Los Angeles Chapter Chat

HPNA Los Angeles Newsletter

EXPANDING PALLIATIVE CARE IN 2015

Taken from California Health Report

Starting Jan. 1, 2015, legislation signed by Governor Brown in September will further expand access to palliative care services. This bill requires the Department of Health Care Services to define standards for palliative care under Medi-Cal, the state's health insurance program for the poor. The department must work with Medi-Cal managed care plans to increase access to these services.

In an email, department spokesman Anthony Cava said the work will be done over the next several months, and new palliative care options will be phased in based on health plan capacity and the availability of palliative care teams. The agency believes that the cost of providing palliative care will be offset by a reduction in hospital and nursing home stays, he said.

Healthcare reform is likely to continue to encourage the expansion of palliative care programs. The Affordable Care Act seeks to gradually shift the health-care system away from the traditional fee-for-service payment model by offering financial incentives to hospitals and clinicians that can improve patient health while reducing costs. Palliative care fits into that approach.

Healthcare providers that offer community-based palliative care say they have seen dramatic reductions in emergency-room visits and hospital stays among those they serve. Betsy Gornet, who heads the advanced illness management department at Sutter Health, said the program has seen a 60% reduction in hospitalizations among patients enrolled, and a 33% decrease in emergency room visits.

Nevertheless, challenges remain. Medicare currently does not cover palliative care, said Kathleen Kerr a healthcare consultant for the California HealthCare Foundation. There is also a shortage of qualified palliative care professionals, Judy Thomas, Executive Director of the Coalition for Compassionate Care of California said.

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CERTIFIED NURSES DAY: A DAY TO RECOGNIZE CERTIFIED NURSES

Taken from the Hospice & Palliative Credentialing Center

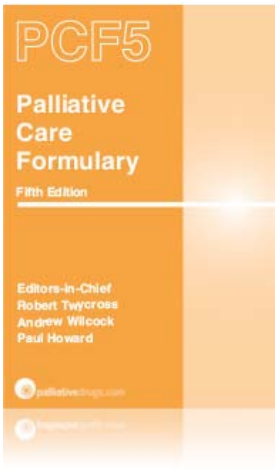
March 19, 2015 is Certified Nurses Day, a special day of recognition to celebrate all certified nursing team members across the country who contribute to the advancement of nursing professionalism and to higher standards and better outcomes in patient health.

According to ANCC, "No figure has played a more seminal and leading influence than Margretta 'Gretta' Madden Styles, who led the first comprehensive study of credentialing in the 1970s and was a key figure in both national and international organizations. So March 19, Gretta's birthday, is the ideal day."

Certified Nurses Day is the perfect opportunity to invite all nurses to advance their career by choosing certification.

NEW EDITION OF REFERENCE GUIDE FOR PALLIATIVE CARE SPECIALISTS

Taken from the Pharmaceutical Journal



Although primarily targeted to the treatment of cancer patients, Palliative Care Formulary 5th Edition (PCF5) contains specific material relating to symptom management in other life-threatening diseases managed by palliative care organizations such as chronic obstructive pulmonary disease, congestive heart failure, neurological conditions, and renal failure. It is a comprehensive, independently produced reference on therapeutic information and drugs used in palliative and hospice care.

The target audience is principally specialist doctors, nurses, and pharmacists involved in the care of patients receiving palliative/ hospice care for end-stage disease. However, this is a useful reference also for the generalist healthcare practitioner.

2015 HPNA-LARC Executive Board

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2015 HPNA-LARC MEMBERSHIP

Membership applications are available at meetings or by sending an email to: anne.moore.hpna.la@gmail.com

2015 HPNA-LARC membership dues are $15.00/year or $25.00/2 years

RESOURCES

Center to Advance Palliative Care – A resource for palliative care program development and growth, with access to palliative care tools, education, resources, and training for healthcare professionals.

National Hospice and Palliative Care Organization - The largest nonprofit membership organization committed to improving end-of-life care and expanding access to hospice care for patients and their loved ones in the United States

National Palliative Care Research Center (NPCRC) – A national organization that provides an administrative home to promote intellectual exchange and ongoing data to plan and support new research

Palliative Care Network - A platform for palliative care professionals to teach, interact, and exchange ideas with fellow colleagues all over the world

HOSPICE AND PALLIATIVE NURSES ASSOCIATION

Los Angeles Regional Chapter

LARC-HPNA Educational Presentation

"Synergism and Antagonism of Palliative Pain Pharmaceuticals"

Teresa Fan, Pharm.D.

