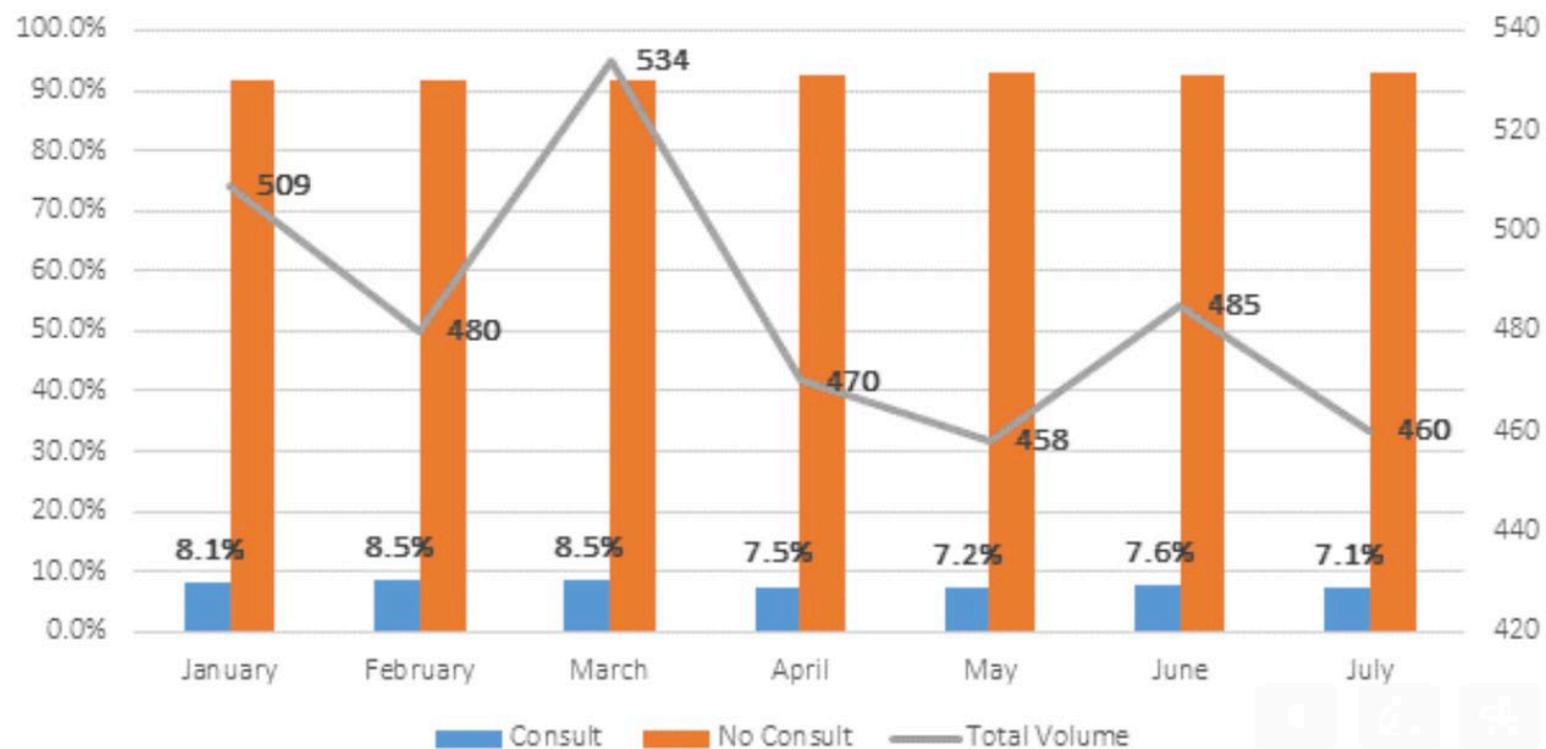
Team activities

- Daily review of patients
- Monthly interdisciplinary rounds
- Daily mindfulness time
- Palliative nurse ambassador program
- Education of nurse residents
- Data collection and review
- Development of telemedicine

