

# PALLIATIVE CARE

## CASE STUDY

## TRANSFORMING THE CARE OF PEOPLE LIVING WITH SERIOUS ILLNESS

Trinity Health System | Livonia, Mich.

### Overview

Trinity Health System has long invested in ensuring access to palliative care for its patients as a reflection of its mission. This commitment predates the shift toward value in health care. With its impact

on improving quality and reducing unnecessary costs in caring for patients with serious illness, palliative care became part of Trinity's population health strategy. A Catholic health system, Trinity Health is among the largest U.S. health systems, delivering care in 22 states through 92 hospitals and 109 continuing care locations — including home care, hospice, PACE (Program of All-Inclusive Care for the Elderly) programs, and senior living facilities.

As part of the move toward value-based reimbursement, Trinity Health committed to a systemwide expansion and redesign of its palliative care capacity. The goal was to ensure standard access to, and quality of, palliative care for patients living with serious illness and their families. Maria Gatto, system director of palliative care, led a comprehensive systemwide needs assessment, followed by detailed operational and clinical program evaluations to determine how existing services aligned with national palliative care quality standards.

The systemwide assessment uncovered significant variation in programs and inconsistent docu-

mentation, clinical education and training standards. In response, Trinity disseminated tools and best practices for use by each of its hospitals, and implemented a systemwide dashboard for monitoring palliative care program structure and processes across all hospitals. With the support of its board and executives, Trinity Health went from six inpatient

specialty palliative care programs with board-certified providers in 2012 to 40 programs by 2015.

### Approach

#### Growing the Palliative Care Program

Trinity Health supported inpatient palliative care program growth in three ways: 1) providing evidence-based best practice quality guidelines to enable standardization of palliative care delivery across the system; 2) supporting program building at the local level; and 3) benchmarking the organization's delivery of palliative

care against national data to justify growth decisions.

**Building and growing a systemwide palliative care program.** To standardize palliative care delivery, Trinity Health implemented education and onboarding requirements for all palliative care program staff, standardized clinical documentation and data collection, and raised awareness of adherence to national quality guidelines. This systemwide approach has supported Trinity Health's efforts to reach quality benchmarks for new programs, inte-



The palliative care team at St. Mary's Hospital in Athens, GA, brightens their patients' days alongside Ollie the palliative care support dog.

grate programs at recently acquired hospitals and respond to staff turnover.

Hospital palliative care leaders were surveyed to assess each program's stage of development and its most pressing challenges. The most common requests for system support included business planning strategies, guidance on staffing design for an interdisciplinary palliative care team, and measuring the quantitative and qualitative impact of the program. Survey results were used to develop a curriculum for monthly mentoring calls, or virtual office hours, with local palliative care leads. The program leads received technical assistance, specific tools and customized mentoring and advice from national palliative care experts based on the challenges each program reported.

#### **Expanding palliative care in community settings.**

After growing its hospital palliative care services, Trinity Health focused on expanding in community care settings — where most people with a serious illness live and need support — including clinics, long-term care, and home settings. Community palliative care is aligned with value-based payment models, as it supports improvements in quality and consequently

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reduces health care costs for patients who otherwise would rely on emergency department visits and hospital admissions when symptom crises arise.

Trinity Health's community palliative care initiative deploys a toolkit that includes mandatory training for new staff in all sites. Like hospital palliative care program leads, community palliative care site leaders

## **Age-Friendly Care**

In 2018, Trinity Health partnered with the American Hospital Association to test a prototype for age-friendly care across the system. A core component of the **Age-Friendly Health Systems** program is for clinicians to understand and respond to “What Matters” to patients, which is fundamentally aligned with Trinity's goal to train nonpalliative care clinicians to do advance care planning.

participate in monthly education meetings and peer mentoring to share best practices and resources.

## **Maximizing the Value of Palliative Care**

Trinity Health recognized that to maximize the potential value of palliative care, the health system needed to pursue twin initiatives: 1) build specialty palliative care capacity to ensure access for the most complex and vulnerable patients, and 2) train all system clinicians in core competencies absent in traditional medical and nursing education, including pain and symptom management and communication skills.

#### **Building specialty palliative care**

**capacity.** Trinity Health has promoted standardized training among clinicians from all specialties and disciplines in the essential skills of pain and symptom management, patient and family communication, and care coordination across settings. If teams need additional support for complex pain syndromes or family conflict situations, for example, they have access to specialist-level palliative care consultation. Specialist palliative care teams also serve as just-in-time experts for their colleagues, and as educators and

leaders of quality assurance and standardization of care for seriously ill patients systemwide.

