VNA-Hospital Partnership to Improve Access to Palliative Care and Hospice
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Case Example June, 2016

About the Program

The Concord Regional VNA in Concord, New Hampshire provides hospice services through in-home care, at the Concord Regional VNA Hospice House, and at nursing facilities throughout the region. The Concord Regional VNA (CRVNA) initiated a collaboration with a local hospital to increase access to palliative care for residents of nursing facilities and other community sites.

Concord Regional VNA developed the program after recognizing that many patients in the community do not access palliative care or hospice near the end of life, even if they have palliative care needs. This adversely impacts patient quality of life. It may also result in high use of emergency services and short hospice length of stays. Concord Regional VNA believes that patients with short stays do not benefit from the full spectrum of hospice services, including comfort care and bereavement. Expanding access to palliative care could enhance patient quality of life while also reducing use of emergency services and improving the transition to hospice services for appropriate patients.

Program Goal

Concord Regional VNA’s goal is to improve end-of-life care while ensuring that patients not ready for hospice are able to access comprehensive palliative care. The Concord Regional VNA hopes that other outcomes will include decreased emergency department use, increased hospice census, and a decrease the number of patients enrolled in hospice three days or less.

Program Development

The Concord Regional VNA palliative care (PC) program was developed in partnership with a local hospital. Together the organizations form Capital Region Palliative Care and Hospice. The new Capital Region Palliative Care and Hospice Program includes the agency and the hospital in one collaborative PC program. The new entity is branded to both organizations, and includes shared staff and protocols.

The hospital and Concord Regional VNA recognized the value in offering palliative care (PC) as a strategy to reduce emergency services and improve patient experience near the end of life. The first step began in 2014 with hiring of an executive medical director for hospice and palliative care as a joint position between the hospital and hospice agency. Access to palliative care is being phased in, beginning with offering palliative services to inpatients of the hospital, followed by expanding palliative care services to nursing facilities, and finally, by offering office-based palliative care services in medical homes.
Leadership of the joint PC program includes the CRVNA director of hospice, a palliative care physician from the hospital, and the hospital’s head of patient navigation. The two organizations also formed a program advisory council that included representatives from local nursing facilities and community practices, plus the leadership team of the PC program. The advisory council holds quarterly meetings. Council representatives serve as community ambassadors for palliative care. The council also increases accountability, helping to ensure that the program makes a difference in metrics and community health.

The hospital employs the physician and advance practice nursing providers, while Concord Regional VNA provides nursing, social work, and spiritual care staff. Together, these providers form the palliative care interdisciplinary team. Social work and spiritual care providers typically also participate on CRVNA’s hospice teams, and have pre-established relationships in facilities. For the joint effort, staff receive additional training on the interdisciplinary team model of palliative care. Training is also provided on program protocols and documentation. The program uses shared electronic medical records and adapted tools and forms. Social work and spiritual care staff are trained on the hospital’s electronic medical record to document for palliative care patients. The shared information improves connectivity across providers and enhances coordination of care.

Referrals to palliative care services are generated through the hospital, provider offices, staff at nursing home, and assisted living facilities. Patients in nursing facilities and community sites are seen by the Capital Region Palliative Care and Hospice team. Recognizing the importance of engaging staff at referral sites, the program team developed materials to make it easy for nursing facility staff to talk with patients about palliative care referrals. The talking points and a simplified referral form streamline the process of making a referral.

‘Talking points’ to help staff of nursing facilities talk with patients and families about getting a palliative care consult include:

- What is a palliative care consultation?
- Why would a palliative consult help the patient?
- How the consultation will take place?
- Who makes the decisions about what actions to take after a consultation (the patient’s doctor)
- How is palliative care different from hospice care?
- What is the palliative care ‘team’ approach?

Staff found that the referral process was much smoother once the palliative care team gave talking points to the nursing facility staff to help them interact with families.

Challenges

Reimbursement for palliative care services remains challenging. While physician and nurse practitioner visits are directly reimbursed for visits, social work and spiritual care staff services are not currently reimbursed for palliative services. That said, Concord Regional VNA is able to deliver the program cost-effectively by using existing staff resources and supplementing where needed. Many of hospice staff members are already seeing other hospice patients in local facilities. They are able to visit the palliative care referrals with limited additional costs.
Despite a lack of reimbursement, Concord Regional VNA believes this is an important program. The program offers a crucial patient centered-service for the community, and helps improve access to home and facility-based care.

**Outcomes**

The program has not yet fully analyzed performance measures. Measures to be evaluated include:

- ED visits in last 30 days,
- % hospice admits with LOS 3 days or less,
- hospice average and median LOS by referral source (particularly nursing facilities and oncology offices),
- ACO data on % of people who died with hospice care,
- CRVNA may identify additional outcome metrics for patients residing in nursing facilities who have had an ED visit in last 30 days.

Concord Regional VNA anticipates that eventually the palliative care program may result in additional and earlier referrals for hospice care. An increase in length of stay (LOS) in hospice will improve quality of care, enabling patients and families to experience the full value of the comprehensive hospice model. Increased hospice referral and LOS may generate revenue that supports the palliative care program in spite of revenue challenges. Ultimately CRVNA hopes to develop a sustainable model of offering palliative care services that can be expanded to community-based facilities and eventually to home based care. By improving the continuum of care, CRVNA will improve patient experience for patients in nursing facilities, inpatient units, and in the hospice setting.

**Conclusion**

The Capital Region Palliative Care and Hospice is striving to improve quality of care for patients while increasing awareness of hospice services. The program expands access to palliative care by coordinating palliative care with hospice services. The program provides care within nursing facilities, and coordinates patient care with the hospital if patients are admitted. Now both services are available in the community as well as to inpatients. Ultimately, the palliative care program may improve transitions of care for patients, and improve patient experience near the end of life.

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