Palliative Care Direct to Consumer

An Innovative Model for the Delivery of Specialized Care

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ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Alaska Tribal Health System

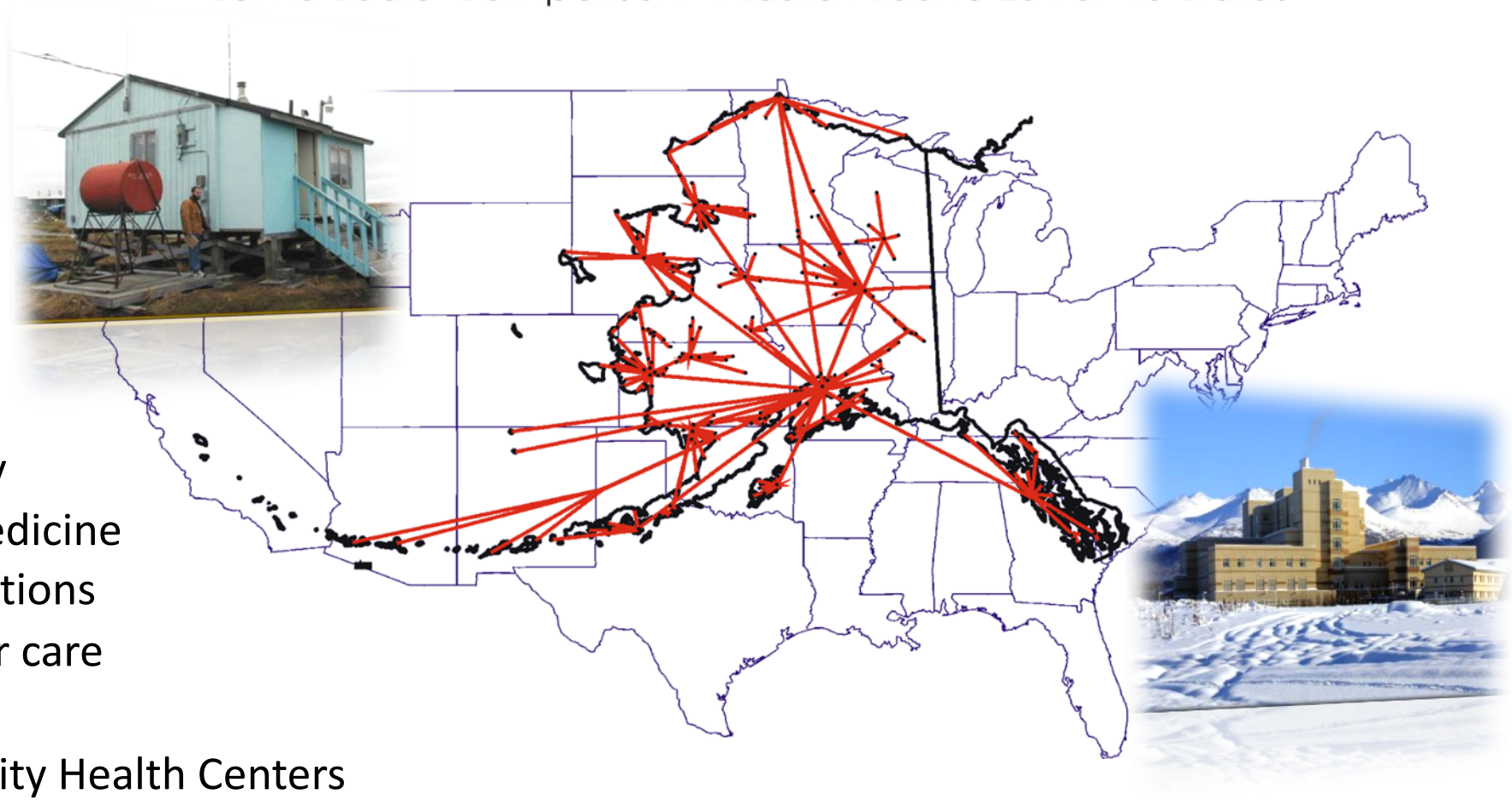
Voluntary affiliation of 30 Alaskan tribes and tribal organizations providing health services to 150,000 Alaska Natives/American Indians

