Telehospice and Telepalliative care in Northwest Kansas

National Rural Health Resource Center Webinar

February 17, 2022

“We are available to the families 24/7 and work on God’s time”

TELEHEALTH POTENTIAL

- Accessibility
- Availability
- Acceptability
  - Stigma

In partnership since…

"Telehospice 1.0"
1998-2014

"Telehospice 2.0"
Launched: 2015

Quantitative Study:
Cost Savings
(2017-2019)

Quality Improvement:
Staff Perspectives
(2017-19)

Qualitative Study:
Content Analysis
(Fall 2019 to May 2020)

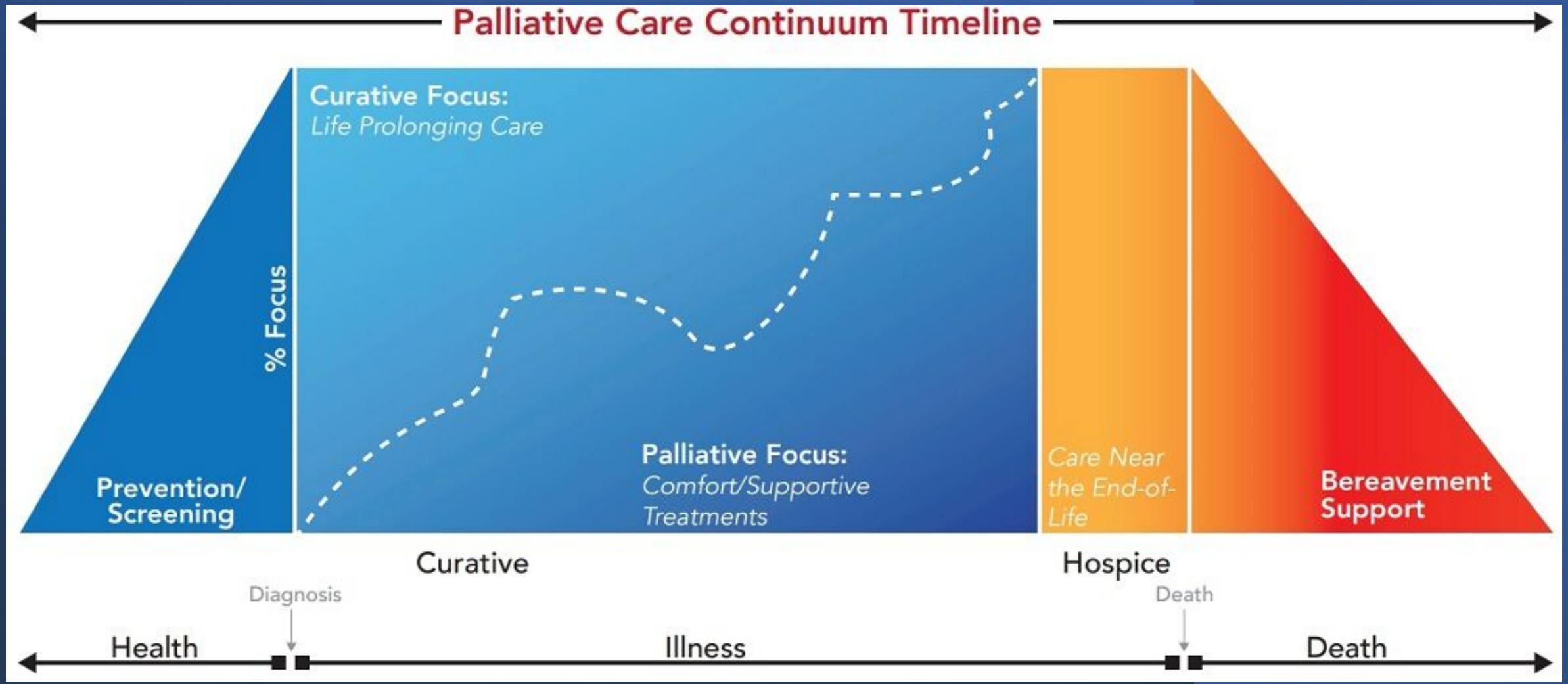
Qualitative Study:
Caregiver Perspectives
(July 2020 to Present)

Qualitative interviews with staff re: COVID-19 and nursing homes
(January 2021 – July 2021)

KU MEDICAL CENTER
The University of Kansas

Hospice Services, Inc.
Palliative Care of Northwest Kansas

MCA
MIDWEST CANCER ALLIANCE
Outreach Network of The University of Kansas Cancer Center



Source: Center for Rural Health, University of North Dakota, School of Medicine & Health Sciences. https://ruralhealth.und.edu/assets/746-17373/palliative-hospice-care-flyer.pdf

What's the difference?

