

**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  
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## 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

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## 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

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## 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

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## 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!

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## 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)

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## 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

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## 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

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## 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

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## The need for topic experts

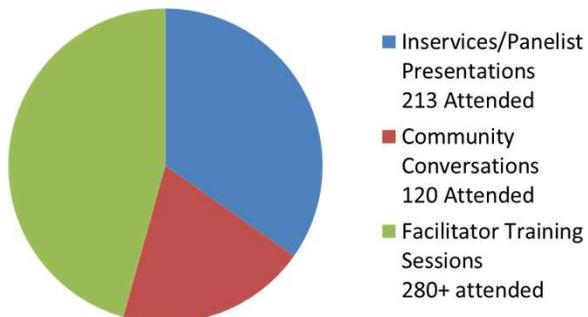
- Inpatient palliative care physician
- Clinical bioethicist
  - Certified ACP Facilitator & Instructor
  - Proven success in the community
- Presentation about ACP and implementation
  - Objectives:
    - Reinforce understanding of need for ACP in region
    - Establish buy-in
    - Describe the scope of the project

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## Reaching People Through Education

ACP Education Provided  
Jan 2017 - Sep 2018



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## 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

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## Funding

- Grant proposal & preparation
- Demonstration of a similar model
  - Massachusetts Coalition for Serious Illness Care
    - Included description of current membership
    - Current staffing and funding

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## Putting it all together

### 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.

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## Putting it all together

#### 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

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## 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

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## Accountability

- Timeline established for planning framework and target deliverables

Objectives
Actions
Due Date
Metrics/Documentation
Responsibility

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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

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## 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

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## 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

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## 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

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## Summary of Health Planning Coalition



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## 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)

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## 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

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## 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

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