Bringing Palliative Care to More People

Graduate certificate program at the University of Washington is helping close the workforce gap

Dr. Caroline Hurd recalls visiting a transplant patient when she was a medical student on her surgery rotation. "There were about 20 of us in her room," she says. "The patient had written down her questions on a sticky note, because she knew that she'd only have a few minutes with us. She got through one or two questions, and the head of the team told her we were out of time. Then our whole group walked out of her room."

The encounter with this patient was an experience that would shape Hurd's career and her resolve to make the health care system work better for patients, their families and providers. "This woman had just had a kidney transplant and we couldn't take the time to address her questions. It was really telling about where our health care priorities were."

Today, Dr. Hurd is a board-certified palliative care physician and co-director of the University of Washington (UW) Graduate Certificate in Palliative Care. Thanks in part to her leadership, cohorts of nurse practitioners, social workers, physicians, spiritual care providers and other professionals are acquiring the skills and credibility needed to initiate or extend palliative care services in their health systems.

Now in its fifth year, the UW graduate certificate curriculum is one of the innovative training programs that have emerged to close the workforce gap in the U.S. and improve access to palliative care for patients and their families. The program's mission includes addressing the lack of trained clinicians in rural areas and embedded programs within primary care and specialty medicine.

With funding from the Cambia Health Foundation, the program has most recently expanded its curriculum with partnerships that will bring palliative services to more outpatient and pediatric patients in Oregon, Eastern Washington and Idaho.

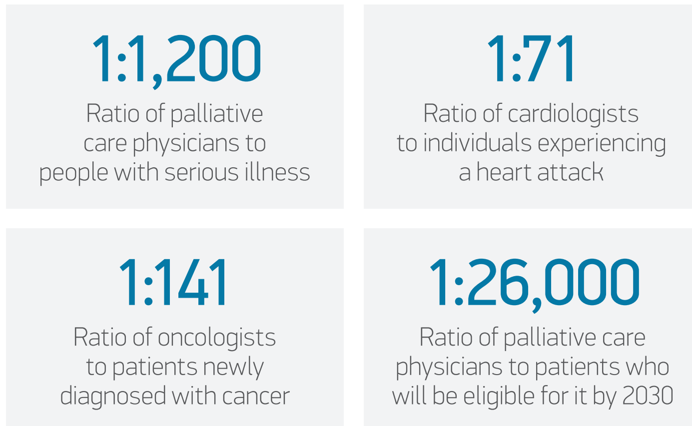
The need for new training models

As a medical specialty, palliative care has gained significant traction in the last ten years. Today, 94% of hospitals with more than 300 beds have palliative care teams. Even smaller hospitals with 50 or more beds have seen a significant increase to 72%—up 67% over 2015.[i] Still, the prevalence of palliative care programs is insignificant compared to the need.

Data from the National Palliative Care Registry™ suggest that between one and 1.8 million patients admitted to U.S. hospitals each year could benefit from palliative care and are not receiving it.[ii] That number doesn't include the more than half a million children with either end-of-life or complex chronic conditions who could benefit from pediatric palliative care every year, according to Kathy Perko, RN, MS, PNP, CPON, CPPHN, and the founder and director of the Bridges Palliative Care Program at Doernbecher Children's Hospital.

For people living in rural areas, palliative care programs are limited. According to the most recent report card from the Center to Advance Palliative Care (CAPC), 90% of hospitals with palliative care are in urban areas. Only 17% of rural hospitals with 50 or more beds have palliative care programs.[iii] This is even more striking in pediatrics.

One of the biggest challenges in meeting the need is the scarcity of specialty-trained clinicians. There is only one palliative care physician per 1,200 people with serious illness in the United States. That figure pales when measured against the approximately one cardiologist for every 71 individuals experiencing a heart attack and one oncologist for every 141 patients newly diagnosed with cancer.[iv]



By 2030, research suggests that there will be only one palliative care physician for every 26,000 patients who are eligible for it.[v] Similar shortages are forecasted for nurses, social workers and spiritual care providers with expertise in palliative care.

While more palliative care practitioners are needed, the medical establishment is effectively limiting the physician pipeline. Board certification requires that participants complete a fellowship in an accredited Hospice and Palliative Medicine (HPM) program. There are currently only 344 fellowship slots available, a shortfall when compared to estimates that the field could use up to 600 slots per year to meet workforce demands.[vi]

For many physicians, taking time off to complete a full-time, full-year fellowship program simply isn't practical. Furthermore, board-certification programs are only open to physicians, excluding other clinicians who are vital to the interprofessional approach that defines palliative care.

