

Snowline Supportive Care Rural Home-Based Palliative Care



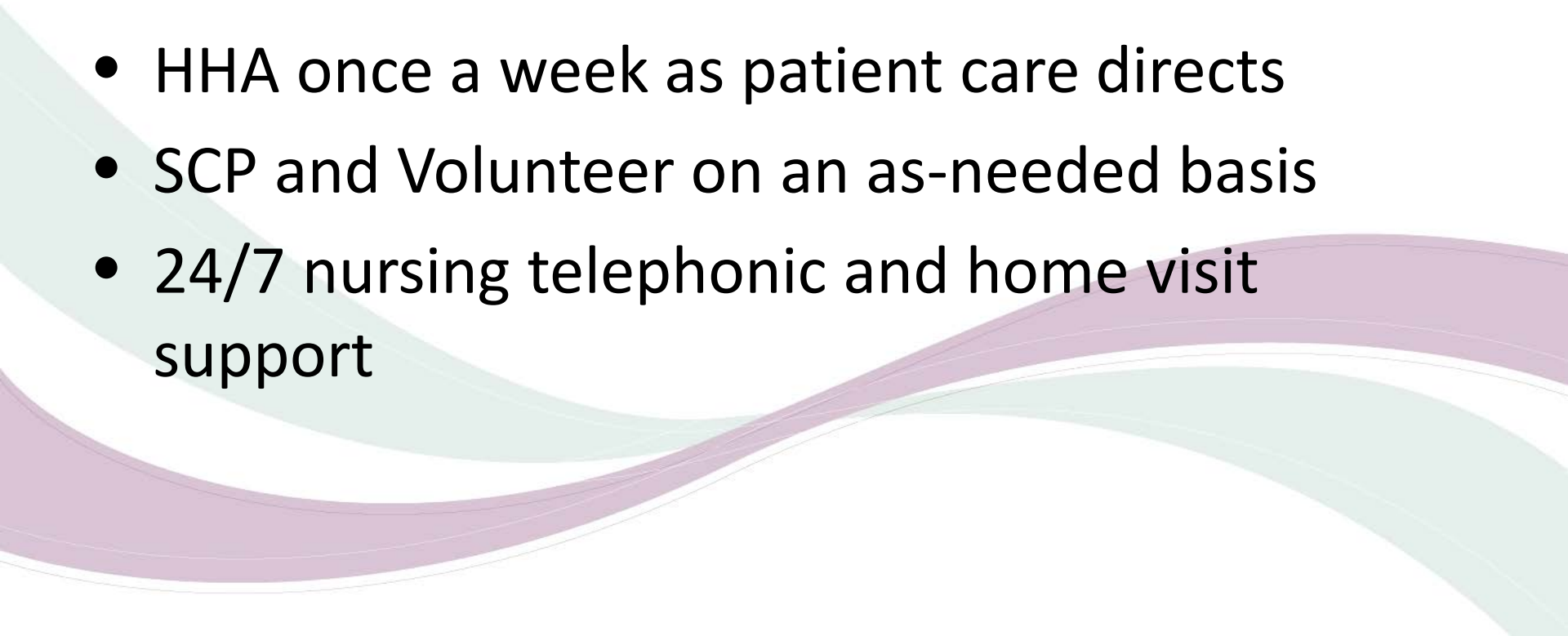
Snowline Hospice

- Opened in 1979 (37 years open)
- Serving El Dorado County, Sacramento County, and parts of Placer County
- 5 thrift stores in El Dorado and Sacramento Counties to support unfunded programs
- Partnership with Marshall Medical Center to operate Inpatient Palliative Care Consult Service started 2/2013
- ADC: 95

Snowline Supportive Care: Nuts and Bolts

- Home-Based Palliative Care in El Dorado County and Sacramento County
- Opened 2/2015
- Served 131 patients
- Would you be surprised question?
- Dx: Started with the 3 C's (Cardiac, COPD and Cancer) - recently expanded to dementia and liver