Hospice vs. Palliative Care Definitions

The **definition of hospice care** is compassionate comfort care (as opposed to curative care) for people facing a terminal illness with a prognosis of six months or less, based on their physician's estimate if the disease runs its course as expected.

The **definition of palliative care** is compassionate comfort care that provides relief from the symptoms and physical and mental stress of a serious or life-limiting illness. Palliative care can be pursued at diagnosis, during curative treatment and follow-up, and at the end of life.

Palliative Care vs Hospice Care

Palliative Care

Palliative Care focuses on the pain, symptoms and stress of progressive illnesses. It is specialized care provided in combination with curative and/or restorative treatments. It is provided to patients in whatever setting they call home. It does not replace your current care. Rather, it is a specialty medical practice that address many aspects of care and provides the patient with care management support.

Palliative Care is:

- For individuals who are seriously or chronically ill
- Not dependent on prognosis
- A medical specialty
- Medicare Part B billing through Evaluation and Management coding
- Consultative and primary care driven
- Pain and symptom management
- Medication management
- Medical goals of care discussions

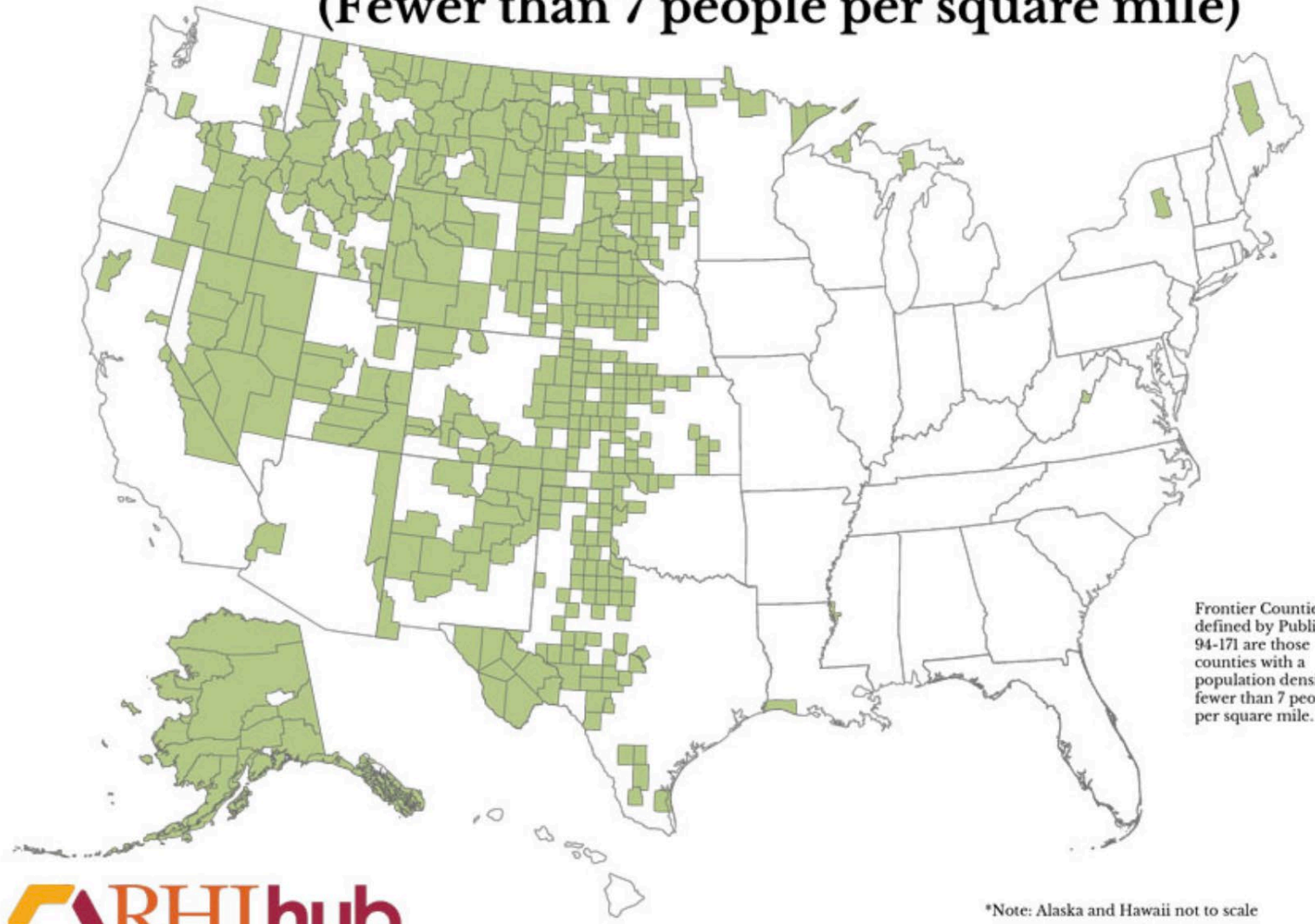
Hospice Care

Hospice care also focuses on the pain, symptoms and stress of progressive illness, but it focuses on patients who are in the last 6 months of their life. For most, it is a Medicare benefit that directs when an individual can receive services. Hospice care provides an interdisciplinary team approach that encompasses patient's and their family's holistic needs.

Hospice Care is:

- For individuals who have a likely terminal prognosis of 6-months or less
- Dependent on prognosis
- A Medicare benefit
- Medicare Part A billing
- An interdisciplinary team approach to care
- Terminal end-of-life care

Frontier Counties
(Fewer than 7 people per square mile)



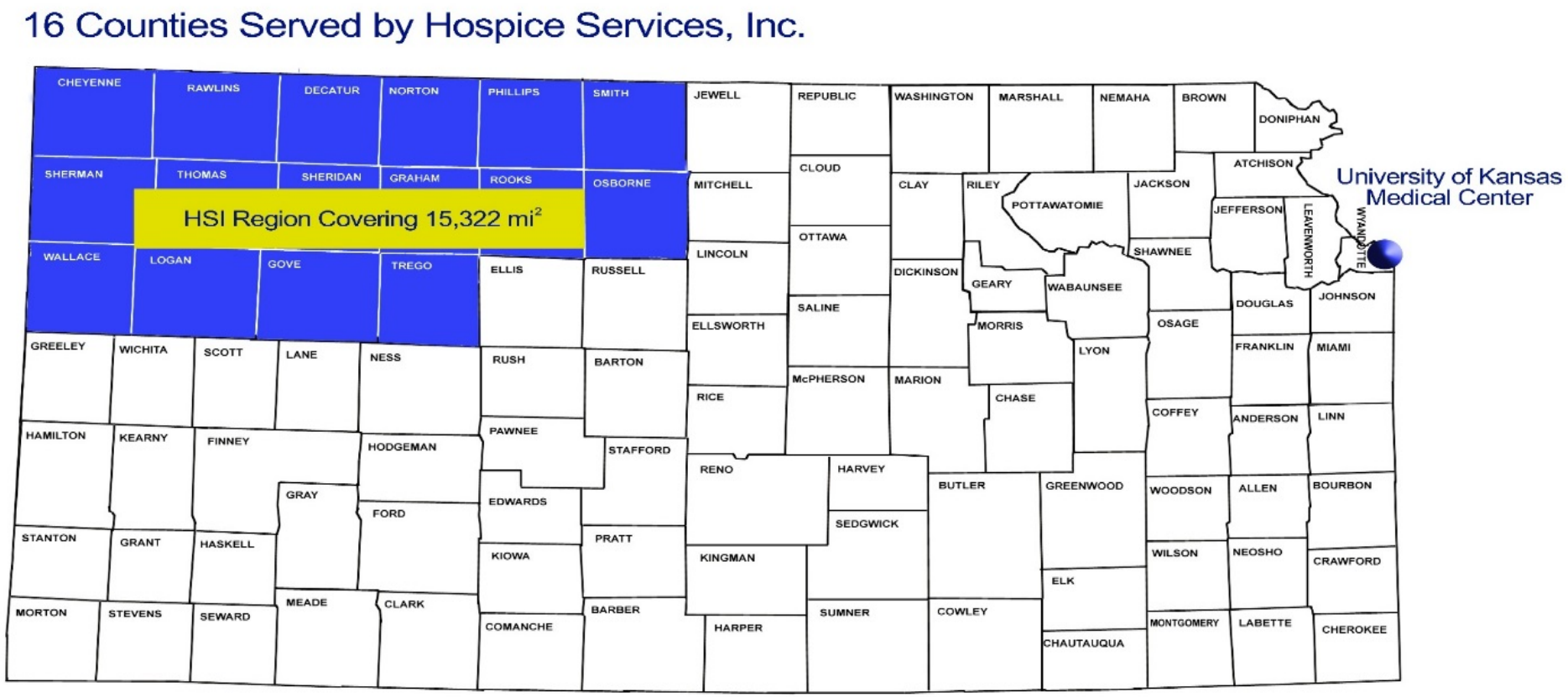
Frontier Counties as defined by Public Law 94-171 are those counties with a population density of fewer than 7 people per square mile.

