

UNIVERSITY OF ROCHESTER MEDICAL CENTER
PALLIATIVE CARE PROGRAM IN COLLABORATION WITH
THE COMMUNITY-WIDE PALLIATIVE CARE INITIATIVE

Rochester, New York

When you start talking about improving end-of-life care, it isn't long before palliative care comes up. That's the direction the conversation took in Rochester, New York, where a remarkable collaboration of medical, insurance, and community groups have been working for several years to improve the experience of dying in their community.

In part because of that conversation, University of Rochester Medical Center now has a palliative care team, a wide-ranging multidisciplinary group that each year conducts between 300 and 400 consultations, just four years after being established.

As the community end-of-life group studied unmet needs, it became clear none of the hospitals in Rochester had a dedicated palliative care consultation team. "It seemed like it was an opportune time to convince the medical center's administration to help us take on the challenge," says Timothy Quill, MD, professor of medicine and director of the University's Center for Palliative Care and Clinical Ethics.

He recruited a number of interested physicians on staff with a wide range of experience and specialization who were willing to get involved and seek board certification. "We mentored each other in the early going, applying our experience with hospice and end-of-life care to a wider range of patients most of whom were still in active, disease-directed treatment," Quill recalls. To promote the consult service to other doctors, Quill went around to virtually every group that would have him and said, "This is what palliative care is; how it's different



from hospice; the patients we'd like to see; and the data on how we can improve on current practice in this domain."

He had to repeatedly explain that palliative care focuses on pain and symptom control and clarification of patient goals, along with emotional support for patient and family, so it is appropriate for all seriously ill patients. "The biggest stumbling block is still trying to convince people this is not hospice, and you don't have to be actively dying to receive it," Quill says.

The team, started in 2001, now includes 11 board-certified palliative care physicians. Four nurse practitioners, three of whom are board certified in palliative care and one in pain management, also serve on the team, as do medical residents and students. There are also nurses, social workers, clergy, ethics consultants, a psychologist, and a psychiatrist. The service offers massage therapy and live harp music, along with bereavement support.

The community group, known as the Rochester Community-Wide End-of-Life/Palliative Care Initiative, is coordinated by the Rochester Health Commission and Excellus Blue Cross/

Blue Shield. Members include 150 volunteers and representatives from 40 organizations, including health care providers, businesses, consumers, insurers, and faith-based groups.

The strong interest on the part of community insurers in the collaboration led to them reimbursing for palliative care consultations. "Getting each insurance company to pay for consults required convincing them we could improve quality of care and probably lessen overall costs," Quill says. "Having local insurers understand and support palliative care was critical to our success."

The community initiative, in which the University's palliative care leaders have been active, has resulted in some important advances, including common advance directive forms and DNR/DNI forms that meet complex New York rules, and are now in use in 80 percent of area nursing homes and hospitals. There are also common equianalgesic cards and pain management principles supported by the Initiative that are distributed and taught at all medical institutions throughout the region.

"The collaboration has allowed us to improve quality and awareness of palliative care in the community in ways that would have not been otherwise possible," Quill says.



INNOVATION HIGHLIGHTS

STRONG COMMUNITY PARTNERSHIPS AND COLLABORATION ON END-OF-LIFE CARE

OUTREACH TO OTHER HEALTH CARE PROVIDERS

STRONG RESEARCH AND EDUCATION FOR MEDICAL STUDENTS AND RESIDENTS