Pallium Canada

PALLIATIVE CARE IMPACT SERIES

Family Health Teams Providing Palliative Care

A strategic partnership between two family health teams, the Champlain Regional Palliative Consultation Team, and Pallium Canada to transform family health team practice.

SUMMARY

A 5-year collaborative project (2009 – 2014) that involved the Champlain Regional Palliative Consultation Team and two academic interprofessional family health teams (FHT)—Ottawa Family Health Team and Bruyère Family Health Team. This project was funded by the Ontario Ministry of Health and Long-Term Care's Academic Hospitals Innovation Fund.

Goal

To improve the quality and accessibility of palliative care for patients in a family health care setting.

Approach

The project used a multipronged approach including three interventions consisting of just-in-time support from a palliative care consultation team, inter-professional palliative care education, and processes to facilitate care for patients with palliative care needs.

Results

- FHTs significantly increased the amount of palliative care they provided over the course of the project, as reported by health care providers in interviews and surveys and through palliative care billings.
- There is now an established culture of the clinics providing palliative care including home and hospice visits.
- A culture shift occurred with family physicians and nurses reporting significant increases in initiating palliative care earlier, being on-call and doing hospice and home visits for palliative care.
- 85% of participants interviewed said the clinical and educational supports increased their comfort levels with providing palliative care.

ISSUE AND OPPORTUNITY

There are many benefits to people receiving palliative care and having it initiated earlier.

Studies show multiple benefits from early integration of palliative care including: longer and better quality of life; less depression and anxiety; improved symptom management; improved patient satisfaction with care; less aggressive care; and lower care costs.[1]

But, access to palliative care is a problem.

Up to 89% of people who die might have benefited from palliative care[2], but few are getting it.[3] Most health care professionals do not receive adequate training in palliative care. A system that relies on specialist palliative care teams providing all palliative care, including primary-level care, is unsustainable and ultimately reduces system capacity and access, particularly if we are to initiate palliative care earlier and across all diagnoses.[4]

Offering palliative care at the primary level improves access[5] in a sustainable way.

Primary care physicians and nurses are often involved in the care of patients with serious illnesses. Primary level palliative care is increasingly recognized as a component of the comprehensive, continuous, community-based care provided by family medicine.[6,7]

This project improved access to palliative care for patients and families by building palliative care capacity among family health teams.

WHO WAS INVOLVED

- 2 FHTs in Ottawa, Ontario, that included 4 clinics at The Ottawa Hospital and Bruyère Continuing Care.
- A palliative care nurse of the Champlain Regional Palliative Consultation Team was integrated into all 4 clinics during the project.
- Pallium Canada provided inter-professional education via Learning Essential Approaches to Palliative Care (LEAP) to educate health care providers on the palliative care approach.

GOAL & DESIRED OUTCOMES

To improve the quality and accessibility of palliative care for patients in a family health care setting.

Desired outcomes:

1. Increased capacity of FHTs to provide palliative care to their patients
2. Increased exposure for family residents to palliative care learning opportunities

APPROACH

The multipronged approach focused on implementing interventions across three themes—clinical, education, and processes. The project was conducted in phases starting with one clinic in 2009, then a second clinic in 2011, followed by two additional clinics in 2013 and 2014.

Clinical:

Providing just-in-time support from a palliative care consultation team, clinical aids that help to identify patients that could benefit from palliative care earlier in their illness trajectory, on-call groups for palliative care, and home and hospice visits with family physicians and registered nurses.

Education:

Building the capacity of the FHT staff (including administration staff) to provide palliative care using LEAP.

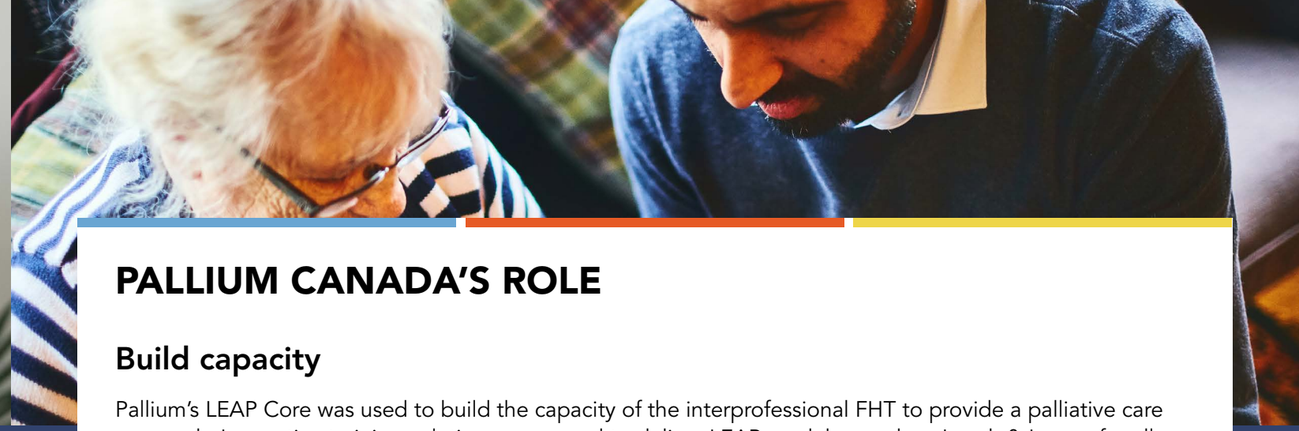
Processes:

Putting processes in place to enhance palliative care provision such as allowing family physicians to follow their patients into a local hospice and continue to provide their care and taking on new hospice patients. In addition, identifying patients with palliative care needs earlier using the 'Surprise Question' and noting this in the patient's electronic medical records.