- Each is autonomous and serves a specific geographical area
- Mix of independent electronic health record systems and shared Cerner instance

- Alaska Native Medical Center provides both primary and tertiary care
- Serves as the tertiary/specialty hospital for all regions (entire state)
- ANTHC is a Nonprofit Tribal health organization with a board representation from all of the Alaska affiliated tribes

Alaska Native Health Care System
Referral Pattern and Telehealth Network

Same Scale Comparison - Alaska Area to Lower 48 States



Approximately

- 200 telemedicine access locations
- 30 Hubs for care
- 6 Hospitals
- 9 Community Health Centers

Alaska Tribal Health and Palliative Care

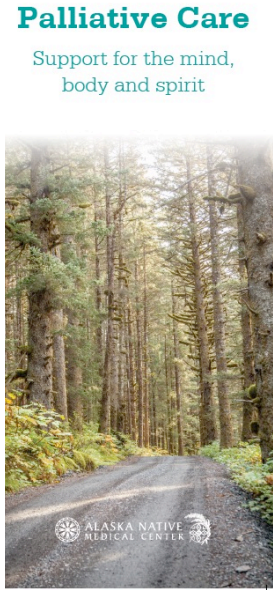
- Program began October 2015
- Prior to program launch, areas of priority highlighted:
  - Culturally adapted Advance Care Planning materials and system integration
  - Continuity of care for seriously ill patients
  - Honoring patient end of life wishes to remain in their home community

ANTHC Palliative Care Concept

- Palliative care is medical care focused on the relief of pain, symptoms and stress from serious illness.
  - Palliative care begins at diagnosis
  - Everyone has a role in primary palliative care
- The goal is to help patients and their family members live peacefully and comfortably with the best possible quality of life
  - Communicate goals of care to health care team and family
  - Support patient/family decision to return home

The ANTHC Palliative Care Program

- Outpatient program imbedded within Oncology (plans to integrate service to other advanced serious illnesses)
- Consultative Service
- 250 Oncology patients since Oct 2015
- Telehealth Integration
- Expanding program beyond outpatient



Palliative Care Team

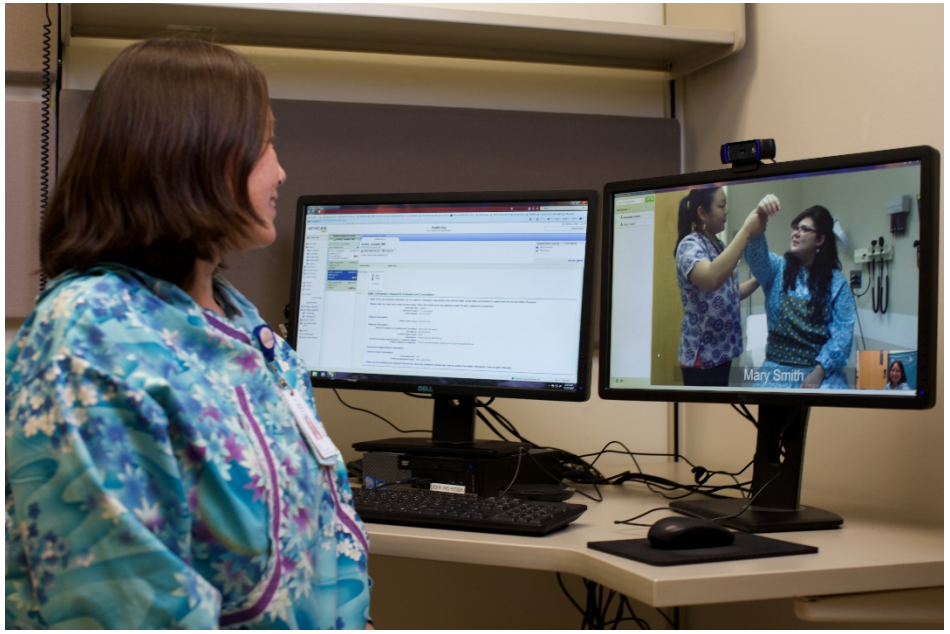
- Serena Boss, RN – PC Nurse
- Patricia Cushman, PA
- Karen Hollar, LCSW – PC Clinical Social Worker
- Rona Johnson, RN, BSN, OCN, CHPN – PC Nurse
- Stacy Kelley, MPH – Program Manager
- Christopher Piromalli, DO, MPH – Medical Director