Snowline Supportive Care: Nuts and Bolts

- Medical model: RN case manager and MSW assigned to patient
 - MD or NP home visits
 - HHA once a week as patient care directs
 - SCP and Volunteer on an as-needed basis
 - 24/7 nursing telephonic and home visit support
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Snowline Supportive Care: Funding

- Free to patients
- Paid through our retail thrift stores in El Dorado and Sacramento County
- But in order to grow, needs funding source
 - Payer contracts – Blue Shield of California
 - Negotiations with Healthnet

Snowline Supportive Care: Goals of Program

- Information for patients regarding disease trajectory and prognosis
- Helping patients define Goals of Care
- Completion of Advance Directives
- Assist MDs with pain and symptom management in difficult cases
- Avoid ER and hospitalizations if avoidable
- Increase psychosocial support for patient/family with serious illness

Snowline Supportive Care: Case Study

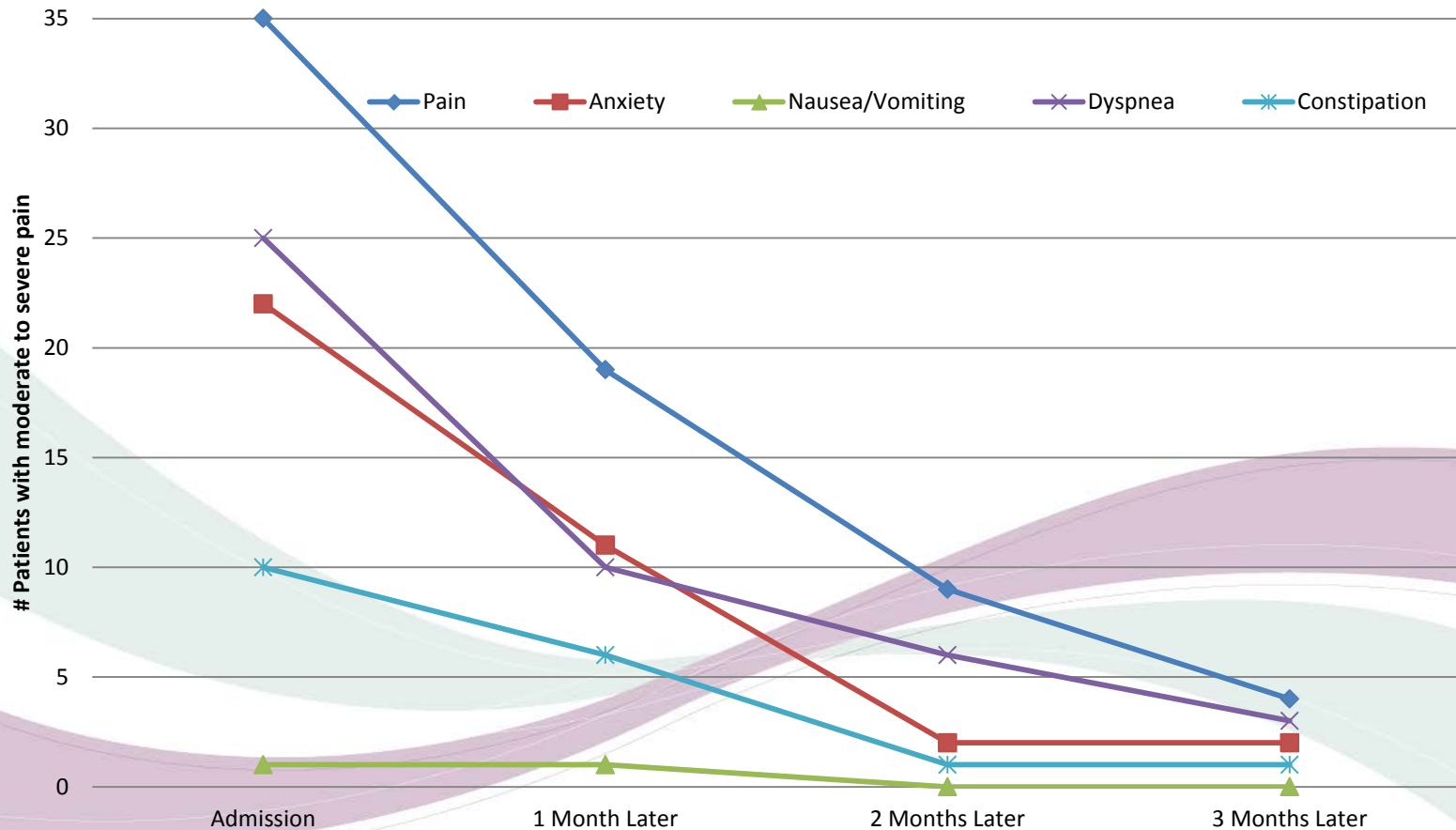
- Ms. H.
- 91 y/o female with cardiomyopathy, EF 20%, CHF, HTN, CKD III, chronic pain with recent hospitalization for respiratory failure due to CHF. PPS and KPS = 50%. O2 dependent on 3L.
- Success: On SSC for 10 months prior to hospice admission. Symptoms managed in cooperation with telephonic CHF support team and psych-social support provided. On hospice for 4 days prior to death. Patient passed peacefully.
- Challenges: Caregiver not ready to accept End of Life when patient was ready despite multiple opportunities for clarification of services, reiterating patient's wishes, and providing emotional support.