When: January 27, 2015

Time: 6:30 PM – Registration and Networking
7:00 PM – Presentation

Where: Santa Monica UCLA
Auditorium
1250 16th Street
Santa Monica, CA 90404

RSVP: Diana Ramirez at dramirez@mednet.ucla.edu with:
Name, Title, Place of Employment, RN License Number, Phone, Email

Directions:

From the Westside of the San Fernando Valley

Take the 405 Freeway South, exit Wilshire Blvd and turn right. Turn Left on 16th Street. Destination on your right.

From Long Beach or Orange County

Take the 405 Freeway North. Exit Santa Monica Blvd. Turn left on Santa Monica Blvd. Turn right on 16th Street. Destination on your left.

MANY FILIPINO SENIORS IN THE U.S. RELY ON GOD, FAMILY, AND HOME AT LIFE'S END

Taken from Inquirer.net US Bureau

When it comes to end-of-life decisions, religion, family, and home are powerful influences on many Filipino Catholics. "Only God can decide when life ends" is why many Filipino patients and their families shun advance directives.

Many Filipinos have fatalistic views, or *bahala na* ("What will happen happens, it's God's will") when confronted with serious or life-threatening illness.

The deeper confusion, however, resides in the superstition-riddled and often non-doctrinal, traditional Filipino-Catholic morality that appears to conflate suffering and pain with holiness. It's in this narrow context that a number of Filipino Catholics might view end-of-life issues. Suffering through pain is equated with Jesus-like martyrdom as atonement for sin.

Vince Nguyen, MD, Board Certified Hospice and Palliative Care Specialist, raised in the Roman Catholic tradition, stresses that pain and suffering do not always necessarily reflect God's will. "Within the Catholic teaching, we are on a journey in this world for a mission, and when we're done with our work, God will call us home. We want to pray for curative healing and God will answer prayers. But we also pray for wisdom to see if [technology] is prolonging life or prolonging the process of dying."

"If the treatment is more harmful than the intended benefit, it needs to stop. This is within the Catholic church's teaching," Nguyen explains.

Many Filipinos have fatalistic views, or *bahala na* ("What will happen happens, it's God's will") when confronted with serious or life-threatening illness

Advance directives could spare families the agony of decision-making on behalf of a loved one who has fallen sick. But wouldn't an advance directive effectively preempt God's will and possibly violate Catholic doctrine? Filipino priest Father Geoffrey Baraan of the Saint Anne Catholic Church in Union City, California, clarifies the Church's stance: "The teaching of the Church is *selective* advance directive."

Baraan explains that while the Catholic Church allows the faithful to spell out their end-of-life preferences in advance, their directives must not go against Catholic prohibitions.

"Total deprivation, so as not to let the person die naturally, is not approved. Merciful killing and euthanasia are not allowed," states Baraan. "The church approves even the removal of life support machines, if the person continues to receive necessary medication, sustenance and comfort care to let him die naturally. The operative word is still *naturally*."

Many seniors at San Francisco's West Bay Pilipino Multi Service Center say they would prefer to die at home after receiving information on end-of-life issues and advance directive forms early last spring. But by the Christmas season, most of them still hadn't taken action.

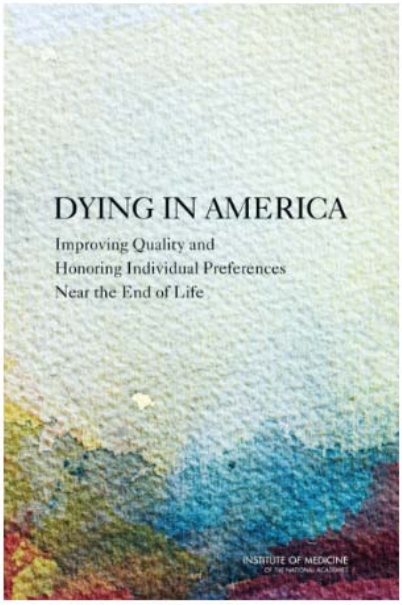
Antonietta Villareal is relying on her children to make the decisions for her, should the time come when she cannot. Juana Paylano has told her children not to prolong her life, should she be in a situation that warrants that kind of choice. Maria Comoda says she's not in the right frame of mind yet to fill out her advance directive, even if she knows she has to do one.

However, some seniors, like Angie Bagares, did complete advance directives. "We had a friend who didn't have an advance directive," Bagares says. "She slipped, hit her head and became comatose. She has no relatives here. That's tough. She never woke up. So an advance directive is really important."

