COMMUNITY HEALTH COLLABORATIVE:

COMMUNITY & LEADERSHIP ENGAGEMENT WITH ACP FOCUS IN NEW YORK - CAPITAL REGION

Presented by
Gwendolyn E. Bondi, MS Bioethics
Palliative Care Program Manager
Visiting Nurse Service of Northeastern NY
Bondig@vnshomecare.org
2018
In the beginning…

- Clinical rotation in clinical ethics consultation
  – *Icahn School of Medicine at Mount Sinai (NYC)*
- Bioethics internship – Inpatient Palliative Care
  – *Ellis Medicine (Schenectady, NY)*
  – Recognized need to reach people earlier than time of crisis/calamity
- Certification at ACP Facilitator & Instructor
  *Respecting Choices™* (La Crosse, WI)
- Visiting Nurse Service of Northeastern NY
  – Home-based palliative care program

Learning Outcomes

After this presentation, you will be able to:

- Identify three categories of employers who are effective in championing a regional ACP initiative
- Describe five strategies to establish, quantify and evaluate a community based person-centered ACP initiative that blends the strengths of a combined membership organization
Early Success/Growth

• Community Conversations
  – Developed using RC™ principles
    • Slide show, talking points, handouts
    • Demonstration of tools (Health Care Proxy, MOLST)
  – Outreach to community groups
    • Faith-based groups, Civic organizations, etc.
• ACP Facilitator Certification Trainings
  – Physicians, other clinicians

Establish Liaison Relationships

• College student interest
• Opportunity for sustained activity
• Benefits:
  – Students fulfill vol. requirement in clinical setting
  – Medical staff not over-burdened
  – Physician gets the HC Proxy & AD in medical record (upstream from illness, in many cases)
  – Patients learn how to have the conversation with loved ones
  – Patients’ wishes can be honored – the ultimate goal!
A collaborative idea

Based on growing trends in ACP movements

• **President/CEO**
  Capital District Physician’s Health Plan
  (Insurance Company)

• **Dean, School of Public Health**
  State University of New York (SUNY - Albany)
  (University)

Focus of collaborative idea - ACP

Advance Care Planning

• **Current state:**
  – NYS ranked worst in percentage of deaths in the hospital among seniors

• **As leaders in the Capital Region, we can lead the state by presenting a solution**

• **Results can be amplified** if regional approach is adopted

• **Carries the cache of leadership endorsement and participation**
Development of Task Force

- Large Employers, CEOs, Presidents, Leadership
- Universities (3)
- Insurance Companies (3)
- Hospital Systems (4)
- Medical Groups
- Financial Institutions
- Other: Ambulance Service, Center for Economic Growth, Information Network, DOH, Chamber of Commerce

The Invitation and Call to Leadership

Essential to make the project a success!
- Not competitive, but does require cooperation
- Not controversial
- Proven; has worked in other model systems...but we would be a leader in applying regionally
- Expect it will gain broad community support
- Will make a difference in quality of life and cost of healthcare in the region
The need for topic experts

• Inpatient palliative care physician
• Clinical bioethicist
  – Certified ACP Facilitator & Instructor
  – Proven success in the community

• Presentation about ACP and implementation
  – Objectives:
    • Reinforce understanding of need for ACP in region
    • Establish buy-in
    • Describe the scope of the project

Reaching People Through Education

ACP Education Provided
Jan 2017 - Sep 2018

- Inservices/Panelist Presentations
  - 213 attended
- Community Conversations
  - 120 attended
- Facilitator Training Sessions
  - 280+ attended
Engagement of Coalition Members

• Drafted strategy document

• Plans for a provider implementation team
  • For organizations with providers, facilitate sessions that would train them to carry out conversations with their patients

• Plans for an employee implementation team
  • Working with the HR directors in own organizations, facilitate sessions that would begin conversations

Funding

• Grant proposal & preparation
• Demonstration of a similar model
  – Massachusetts Coalition for Serious Illness Care
    • Included description of current membership
    • Current staffing and funding
Capital District Community Health Planning: Advance Care Planning Strategy

Goal
To improve quality of life through ACP that educates, engages and empowers the individual to make informed healthcare decisions.

Objectives
1. Quantify baseline characteristics for case/control (socio-demographics, health status, health care utilization, etc.)
2. Assess ACP implementation process
3. Quantify ACP effects on selected outcomes (quality of life, preventable hospitalizations/ED admissions, health care cost reduction, etc.)
4. Information dissemination
Putting it all together

Strategy
Secure the support of CEOs in region who will advocate:
1. Employee participation
2. Provider participation
In adoption of ACP conversations, ADs ... then springboard to the broader general public

Accountability

• Timeline established for planning framework and target deliverables

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<tr>
<th>Objectives</th>
<th>Actions</th>
<th>Due Date</th>
<th>Metrics/Documentation</th>
<th>Responsibility</th>
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Secure Support

• Develop comprehensive proposal to submit for national grant opportunities to help fund drive ACP community project
  – Identify potential funders

Recognize other efforts in community

• Strategize with Albany Law School to learn about existing efforts to impact ACP and collaborate community efforts
  – Achieve maximum benefit of resources
  – Support deployment of resources opportunities
• Strategize with the ACP Facilitator/Instructor who had proven success
  Amplify what’s already happening without duplicating efforts
**Branding**

- Develop a short, concise engagement piece for the general public
  - Compelling info for starting the conversation
  - Convey the potential benefits
- Develop a Media and PR roll-out strategy that supports goals and builds momentum for the community-wide ACP project
  - Develop press releases

**Training**

- Educate and engage employees via HR departments
  - Assign responsibility – 3 key individuals
    - ACP Instructor, Palliative Care MD, Coalition Leader
- Educate and engage physician community
  - Develop schedule and plan by engaging organizations that employ physicians
  - Set the schedule
  - Measure # sessions planned, # physicians attending
Summary of Health Planning Coalition

- Establish Objectives
- Identify Stakeholders & Engage
- Train
- Create a Brand
- Measure
- Plan to Sustain

How Far We’ve Come...

- This is a process...
  - Coalition formation (summer 2017)
  - Goal established (fall 2017)
  - Objectives determined (spring 2018)
  - Strategy developed (spring 2018)
  - Launch (winter 2018/2019)
    - (to employees through HR departments)
**Barriers to Launch**

- Leadership
  - Other priorities took precedence
  - Rallying leader moved out of area; lack of a single point person to project manage
- Funding
  - Grant competition
  - Budget within each organization not ear-marked
- Seasonal slump

**Lessons Learned...So Far**

- Impact of visible and respected leaders
- Augment, don’t duplicate work of members
- Sufficient initial budget and/or in-kind support
- Support networking, sharing and collaboration among members
- Value of media coverage
- Challenge of public-facing campaigns
- Power of storytelling