Snowline Supportive Care: Case Study

- Ms. L
- 50 y/o female with Lung CA with mets to the liver, trachea and lymph nodes. PPS and KPS 60%. Patient referred with pain, nausea, SOB, anxiety and fatigue. 6-7 ER visits in 3 months prior to SSC admission.
- Success: Symptoms managed and psych-social support for 2 months while awaiting clinical trial. Transitioned to Hospice 2 month prior to death.
- Challenges: Communication with providers difficult. Limited caregiving as disease progressed. Medication management – patient confusion. Patient continued to utilize ER (3 times), but less frequently while on SSC.

Snowline Supportive Care: Outcomes

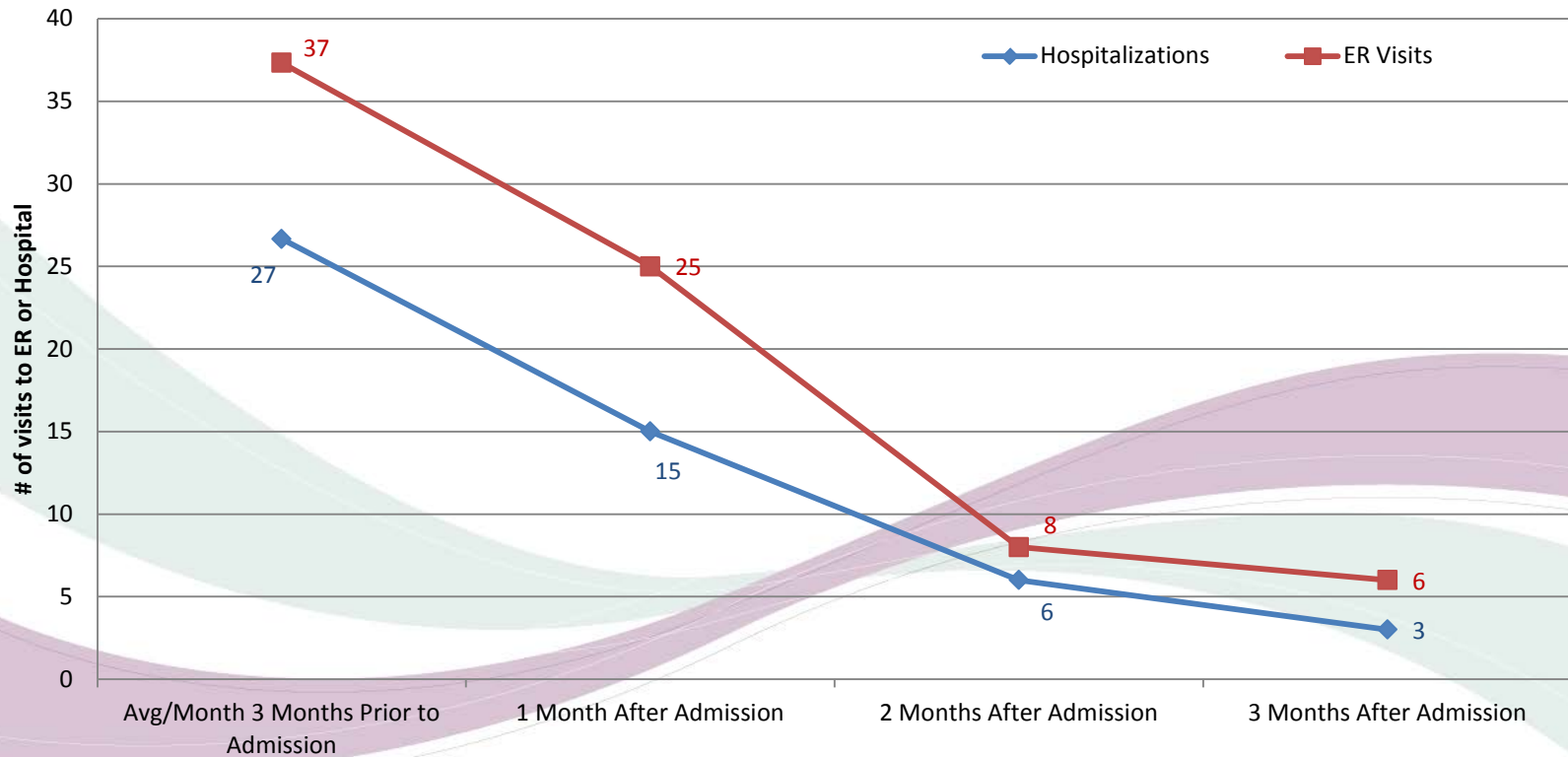
Patients Reporting Moderate to Severe Symptoms since Admission to Supportive Care