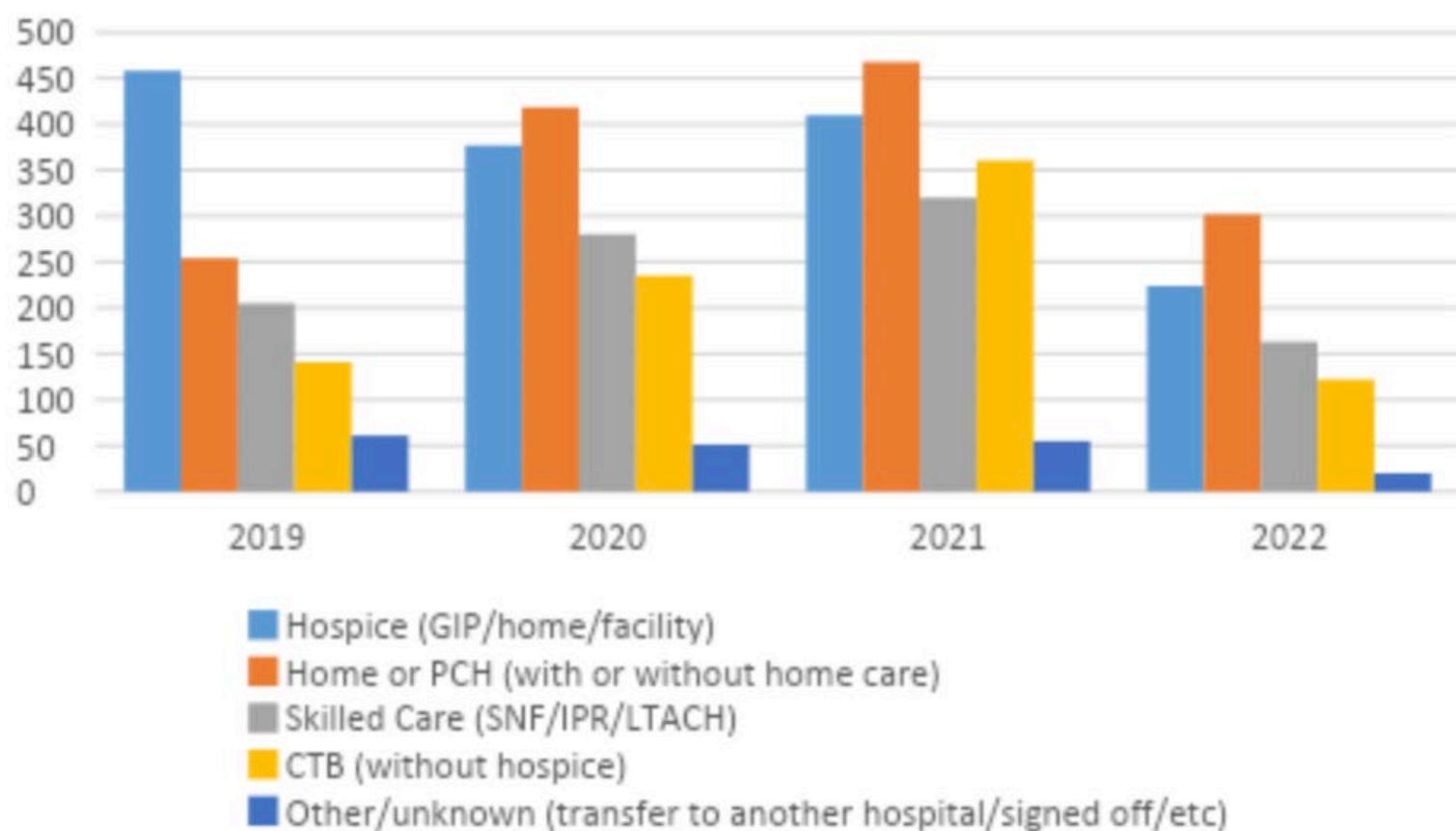
Number of Consults



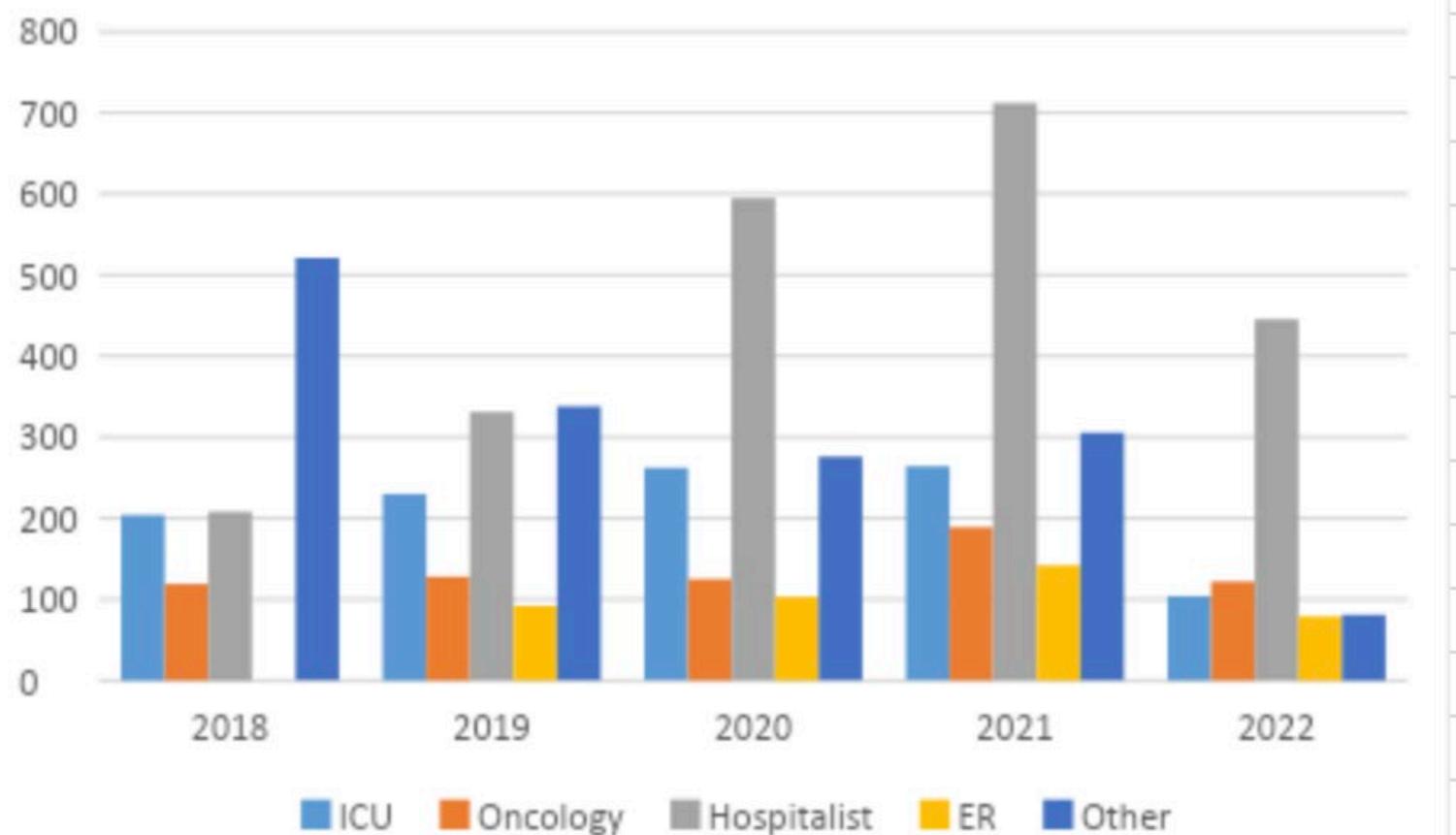
Palliative Care Consult Frequency CYTD 2022

