

Palliative Telehealth

Meeting the needs of the seriously ill

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Conflicts of Interest

- ▶ No conflicts of interest to disclose

Objectives

- ▶ Identify the palliative care needs in the community
- ▶ Realize the benefits of telehealth as provision of specialty palliative care
- ▶ Harness the power of telemedicine for the completion of advance care directives

Definition of Palliative Care

Palliative Care is specialized medical care for patients with serious illness. The focus is on relief of symptoms, pain and stress of a serious illness, whatever the diagnosis. It is appropriate at **any stage of illness** and can be provided along with curative treatment (CAPC, 2012).

Palliative care means patient and family-centered care that optimizes quality of life by **anticipating, preventing, and treating** suffering. Palliative care throughout the **continuum** of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information and choice (National Consensus Project, 2013).

Why We Need Palliative Care

90 percent of American die after living with chronic and progressive illnesses and they are at risk for distressing symptoms.

The specialty of palliative care has emerged and expanded in response to these changing demographics and to a resultant gap in care options.



Chronic Illness

- ▶ People are living longer and dealing with chronic illnesses, which cannot be cured and often impact function as they progress and affect quality of life.
- ▶ Goals of care discussions guide the patient and family as they face disease progression and changing goals of care and helps those who wish to address issues of life completion and life closure.
- ▶ The goal is to provide patient-focused care with special attention to quality of life and advocacy for honoring patients' wishes about their healthcare.

Palliative Care in the Nursing Home Population

- ▶ 1.4 million people live in skilled nursing facilities (SNF) across the country (CDC, 2015)
- ▶ Increased prevalence of SNF admissions in the last 6 months of life has doubled over the past decade for patients age 65 and above. One in eleven elders die while enrolled in the SNF benefit (Aragon et al., 2012)
- ▶ Patients with unclear goals of care are at higher risk for rehospitalization and often experience an increase in burdensome care at the end of life (Bernacki et al., 2015)

Case study

G.M.

87 y/o female

PMH: COPD- O2 dependent, spinal stenosis, OA, GERD, hypothyroidism

Recent Hx: 3 hospitalization in 5 months for COPD exacerbation and CAP.

Dx Cdiff: weakness, weight loss, functional declines and FTT

Palliative care consult to assist with pain related to stenosis and review goals of care

How can palliative telehealth help this patient?

Palliative Care and Telehealth

Can they co-exist?

- ▶ Palliative expertise is a limited resource due to the small number of boarded specialists nationwide. Telehealth offers a profound ability to expand the reach of this expertise to both underserved geographies and post-acute care settings
 - ▶ Offers real time consults
 - ▶ Eliminates need for travel
 - ▶ Reduces time waiting for appointment availability
 - ▶ Connects patient, family and provider in virtual setting

State of Rhode Island

- Population: 1,059 million (July 2019)
- 197, 972 RI residents are > 65yrs (17.2%)
- 5% of older adults (aged 65+) live in a nursing home. Of these, about 50% of nursing home residents are 85 years old or older, 35% are between the ages of 75 and 84, and 15% are between 65 and 74 years of age
- 81 nursing homes in RI



Development of a Palliative Telehealth Pilot to meet the needs of the nursing home population

Pilot Goals



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graph TD; A[Pilot Goals] --> B[Provision of palliative care specialists by telehealth in real time had the opportunity to address the unmet needs of this frail patient population with the aim to address goals of care, align treatment interventions with patient preferences and provide symptom management while avoiding unnecessary and often burdensome hospitalizations.];
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Palliative Telehealth Pilot

This pilot project details the development of a telehealth palliative care program available to SNF residents. Eight nursing homes in Rhode Island participated in the four-month pilot (November 2019-February 2020).