Snowline Supportive Care: Outcomes

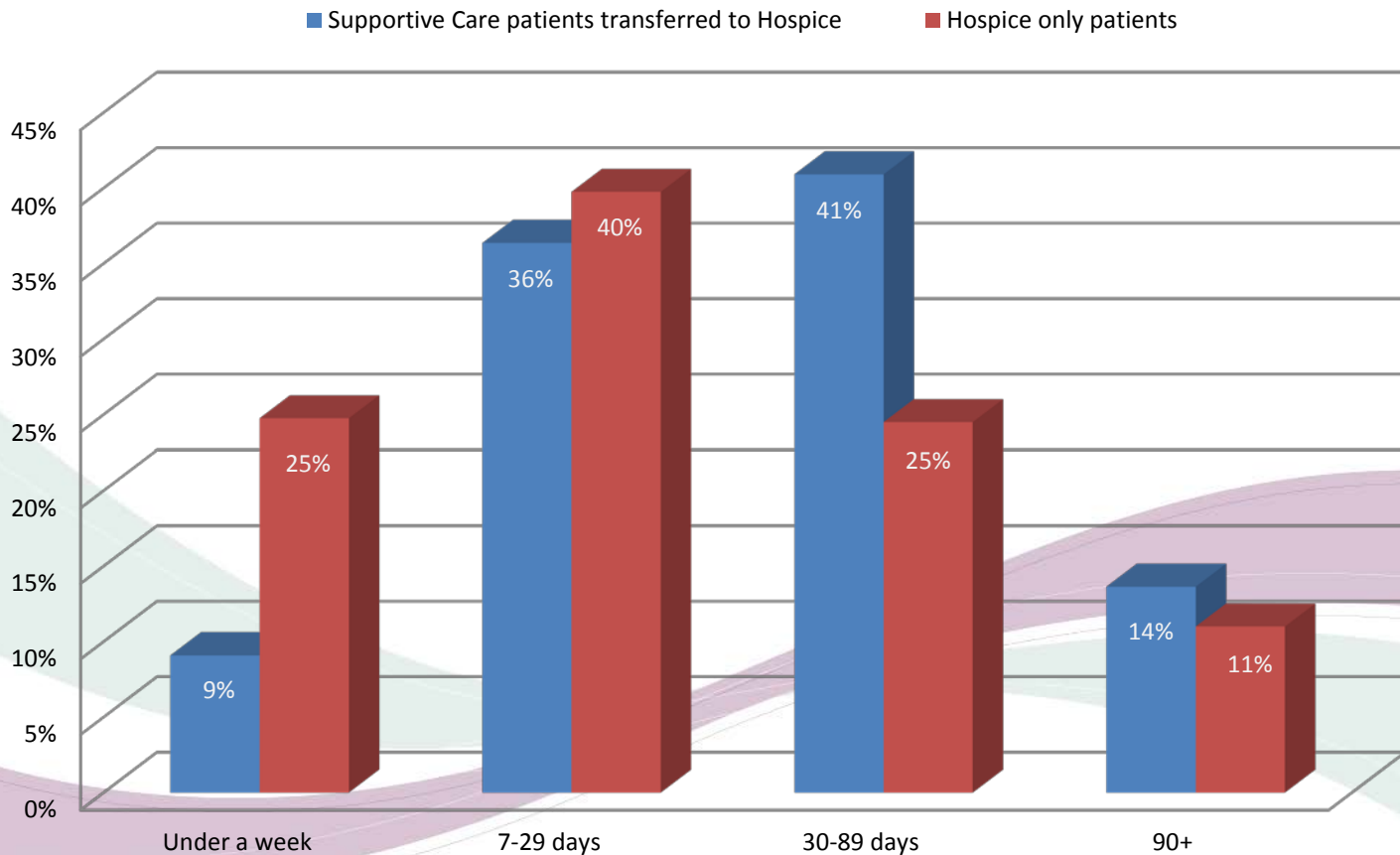
Comparing Hospitalizations & ER Visits Prior to Supportive Care
Admission* and After