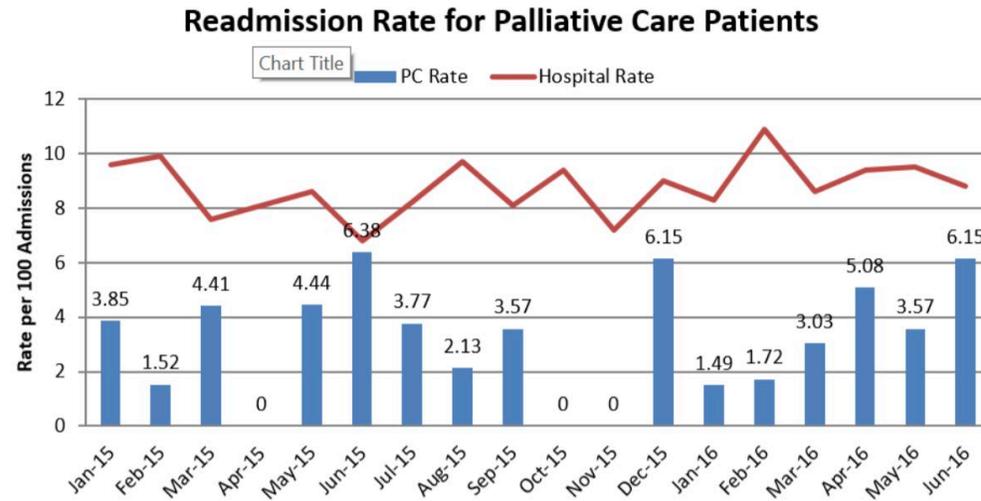
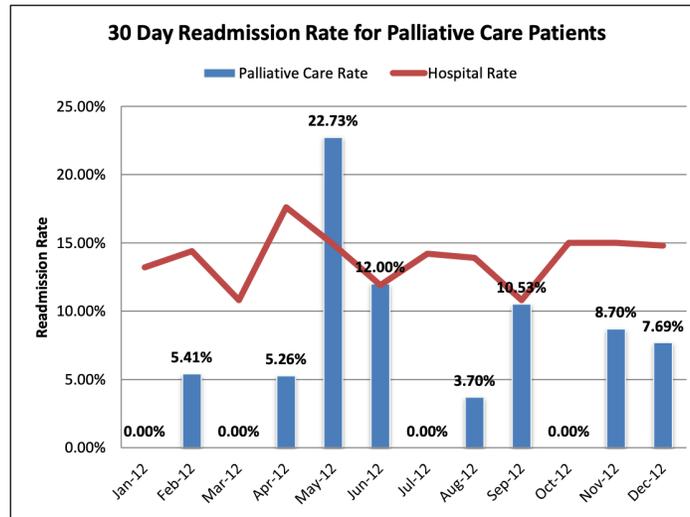


