

CIRCLE OF LIFE AWARD



2017



CIRCLE *o*f LIFE®

*Celebrating Innovation in Palliative and End-of-Life Care*

The 2017 awards are supported, in part, by the California Health Care Foundation, based in Oakland, California, and Cambia Health Foundation, based in Portland, Oregon.

Major sponsors of the 2017 awards are the American Hospital Association, the Catholic Health Association, and the National Hospice and Palliative Care Organization & National Hospice Foundation. The awards are cosponsored by the American Academy of Hospice and Palliative Medicine, the Center to Advance Palliative Care, Hospice & Palliative Nurses Association/the Hospice & Palliative Credentialing Center/the Hospice & Palliative Nurses Foundation, and the National Association of Social Workers.

The Circle of Life Award is administered by the Health Research & Educational Trust.

## INTRODUCTION

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**I**n palliative care is the germ of good care for all people with all diagnoses, with all prognoses and at all levels of care. That's the resounding message from this year's Circle of Life honorees. From burgeoning ways of thoughtful communication and care delivery that truly involve patients and families in their care decisions to finding and providing care in the gaps and navigating patients and families across the continuum — these honorees are showing the way for the entire health care system. Please read their stories and join in the Circle of Life celebration of innovative palliative and end-of-life care programs that:

- Serve people with life-limiting illness, their families, and their communities.
- Demonstrate effective, patient/family-centered, timely, safe, efficient and equitable palliative and end-of-life care.
- Use innovative approaches to meeting critical needs and serve as sustainable, replicable models for a segment of the field.
- Pursue quality improvement consistent with the National Consensus Project (NCP) Clinical Practice Guidelines for Quality Palliative Care, NHPCO Standards of Practice for Hospice Programs or other widely-accepted standards, within their resources and capabilities.
- Address medical, psycho-social, spiritual and cultural needs throughout the disease trajectory.
- Use innovative approaches to reach traditionally marginalized populations
- Actively partner with other health care organizations, education and training programs, the community, providers of care, and/or insurers.
- Use metrics that demonstrate significant impact and value for individuals, families and communities.

More information about the Circle of Life Award, full award criteria and past recipients are available at [www.aha.org/circleoflife](http://www.aha.org/circleoflife).

AWARD WINNER

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BLUEGRASS CARE NAVIGATORS

*Lexington, Kentucky*





Providing the main hospice care for a large swath of Kentucky, in an area with some of the nation's most challenging levels of chronic illness and poverty, means going beyond the traditional boundaries of late-life care. For Bluegrass Care Navigators (formerly Hospice of the Bluegrass), it's meant finding new and innovative ways to reach people in many settings and stages of their lives.

So when it was clear that seriously ill patients needed help in the gaps between hospital and home, for instance, Bluegrass started a transitional care program, the only hospice to participate in a federal innovation research pilot program. The program has since expanded to multiple locations, including a collaboration with a university hospital and community groups to extend the transition coaching to homeless individuals.

The organization's recent name change recognizes its expanded role. The agency includes hospice as well as transitional care, palliative care, grief care, a private duty nurse program and a new adult day health care program. Care Navigators was the name choice to better reflect how the community sees the organization. "We are guides. We listen. We help people on a journey," says CEO Liz Fowler.

Hospice of the Bluegrass has been a name well-known in the field for decades as an innovator constantly testing the limits of what a hospice can do. That role was bolstered not just by a population with significant health and social needs, but also by the state's unique certificate-of-need status that gave it a role as the area's primary hospice (Bluegrass provides hospice care to more than 5,000 people in 32 counties). With that goes a profound sense of responsibility for meeting the needs of the population.

Chief Medical Officer Todd Cote, MD, explains the organization's approach as being open to any possibility, but also ensuring that new initiatives are worthwhile.

"Our approach is science-based; we don't just have a nice idea and jump into it," he says. "We have well thought-out ideas, we do our research, a needs assessment, strategize and often do pilot projects to determine how best to serve our community."