*Average/Month



Snowline Supportive Care: Outcomes

Length of Hospice Stay Since January 2015 (Cancer Diagnoses Only)



Snowline Supportive Care: Case Study

- 85-year-old female
- Senile Degeneration of the Brain
- Severe decline in a 4-month time span
- Not eating, weight loss, agitation, aphasia
- Referred to Supportive Care
- Children physically disabled, leading to heightened anxiety and confusion
- Care team provided education, support, symptom management
- Patient moved to hospice
- Passed away 4 days later, in home, with daughters and cat.

Challenges:

- Lack of education and support for caregiver due to a higher need of support, leading to a late referral.
- Time

Benefits:

- Patient's final wishes upheld - passed at home with family and cat.
- Daughters present in familiar surroundings and sense of "we did the right thing"

Snowline Supportive Care: Case Study

- 91-year-old male
- Heart failure
- Weight loss, loss of appetite, ADL dependence
- Did not want to go back to hospital
- Caregiver conflict and confusion
- Referred to Supportive Care
- Transferred to hospice
- Passed 2 ½ weeks later

Challenges

- Caregiver conflict and lack of understanding/education

Benefit

- Good symptom management
- Passed with family reporting caregiver confidence

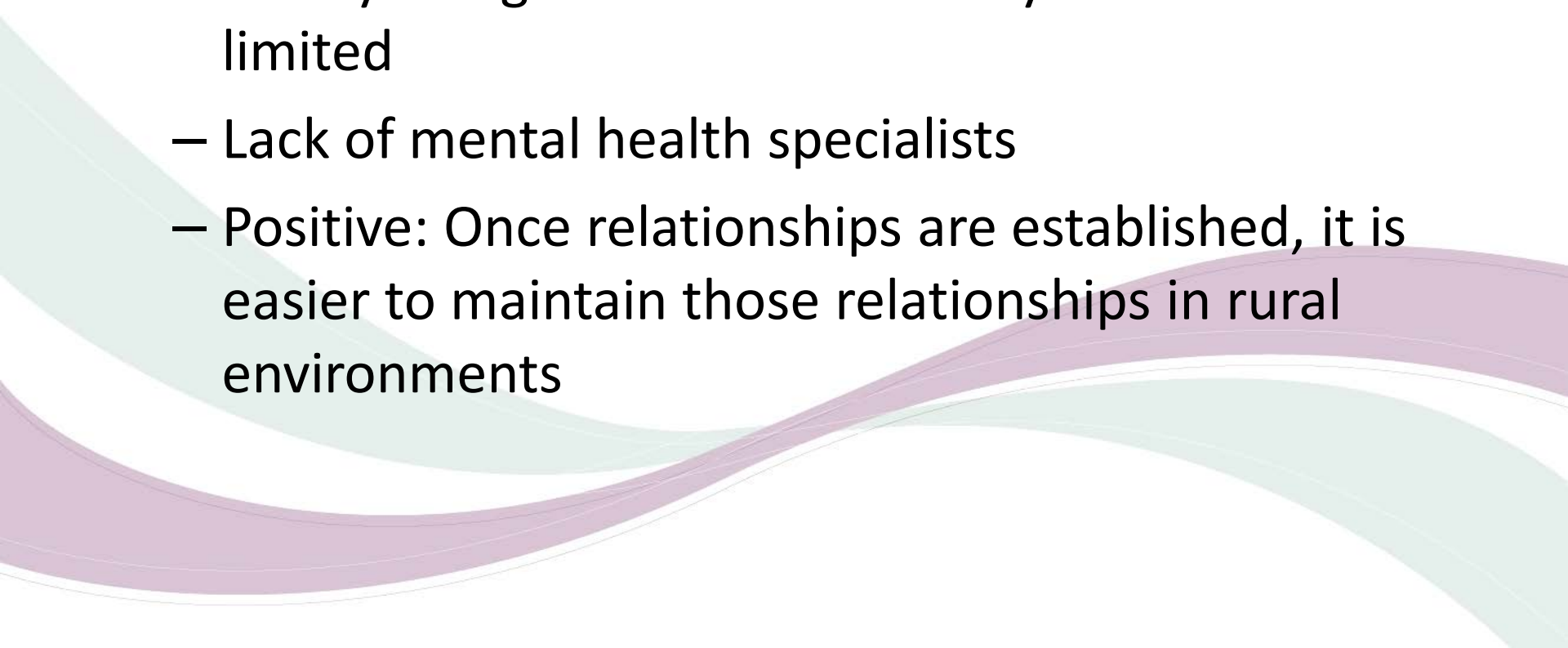
Snowline Supportive Care: Successes

- Started with buy-in from Board and upper administration at Snowline
- Started small as a pilot project with physician champions (5 physicians for 6 months, then expanded)
- Started with a defined population with COPD, CA and Cardiac with life expectancy less than 12 months