As a result, training programs are surfacing to build the workforce with interprofessional education, like the graduate certificate program in palliative care at the UW described below.

Forging new palliative care pathways

Students come from all disciplines of care, at all phases of their careers, to participate in the program. Co-directors Ardith Doorenbos PhD, RN; Caroline Hurd, MD; Lynn Reinke, PhD, ARNP; Helene Starks, PhD, MPH; and Amy Trowbridge, MD, lead a team of faculty that model interprofessional collaboration. The faculty represent physicians, nurse practitioners, social workers, spiritual care providers and other palliative care professionals.

Designed for working professionals, most of the program is rooted in distance learning. However, each quarter students gather in person for workshops that simulate care experiences through role-playing, specifically:

- **One-on-one communication** with patients and families using VitalTalk™ communication techniques.
- **Team-based communication** that teaches participants how to lead interprofessional family conferences and navigate conflict that may arise when multiple family members and diverse clinicians (e.g., bedside nurse, social worker and neurologist) have different opinions about a patient's care. The workshop is modeled after the TeamTalk approach developed at the University of California, San Francisco.[vii]
- **Systems leadership skills** using design thinking to solve health care system challenges, practice making a two-minute pitch and give colleagues feedback.

Interprofessional curriculum

Fall

Individual

- Eliciting the Patient & Family Story
- Responding to Emotions
- **Workshop 1 VitalTalk** (3 days)
- Advance Care Planning
- Surrogate Decision Making
- Prognostic Awareness
- Symptom Management
- Moral Distress & Resiliency

Winter

Team

- Facilitating Family Conferences
- Implicit Bias
- **Workshop 2 TeamTalk** (3 days)
- Conflict Management
- Hospice & End of Life Care
- Cultural Humility
- Spirituality
- Ethics
- Caregivers
- Integrative Therapies

Spring

System

- Stakeholder Engagement
- Design Thinking
- Change Management
- Proposal Development
- Quality Metrics
- **Workshop 3 Making Your Pitch** (2.5 days)
- Documentation and Billing

Dr. Hurd explains, "Increasing access to palliative care for everyone comes down to more than training additional prescribing providers. It also requires educating a more diverse, interprofessional team of clinicians to deliver whole-person care. That way, we can address all aspects of a person's well-being, mindful of who is best suited to meet their needs. Working synergistically with a team and sharing responsibility for the patient lessens the burden on any one clinician, while also providing higher-quality care. This reduces burnout—and that's critical to supporting sustainable health care systems."

Graduates of the certificate program are inspiring change in their health systems as champions embedded within various specialties of medicine.

Claire Nassutti, social worker and palliative care program coordinator at Northwest Kidney Centers, completed the program in 2018. Now she's applying her learning to help dialysis patients access palliative care through the country's first mobile renal supportive care team.

Nassutti says, "The graduate program deepened and solidified my clinical skills so I'm more confident in approaching serious illness communication. We practiced how to explain palliative care in an elevator speech so that any patient from any background would understand it, helping remove barriers to participation. We also practiced ways to explain it to a physician who may be hesitant to refer a patient for palliative care. I think anyone could learn more communication skills even if they feel like they're an expert already, especially because there's so much to gain from your cohort."

Dr. John Rieke came to the program with three decades of experience as a radiation oncologist and 15 years as medical director at MultiCare Regional Cancer Center. Like many oncologists, Dr. Rieke says he'd been practicing palliative care with his patients for years though he'd never received any formal training. "Oncologists do so much to try to help people be comfortable during treatment and often have serious conversations about end of life," he explains. "I felt like I didn't understand the breadth of a patient's needs though, because I hadn't been trained that way."

For Dr. Rieke, learning to broaden his communication skills by weaving together a patient's life story, their medical story and the family's story has given him a better picture to help with decision-making. "I learned a ton in the program and gained a lot of tools to do a better job engaging everyone involved in a patient's care as well as the skills to navigate the administrative side of our health system more effectively," he says.