One example is its transitional care program known as KATS (originally Kentucky Appalachian Transition Services, now known as Bluegrass Transitional Care). The program emerged from an insurer's interest in long-term case management for some of its members and became part of a demonstration project funded by the Center for Medicare & Medicaid Innovation to reduce all-cause readmissions by 20 percent.

Bluegrass partnered with Appalachian Healthcare System, whose hospitals manage patients with difficult long-term health challenges. One of its hospitals had one of the highest readmission rates in the nation. Bluegrass started by spending nine months studying the root causes of those problems, which included health disparities, obesity and lack of primary care. The transitions program used risk assessment models to identify patients who needed extra attention and assigned them to one of 50 home coaches distributed around Southeast Kentucky and West Virginia, says Susan Swinford, vice president for administration at Bluegrass. Results were impressive (37 percent decline in readmissions), and the transitions program has since been adopted by several departments at the University of Kentucky health system, including screening in the emergency department, which identified a homeless population needing the coaches' help.

*We are guides. We listen. We help people  
on a journey.*



INNOVATION HIGHLIGHTS

STRONG, DIVERSE PARTNERSHIPS

STRATEGIC, THOUGHTFUL INNOVATIONS

CARE IN THE GAPS

Swinford adds that the success and expansion of transitions is attributable to the “can-do” type of people who work on the KATS teams and the organization’s overall openness to going in new directions to solve problems. “We’re willing to do anything and do it with excitement and enthusiasm and accuracy,” Swinford says.

Identifying new partners and expanding programs is all about maintaining good relationships with all types of organizations, she says. “Keeping those relationships is just vital to our success. We’re always willing to do what they want us to do, and we are meticulous in the data we collect to loop back to them.”

The organization seeks out opportunities to solve problems for others. Baptist Health, which has a 391-bed hospital in Lexington and six more in Kentucky, is a longtime partner. The two organizations have developed an inpatient palliative care program together, along with a program improving transitions from the hospital to hospice and an inpatient hospice. Bluegrass is also working with some of Baptist’s hospitals in other parts of the state, including rural facilities, to develop palliative care programs.

“Too often you find yourself in more of a competitive position with a community organization like that,” notes Kay Ross, vice president of clinical services for Baptist Health. “But with us it was a real collaboration. There was an extreme amount of trust and response on both sides.”

Bluegrass helps Baptist Health with some of its most complex patients, and they work together to solve evolving problems. “This is an organization that continues to bring innovation back to us,” Ross says. “They’ll say, we think we’re seeing this as a problem in our community. Are you seeing that and how can we work on this?”

Bluegrass has hosted a palliative care leadership center since 2004, offering assistance to organizations from nearly every state. The kinds of organizations that seek help and inspiration have been community hospitals and hospices, but that’s changing, explains Bluegrass Director of Education Turner West.

New interest is coming from all kinds of organizations that see palliative care as an essential element of population health strategies with a particular focus on partnerships with payers and integration into accountable care organizations.

Bluegrass leaders see their organization as a problem solver that helps others, and at the same time fulfills its mission of extending care to the communities, individuals and families. “We have to have a passion for the work, and be expert at it,” Bluegrass CEO Fowler says. “We want to help people live their lives fully.” •

## CITATION OF HONOR

### LIFECOURSE ALLINA HEALTH *Minneapolis, Minnesota*

One of the nagging problems in helping patients with chronic and life-threatening illnesses is understanding their needs and desires as they navigate the complexities of the health care system, their disease and their own lives.

Allina Health, based in Minneapolis, believes it's found a unique way to bridge the gap between patients and their medical teams by assigning a care guide, a trained layperson whose key purpose is to advocate for the patient's wishes.

The care guides are part of Allina's LifeCourse program, the result of grant-supported research that compared patients and families who were assigned a care guide with others who were not. The research had impressive results: Patients with care guides had 16 percent fewer emergency department visits, 27 percent fewer inpatient days and 57 percent fewer ICU stays. LifeCourse showed an 8-to-1 return on investment.

"The vast majority of people say they're feeling a little lost at a most vulnerable time," explains Allina Health CEO Penny Wheeler, MD. "LifeCourse care guides are trained specifically to have challenging conversations with people and raise issues about how they wish to live and how they wish to die."