LET'S CONNECT

This is just one example of how we have helped our partners drive innovation and achieve impact. Contact us today to learn more and get started:

info@pallium.ca
1-833-888-LEAP (5327)
pallium.ca



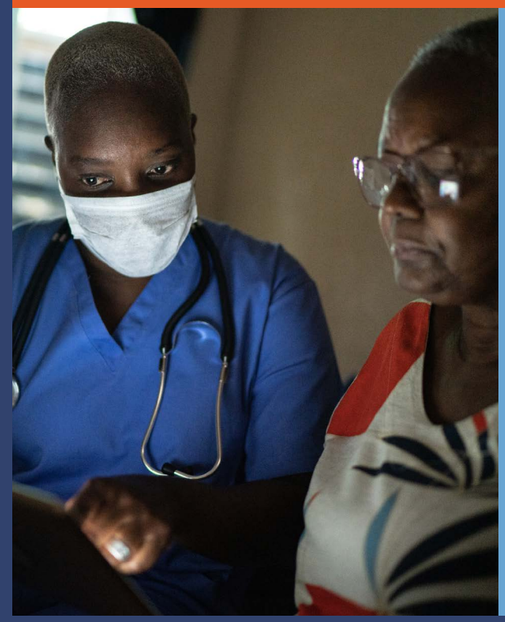
PALLIUM CANADA'S ROLE

Build capacity

Pallium's LEAP Core was used to build the capacity of the interprofessional FHT to provide a palliative care approach. Innovative training solutions were used to deliver LEAP modules, such as Lunch & Learns for all staff and residents.

ABOUT PALLIUM CANADA

Pallium Canada is a national, evidence-based organization focused on building professional and community capacity to help improve the quality and accessibility of palliative care in Canada. Pallium Canada is funded mainly by Health Canada.



[1] Bakitas et al. 2009, Temel et al. 2010, Rabow et al. 2004, Brumley et al. 2007, Casarett et al., 2008, Gade et al. 2008, Zimmerman et al. 2014

[2] Canadian Society of Palliative Care Physicians. How to improve palliative care in Canada: A call to action for federal, provincial, territorial, regional and local decision-makers. Canadian Society of Palliative Care Physicians. November 2016

[3] Canadian Institute for Health Information. Access to Palliative Care in Canada. September 2018

[4] Quill TE, Abernethy AP. Generalist plus Specialist Palliative Care: Creating a More Sustainable Model. N Engl J Med 2013; 368:1173-1175

[5] Shadd JD, Burge F, Stajduhar KI, et al. Defining and measuring a palliative approach in primary care. Can Fam Physician. 2013 Nov;59(11):1149–50

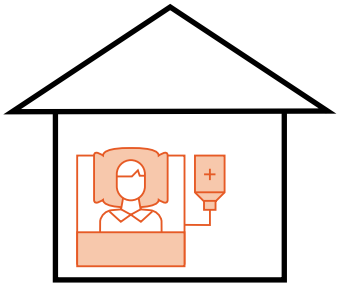
[6] Shadd JD, Burge F, Stajduhar KI, et al. Defining and measuring a palliative approach in primary care. Can Fam Physician. 2013 Nov;59(11):1149–50

[7] Michiels E, Deschepper R, Van Der Kelen G, et al. The role of general practitioners in continuity of care at the end of life: a qualitative study of terminally ill patients and their next of kin. Palliat Med. 2007 Jul;21(5):409–15

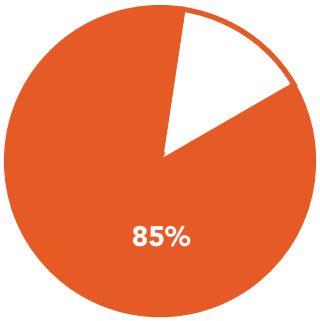
[8] Pereira J, Maryse Bouvette; Jill Rice; Jay Mercer, MD; Debbie Gravelle; Frances Kilbertus, CCFP, FCFP, MD; Dave Davidson; Christopher A Klinger, PhD; Tammy Tsang; Samantha Zinkie. "Yes We Can!": A Case Study of Family Health Teams (FHTs) Taking Ownership of Palliative Care. Annual Conference of the North American Primary Care Research Group (NAPCRG). Colorado Springs, Colorado, United States. 15 November 2016 (Oral)

RESULTS

Combined, the multipronged intervention lead to[8]:



The majority of participants now provide palliative care to their patients and do home visits; an **increase in palliative care activity** was demonstrated through surveys and in billing data.



85% of participants interviewed said the project increased their ability and comfort to provide palliative care.

A culture shift occurred as a result of the project with **family physicians, residents, and nurses** taking ownership of providing primary-level palliative care.

Members of the FHTs said:

- "What the project did was increase peoples' commitment and buy-in and satisfaction with the kind of work they were doing so as a group we could do it much better."
- "For myself, the numbers show that from May 2012 to April 2013 I saw 2 palliative care patients and from May 2013 to April 2014—the following 12 months—I saw 20. So in the last year has been a significant increase as a group; we saw fifty palliative care patients the previous year and 93 this year."
- "[Residents] got to see that this is something that you can do in primary care, embedded in primary care, and you can manage it within a practice."
- "It's really enabled residents to feel like they could see themselves doing this in the future, and that's really, really positive for the field."