Program expands to reach more patients through outpatient care

The growth of inpatient palliative care is well documented. Getting services to patients outside hospitals has been more difficult. To meet this need, the UW program has created two new training sites in Portland, Oregon, that will launch this fall. One site will focus on pediatric palliative care and the other will emphasize integration in primary care. In the fall of 2020, the program will open two more sites to serve more rural communities in the Tri-Cities in Eastern Washington and in Boise, Idaho.

New sites expand access to palliative care

2015

Seattle, Washington
(launched 2015)

2019

Portland, Oregon: Adult Track
(launched 2019, partnering with Providence Health and Services)

Portland, Oregon: Pediatric Track
(launched 2019, partnering with OHSU Doernbecher Children's Hospital)

2020

Tri-Cities, Washington
(starting fall 2020, partnering with Chaplaincy Healthcare)

Boise, Idaho
(starting fall 2020, partnering with St. Luke's Medical Center)

1. Providence Health and Services adopts a train-the-trainer model

In 2018, the leadership team at Providence Health and Services set an ambitious goal: to integrate palliative care services into all 48 of the health system's primary care clinics in Oregon within five years. Dr. Linda DeSitter, the medical director for Providence palliative care, ran the numbers and found that the organization would need 27 times the number of staff currently in place to meet that aim.

Recognizing that expanding their staff exponentially wasn't feasible, the team found a more scalable solution with the help of the UW graduate certificate program.

Today, three physicians and one social worker from the Providence Medical Group have completed the graduate program. They are now empowered to be the change agents that their system needs to make palliative care more widely accessible—especially in rural areas of the state that have been underserved.

As "super champions," the cohort of four plans to train up to two champions—one prescribing physician and one non-prescribing clinician—in each location. In turn, those champions will then train every employee at each of their clinics in basic palliative care skills—from front desk staff and medical assistants to primary care providers and case managers. Staff will learn communications skills, how to help with advance care planning and ways to navigate transitions of care in complex cases.

Mari Matsumoto, a Providence social worker, says the program has been invaluable in preparing her for her role as a super champion. "Even though I'm trained in social work, which builds a lot of communication skills, and am versed in medical social work and palliative care, there's still so much I've learned in this program," she shares. "I've learned how to teach palliative care knowledge and skills to people who might not have had the same kind of training background and skills I've had.

"A lot of people have a misconception that palliative care can only be done by palliative care specialists, and I don't think that's true," says Matsumoto. "I think that effective palliative care requires curiosity and strong communication skills, which can be taught, learned and practiced by anyone."

Dr. Marianne Parshley echoes Matsumoto's thoughts. She has practiced internal medicine with a focus on geriatric patients for more than three decades and currently serves as the Oregon Governor for the American College of Physicians (ACP). She reflects on the new skills she has gained through the UW program, "I was able to apply the tools I learned about patient communication right away," she explains. "Now, I talk to patients differently and I listen differently." Parshley says the skills taught in the program energized her, refreshed her practice and have made her a better clinician.

From an institutional perspective, Parshley believes the program will help her cohort train their peers to look at a patient's goals first and then consider how technology and medical skills can support them. "Much of what we do today costs a lot of money and is not beneficial care in the last few months of a patient's life," she says. "If we focus on what matters to patients, clinicians will be able to provide goal-concordant care, the institution will likely save money, and, most importantly, patients and their families will receive care aligned with their values."

Through their hub-and-spoke training model, the Providence team hopes that 98% of palliative care needs will be met in the primary care setting, with specialty palliative care then reserved for the toughest cases.

2. Partnership makes pediatric palliative care more accessible

Advancements in medicine are helping seriously ill or injured children live longer. At the same time, the need for pediatric palliative care is growing faster than the number of programs able to provide it. Thanks to a partnership with OHSU Doernbecher Children's Hospital, the UW is now able to offer the first interprofessional certificate in pediatric palliative care that combines online and in-person training through a new track in their graduate school-based program.

Children experience serious illness differently than adults do largely because of their wide-ranging disease trajectories and the developmental changes they may have during illness. As a result, they require different levels of support, especially when it comes to decision-making, advance care planning and life-prolonging therapies. With that in mind, Kathy Perko and Susan Hedlund, an oncology social worker at OHSU, are working closely with the UW team to customize the program's curriculum for pediatric palliative care.

Perko and Hedlund will be designated faculty for the training program located in Portland, Oregon, at OHSU. Starting in the fall of 2019, they will lead workshops for up to eight students with support from Dr. Hurd and Dr. Amy Trowbridge, a pediatric palliative care physician from Seattle Children's Hospital.

