Equity Where It Matters: A Summary of Health Equity in Hospice and Palliative Care
Dec 14, 2023
NHPCO Project ECHO Team

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Disclosures

Disclosure
The faculty and planners for this educational event have no relevant financial relationship(s) with ineligible companies to disclose.

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. We ask all participants to take the survey as it will help us to improve future sessions.
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)**
Today’s Agenda

• Introduction of Faculty – NHPCO Team
• Didactic Presentation – Faculty
• Case Study Presentation – Equity matters because…..
• Discussion – Session Participants, Faculty, and NHPCO Team
• Key Takeaways – Faculty and NHPCO Team
• Closing Remarks – NHPCO Team
Faculty

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Poll Instructions

➢ On a scale of 1-5 (1 being lowest and 5 being the highest), I feel confident about the existence of equity in the following environments:

• My organization (internally)
• My organization’s model or way of care delivery
• My patients’/ caregiver’s response
• My partners/ affiliates/ community
Didactic Presentation:
Equity Where It Matters: A Summary of Health Equity in Hospice and Palliative Care
What is Health Equity?

“The attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.”

Health equity is attained when every individual has individualized and person-centered tools, resources and opportunities to achieve optimal health

https://innovation.cms.gov/key-concept/health-equity
Health Equity through Transformed Systems of Health

Indicators of meaningful community partnerships:

➢ Diversity and inclusivity
➢ Partnerships and opportunities
➢ Acknowledgment, visibility, and recognition
➢ Sustained relationships
➢ Mutual value
➢ Trust
➢ Shared power
➢ Structural supports for community engagement

Recap…..with focus on organizational action plans: Transforming Systems of Health

Diversity & Inclusion

- Establish transparency and clear communication pathways. To what extent can a person’s support system be included in the end-of-life experience? (Jan 05, 2023)
- Optimize interventions. Ensure that your organization is assessing whether patients are able to access the interventions you are providing – for example, assess literacy level prior to providing written instructions, etc. (July 20, 2023)

Partnerships & Opportunities

- Build a “Community Resources” document to include organizations that can provide additional resources to address the SDoH of patients, to include a holistic range of organizations such as transportation assistance organizations, food banks, low-cost mental health services, etc.
- Work with organization leadership to consider the intentional implementation of SDoH screening for new and returning patients during patient conversations. (Mar 16, 2023)
Recap…..with focus on organizational action plans: Transforming Systems of Health

**Acknowledgment, visibility, and recognition**

- Recognize that each minor patient is unique and ask questions to further guide your understanding. (Mar 02, 2023)

- People of the same backgrounds do not always identify in similar ways or carry the same beliefs. When initiating dialogues about an individual’s identity, ALWAYS lead with questions to demonstrate compassion, sensitivity, humility, and genuine interest. (Oct 19, 2023)

- Recognize the impact external and internal ageism may have on health, well-being and decision making. (Nov 16, 2023)

**Sustained relationships**

- Ask about and normalize chosen family structures and dynamics. (Jun 01, 2023)
  - Support smooth care team transitions by sharing information important to families and patients with the members of the bereavement team and others (with permission).

- Be mindful of common cultural patterns such as collective decision-making processes or “familismo”. (Sept 21, 2023)
  - Do not assume non-native English speakers are comfortable having complex, high-stakes medical discussions in English, even if they seem proficient at English language!
# Recap with focus on organizational action plans: Transforming Systems of Health

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## Mutual value

- Create a practical Cultural Sensitivity Training for Providers which includes tangible steps for providers to take to center the role of cultural consciousness when discussing hospice to patients (Feb 02, 2023)

- Patients with IDD have complex needs. Caregivers of patients with IDD also have unique needs. Advance care planning is critical for people with IDD and their caregivers. (Dec 07, 2023)

## Trust

- Use interpreters to discuss sensitive topics such as EOL care and to accurately describe palliative care and hospice care. Prepare interpreters ahead of time that the conversation may be emotionally charged (May 18, 2023)
  - Discuss advance care planning with Chinese patients using indirect approaches to avoid offending the patient and family.
  - Engage chaplaincy to help support patients through using plain language and a practical approach when introducing the service.
  - Ensure family members feel included and are knowledgeable about the patient’s condition.
Recap…..with focus on organizational action plans: Transforming Systems of Health

