



# Palliative Health Population Health Clerkship 2019

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# What is Palliative Care?

Specialized care that focuses on preventing and relieving symptoms to improve quality of life for patients facing serious illness and their families

*WHO, 2019*



## Who should receive Palliative Care?

Patients of all ages, genders, sexual orientation, races, ethnicities, and religions with a life-threatening or life-limiting illness

-cancer, stroke, diabetes, renal disease, progressive neurological diseases

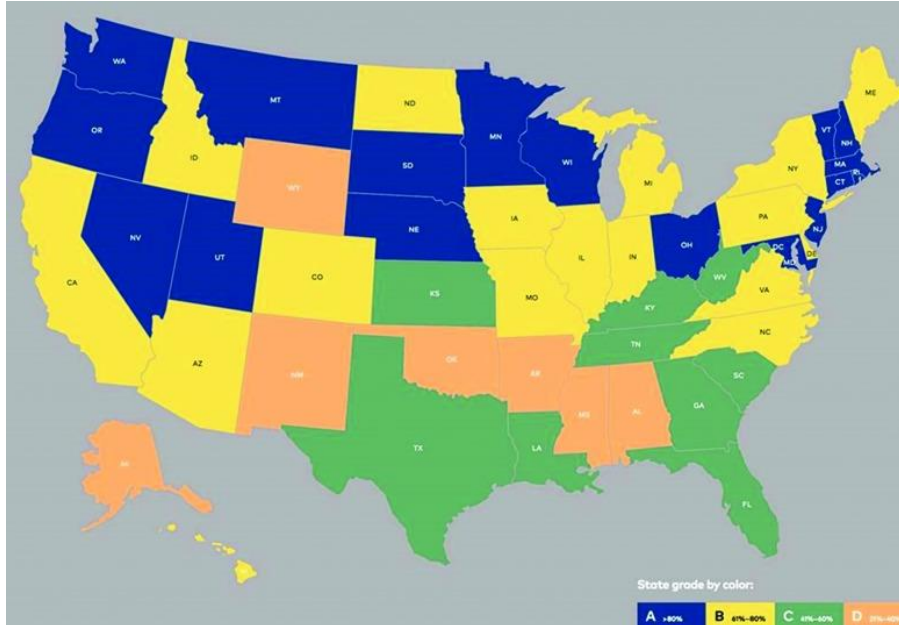
Patients whose medical regimen requires complex symptom management, medical decision making, and end-of-life care discussions



# Palliative Care vs. Hospice Care: How to choose

<b>Palliative Care:</b>	<b>Hospice Care:</b>
serious or life threatening illness	an illness whose <u>prognosis is 6 months or less</u> if illness takes its normal course
patients may still receive life-prolonging and disease-directed treatments	patient care largely focuses on comfort and quality of life instead of curative measures
Covered under Medicare Part A, Medicare Part B, Medicaid, or commercial insurances	Covered under Medicare Part A, Medicaid, or commercial insurances

# Who has access to Palliative Care?



US distribution of Palliative Care-providing hospitals

Percentage of hospitals with 50+ beds who provide palliative care:

Blue: >80%

Yellow: 61-80%

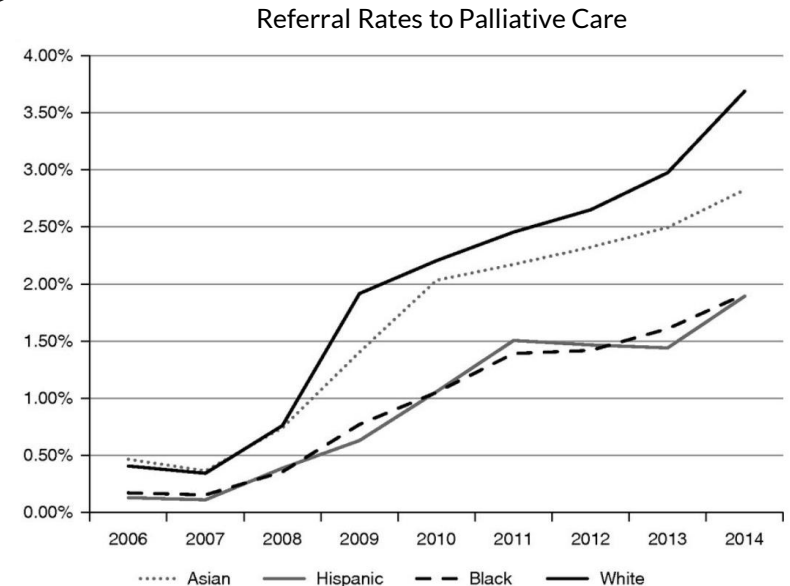
Green: 41-60%

Orange: 21-40%

Massachusetts: 87.8%

# Disparities in Palliative Care

- Black and Hispanic patients have significantly lower rates of palliative care utilization compared with white patients across all care settings
- Potential barriers include cost, misconceptions of palliative care, mistrust of healthcare, and lack of cultural competency