Disposition



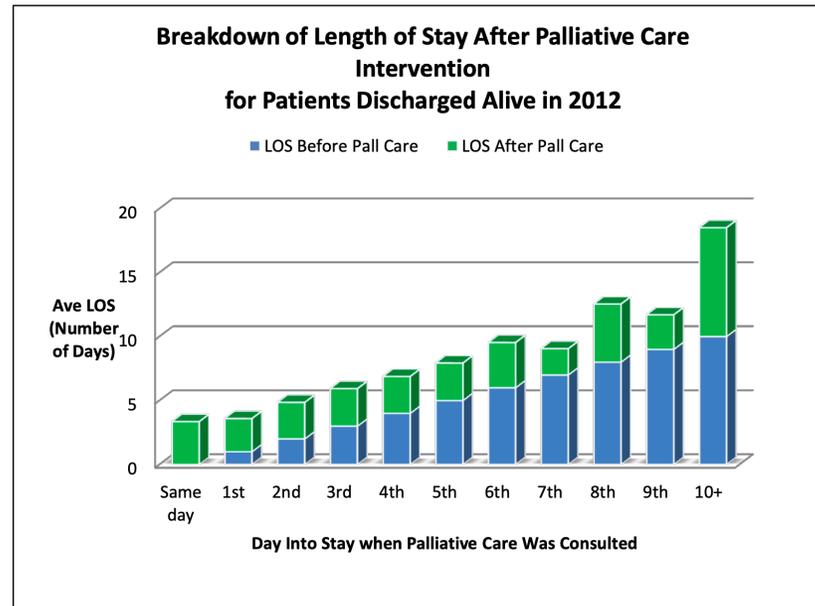
Source of Referrals





Finance

Impact on Inpatient Length of Stay



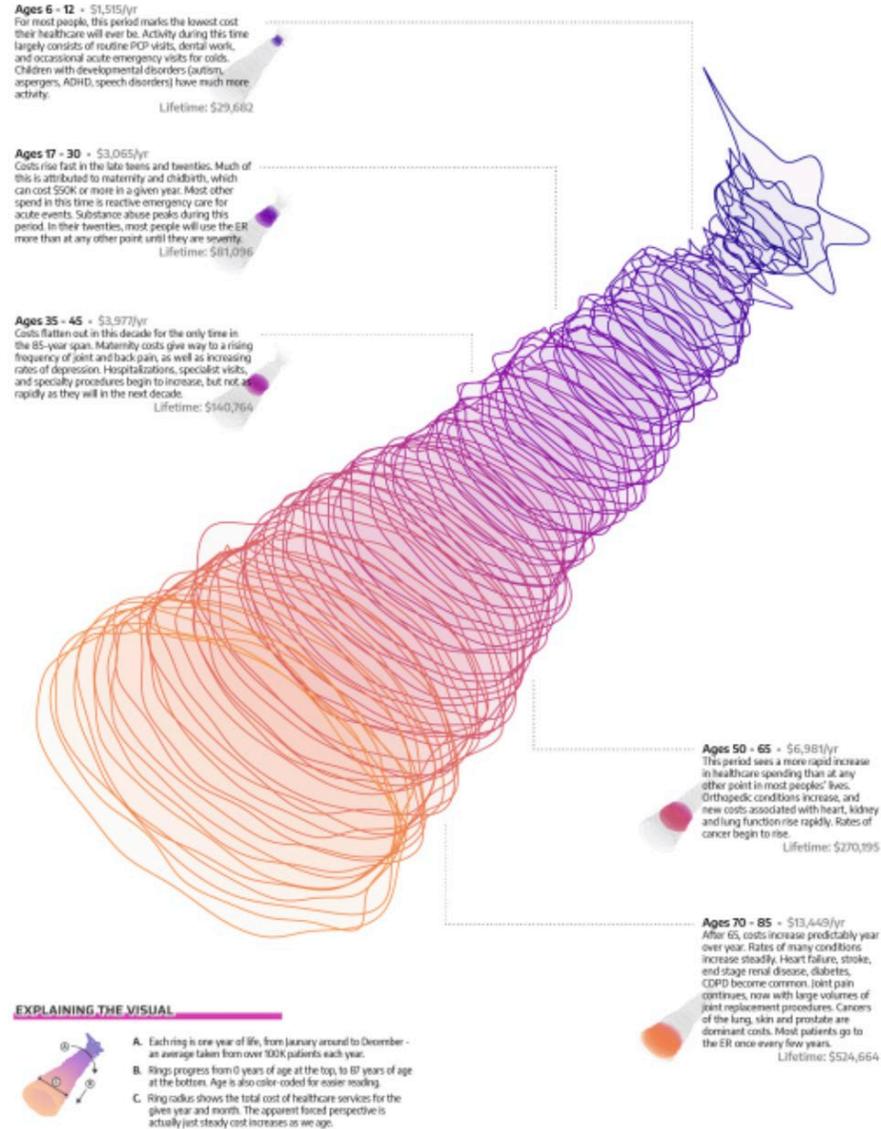
The graph illustrates how Palliative Care intervention affects a patient's length of stay. Once consulted, patients who accept Palliative Care have an average length of stay of 3.03 days for hospital stays of less than 10 days. The biggest impact is seen when the intervention occurs early in the patient's stay. When a patient's stay is longer than 10 days, there is less of an effect between the day of consult and overall length of stay.