**Systemwide palliative care core competency training.** To meet the need for education and training across the health system, Trinity Health's palliative care leadership first identified the appropriate training materials. “We recognized that the

list of people we had to train to support the palliative care need in hospitals, home care, hospices and nursing homes was overwhelming for the faculty resources we had in place,” says Lori Yosick, system director for community palliative care. “If we were going to meet patient and family needs, we had to get scaleable and low-unit-cost help with system-wide training.”

Trinity Health disseminated user guides and communications templates for local palliative care leads to use. On monthly conference calls, palliative care leads reviewed progress toward local training goals and shared stories about effective engagement strategies and clinician feedback.

### **Advance care planning.**

Trinity’s next application of targeted training in core palliative care skills to nonspecialists is a systemwide initiative to standardize advance care planning. The systemwide strategy for 2019–2020 is to disseminate training in the necessary communication skills and re-engineer workflows to ensure that advance care planning reliably occurs using standardized and retrievable documentation, consistently providing goal-concordant care and measuring impact. Daniel J. Roth, chief clinical officer, says, “We have an opportunity to ask our patients what they want from their medical care much earlier, and to standardize how we ask and document those wishes across our integrated networks and medical groups.”

**Training for medical residency programs.** In July 2018, Trinity made courses in basic palliative care competencies a standard part of resident education for all first-year residents in 20 teaching hospitals. The new initiative, which includes courses in pain management, symptom management, and communication skills, applied to over 400 residents in 2018–2019. “We saw that standard palliative care education for residents is aligned with the needs of a people-centered health care experience: We have

an aging population of people with growing palliative care needs, and a national opioid crisis,” said Jeffry Komins, M.D., former Trinity chief medical officer. “We wanted to empower the next generation of doctors to feel confident about safely and effectively treating pain and symptoms.”

### **Impact**

Patients of Trinity Health value their experiences with palliative care: Ninety percent of patients receiving a specialist palliative care consult report likelihood to recommend the service. In addition, an analysis of HCAHPS pain domain scores for each hospital

at the unit level showed net positive improvement during the pilot training period; 70% of the top-performing hospitals met or exceeded their HCAHPS pain management goals.

The improvements in key quality metrics resulting from increased palliative care capacity in hospitals systemwide, such as improved patient experience, reduced length of stay and decreased readmissions, are associated with cost avoidance for the health system totaling \$31 million between July 2017 and June 2018. Trinity’s community palliative care services also have shown a positive effect on costs and utilization.

Average hospital length of stay for patients who received a palliative care consultation was 8.7 days in 2017, compared to the national average of 10.7 days (from National Palliative Care Registry). Similarly, the readmission rate for Trinity Health patients who received a palliative care consultation was 13.2% in 2017 and decreased to 9.6% in 2018. This is well below the 2020 Trinity Health system target for overall readmissions of 14.6%, and illustrates the impact of the system’s palliative care services for its most complex and high-need patients with serious illness.

Based on the positive outcomes realized through specialty palliative care and widespread training of



Trinity Health has integrated palliative care into their graduate medical education – seen here are internal medical residents seen attending a state palliative care conference.

clinicians in core skills, Trinity Health will continue its investment in initiatives to improve care for patients living with serious illness.

## Lessons Learned

**Use results to spread palliative care education and training.** “Learning is never 100% the root cause for behavior change, but based on our data, we are able to say with confidence that those units that implemented this palliative care training program had improved clinical outcomes,” says Al Redding, senior learning consultant. “And that was an opportunity to show others what was possible.”

**Realize progress will be considerably more incremental in community care settings.**

Compared to the acute care setting, community care settings have many more programs and relationships to manage, a less formal structure for disseminating education and testing competencies, and diverse challenges across sites of care. New solutions customized to local needs and new local champions are required to foster palliative

care program growth and disseminate education in community care settings.

**Build on pain management training to provide clinician education in prescribing opioids.**

Recognizing that the system’s palliative care specialists are expert pain managers, Trinity Health’s Opioid Utilization Reduction initiative endorsed and built on the existing foundation of systemwide palliative care pain management training. Training topics for prescribers include identifying which patients are appropriate for opioid therapy, risk assessment for opioid use disorder, and safe monitoring of patients receiving opioid therapy.

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