# Interprofessional teams



Members of the UMMHC Palliative Care Team

- Team-based approach in palliative care
  - Players include: nurses, social workers, physicians, music therapists, interpreter services, ethicists
  - Weekly Interdisciplinary Team meetings focus on case presentations, team based solutions to difficult situations, and honoring patients who have passed
- Inpatient and Outpatient care
- Coordination of care with primary care providers and specialists



# Important documents in Palliative Care

## **Health care proxy form:**

Officially designates a person who can express an individual's healthcare wishes to the medical team if they are unable to do so themselves

## **MOLST (Medical Order of Life Sustaining Treatment):**

A set of orders chosen by an individual in regards to which life sustaining modalities are wished for (CPR, intubation, artificial nutrition, etc.)

## **Living Will:**

A written statement by an individual expressing how they would like their care to be managed in the context of end-of-life care

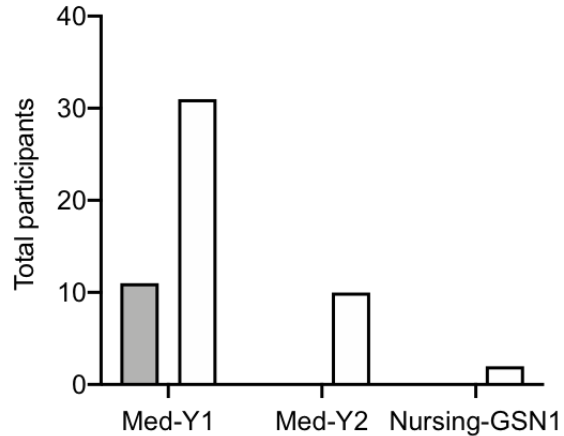




# Benefits of having health care proxy/MOLST/ living will:

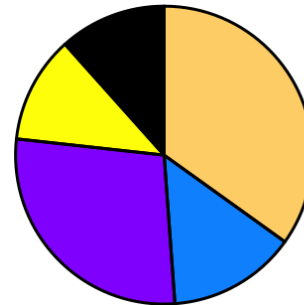
- Greater autonomy during end of life
- Better harmony and communication among family members with fewer stressful decisions for them to make
- Gives family the peace of mind that the healthcare their loved one is receiving is aligned with their directly expressed wishes
- As well as many other benefits that are unique to each situation

# Prevalence of completing health care proxy forms among UMass students



■ Had completed proxy form  
□ No form

Reasons why UMass medical and nursing students had not filled out a healthcare proxy form



■ Did not need a healthcare agent [15/43]  
■ Had not heard about the proxy form [6/43]  
■ Was never asked to fill out a proxy form [12/43]  
■ Aware of proxy form but had not filled out [5/43]  
■ Other [5/43]

# Population health advocacy: strategies and opportunities

- Honoring Choices
  - Free health care planning information and documents (for goals of care / end of life care)
- Elder Services Worcester
  - Community center that focuses on serving the elderly and caretakers of the elderly
- Constance Dahlin, MSN, ANP-BC, ACHPN, FPCN, FAAN
  - Provider and advocate for patients that require palliative care
- Considerations for Veterans
  - Specific marginalized group who need their voices heard
- Taking Care of Our Muslim Patients
  - Understanding the interplay between cultural competency and healthcare
- **Advocate for those with serious illness, not just end of life care**
  - Remember that palliative care is not necessarily hospice care



# Population health advocacy: successes and challenges

- **Successes:**

- Provide information/demystify myths
- Work with marginalized groups to achieve their needs
- Encourage interdisciplinary teamwork
- Create lasting healthcare changes

- **Challenges:**

- Understanding cultural competency
- Awareness for struggles faced by marginalized groups
- Legislative backing (PCHETA)
- Access to quality palliative care facilities



# Population health advocacy: what providers can do

- Knowledge is Power
  - Learn about palliative care through clinicians or through Center for Health Impact
- Talk about Healthcare Proxies with friends/family
  - Become a Healthcare Planning Ambassador through Honoring Choices
- Contact lawmakers and lobby for legislation
  - Push for legislation like PCHETA
- **Listen, listen, listen!**
  - Listen to the voices of your patients/peers to understand their needs

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# What did we DO?

Mostly, We Listened



Stories, Personal and Documented

Seminars for Advocacy and Ambassadorship

Conferences of the Palliative Care Team

Presentations on Culture and Best Practice Cases

Simulations and Clinical Shadowing

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## Communal Needs



The need for **Autonomy** and **Advocacy**, provided in a **Courteous** manner.

These were recognized after failures to provide individuals with the ability to have their needs known while incapacitated in some way.

By acting on these needs, centers for palliative and hospice care have arisen and groups have been put together to support the wishes of our patients and educate us on how to provide for them as well.

Without advanced directives, issues are more likely to arise.

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# What Did We Take Away

Our Experience and  
How We Will Practice





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# References

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