The care guides take on tasks that might typically be the role of a family member who tries to learn all about the health care system to help their loved one; the care guide has the advantage of not only being trained, but having a daily working relationship with the care team. The care guides are also able



to advocate just for the patient while a family member's own worries and concerns might influence their actions.

Allina is using about 20 care guides as members of its hospital-based and community palliative care teams, in primary and specialty care practices and in NorthPoint, a federally-qualified health center that serves the African American, Hispanic and Hmong communities.

Care guides visit patients' homes each month and stay connected with them over months and years. The guides' focus is on helping the patient articulate their preferences and goals and to complete advance care planning documents. They also discuss housing, transportation, food and financial needs and the emotional support patients are getting. While they are not social workers, care guides are trained to connect patients and families with community resources.

The care guides are members of the care team and share their observations in the electronic health record. LifeCourse Medical Director Eric Anderson, MD, likens them to the mortar between the bricks of the health care system.

The care guides hired so far tend to be older professionals who are looking for meaningful work later in their careers or young people who may be interested in working in medicine or social work in the future.

Care guides are paid by Allina Health and NorthPoint. LifeCourse is particularly well suited for value-based reimbursement scenarios that benefit from efforts to avoid overusing medical services that seriously ill patients don't want and don't benefit from; the program has been reimbursed as part of care coordination in a medical home arrangement and will soon be managing care under the global payment in a Medicare Advantage plan.

Given the projected increase in older, chronically ill Americans, LifeCourse care guides could fill a key gap in helping those people get what they want and need at the end of life, Anderson says. "We can spend a lot less money on their care and yet they do well and feel well supported," he says. "Focusing on the nonmedical aspects of what matters most to people is truly helpful."



#### INNOVATION HIGHLIGHTS

LONG-TERM INTERACTIONS

PATIENT/FAMILY EDUCATION

PATIENT SELF-EMPOWERMENT

AWARD WINNER

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PROVIDENCE TRINITYCARE HOSPICE & TRINITYKIDS CARE  
PROVIDENCE LITTLE COMPANY OF MARY  
MEDICAL CENTER TORRANCE  
PROVIDENCE INSTITUTE FOR HUMAN CARING

*Torrance, California*







**F**or Providence TrinityCare Hospice & TrinityKids Care, Providence Little Company of Mary Medical Center Torrance and Providence Institute for Human Caring in Torrance, Calif., it hasn't been enough to set up a comprehensive inpatient and outpatient palliative care program for both adults and children. The organization has taken on a much more ambitious goal — to provide “whole person care” to every patient, essentially embedding the principles of palliative care throughout its system.

Glen Komatsu, MD, chief medical officer for Providence's TrinityCare Hospice, sees no reason to limit the values of palliative care to patients with life-threatening illnesses if others can benefit from having a more holistic approach to their needs. “All patients deserve the palliative care approach,” he says.

The approach is based on a model designed by Balfour Mount, MD, and colleagues at McGill University in Montreal and modified by Komatsu and Ira Byock, MD, who founded Providence's Institute for Human Caring and serves as its chief medical officer. It also relies on combining mindfulness, compassion and neuroscience. The techniques help clinicians cope better with their work and become better listeners for their patients and families.

Providence launched the Institute for Human Caring in 2014 when it made a major commitment to person-centered care. The aim was to help people make thoughtful choices about how they interact with the health care system, particularly when dealing with a chronic or life-limiting illness. Whole-person care is now one of the six areas of strategic clinical focus across Providence.

“Illness is not just medical but personal,” Byock says. “You start to shift the clinical encounter from being transactional to being relational.” Palliative care team members are the champions of the approach throughout the hospital, but they have significant allies among hospitalists, critical care specialists, surgeons, cardiologists, oncologists and others who are working together to add an element of the personal to all aspects of care, including clinical workflows, processes and metrics. “We start with the premise that every person we touch has inherent value, worth and dignity,” he says.

Specifically, that means making it routine to have an advance directive on the chart before a patient goes to surgery, even for a relatively minor procedure. Hospital employees insured by Providence can earn health savings account incentives to do their own advance care planning. “This helps change the culture so it becomes normal,” Byock says.