Perko explains, "One of the things we know is that palliative care takes a team of people. In the past, nurses have educated nurses. Physicians have instructed physicians. And social workers have trained social workers. That's not how we practice though. A social worker should understand where they fit into the team relative to the nurse practitioner. We practice as a team, so interprofessional education is important."

Hedlund stresses the importance of the program in reaching underserved areas. "Many people would prefer to be treated in their own communities," she says. "We want to support that. We want to train others so they can go to their own communities with the skills to work with seriously ill children and their families."

To address the financial barriers for students interested in the pediatric program, the team has established a scholarship program for the next three years, including:

- One $10,000 award/year to a non-clinician (e.g., nurse, social worker, spiritual care provider, etc.)
- Two $5,000 awards/year available to all professions

As for their own experience with the UW graduate certificate program, both women were impressed. Despite her years in practice, Perko says she was pleasantly surprised at what she learned through the program. "I have been doing this for a long time and I have ways that I do things, such as how I give serious news or support families," she says. "Through this program, I have picked up new approaches that I may have been following before but am now more conscious of practicing—for example, things to say in family care conferences and how to invite my colleagues into the conversation more."

Perko especially liked the concept of a "rapport savings account." The idea is to look for the little opportunities to invest in a relationship with patients and families, adding them to a virtual savings account. It could be eliciting their favorite family stories or showing appreciation for the family that is doing an amazing job expressing love for their child.

"When you have a relationship with a patient's family, you are making an investment and you have more rapport in the savings account to draw from when you have to talk about difficult news," explains Perko. "I reworked the model Dr. Hurd taught us to use for my own practice. I shared it with an intern who shared it with his colleagues. That's the premise for how we should all be educating each other."

Mentorship model moves palliative care upstream

The UW graduate certificate program is also impacting how other health systems are expanding access to palliative care services.

In 2016, the American Society of Clinical Oncology (ASCO) issued new best practices around integrating palliative care into oncology care. The guidelines recommended that patients with later stage diseases be offered an opportunity to have palliative care consultations and that palliative care services follow them through their oncology care. Realizing there weren't enough board-certified practitioners to cover all the outpatient needs, Dr. John Rieke and his colleagues at MultiCare Health System came up with a solution.

Rieke explains, "Since many health systems require board certification, it makes sense to have a nurse practitioner or physician assistant with palliative care training who can be mentored by a board-certified physician. We were fortunate that MultiCare was able to get this approach approved."

Dr. Rieke was one of the first participants in the UW's graduate certificate program and came out of semi-retirement to help MultiCare build their outpatient palliative care model. Since then, MultiCare has also approved the UW program as one of the education pathways that advanced practice providers who want palliative care training can pursue. MultiCare has supported three nurse practitioners who completed the training, funded by the organization's foundation. And Dr. Rieke is practicing outpatient palliative care, under the guidance of the system's inpatient board-certified palliative care physicians.

"When you talk to the inpatient palliative care folks, it's sad to hear how often they're being called into the ICU during the last week of someone's life for a family care conference," says Rieke. "Instead, they should be engaged upstream, earlier in their life." He and his colleagues at MultiCare hope to make that happen.

Making Palliative Care a Standard of Care

The UW graduate certificate program in palliative care is an example of how innovative education programs are helping address the workforce challenges facing the field today. The program's expansion to support outpatient and pediatric palliative care training in new ways offers inspiration for other health systems to increase access to care in more communities, decrease transitions of care and promote more seamless experiences.

As health care moves toward a value-based model, palliative care provides a proven template for how patient-centered care can be successful. "We've gone a long way down the evidence-based, technical solutions path," reflects Dr. Parshley. "Along the way we've lost the emotional and spiritual components of care. Palliative care brings that back. Instead of technology in the center, it brings the patient back to the center so we can ask about their goals and what we can do to support them. Wouldn't it be wonderful if that was baked into all phases of medical care?"

The students in the graduate certificate program represent the change agents that our health care system needs. As the late Dr. Stuart Farber, who initiated this program, often said, "Our job is not to tell our patients' stories for them; our job is to be good editors and help them tell their stories better." The students in the graduate certificate program are the leaders who will teach their peers how to help patients tell their stories so that they and their families receive goal-concordant care that honors who they are.

For more information about the UW graduate certificate program in palliative care, visit uwpctc.org.

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