Telehealth in Palliative Care - Benefits

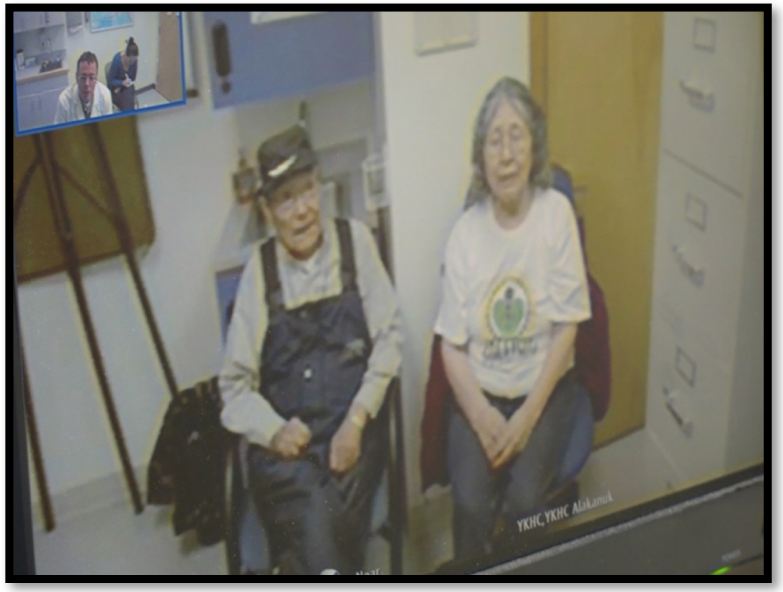
- End of life coordination
- Transition from hospital to home
- Save costs (travel)
- Increased family involvement
- Multi-site visits
- Mentoring and teaching
- “In home” care
- Increased access to care

Palliative Care: Engaging in Telehealth

- Telephone Support
- VTC – Village Clinics/ Regional Hospitals
- Direct to home VTC
- Project ECHO



Use of Video in Palliative Care



Visits between ANMC and regional clinics

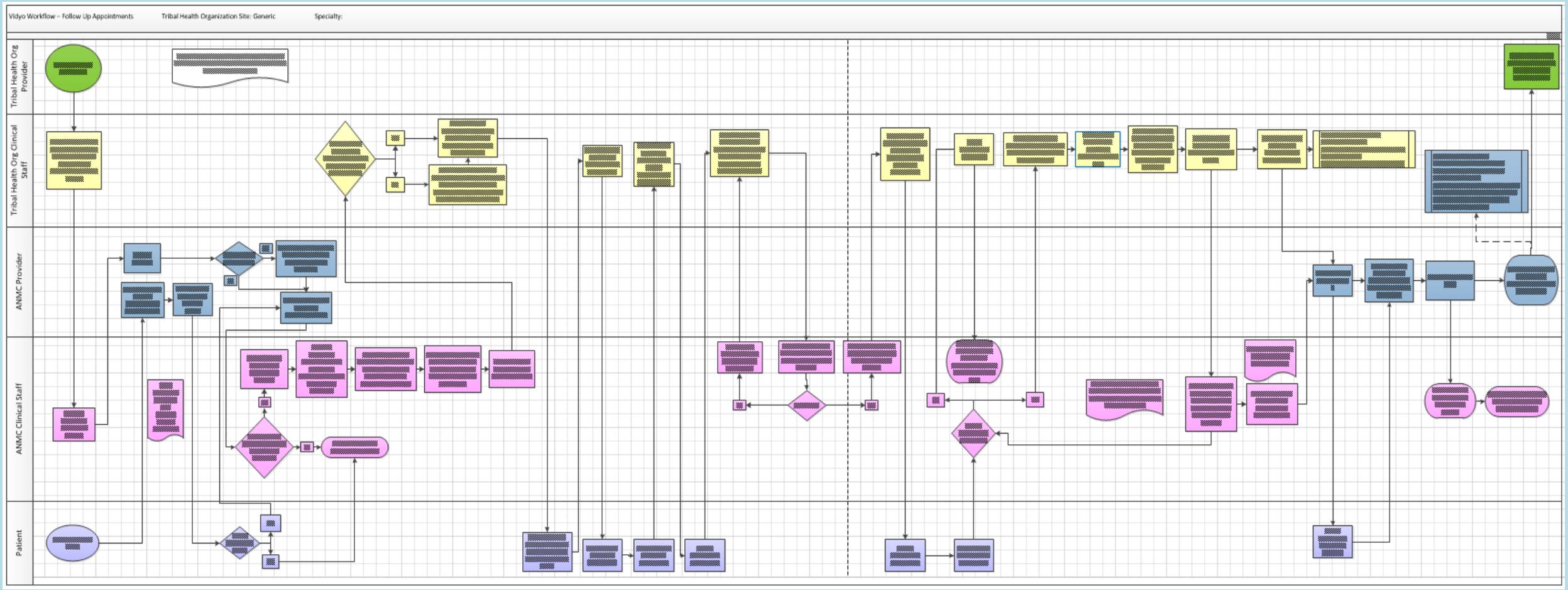
Foundational Work for Telehealth Expansion