Patients and families have access to advance care planning videos that offer straightforward explanations of topics such as advance directives, CPR, hospice care and what some treatments entail.

For Komatsu, healing is different from curing, and even a patient whose disease will not be cured can heal in other ways. “Healing is a very different process,” he explains. “It occurs within a patient and family in which the individual becomes transformed by the illness experience and can change their identity and their awareness of their self and can better come to terms with their reality.”

Mindfulness allows clinicians to be present with their patients. “I tell my peds team all the time, there are no words we can say that will ease the pain of a parent of a dying child,” Komatsu says. “But we can keep showing up, we can show them we are not afraid to accompany them on this journey and bear witness to their suffering and grief, and point out the small slices of joy still possible.”

*... healing is different from curing, and even a patient whose disease will not be cured can heal in other ways.*



## INNOVATION HIGHLIGHTS

SEAMLESS ALIGNMENT

WHOLE-PERSON CARE

DATA-DRIVEN

It hasn't taken long for whole-person care to spread throughout the organization, not only transforming the care of patients and their families' interactions with the health system, but also providing mindfulness and emotional intelligence into the everyday workflows of caregivers. For instance, Komatsu's pediatric palliative care team opens every weekly meeting with a half hour of reflection and mindfulness, sometimes in conversation or responding to a writing prompt.

Margaret Servin, MSW, clinical supervisor for TrinityKids Care, says the Tuesday mindfulness exercises "have been hugely impactful for staff to have that time to really process feelings and take time to get in touch with what is going on for us. It helps us to manage how difficult the work is and acknowledge it and find the beauty in it."

Providence TrinityCare Hospice maintains two adult hospice teams along with a dedicated pediatric hospice team that cares for 158 young patients on average. It also maintains both inpatient and outpatient palliative care based out of Providence Little Company of Mary Medical Center Torrance, a 436-bed community medical center.

Both Providence and the local community have embraced the palliative care approach that Komatsu brought to the organization 12 years ago after doing a palliative care fellowship at Harvard. The program has grown and gained The Joint Commission accreditation.

Palliative care physicians and hospice staff both work for the TrinityCare Hospice, allowing them to maintain continuity with patients through multiple care settings, explains Terri Warren, MSW, executive director of Providence Senior and Community Services. A single call center for palliative and hospice care gives patients and families an easy way to reach help when they need it. "This creates a care team that thinks more broadly in how they deliver care," she says.

The organization has adopted the Quadruple Aim, which is the Triple Aim extended to include a fourth element — ensuring the well-being of health care providers — "how we support our caregivers and help them be more resilient," Warren explains.

Both Komatsu and Byock see the whole-person concept as fundamentally transforming care at Providence, with the pilot at the Torrance hospital expanding to Providence's entire 50-hospital, 825-clinic system.

"Health care at its best is highly personal," Byock says. "Personalized medicine is not just about your genome, it's about who you are as a person, what matters most to you as a person. The best health care is never a one-size-fits-all model." •

MIDLAND CARE CONNECTION

*Topeka, Kansas*

It's challenging enough to reach seriously ill patients and follow them across a continuum of care, much less managing that across a 12,000-square mile swath of prairie in the middle of America. But Midland Care, a 39-year-old not-for-profit based in Topeka, Kansas, serves the residents of northeast Kansas no matter how far-flung their homes.

Midland Care opened in 1978 as Hospice of Topeka. Over time the organization developed a network of collaborative community partnerships with hospitals, clinics, nursing homes and other providers. "We are well-known in the local communities for caring for multiple generations of families," says Laura Burton, communications coordinator for Midland Care.

In 2005, the organization's name changed to Midland Care Connection to reflect the organization's expansion into care programs beyond hospice and to refer to its location at the midpoint of the country. Midland Care recognizes the importance of serving the physical, emotional, spiritual and social needs of those in its care and aims to offer solutions to gaps in the care continuum.