The telehealth platform allowed for visual assessment of patients, and real time conversations about goals of care and treatment preferences. In addition, completion of an electronic MOLST form with a HIPPA-compliant link was possible via the iPad, iPhone, or email

Project was funded by Third Eye Health, Inc

Innovation



Access to a palliative care specialist
24/7



Symptom management and goals
of care discussions in real time



Completion of MOLST forms
electronically

Outcomes

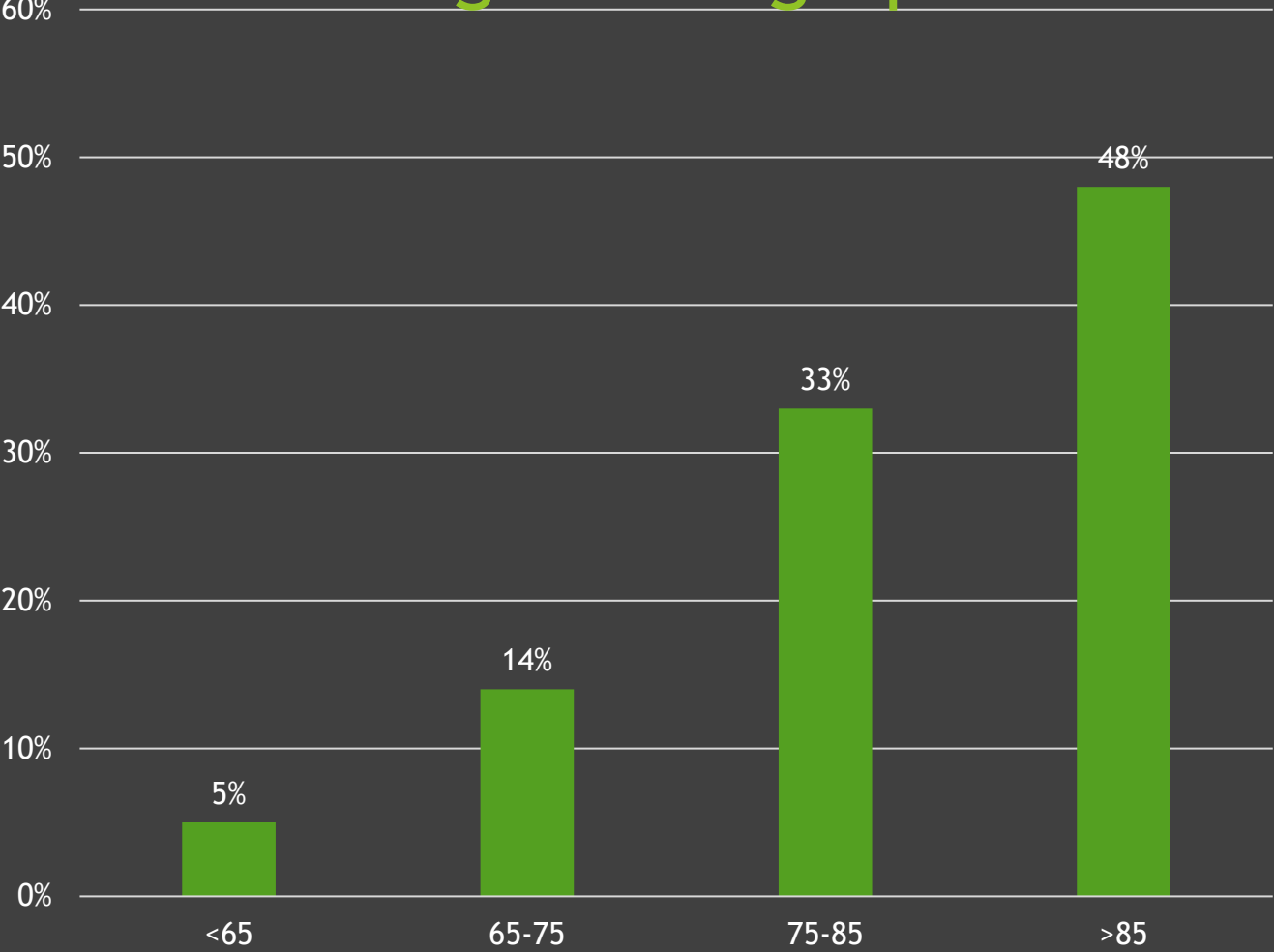
Pilot: November 1st, 2019-February 29th, 2020