- Palliative Care team completed the groundwork:
  - Assessment of needs, demands and the health care system
  - Plan for services
  - Plan for internal management of care
  - Plan for workload in clinic
- Goals based on patient need
  - Inability to travel to local clinic
  - Inability to travel to Anchorage
  - Frequent touch points required in Palliative Care model

Clinic to Clinic Video Visits

- Established process
- Privacy and security established
- Known technical infrastructure (shared on campus intranet)
- Communication system in place through EHR where shared and through AFHCANweb where on a different EHR
- Support available
  - Tier one through local organization
  - Tier two through ANTHC Telehealth Department

Outpatient Video Visit Process



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Need for Something More…

- Meeting the needs of homebound palliative care patients

Use of Video in Palliative Care

Visits directly to a patient or family's home

New Support Challenges

- Technology – what do they have?
  - State of Alaska's current infrastructure on connectivity
- Privacy and Security
- Support plan for equipment without a tech department
- Labor intensive
- Communication more complex
- Potentially blurred line between tech support and clinic care support

Technology and Connectivity

- Before recommending to a patient:
  - Does the patient have internet in their home? Who is the service provider?
  - Do they get cell coverage? Do they have a family member who does?
  - Will their plan cover the data portion of the call or could they potentially get a large bill?

Technology and Connectivity

- Once you have the green light:
  - Check operating system, camera, speakers and microphone
  - Ensure you have a way to send them a link to the video room
  - Test with them and answer questions
  - Notify clinic when test complete

Privacy and Security

- Ensure all communication is secure
  - Email to patient home – verbal consent & PHI
  - Video room security
  - Provider space

Time Commitment

- Purposely limiting the numbers
- Time issues:
  - Tech call to patient
  - Communication between tech and clinic
  - Support issues all come to the provider end
- Possible ways to mitigate the amount of time spent:
  - self test for video and audio
  - remote desktop capability
  - scheduling platform

Support Plan

- Considerations before the visit:
  - Scheduling plan for provider clinic and equipment/room
  - Cancellations, reschedules and changes to a different venue for the visit
  - Testing with patient/family

- Considerations during the visit:
  - Support to provider clinic
  - Support to patient/family

