Rural Community-based Palliative Care ECHO Program Summary

September 2019-May 2020

Objective

Stratis Health engaged palliative care interdisciplinary teams in education and peer-based networking using video technology to support the development of palliative care-related skills and delivery of high-quality services in rural community-based settings.

Introduction

Stratis Health has pioneered approaches for establishing and supporting palliative care services in rural communities. Since 2008, Stratis Health has led efforts to develop palliative care models that work in rural communities and to establish measures to quantify the value of rural palliative care. Stratis Health received funding from a private foundation to implement a multi-state, multi-faceted project to increase access to palliative care services in rural communities to improve quality of life and quality of care for those with advanced illness and complex care needs. The project builds on rural community-based palliative care philosophy and services and builds capacity and sustainable practices to expand new service areas and enhance existing programs.

As part of this three-year program, Stratis Health facilitated the use of technology to provide education and support to existing palliative care programs in rural Minnesota using the Extension for Community Healthcare Outcomes (ECHO) Model approach.

Rural community-based palliative care programs have a variety of structures to provide services. These may include a health system, hospital, home care, ambulatory clinic, or hospice as the lead organization. Many of these organizations are small compared to the hospital palliative care programs found in urban areas. In the Project ECHO program component, Stratis Health wanted to provide education and support using easily accessible technology and palliative care expertise.

Planning the Intervention

The planning began in January 2019, and the final Rural Community-based Palliative Care ECHO session was held in May 2020. Stratis Health had previous experience with a quality improvement initiative using the ECHO Model. The ECHO Model connects groups of community providers with specialists in real-time collaborative learning sessions via video technology. This model was begun at the University of New Mexico to connect rural community providers with knowledge, expertise, and mentoring. Each ECHO session is designed around a specific topic area and a case-based learning scenario. The community providers submit patient cases with a specific question or guidance requested of the provider experts. For this project, a member of the Stratis Health team attended the ECHO Institute to be trained and certified to implement the model.

For the palliative care ECHO sessions, Stratis Health served as the facilitator with the M Health Fairview Palliative Care Team providing education and mentorship. The two organizations were the hub. Rural palliative care communities were the spokes.

Rural palliative care communities were recruited from existing Stratis Health relationships with palliative care programs in Minnesota. Stratis Health also reached out to national, regional, and state registries of palliative care programs to discover additional Minnesota communities. Stratis Health also reached out to all 78 critical access hospitals in Minnesota to inquire about palliative care programs in their area. Once we had a list of rural palliative care programs, they were sent information about the project and an application for participation. Stratis Health chose to include rural palliative care programs that were on a spectrum of program development, from early forming to well-established programs. The application asked questions about their current program history, team members with contact information, and a team needs assessment. The needs assessment included a self-rating of team expertise in core palliative care processes, opportunities for improving care services, and areas of educational needs. The results of the needs assessment were used for program topic development.

After reviewing the needs assessments, the Stratis Health and M Health Fairview team decided to center the education on the eight domains of palliative care developed by The National Consensus Project for Quality Palliative Care Clinical Practice Guidelines. A 4th edition was released during the planning phase. The items from the needs assessment were incorporated into the monthly ECHO sessions based on teams' ratings. Input was also provided by the Minnesota Palliative Care Advisory Committee.

The M Health Fairview team consisted of several physicians, a nurse practitioner, social worker, and chaplain. Lyn Ceronsky DNP, GNP, CHPCA, FPCN served as clinical facilitator. Other team members included Lilli Bauman MSW, LICSW, Kate Brantmiller, MDIV, chaplain, Michael Finch MA, ANP, ACHPN, Beth Jeffrey, MD, Annette Nijjar, MD, Drew Rosielle MD, FAAHPM. The team members chose topic areas to present on, and a schedule was developed. The topic list remained fluid throughout the project. Evaluations of session content, speaker feedback, suggestions for improvement and further topics were sent to participants after every session. This feedback was shared with the team and suggestions were incorporated into the following project sessions.

Intervention

Participants

Eleven rural Minnesota community-based programs participated. Everyone that applied was accepted. The participants were from a variety of health settings, including health system, hospital, home care, ambulatory care, nursing home and hospice. Each of them defined themselves as a palliative care program provider. Participants were asked to attend sessions as a team. Team member attendance and number of disciplines represented varied among the sessions. There were physicians, nurse practitioners, physician assistants, pharmacists, nurses, social workers, business managers, and chaplains.

Participants were able to attend via computer using the Zoom videoconferencing application. Stratis Health held the Zoom license and sent a link to each participant to access the system. They were also provided a phone number to access the sessions if computer access wasn't available.

Participants were provided instructions and were encouraged to use a computer with a webcam. Being able to see each other during the session helped build a community of practice, engagement, and real-time collaboration.

Sessions

There were nine monthly sessions. Each session followed a routine agenda in keeping with the ECHO model. Each session was 60 minutes in length and was held from 12:00-1:00 p.m. monthly. After a brief welcome and introductions, the sessions included a 20-minute didactic educational topic and a 30-minute case study discussion.