Total referrals: 41

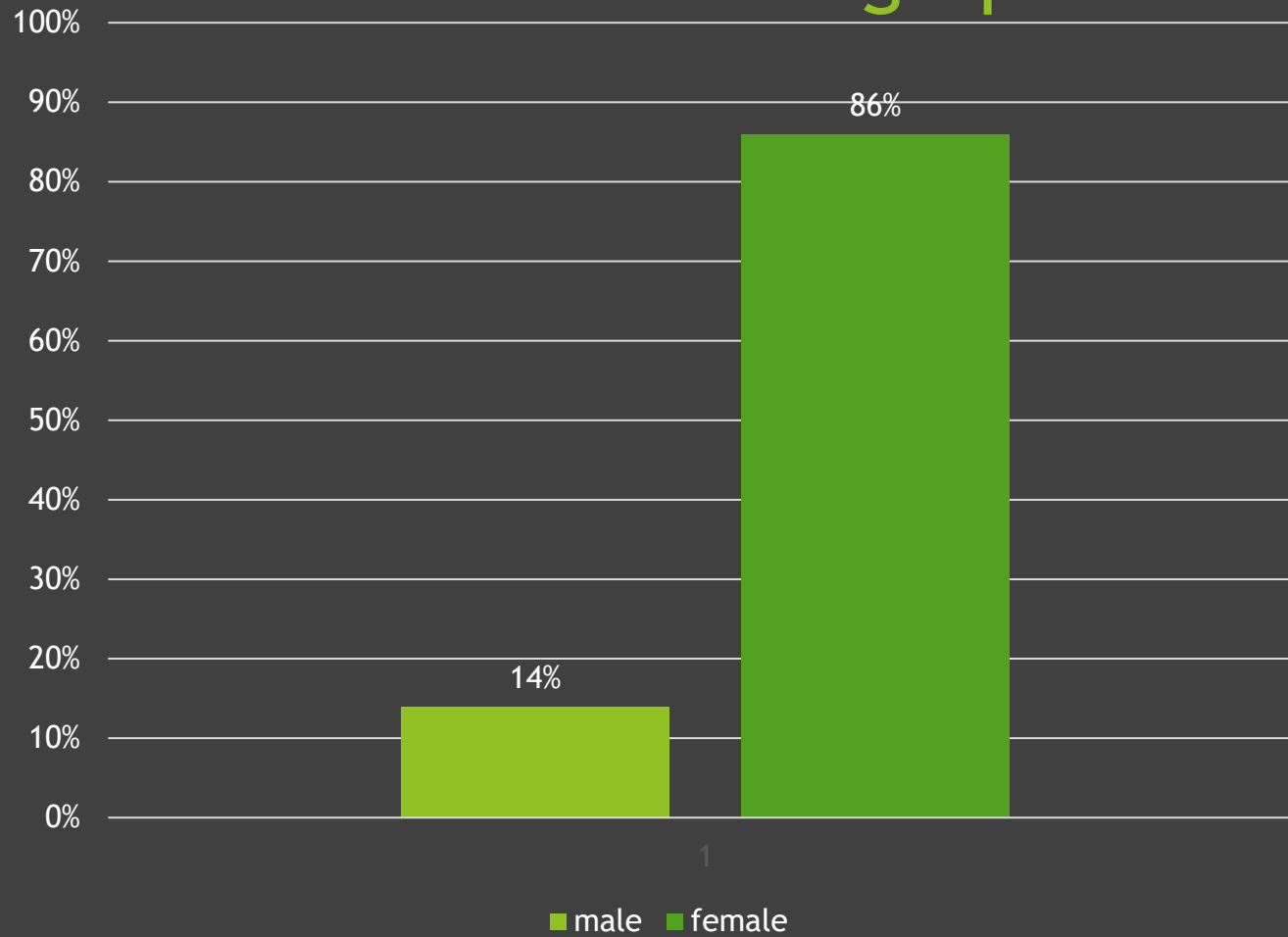
patients seen 21

consults cancelled 20

Age demographics

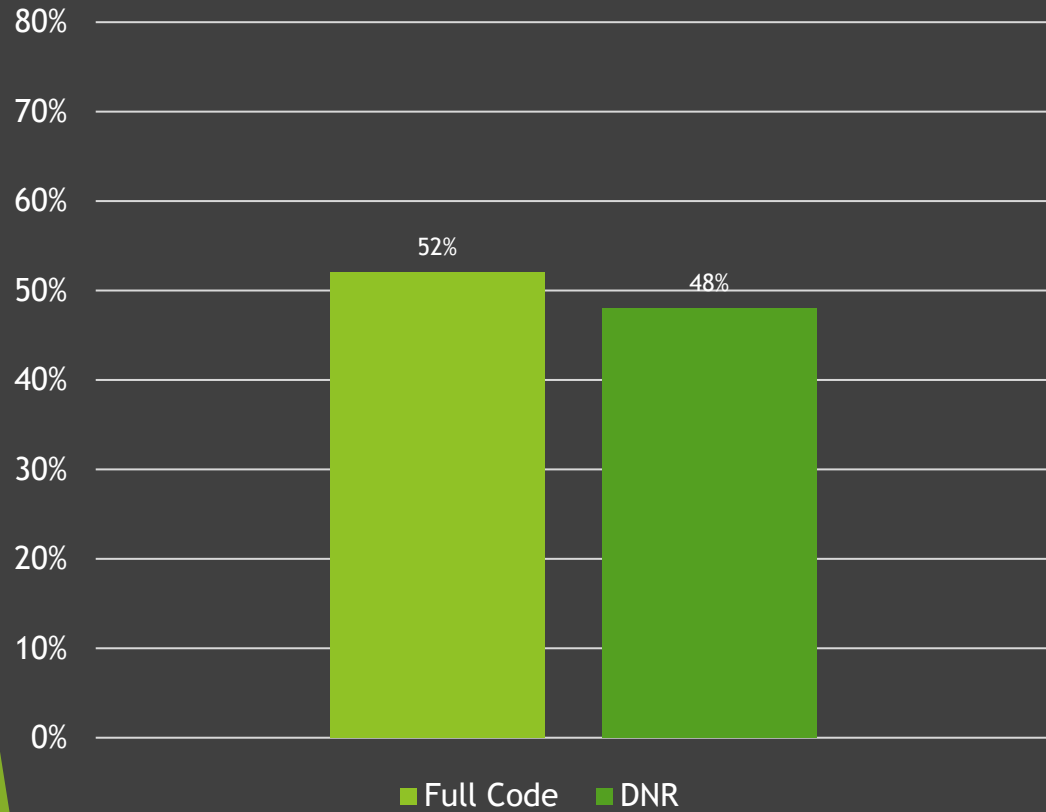


Gender demographics

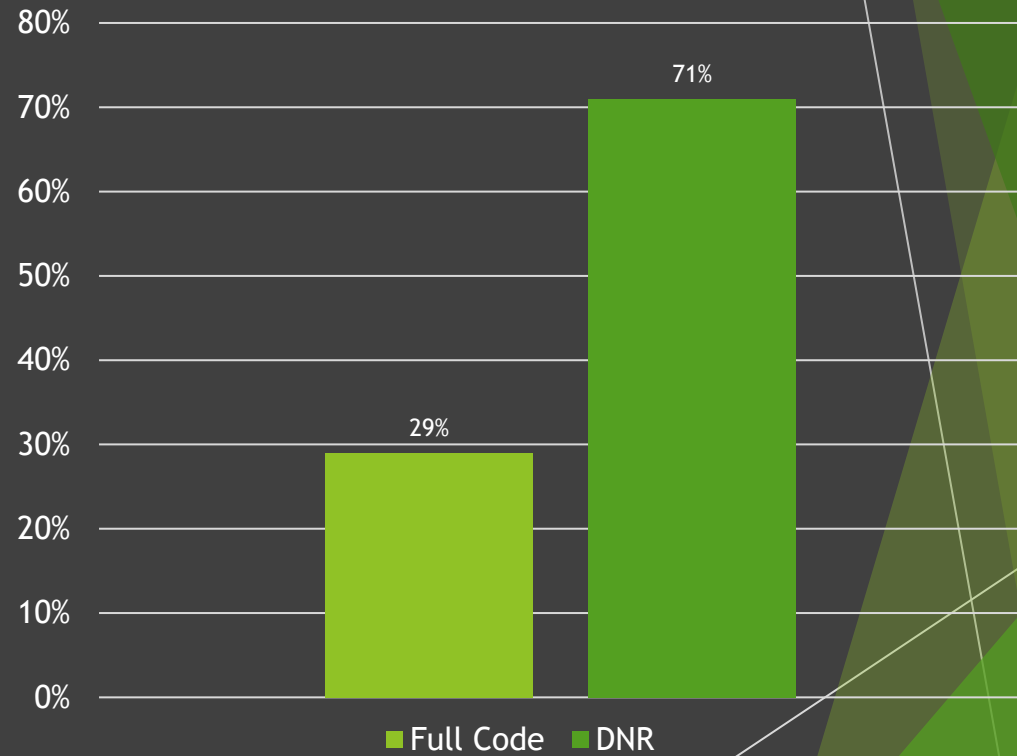


Changes in Code Status

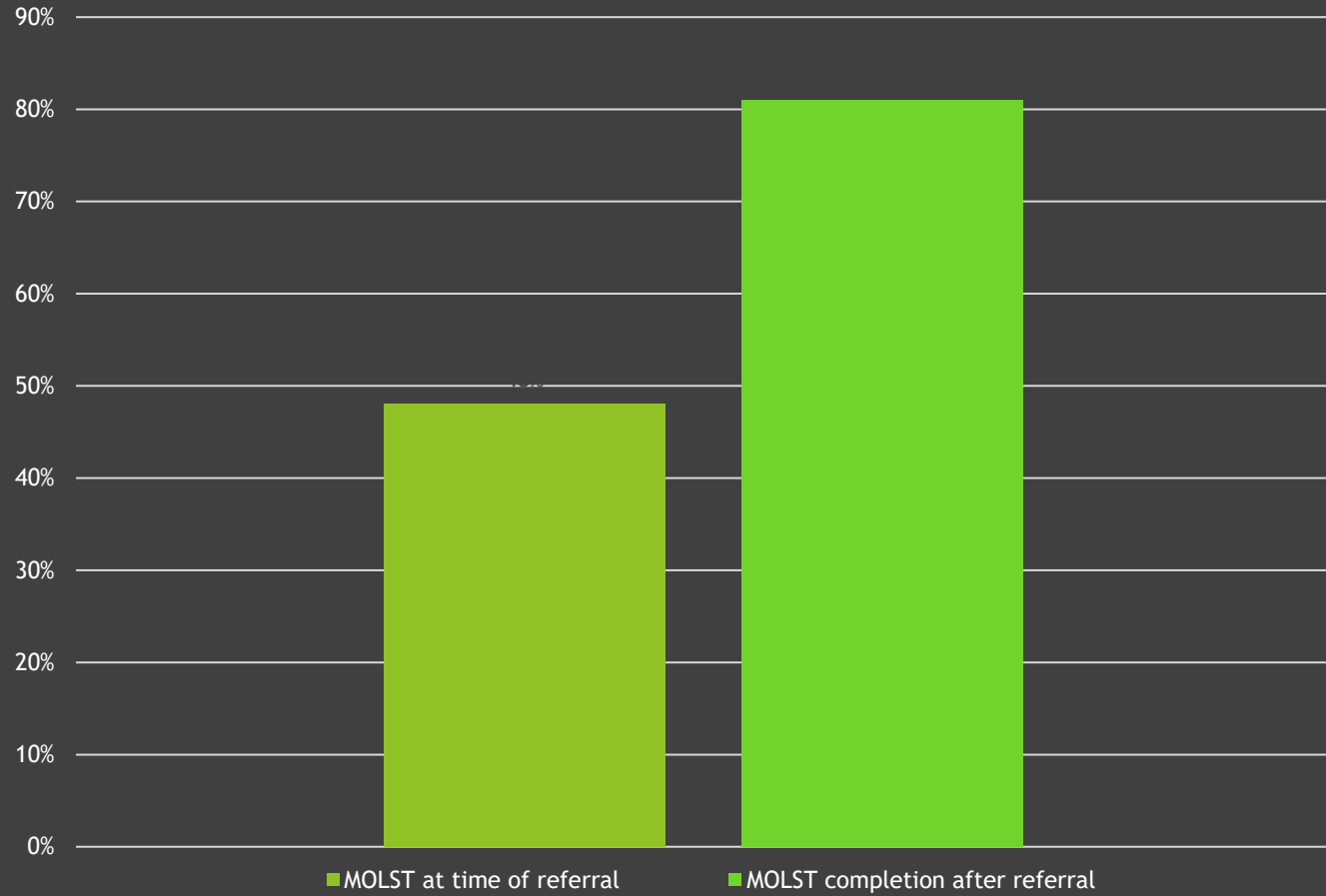
Code Status at time of referral