**Shared power**

- Train organization leaders so they are empowered to respond promptly and appropriately (Apr 06, 2023)
  - Correct negative language that can cause stigma by sharing accurate information. Be inclusive in organizational decision-making.
  - Consider organizational policies related to responding to bias, including information and expectations that are shared with patients and families up on admission.
- Use listening sessions to learn and acknowledge the needs of your employees (Aug 17, 2023).
  - Assess the need and review the process and steps to create Employee Resource Groups (ERGs). Consider how you can embed inclusion initiatives throughout the employee life cycle.
  - Review policies to ensure inclusive language and be intentional in updating or creating policies that foster an inclusive workplace.
- Inform the patient or their caregiver about the expectations of safe environment and their role in creating that environment (Apr 20, 2023)

**Structural support for community engagement**

- Create a “Mental Health Resources” list which includes free/low-cost clinics that are low barrier
- Develop Grief Groups, emphasizing the diverse and inclusive definition “grief” can take (Feb 16, 2023)
Didactic Presentation Q&A
Case Study Presentation:

Equity matters because......
AR is a 62-year-old vivacious but chronically ill African American female of Hispanic origin. She has been with three different hospice services in the past 5 years (mostly geography and self-choice). Her functional status has significantly declined with this hospice election and there is an observed higher level of utilization of healthcare services.
Background

AR has a past medical history of Diabetes (type II), respiratory illness (Chronic Obstructive Pulmonary Disease - COPD).
✓ Lives with her husband, RJ.
✓ Husband recently retired.
✓ Has two children who visit her (more frequently now) – 28-year-old daughter and 30-year-old son. She favors her daughter more than her son because she is struggling with her son’s life choices (has a gay partner).
✓ Son is a registered nurse with hospice and palliative care experience, daughter is an architect.
✓ AR supports her daughter financially due to 5-year-old grandson diagnosed with Down Syndrome.
✓ She is now experiencing functional decline, loss of interest in daily activities and frequent irritability.
✓ Is less religious than she has been and has cut back on her church activities.
✓ Continues to remain connected to her community through events and volunteer work.
Assessment

✓ What are AR’s goals of care?
✓ What is her perception of her disease trajectory?
✓ Who would AR prefer to involve in her medical decision making and discussions (internally and externally)?
✓ What are her health beliefs and how have they changed over time?
✓ What are her physiological markers for end of life?
✓ What is her FAST score?
✓ How does her hospice IDG feel about caring for AR and her family?
Case Study Questions

What other assessments would you consider and why?

Open Poll
Discussion and Recommendations
Key Points

• We all play a role in expanding access and improving the quality of care for historically marginalized communities.
• Every interaction has the ability the make or break the perceived experience of patients and families.
• Culturally sensitive communication is integral to the patient experience.
• Each patient is unique and deserves to be honored in a way that best supports their cultural needs and values.
• Creating an inclusive environment in the workplace elevates our ability to provide excellent patient care.
• Utilize available resources to empower our leaders, staff, and patients.
References


Session Evaluation and Certificate of Completion

• Your feedback is valuable as we plan upcoming sessions!
  • Please complete the Project ECHO Session Evaluation

• Project ECHO sessions are not accredited for continuing education, but we are able to offer a confirmation of completion for each session. To receive confirmation of completion, please complete the following within 10 days of each session using the links found on the Project ECHO webpage.
  • Project ECHO Session Evaluation
  • Project ECHO Post-Session Knowledge Check
Would you like to demonstrate your commitment to delivering culturally competent care across the continuum of serious illness in an equitable, inclusive, and person-centered manner?

- NHPCO is pleased to offer a Health Equity Certificate for individuals who participate in at least 17 sessions in the *Equity Where It Matters* series.

To receive participate in the Health Equity Certificate, please complete the following within 10 days of each session using the links found on the Project ECHO webpage.

- *Project ECHO Session Evaluation*
- *Project ECHO Post-Session Knowledge Check*
What's Next?

- Project ECHO Miniseries 2024
  - Alzheimer's Disease focused
  - Equity and Access focused
  - Additional mini-series topics to be determined

- Continuing 2023 Health Equity Certificate
  - Last day to complete Knowledge Checks and Evaluations is January 12, 2024
NHPCO Project ECHO webpage:
https://www.nhpco.org/regulatory-and-quality/quality/projectecho/

NHPCO Project ECHO session recordings and Key Takeaways:
https://www.nhpco.org/regulatory-and-quality/quality/projectecho/2023-project-echo-session-recordings/

NHPCO Project ECHO Registration Link:
https://nhpco.zoom.us/meeting/register/tZEsfu-trz4oGtQeKFw41UEIYNwjSli8QCBF

For more information:
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