Our education efforts continue to encourage physicians to consult palliative care earlier in the patient's stay.

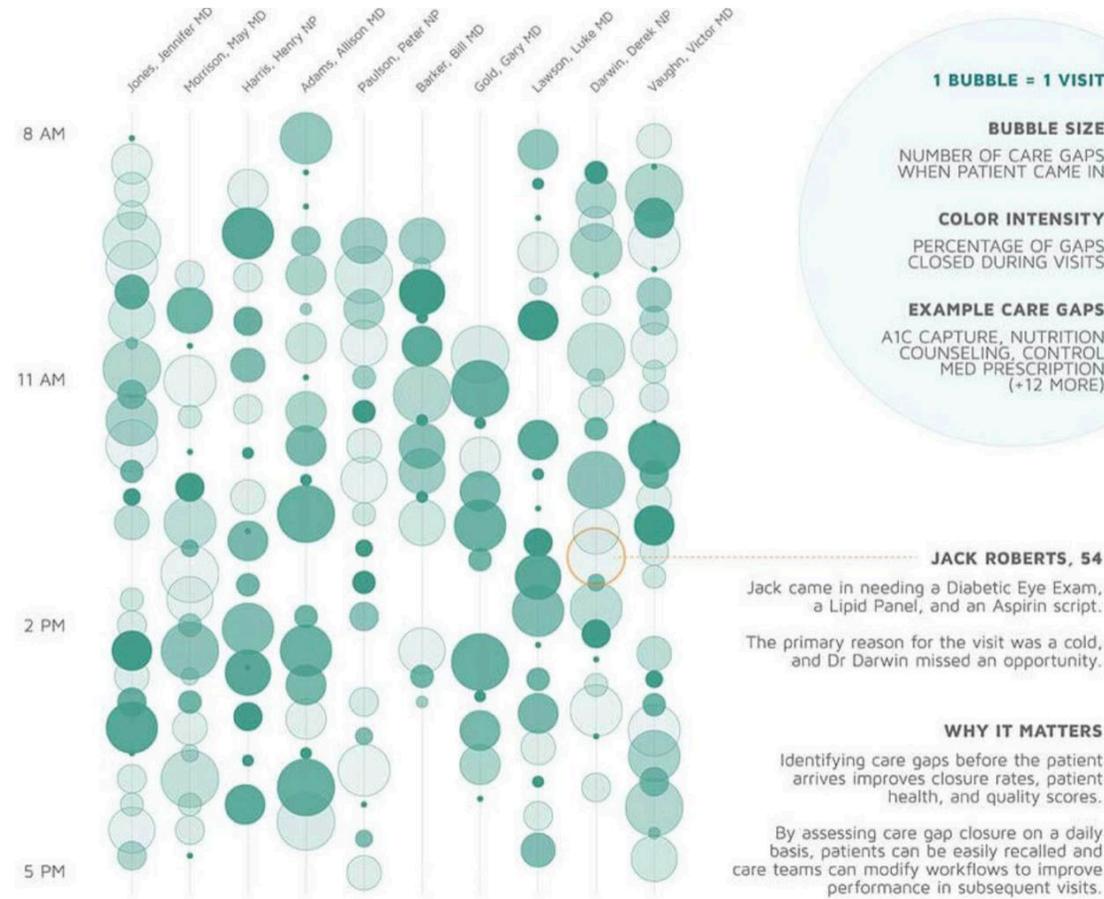
At Jefferson Regional Medical Center, every .10 decrease in the length of stay results in approximately \$250,000 saved annually.