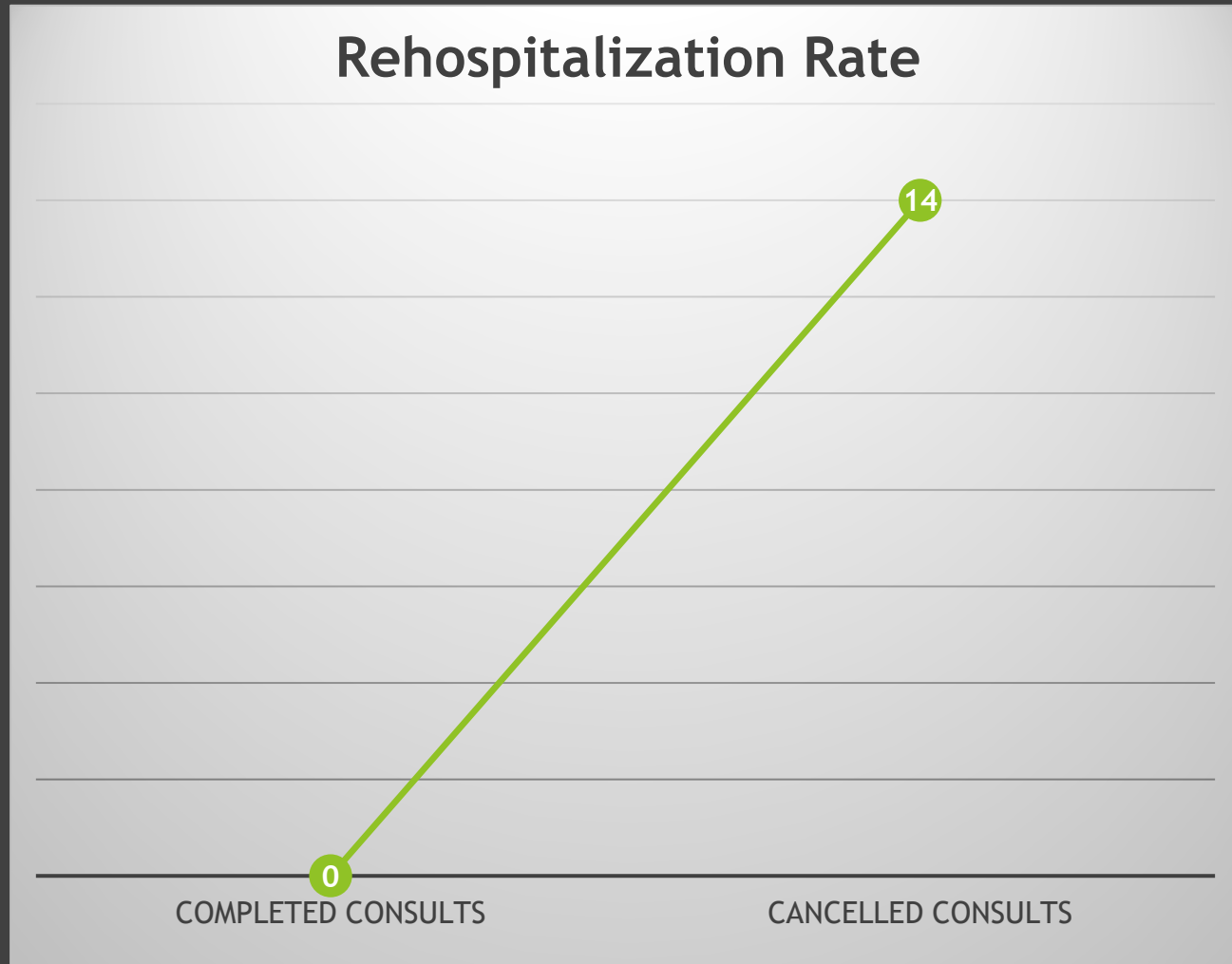
Code Status after referral



MOLST completion



Rehospitalization Rates



Case Study Continued....

- ▶ Initial consult completed within 48 hours of referral
- ▶ Virtual meeting with patient, husband and daughter
- ▶ Multiple meetings over the course of 4 weeks time to address changing goals of care, symptom burden and advance care planning
- ▶ Able to complete MOLST form electronically and upload into EMR in real time
- ▶ Not re-hospitalized based on patient's wishes
- ▶ Died in the facility with her EOL symptoms well managed

Takeaways

- ▶ Telehealth offers a profound ability to expand the reach of this expertise to both underserved geographies and post-acute care settings
- ▶ Provides specialty palliative care to those who may have limited access based on frailty of illness and/or lack of palliative care specialist
- ▶ Ability to virtually complete medical directives that align care with patient preferences

Questions

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