Midland Care broadened its mission again in 2007, when it started a Program of All-Inclusive Care for the Elderly (PACE), a national model that allows people at risk of needing nursing home care to stay in their own homes. It's unusual for a hospice to sponsor a PACE program, and Midland Care's PACE Program in Topeka was only the 37th of its kind in the United States. It now



serves 12 counties and has three PACE Centers — Topeka, Lawrence and, recently, Kansas City. "It was a bold move for a smaller organization like ours," says Greg Nelson, MD, medical director. "That kind of characterizes the atmosphere here. Our CEO is always looking for new ways to provide care to the community, always pushing that envelope."

PACE is a comprehensive model providing primary medical services, nursing, physical therapy, occupational therapy, speech therapy, nutritional services and social work as well as social activities in a center-based model. PACE coordinates care and is at full risk for a frail elderly dual (Medicare/Medicaid) population.

Working with a local hospital, Midland Care established an inpatient palliative care program in 2010. Today, palliative care is offered on an inpatient basis at a local cancer center, at Midland Care's outpatient clinic and through a home care program. Patients needing palliative care can reach an RN who works as a triage resource, and calls are answered 24/7 through Midland Care's call center.

The organization is committed to helping chronically and seriously ill patients however it can, Nelson says. Because he came to palliative care from internal medicine, Nelson says, he hadn't fully realized how complicated these patients' lives can be. "I thought I knew what was going on in my patients' lives from seeing them every three months, but I had no idea," he says now. "Once you know whether they are taking their meds, who in their family they are estranged from ... once you know more about their lives it changes the way you practice."

Purposely located on a bus line for easy community access, Midland Care's Center for Hope and Healing makes grief counseling available to anyone in the community suffering from loss, not just families who use hospice services. Recognizing that grief is more than emotional pain, the staff at the Center approach grief holistically and have specialized programs for all ages.

"Providing innovative health care solutions to meet individual needs is our mission and what we pride ourselves in at Midland Care," Burton says.



INNOVATION HIGHLIGHTS

BROAD CONTINUUM

RURAL OUTREACH

PACE PROGRAM

UNIVERSITY OF WISCONSIN PALLIATIVE CARE

*Madison, Wisconsin*

A fundamental part of palliative care is asking patients about their goals and preferences for care — what they want. But research by clinicians at UW Health suggests the word “want” can take the conversation toward unrealistic goals rather than the real options at hand.

Parsing these kinds of key doctor-patient communication issues has been a specialty of the UW palliative care program and its director, Toby Campbell, MD. Campbell and his colleagues have developed research-validated communication programs for clinicians that help them be both empathic and direct with patients and families. These skills are meant to get at the nagging problem that many seriously ill people do not really understand their prognosis.

The UW palliative care program maintains two adult teams, one pediatric team, two nurse communicators in the ICU, and an ambulatory palliative care program. The pediatric team extends its reach throughout the state given UW Health’s role as the state’s major academic hospital.

The emphasis on improving clinician communication stems from the program’s dedication to teaching every physician primary palliative care techniques. “We have really tried to bring about a culture change organization-wide,” says Campbell.

WeTALK is their theatre-based workshop that teaches clinicians to recognize opportunities to empathize with their seriously ill patients and families, reflect in the moment on their communication and respond appropriately. More than 1,000 providers have taken the course at UW Health. Campbell’s group also organizes a



program called PalliTALK, a regional communication training program.

Campbell and colleagues developed a shared decision-making tool, called Best Case/Worst Case. This helps clinicians engage in shared decision-making conversations with patients considering high-risk procedures so the patient has a chance to express his or her preferences for different potential outcomes.

These techniques are shared widely at the UW Health. And in addition to improving physicians’ communications skills, these tools build relationships between physicians and the palliative care team, which increase referrals, says Sara Johnson, MD, University of Wisconsin assistant professor and fellowship program director. “We’re always trying to build relationships with other specialties,” she notes.

The organization is extending the reach of palliative care through a nurse communicator initiative that assigns two expert nurses to an ICU to begin the process of engaging the family in conversation within 72 hours of an admission when the outcomes could be undesirable. The model has increased

the frequency of family meetings from 69 percent to 89 percent, says Beth Houlahan, RN, chief nursing officer for UW Health. “This is helping to close gaps in communication, and it’s had a profound impact on the RN staff in the ICUs” who can see their patients and families being more engaged in shared decision-making, she says.