Chart 6

Costs of 85 Years of Life

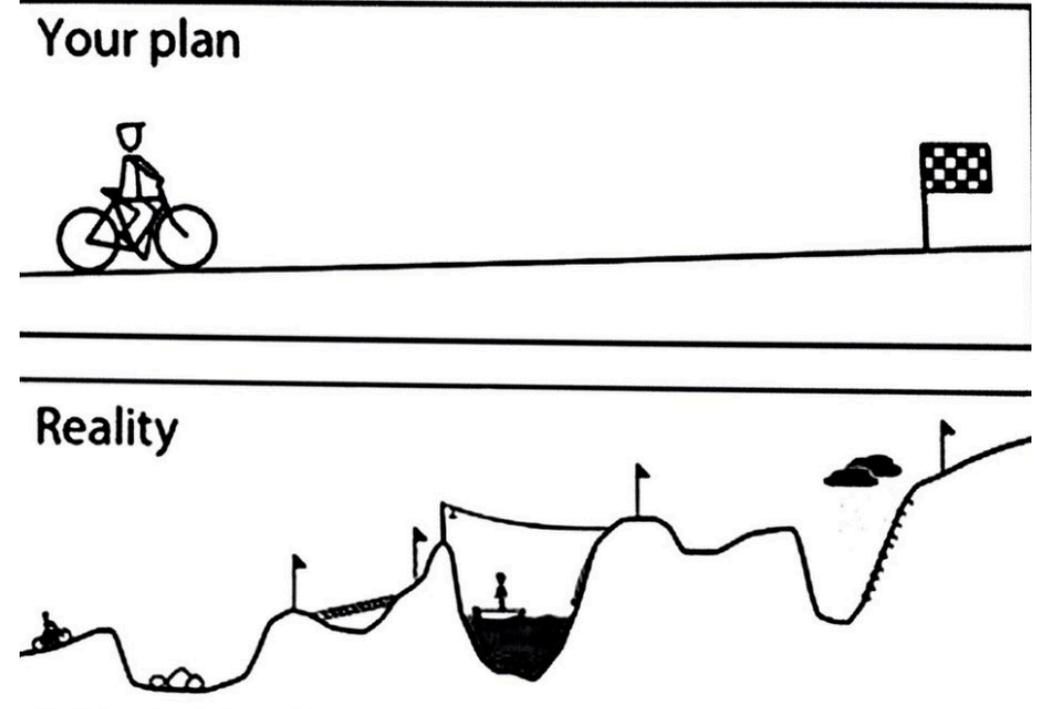


Real-time Quality Improvement



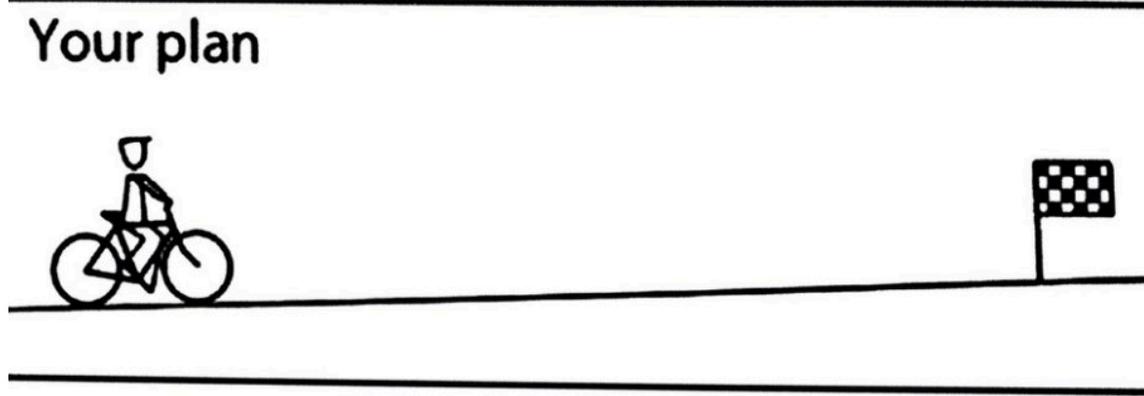
Case of Mrs Z

- MVA 3/22
- 3 medical visits to doctors office 3-6/22
- Fall and fracture of R hip, admitted for ORIF 6/22
- Sent to SNF
- Delirium at SNF
- Readmitted post fall from SNF
- Sent to rehab inpatient 7/22
- Transfer to inpatient acute medicine
- Ceased to breathe 7/27/22

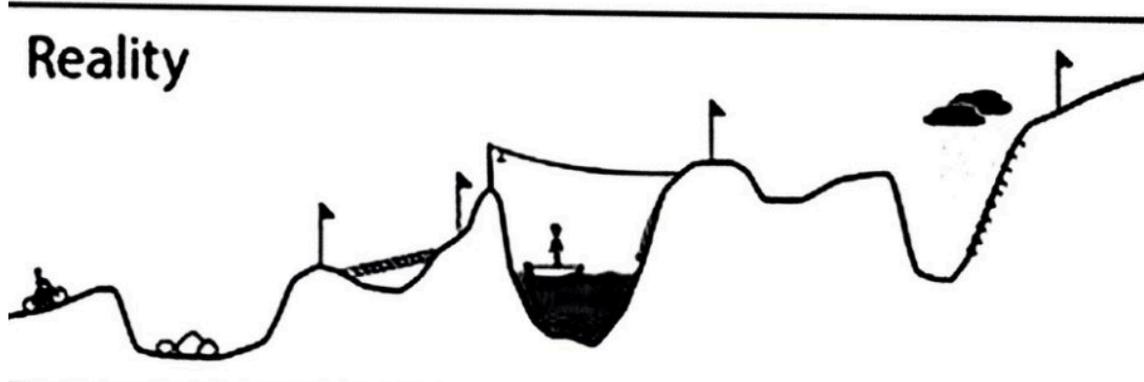


What can we do differently?