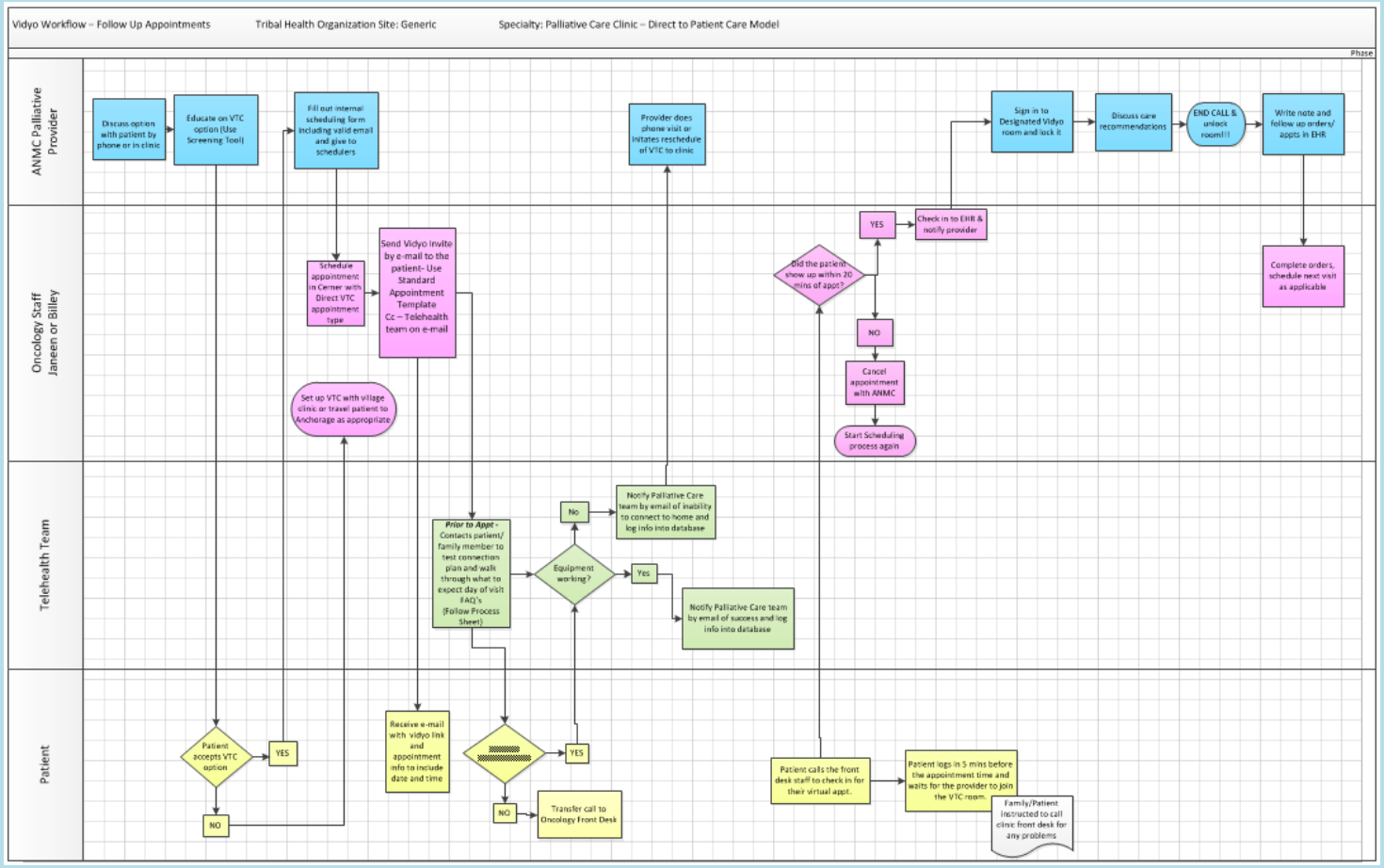
Communication

- Multiple parties increase complexity
  - Clinic personnel
  - Patient
  - Family members
  - Needs with multi-site family meetings

Blurred Lines: Clinical and Technical

- Potential surprises for the person providing tech support
  - Need plan for addressing “surprises” (patient death, patient or family on phone in need of emotional support or with clinical questions)
  - Palliative care prepared scripting to assist with surprises