RHIhub
Rural Health Information Hub

*Note: Alaska and Hawaii not to scale

Source(s): U.S. Census Bureau, 2010 Decennial Census, Summary File 1

Hospice Services and Palliative Care of Northwest Kansas



Kansas map illustrates the 16-county coverage area of Hospice Services, Inc.

Models of telehealth in hospice & palliative care settings

- Telecare—access to homes to extend communication and caring
- Access to services
  - Internal—team member to team member with patient and family
    - Assessment
    - Intervention
    - Support
  - Specialists/ Multidisciplinary Teams
    - Pain Management
    - Wound assessment
    - Pediatric palliative care
- Access to families, with supports for patients and caregivers
  - Support group
  - Bereavement support
- Education – telementoring, fellows rounds
- Remote Patient Monitoring

Telehospice/ Telepalliative

Opportunities and Barriers

Telehospice & Telepalliative Care Barriers

- Fears—maintain standard of care, role
- Availability of multidisciplinary team members & specialists
- Reimbursement – contracting and billing issues, CAH, Hospice
- In person evaluation requirements
- Technology use
- Staff shortages/turnover
- Late referrals to hospice
- Large geographical areas – long distance drive – primarily professionals on the road
- Pandemic beleaguerment

Telehospice & Telepalliative Care Opportunities

- Continue services through pandemic and growing familiarity/ease with telehealth
- Telecommunications—relationship and trust builder
- Telehealth use as staff extenders during shortage, retain not replace
- Improve access
- Community Needs
- Ability to provide palliative care as unique discipline
- Aging population
- New technology

Cost savings

Averages Across All Disciplines Combined		
	EHR	Zoom
Cost per F2F Visit	$658	
Cost per TH Call	$26*	$23
Minutes per F2F Visit	46	
Minutes per TH Call	21*	17

	Average Savings per Call/Meeting	Total Savings
Interdisciplinary Team Meetings	$1,149	$29,869
Virtual Calls (patient-related)	$380	$46,752
Administrative Meetings (non-patient-related)	$837	$38,524
TOTAL SAVINGS		**$115,145**

*Data included in these figures for the medical director is from July 2018 through September 2018; data included in these figures for the nurses and social workers is from July 2018 through December 2018.

Saving thousands of dollars in travel time and costs each year

CAHs / RHCs

Critical Access Hospitals/Rural Health Clinics

- Survival Mode
  - Keeping patients in their buildings = Revenue = Survival
- Reimbursement Issues when patient is on Medicare Hospice Benefit
  - The Consolidated Appropriations Act, 2021, included a provision formerly known as the “Rural Access to Hospice Act.”
  - Beginning January 1, 2022, physicians, nurse practitioners, and physician assistants at Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) will be able to serve as attending providers for hospice patients. Historically, physicians employed by RHCs and FQHCs were unable to serve as attending physicians because RHCs and FQHCs are paid a fixed all-inclusive payment for all services to Medicare beneficiaries

Telehospice & Telepalliative Care

In action

- Nurse supervision or consultation with other nurses/ team members
- Bringing family members into the visit from out of state
- Connecting families many miles apart
- Connection with specialty medical providers or spiritual leaders who patients and families have pre-existing relationship with
- Veteran pinning ceremonies and other meaningful experiences for patients

Patient Stories

- Ana – grandmother contacted her grandchildren every evening
  - Shared it was so easy that she could teach anyone
- Veteran in Goodland – son and his family in DC area
  - Significant change in condition quickly – family said “goodbye” by telehospice
- Mother in facility – all children but one live out-of-state
  - Family very close and children wanted to be part of end of life
  - Agreement made that Nurse would begin her link at start of each visit and children could join if they wanted – at least on of four out-of-state joined each visit
- Veteran pinning
  - Honoring our veterans for service – few minutes to read and share certificate
- Ability to use audio and visual to check on families during weather/road closures
- Tom – ability to say good-bye to oncologist (they had very close relationship over years)
- Pat – able to join cousin’s funeral in another state via zoom
- Patient zoomed with nurse during night – anxious…discussed medications and visited then patient was ready to go to sleep
- Grandmother able to participate in granddaughter’s wedding
- Connect wound care nurse with nurse in home
- Connect provider with patient at home
- Interdisciplinary Team meeting – weekly
  - Audio-visual – cost (time and mileage) approximately $ 2,500 for all staff to travel to main office