Your plan



Reality



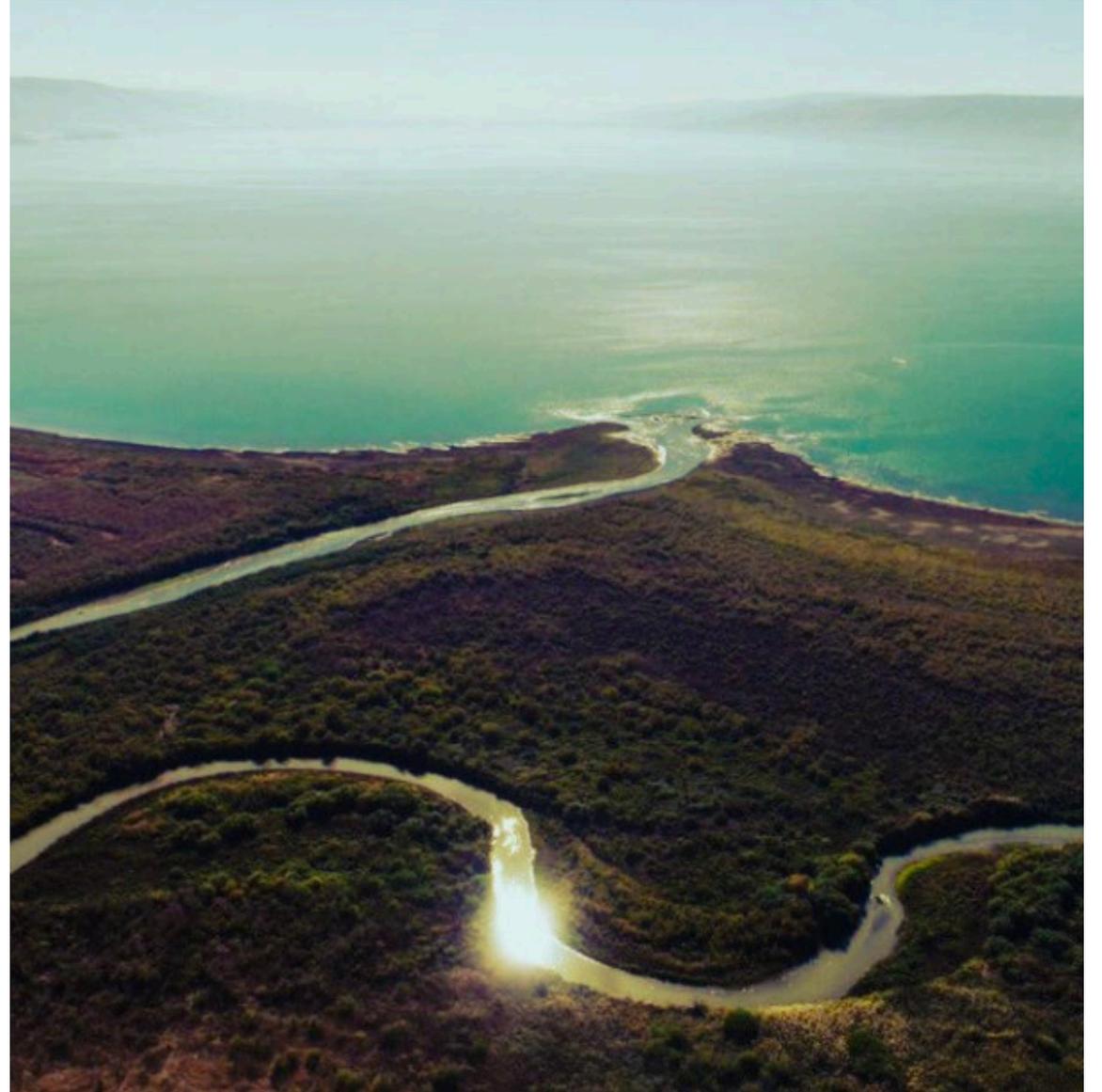
from the peaks of the mountains,
the long winding road crossing forests and villages.

And in front of her,
she sees an ocean so vast,
that to enter
there seems nothing more than to disappear forever.

But there is no other way.
The river can not go back.

Nobody can go back.
To go back is impossible in existence.

The river needs to take the risk
of entering the ocean
because only then will fear disappear.