THE CHALLENGE OF FINANCING SUSTAINABLE COMMUNITY-BASED PALLIATIVE CARE PROGRAMS

Taken from the HealthAffairs Blog, 29 Dec 21

The Institute of Medicine (IOM) report *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life* is a masterful piece that summarizes the spectrum of issues facing palliative care. However, despite its encyclopedic scope, the report does not make suggestions about how to achieve sustainable funding for community-based palliative care.



Community-based palliative care programs are often not part of integrated healthcare systems or medical centers that can subsidize its affiliated programs. Supporting a multidisciplinary team cannot be achieved with traditional Medicare fee-for-service reimbursement alone. Given the unreliability of philanthropic or grant funding, many community-based programs struggle for survival.

Monthly case rates, or fixed amounts paid each month for all services provided, could potentially fund community-based, non-hospice palliative care. A monthly rate that averages $800-$900 can support the entire palliative care team and meet the needs of a patient and their family to achieve an optimum level of independence in the community.

A return on investment (ROI) analysis must withstand the skeptics' view that any apparent reduction in overall costs and hospitalization rates simply reflect a "regression to the mean" for a population with a historically high pattern of utlization and expenses. Demonstrating a positive ROI is a core issue to assure sustained funding for palliative care, especially in the community setting.

Dying in America is another landmark to support all the efforts of all involved in palliative care. The next report should include examples of sustaining funding for community-based palliative care which demonstrate a positive financial ROI and thereby demonstrate that the value of palliative care can be grounded in the reality of our world of limited resources.

NEW NHPCO VIDEOS FOR SENIORS

Taken from Senior Journal.com, 4 Dec 2014

Senior citizens and their caregivers need to be better informed and the National Hospice and Palliative Care Organization (NHPCO) is making it easier with a group of videos that can be viewed free online.

The NHPCO has added to its available video resources to offer new videos that:
- Touch on four timely topics
- Give facts on hospice
- Provide advance care planning tips
- Teach how to understand grief
- Explain caregiver stress

These videos are available on Moment of Life: Made Possible by Hospice, NHPCO's national engagement campaign. These new videos are instructional in nature and provide information about common experiences that people share when coping with issues at the end of life.

For more information, please visit Moment of Life: Made Possible by Hospice

ANNUAL SUMMIT - PALLIATIVE CARE: A CALL TO ACTION

PALLIATIVE CARE a call to action

7th ANNUAL SUMMIT

APRIL 14-15, 2015

#CCCC15

ONE-STEP SCREENING TOOL TO IDENTIFY PATIENTS NEEDING PALLIATIVE CARE

Taken from CancerNetwork, 28 Nov 2014

Researchers have developed a one-step screening tool to help oncology providers identify cancer patients with complex palliative care needs who may benefit from referral to a palliative care specialist.

In the study, researchers created an 11-point questionnaire with scores ranging from 0–14 that was then validated by a panel of palliative care experts. They administered the tool to a group of patients at Memorial Sloan Kettering Cancer Center in New York, and compared the results with data obtained from a previous study of screening and referral at the same center based on a National Comprehensive Cancer Network (NCCN) guideline.

Using the simplified tool, about one-third of patients qualified for referral to a palliative care specialist based on a score of 5 or more. That's twice as many as occurred when oncologists relied on subjective judgment. In addition, scores were higher for patients who were closer to death or who had more pain and other symptoms. The results are published in the *Journal of Oncology Practice*.

Although the screening tool could help promote earlier integration of palliative care, its use has significant workforce implications, the authors noted. They estimated that approximately half of the 1.5 million patients diagnosed in the United States with cancer each year would score 5 or more at an initial visit, resulting in the need for about 400 additional full-time palliative care specialists.

Nurses and oncologists have expressed concerns about the accuracy and reliability of the scoring system because many items are subjective or vaguely defined, according to the study. The authors suggested addressing those concerns by creating an electronic version of the tool that would be populated with clinical data from the electronic health record, supplemented with information from patients and families.

RURAL DOCTOR EASES PAIN OF DYING PATIENTS

Taken from NPR, 3 Jan 2015

Michael Fratkin, MD, is an internist and specialist in paliative medicine. In rural Humboldt County, he is essentially the only doctor in a 120-mile stretch who does what he does.

"There's very little sophisticated understanding of the kinds of skills that really matter for people at the very end," Fratkin says, "[and] a good number of patients in my practice are cared for in communities that have no access to hospice services."