Designing the Workflow



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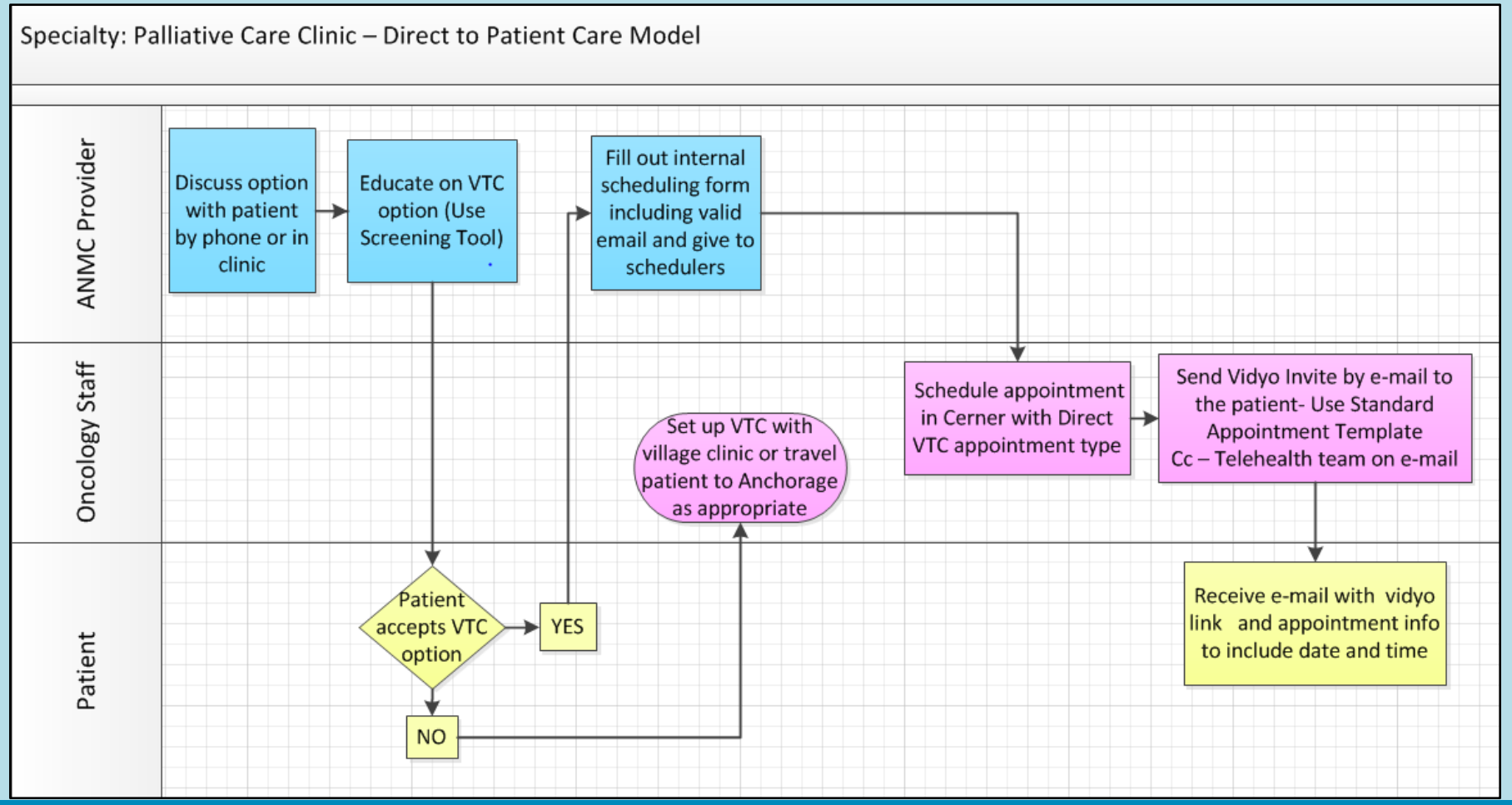