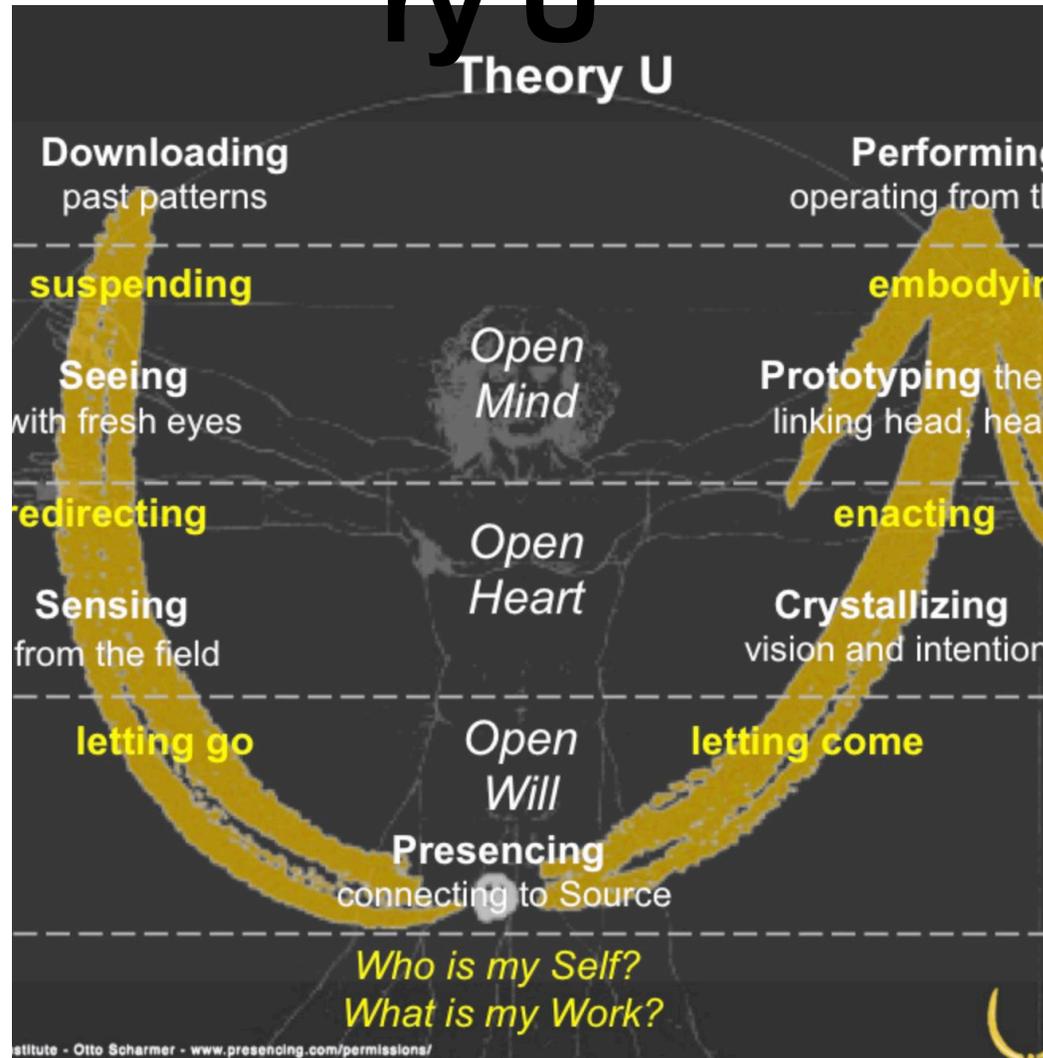
Lessons learned

- It may seem impossible to start something new, but take small steps towards it and before you know it, it will be there.
- There has to be a passion, that is the energy that drives when things are rough and tedious
- Data is supportive
- Data is also deceptive, false sense of achievement
- Maintain humility
- Maintain your perspective on the goals of the administration and your goals
- Situations will continue to change, move with the change not against it. Adapt data collection to the change
- Practice self-care and self-compassion

Lesson learned

- Innovate and go for the niche where no one else is going
- Learn from multiple sources
- Enjoy small moments and victories with your team
- Remain reflective and accept your own fears and insecurities
- Be kind to yourself and others, life is short!

Theory U



Innovate

- 1. Holding the space:** listen to what life calls you to do
- 2. Observing:** Attend with your mind wide open
- 3. Sensing:** Connect with your heart
- 4. Presencing:** Connect to the deepest source o
- 5. Crystallizing:** Access the power of intention
- 6. Prototyping:** Integrating head, heart, and hand
- 7. Performing:** Playing the "macro violin"

References

- https://www.cdc.gov/homeandrecreationalafety/pdf/falls/cdc_falls_compendium-2015-a.pdf
- <https://www.u-school.org/theory-u>
- Berková M, Berka Z. Falls: a significant cause of morbidity and mortality in elderly people. Vnitr Lek. 2018 Winter;64(11):1076-1083. English. PMID: 30606025.
- Kannus P, Sievänen H, Palvanen M, Järvinen T, Parkkari J. Prevention of falls and consequent injuries in elderly people. Lancet. 2005 Nov 26;366(9500):1885-93. doi: 10.1016/S0140-6736(05)67604-0. PMID: 16310556.

You Too Can Present a Case!

- Could be in the hospice or palliative care space
- Quality focused
- Is relevant to today's hospice and palliative care environment
- What are we looking for in a patient-based case?
 - Poses difficult issues for the interdisciplinary team
 - May be an outlying or a frequent situation that involves clinical/ emotional/ psychosocial/ spiritual challenges
- What are we looking for in a process-based case?
 - May involve operational or clinical process issues
 - May affect patient care
 - Is a focus of quality improvement for the organization

Upcoming Project ECHO Sessions

Access our Project ECHO webpage
at <https://www.nhpco.org/projectecho/>

(On the page, scroll down to complete the case study SBAR form for submission case study for consideration)