Collaboration to Increase the Availability of Palliative Care Services in Illinois

Opella Ernest, MD
Carol Wilhoit, MD, MS

BlueCross BlueShield of Illinois
Blue Cross and Blue Shield of Illinois (BCBSIL), the Illinois Hospital Association and the Northwestern University Feinberg School of Medicine formed a partnership in 2010 to address hospital readmission rates:

- IHA had strong relationships with member hospitals, and was able to promote hospital improvement programs.
- Feinberg faculty had expertise and experience in care transitions and in palliative care.
- BCBSIL had funds available for community-based activities.
Preventing Readmissions Through Effective Partnerships (PREP)

BlueCross BlueShield of Illinois

NORTHWESTERN UNIVERSITY
FEINBERG SCHOOL OF MEDICINE

IHA Quality Care Institute
Illinois Hospital Association
Key Initiatives

- Improve transitions of care
- Redesign hospital discharge processes
- Increase focus on palliative care
- Strengthen hospitalist programs
- Provide hospitals with reports on readmissions using standardized metrics
Key Initiatives

- Improve transitions of care
- Redesign hospital discharge processes
- Increase focus on palliative care
- Strengthen hospitalist programs
- Provide hospitals with reports on readmissions using standardized metrics
Use a systemic approach to integrate primary palliative care into everyday practice:

- Identify patients and implement timely communication, documentation, and coordination of care.

- Enhance the delivery of patient-centered care, consistent with the patient’s goals, for advanced and chronic illness.
PREP CPC Program Elements

- Knowledge acquisition and demonstration of key communication skills related to helping patients and families clarify goals of care and further advance care planning

- Implementation of “trigger” protocols to identify appropriate patients for goals of care conversations

- Engaging patients, families, and clinicians in meaningful and competent goals of care conversations

- Implementation of a standardized approach to documentation of patients’ goals and wishes

- Collaboration with assigned palliative care physician mentor to plan and execute successful QI project
PROG CPC Program - Communication and Palliative Care

✓ Provide hospitals enrolled in CPC with communication training in goals of care and coordination of care through a 2-day interactive training at NU Simulation Center

✓ Palliative Care mentoring program – one year
  ➢ External physician mentor assists hospital in implementing a program through coaching, site visits and identifying community connections

✓ Cohort reunion at the end of the mentorship
  ➢ Participating hospitals share their experiences and learn from each other.
Physician Mentors

- PREP includes both existing programs to address readmissions and the programs developed for PREP.

- Project BOOST, an existing program developed by the Society for Hospital Medicine, was one of the first PREP programs implemented.

- The physician mentor component of Project BOOST was recognized with the 2011 John M Eisenberg Patient Safety and Quality Award.

- Based upon experience from Project BOOST, a physician mentor was added to other PREP programs, including the Communication and Palliative Care (CPC) Program.
Since different hospitals face different challenges, a menu of relevant programs is available.

There is a fee for hospitals to participate in most of the PREP programs that include a mentor.

To remove barriers to participation, BCBSIL expanded its existing hospital bonus program to cover the fees. Each hospital contracts with and pays the entity offering the program.

The Feinberg School of Medicine provides clinical leadership and expertise, and many of the mentors.
29 hospitals in 6 Cohorts have participated in PREP-CPC.

127 participants from the 29 hospitals have completed the two-day training conference and curriculum. Participants represent a range of disciplines.

Hospitals have implemented creative programs to address palliative care in their hospital and communities.

Feedback from participants has been very positive.
Lessons Learned

There is a need for:

✓ Greater emphasis on early senior leadership buy-in at hospitals

✓ Increased local physician engagement

✓ Enhanced educational resources

✓ Improved coordination across sites of care within a healthcare system or community

✓ Accessible data infrastructure and quality improvement support
Current considerations include expanding the palliative care program to a three-year program for hospitals that includes:

- Requirement for early executive sponsorship, physician champion, involvement of inpatient and post-acute care teams
- Online educational program for participants, including many hospital medical staff
- Standardized metrics
- Standardized screening tool
- Use of POLST - Physician Orders for Life Sustaining Treatment
- Engaging post acute-care partners