The palliative care program’s emphasis on education extends to its fellowship program. The four fellows benefit from the emphasis on evidence-based communication skills and also learn to teach them through a new “fellows as educators” curriculum.

UW Health leads the Pain and Policy Studies Group, which works to advance palliative care globally by improving access to pain relief. The program brings doctors from countries without access to opioids and pain management to Madison to learn advocacy techniques they can bring back to their home countries.

Campbell’s approach has been to learn more about any group that needs help and innovate around that. “I get really curious — let’s find out what challenges they face, where the problems lie, and where palliative care could be of help,” he says. “We take that back to the drawing board and see what interventions we can design that would be helpful to patients, families and our colleagues as well.”



INNOVATION HIGHLIGHTS

COMMUNICATION TECHNIQUES

DECISION-MAKING TOOLS

SCIENTIFIC RIGOR

2016-2017 CIRCLE OF LIFE  
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The Circle of Life Award thanks its funders, sponsors and cosponsors for their role in identifying and honoring innovative palliative and end-of-life care in hospices, hospitals, health care systems, long-term care facilities and other organizations providing care.

FUNDERS

**CALIFORNIA HEALTH CARE FOUNDATION**  
*Oakland, California*

CHCF is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo.

**CAMBIA HEALTH FOUNDATION**  
*Portland, Oregon*

The foundation is committed to partnering with others to create a more person-focused and economically sustainable health care system and champion the innovators who demonstrate what a truly transformed system can be.

SPONSORS

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*Chicago, Illinois*

AHA is the national organization that represents and serves all types of hospitals, health care networks, and their patients and communities. Nearly 5,000 hospitals, health care systems, networks, other providers of care and 43,000 individual members come together to form the AHA.

**CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES**  
*St. Louis, Missouri*

CHA advances the Catholic health ministry of the United States in caring for people and communities. Comprised of more than 600 hospitals and 1,400 long-term care and other health

facilities in all 50 states, the Catholic health ministry is the largest group of nonprofit health care providers in the nation. Every day, one in six patients in the U.S. is cared for in a Catholic hospital.

**NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION/NATIONAL HOSPICE FOUNDATION**  
*Alexandria, Virginia*

NHPCO is the oldest and largest nonprofit membership organization representing hospice and palliative care programs and professionals in the United States. The organization is committed to improving end-of-life care and expanding access to hospice care with the goal of profoundly enhancing quality of life for people dying in America and their loved ones. As the national charity for end-of-life care, NHF is responsible for soliciting and stewarding charitable gifts received to National Hospice.

COSPONSORS

**AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE MEDICINE**  
*Chicago, Illinois*

More than 5,000 physicians, nurses, and healthcare professionals interested in the specialty of hospice and palliative medicine represent AAHPM membership. Our members work in a variety of urban, rural, and suburban healthcare settings, including hospitals, hospices, managed-care facilities and academic institutions, with varied patient populations — from pediatrics to geriatrics. The majority of the Academy’s physician members specialize in family and internal medicine.

**THE CENTER TO ADVANCE PALLIATIVE CARE**

*New York, New York*

As a national, member-based organization, CAPC provides hospitals, health systems, hospices, payers and other health care organizations with the tools, training, technical assistance and metrics needed to support the successful implementation and integration of palliative care.

**HOSPICE & PALLIATIVE NURSES ASSOCIATION/HOSPICE & PALLIATIVE CREDENTIALING CENTER/HOSPICE & PALLIATIVE NURSES FOUNDATION**

*Pittsburgh, Pennsylvania*

The organizations’ shared goal is to transform the care and culture of serious illness, with a focus on closing the gap in what could be a critical shortage of hospice and palliative professionals needed to care for the aging Baby Boomer population.

**NATIONAL ASSOCIATION OF SOCIAL WORKERS**

*Washington, D.C.*

NASW is the largest membership organization of professional social workers in the world, with 132,000 members. NASW works to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies.