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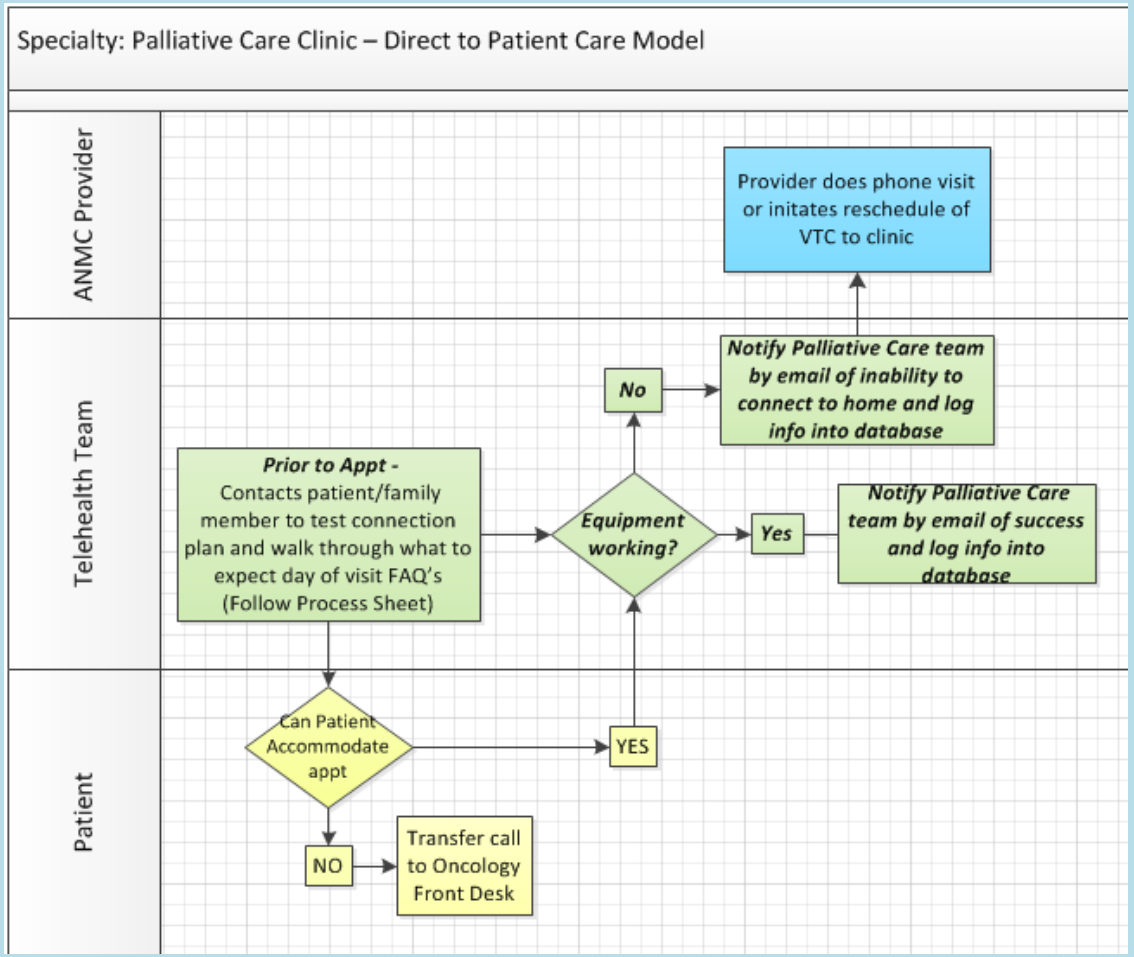

