Advanced Illness and Palliative Care
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AIPC Implementation Team

Objectives
- To improve the care of Cambridge Health Alliance (CHA) patients who have advanced illness by providing palliative care alongside curative and life-prolonging therapies.
- Implement an AIPC Initiative across inpatient and outpatient multi-disciplinary care.
- To improve the quality of life for both the patient and their caregivers.
- Implement a population health approach that identifies patients who may benefit from the AIPC Initiative and implement care intervention.
- To address palliative care needs across specialty departments (e.g. oncology, surgery).

Aims/Goals
- To establish a preferred provider relationship to provide high quality palliative care services to the CHA community.
- To design clinical workflows and electronic medical record tools to support the AIPC initiative in both inpatient and outpatient settings.
- To develop a screening tool for patients that are identified via “population health approach” through an Accountable Care Organization claims data.
- To design a patient and family survey to obtain family/caregiver feedback on the AIPC initiative.
- To develop reporting capabilities to support AIPC efforts and patient impact as part of palliative care metrics and internal quality monitoring.

Results
- Total Number of Palliative Care Consultations and Referrals (inpatient and outpatient)
  - FY15 (Baseline) 24
  - FY Quarter 1 (July 2015- December 2015) 164

- % of Patients who died in the hospital that had at least 1 Palliative Care or Hospice Consult
  - FY Baseline
  - FY Quarter 1 (July-September 2015) 50%
  - FY Quarter 2 (October-December 2015) 40%

Lessons Learned
- Understanding the differences between palliative care and hospice were important to the appropriate outcome for the patient.
- Implementation requires a culture change and ongoing education for patients, families, staff.
- Systems changes (e.g. vendor relationships, EMR changes, reporting capabilities) to support an effective process are complicated and have taken longer than what we thought initially.
- Roll out of AIPC initiative required collaboration among disciplines (nursing, case management, physicians, social work) and across venues (hospital, ambulatory, etc.)

Next Steps
- Incorporate patient and family/caregiver feedback into AIPC Initiative and programming.
- CHA will advance reporting capabilities to support AIPC efforts, including quality and patient impact.
- Standardize best practice principles and ensure patients are supported and encouraged to engage in advance care planning.

References
- Institute of Medicine (2014). Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life
- Levine, Stacie K, MD; Sachs, Greg A., MD; Lei, Jin, MA, MS; Meltzer, David, MD, PhD. (2007) A Prognostic Model for 1-Year Mortality in Older Adults after Hospital Discharge. American Journal of Medicine, 120, 455-460

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