- Relationship building: worked with physician champions, case managers and MSWs in hospital system

Snowline Supportive Care: Challenges

- Education of community physicians on the program (what is palliative care vs hospice?)
- Late referrals - patients are really hospice appropriate
- Referrals with CHF and COPD but Dementia was primary terminal illness
- Workforce (trained clinicians)
- Consistent training (using CAPC courses)
- Program is always changing, which is challenging to staff.
- Rural feature of program in El Dorado County
- Payment for expanded program

Snowline Supportive Care: Challenges

- Rural Home-Based Care
 - Distances: impacts drive time and frequencies
 - Family caregivers and community resources are limited
 - Lack of mental health specialists
 - Positive: Once relationships are established, it is easier to maintain those relationships in rural environments
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Snowline Supportive Care: Pearls

- Start with buy-in from administration and Board of your organization - spend time explaining the why
- Start small - define your target population and expand as able
- Define your program
- Spend time educating referral sources
- Gather Metrics Early
- **It's all about RELATIONSHIPS**

Snowline Supportive Care: Future

- Relationship with Hills Physicians Group and Blue Shield for HBPC
- Participating in study through USC and PCORI (Patient-Centered Outcomes Research Institute) Grant to look at HBPC vs Palliative care training to primary physicians
- California Healthcare Foundation Grant to explore relationships with payer source Healthnet for developing rural palliative care
- Discussions with payers