Improving the Quality of End of Life Care for Older Adults in Health Centers

Session 1

2018 Learning Collaborative Series

Friday, November 2

NATIONAL CENTER
FOR EQUITABLE CARE FOR ELDERS

National Center for Equitable Care for Elders (NCECE)

www.ece.hsdm.harvard.edu

Who We Are- Established in 2017, the National Center for Equitable Care for Elders (NCECE) is a training and technical assistance Center that provides innovative and culturally competent models of care, inter-professional training and educational resources to health care professionals providing care to older adults

Our Mission is to build strong, innovative and competent health care models by partnering with CHCs, PCAs and FQHCs to provide quality, and inclusive care for older adults

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Contact Information

Program Email - ece@hsdm.Harvard.edu

Program Manager - Jini_Etolue@hsdm.Harvard.edu

Program Director - Christine_Riedy@hsdm.harvard.edu

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Health Center Resources Clearinghouse

- This comprehensive website provides easy access to a broad framework of resources, tools, and information developed by the National Cooperative Agreement (NCA) organizations, and additional partners soon! Check it out at www.healthcenterinfo.org.

HEALTH CENTER RESOURCE
CLEARINGHOUSE

Moderator

Dr. Christine Riedy Murphy, MS, PhD, MPH

Principal Investigator/ Program Director

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Improving the Quality of End of Life Care for Older Adults in Health Centers

Learning Collaborative (LC)

Session 1

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Topic: Kickoff – Why end of life care?

Learning Collaborative (LC) Session 1

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LC Session 1 Objectives:

1) Discuss why conversations about end of life care are important.
2) Outline the components of end of life care that health centers can focus on.

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Polling Questions:

How many Americans age 65 and older die in the hospital?

A. Nearly 1 out of 4

B. Nearly 1 out of 2

C. Nearly 2 out of 3

D. Nearly 9 out of 10

Source: Institute of Medicine of the National Academies

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Polling Questions:

Are individuals nearing the end of life capable of making their own decisions?

A. True

B. False

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Polling Questions:

Which groups are responsible for delivering care at the end of life?

A. Physicians, nurses, pharmacists, rehabilitation therapists, and other clinicians

B. Social workers and spiritual counselors

C. Family members

D. All of the above

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What is End of Life Care?

- A term to describe medical care and support given during the time period around death.
- A term referring to the provision of healthcare, not only preceding immediately before death, but more generally health care provided for those with terminal conditions that have progressed.

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Importance of End of Life Care:

- Individuals feel little control over end of life medical decisions.
- Increased aging society with complicated health needs will require expanded end of life care services.

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Components of End of Life Care w/HC lens:

- End of life decisions
- Advance directives
- Palliative care
- Hospice care
- Supporting family/caregivers

NACHC Elderly Services in Health Centers, 2008

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End of Life Decisions:

- Help identify personal goals for end-of-life care.

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Advance Directives:

- A “living will” documents patient wishes concerning medical treatment at the end of life, when the patient is no longer able to make medical decisions.
- A “medical power of attorney” (aka healthcare proxy) allows an individual to appoint a surrogate decision-maker who is authorized to make decisions on the patient’s behalf when s/he is unable to do so.
- Laws about advance directives vary by state.

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Advance Directives example:

- MOLST form is a medical order form that documents a patient's treatment preferences concerning life-sustaining treatment –
- Beneficial to patients and providers as it provides specific medical orders and is recognized and used in a variety of health care settings.

https://www.molst-ma.org/

Palliative Care:

- Improving the quality of a seriously ill individual’s life, and support family and caregivers through managing physical symptoms, assessing psychological and spiritual needs, patient support system and discharge planning issues.
- A team approach to palliative care is optimal, with the primary care provider and social services playing an active role.
- Patient wishes and decisions are key for creating a palliative care plan.

Hospice:

- To support patients and their families/caregivers as they approach death due to a terminal illness or debilitating injury.
- Goal is to care not cure.
- Team-oriented approach similar to palliative care including creating strong relationships with primary care providers within the health center setting.

Support for Families and/or Caregivers:

- End of life care requires supporting the patient as well as their family and/or caregivers throughout the process.
- Ways in which support can be provided include:
  - having social services staff as liaisons between family members and the patient, primary care provider, and hospital or hospice care providers.
  - Bereavement calls to family members can be very meaningful.
  - Memorial services for deceased patients

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Support examples:

Encourage patient’s and their families/caregivers to carve out time for frank end of life discussions

e.g., Thanksgiving

e.g., The Conversation Project. The Institute for Health Improvement.

https://theconversationproject.org/

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Discussion –

What is your health center's top concern in discussing end of life care with your patients?

What components of end of life care previously discussed do you feel successful in implementing? Struggle with implementing?

Additional Readings:

- Institute of Medicine. (2015) *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life* (National Academies Press, Washington, DC).
- California Health Care Foundation. (2014) Dying in California: A Status Report on End-of-Life Care (California Health Care Foundation, Oakland, CA).
- Gawande A. (2014) *Being Mortal: Medicine and What Matters in the End* (Henry Holt, New York).

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Session 2: End of Life Decisions – talking with your patients

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