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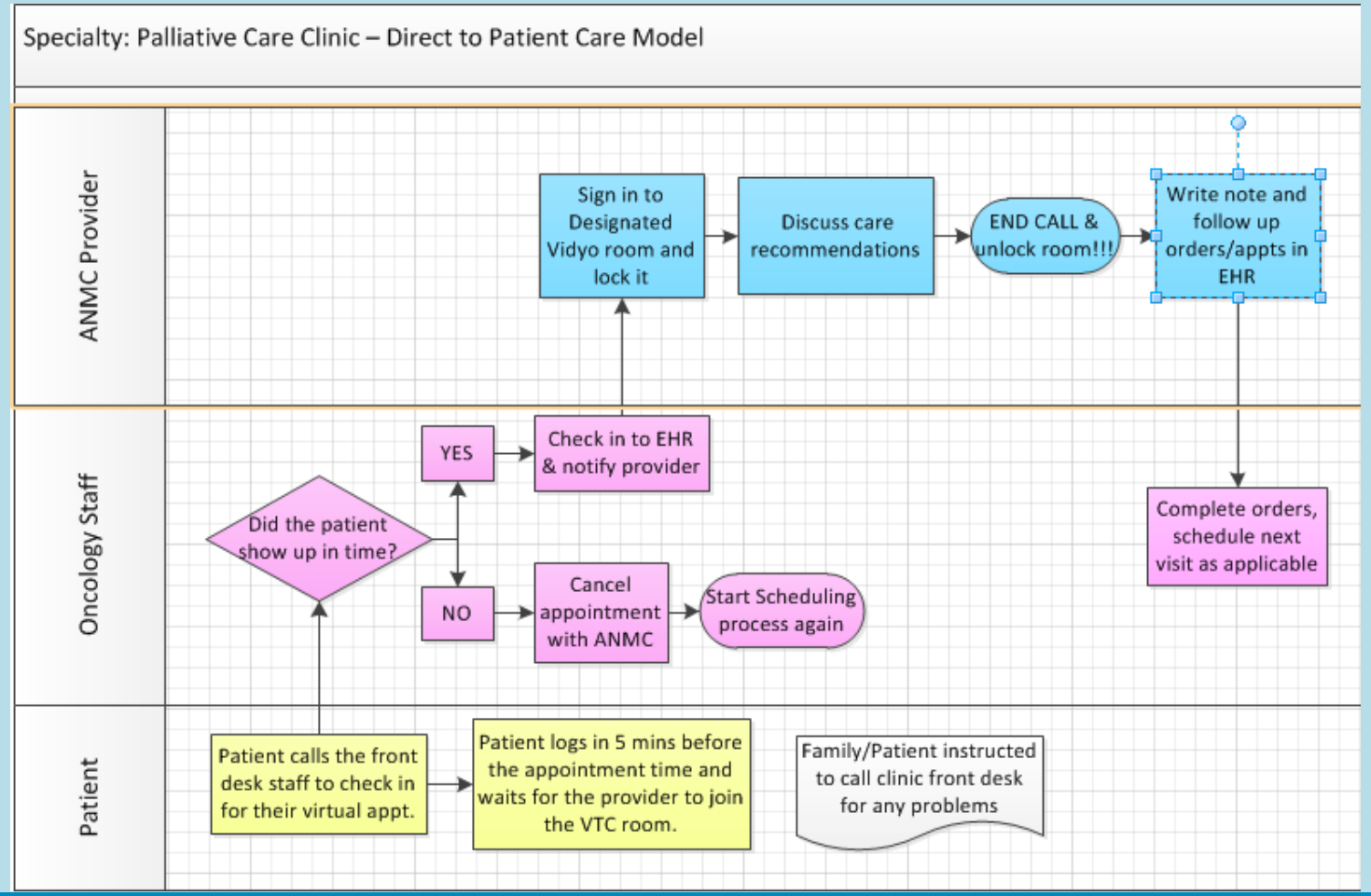

Lessons Learned

Lessons Learned

- Cases are time sensitive
- Connectivity
- Patient Instructions
  - clear and simple
  - back up plan
- Patient no-shows
- Patient selection
- High demand (reason for offering ECHO)

Outcomes

Outcomes by the Numbers

- 733 patient encounters Jan-Dec 2016
- 59 Pall Care VTC visits April 2016-Feb 2017
- 32 Pall Care Direct VTC Visit April 2016 – Feb 2017
- 24 Tribal Healthcare Organizations participated
- 4 Oncologists, 2 Palliative Care Physicians, 1 Social worker, and 1 Dietician

Anecdotal Patient Outcomes

- Patient feedback
- Virtual social visits
- Discovery and problem solving of acute issues
- Seeing the patient's home setting

Anecdotal Provider Outcomes

- Challenges without medical provider onsite with patient
  - Assessment forms harder to collect
  - Clinical assessment on site limited in the home setting
  - Impact of “losing physical touch” on trust and the health provider/patient relationship
- Able to break down barriers
  - Going the extra “step” to meet the needs of the patient population
  - Clinical assessment in the home setting
    - Seeing the “whole” picture
    - Involving more social support into everyday clinical care decisions

Honoring Elder Wishes

"Our goal should be to help elders live out their lives in comfort, not taking medications they don't need, and not living where they don't want to."

Andrew Jimmie

Elder Committee Chair

Thank You!!

ANTHC Palliative Care Department

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