Lessons Learned and Tips to Share

Presence & communication via telehealth

- Creating “in the room” feel with effective communication

Different levels of comfort with technology

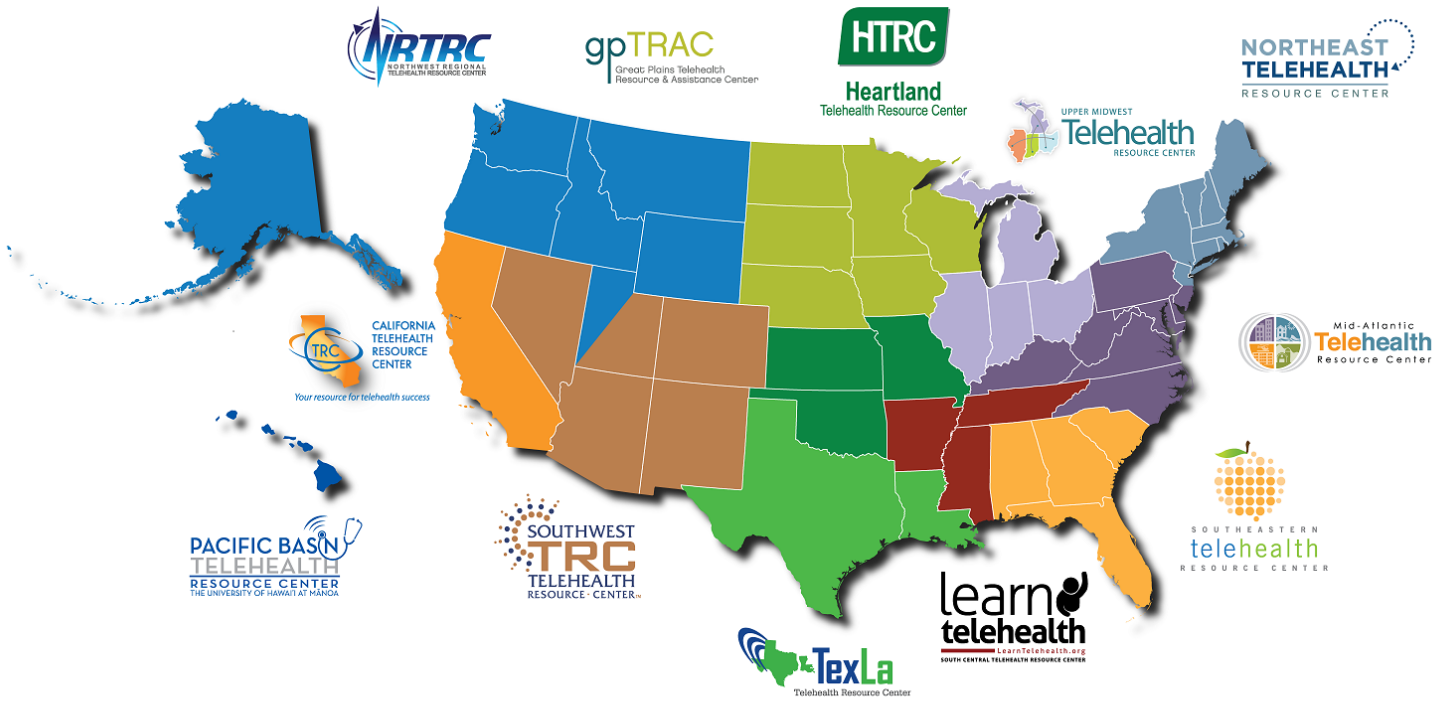
- Encourage practice in small steps
- Ongoing education
- Getting comfortable with making mistakes / learning as you go with technology
- Using iPads in different ways increases comfort (games, etc.)

Finding equipment, staff workflow, technical assistance solutions for:

- Streamlined introduction & instruction materials for tablet use
- Technical difficulties (e.g., trouble hearing providers → got a new speaker)
- Poor internet/cellular service (rural broadband access)
- Sometimes difficult for families to learn something new during first days of hospice admission (planting a seed, returning to it)

Telehealth Resource Centers

TELEHEALTH RESOURCE CENTERS



Heartland Telehealth Resource Center

www.heartlandtrc.org

htrc@kumc.edu

877-643-HTRC(4872)

TTAC TelehealthTechnology.org
Center for Connected Health Policy

2 National Resource Centers

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

12 Regional Resource Centers

HTRC Heartland Telehealth Resource Center

www.telehealthresourcecenter.org

Thank You!

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Gary Doolittle, MD
Professor, Clinical Oncology; Assistant Dean for the Office of Medical Education, University of Kansas Cancer Center

Masonic Cancer Center Alliance colleagues & many other team members

Please contact us with any questions.