Fratkin decided he couldn't, within the hospital system, easily provide the kind of palliative care he sees as his calling. So he decided to quit and launch a startup: "I had to sort out an out-of-the-box solution."

He calls his new company ResolutionCare. There's no office, no clinic. He wants to put money into hiring a team of people who can travel and make house calls so that very ill patients don't have to get to the doctor's office. When time is stretched, he plans to use video conferencing.

The key challenge is financing his big idea. Government programs like Medicare and Medicaid don't pay for video sessions when the patient is at home. And they pay poorly for home visits.

So far, Fratkin has been cultivating private donors and is looking for foundation grants. He's arranged an independent contract to sell his services back to the hospital he recently left. And he's launched a crowdfunding campaign to back the training he'd like to do for other doctors of palliative medicine who practice in rural areas.

Down the line, Fratkin is even thinking of asking some of his more well-off patients to pay out-of-pocket for his services.

JANUARY

ELNEC Summit

Jan 19-20, 2015

To celebrate the End-of-Life Nursing Education Consortium (ELNEC) project's 15th anniversary, ELNEC Core, Pediatric, Geriatric, and Critical Care will be taught simultaneously during this summit; attendees may choose only one to attend.

Where: Disneyland Hotel, 1150 Magic Way, Anaheim, CA 92802

RSVP/Info: Pam Malloy, pmalloy@aacn.nche.edu

FEBRUARY

Creating the Future of Palliative Care: A Virtual Event

Feb 18-19, 2015

Join palliative care professionals for a two-day virtual event that will highlight the foundations upon which community-based palliative care is provided. The event will include legal, financial, and regulatory issues encountered palliative care and showcase best practices in the development of community-based palliative care services.

Where: Online

RSVP/Info: NHPCO website

2015 AAHPM & HPNA Annual Assembly

Feb 25-28, 2015

This annual 3-day event brings together nearly 3,000 physicians, nurses, and other healthcare providers to share research, clinical best practices, and practice-related guidance to advance the specialty of hospice and palliative care and improve patient care

Where: Pennsylvania Convention Center, 1101 Arch Street, Philadelphia, PA

RSVP/Info: AAHPM website

17th Annual Pain Management Symposium

Feb 28-March 4, 2015

The Cleveland Clinic Department of Pain Management invites you to participate in this dynamic 5-day symposium, which will focus on in-depth reviews and analyses of recent advances in pain medicine and regional anesthesia/analgesia

Where: Ritz-Carlton, Sarasota, FL

RSVP/Info: Cleveland Clinic Department of Pain Management

MARCH

Ethics of Caring Conference

March 19-20, 2015

This conference provides an opportunity to learn from experts and one another, and to think about what nurses can do to improve communication and caring relationships. The conference features expert speakers, small group breakouts, case analyses, and participant discussions aimed at enhancing nurses' clinical practices through their ability to identify and address ethical issues.

Where: Hilton Universal City Walk, Los Angeles

RSVP/Info: Ethics of Caring

APRIL

Palliative Care: A Call to Action

April 14-15, 2015

Join the Coalition for Compassionate Care of California and leaders in the palliative care community to answer a call to action and explore opportunities that will shape the future of health care in California and across the nation.

Where: Sacramento Hilton Arden West, 2200 Harvard Street, Sacramento, CA

RSVP/Info: CCCC15

30th Management and Leadership Conference

April 30-May 2, 2015

NHPCO's 2015 Management and Leadership Conference will provide opportunities for faculty and participants to define leadership and management qualities needed for the future, to identify innovative ideas and strategies to transform palliative care, and much more.

Where: Gaylord National Resort and Convention Center, National Harbor, MD

RSVP/Info: MLC 2015

MAY

4th International Public Health and Palliative Care Conference

May 11-16, 2015

The Conference of Organising Committee is proud to offer delegates the opportunity to attend the 2015 conference focusing on community resilience in practice in Briston, UK. The conference will offer hosting site visits to delegates to visit compassionate community program sites around England to see firsthand what is being successfully delivered.

Where: Bristol Marriott Hotel City Centre, 2 Lower Castle Street, Old Market, Bristol, UK

RSVP/Info: Public Health and Palliative Care International

10th International Symposium on Pediatric Pain

May 31-June 4, 2015

Join ISPP in Seattle, Washington, to honor the influential science and voices of yesterday, network global experience today, and spark ambition to shape the field of tomorrow.

Where: Sheraton Seattle Hotel, 1400 6th Avenue, Seattle, WA

RSVP/Info: ISPP2015