The didactic sessions were presented by one of the M Health Fairview team members. The M Health Fairview team shared presenting and all the disciplines were represented. The didactic sessions were a blend of palliative care topics. The interdisciplinary nature of palliative care was reinforced by having each discipline present or co-present sessions from their perspective. This was contrasted to other palliative care education where a physician is the sole presenter. Interdisciplinary membership in both the M Health Fairview team and the participating rural community teams was highly valued. The topics presented were:

1. Introductions, overview of sessions, ECHO model framework, and case presentations
2. Overview of palliative care, language, goals, and resources
3. Reducing symptom distress with non-pharmacologic interventions
4. What to say to patients when you really don’t know what to say
5. I believe: addressing spirituality
6. Caring for patients with substance use disorder
7. Decision making
8. Grief versus depression
9. The untreatable symptoms

A case study followed the didactic presentation. Case studies were solicited from the participating teams, and each rural community team was asked to present at least one over the course of the nine sessions. Case studies included basic patient information without divulging any protected health information. The outline for the case study presentation reinforced a holistic assessment of a patient and support system. Case studies were either an interesting case the participating team wanted to share or a case that presented some difficulty for the team. The PC team shared their patient case and then asked for feedback from the M Health Fairview team. The M Health Fairview team provided suggestions and engaged the team and other participants in the discussion. This approach gave an opportunity for interdisciplinary input. The didactic, case-based learning and mentorship helped the teams gain palliative care expertise.

Following each session, the Stratis Health and M Health Fairview teams debriefed the session. This gave an opportunity to provide feedback on both individual and team perspectives on the didactic, case study, and participation.

Technology

Zoom was used as the videoconferencing application. Stratis Health has access to Zoom under the umbrella of the ECHO Institute and agreement to serve as a hub. At the time, Zoom was new to most team members. Stratis Health sent monthly invitations with a link and a phone number to access the session. Community team members and the M Health Fairview team only needed to click on the link to gain access to the live session. In the beginning, there were some technology problems. Not knowing how to adjust computer volume, mute themselves, have access to webcams, and getting used to seeing yourself on camera led to some disruptions. After the first session, this was mitigated by asking everyone to use a phone for sound and put their computers on mute. This helped with background noise disruption and improved the sound quality for many teams. For most of the M Health Fairview team, this was the first time they had presented using Zoom technology also. The ease of using Zoom increased over the sessions. Team members got on easily, asked fewer questions about access, and increased their participation.

Results

Evaluations were collected after each session. The evaluations were shared with the M Health Fairview and Stratis Health teams. Any feedback was incorporated into following sessions. In the first session, each team was asked to introduce themselves and tell a little about their setting. The feedback was that it took too long. For the following sessions, a slide was added listing the eleven rural community teams, and a list of each team member and contact information was distributed to the group.

The feedback from the participants was positive. When asked what was most liked about the sessions, comments included,

> *"Hearing how other professionals' practice palliative care with their clients"*
>
> *"How everyone openly shared what worked or did not work"*
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> *"I appreciate the updates and increasing my general knowledge"*
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> *"It was easy to get online and learn. It was also nice to connect with others across MN who could give insight and share how they practice"*
>
> *"I think this is a great platform for building support and knowledge within the palliative care community"*
>
> *"I appreciate the awareness of urban/rural issues and what works across those settings"*
>
> *"I appreciate basic tips and ideas and strategies about how to do the work.*
>
> *"Every time we have these meetings, I am reminded what a help it is and find something I can take away from it"*
>
> *"Case presentation was great (good job!) and suggestions from the team gave me new ideas for working with patients. I think reminders about what we can do out here in rural Minnesota (used to be called 'outstate') with the teams we have, gives me hope-that we can all make a difference even in smaller facilities with limited staff-it's a culture of care, not a place, and these meetings bring that home to me"*

Feedback was also solicited from the M Health Fairview PC team at the conclusion of the project. All team members are experienced in palliative care and readily agreed to participate in ECHO as the project was planned. Teaching palliative care clinical skills is an integral part of the mission of the M Health Fairview palliative care program. At the conclusion of the project, everyone described that participating in ECHO was of value to themselves personally and "fun." One clinician said,
"This was very valuable. I appreciate the opportunity to connect with colleagues and teams outside the urban and immediate suburban setting. It was interesting to see their cases, hear what challenges they are facing and solving."

The M Health Fairview team was enthusiastic about the opportunity to present didactic sessions on palliative care topics. One team member described this as "*it fills my cup*." Even though teaching over Zoom is different from previous experience, presenting didactic sessions for ECHO was still rated highly. It gave the team opportunities to improve their own teaching via technology rather than in person.

The M Health Fairview team would recommend that other palliative care colleagues participate in ECHO if given the opportunity and would be happy to participate again in any future ECHO sessions.

Findings and Insight

Logistics and technology

Zoom was a new application for everyone at the start of the sessions. With each session, the ease of starting the sessions improved. As new technologies appear, ease of participant use, and availability need to be kept in mind. During recruitment, there was concern about bandwidth in rural areas. However, these concerns weren't expressed by the teams. Many of the participants chose not to use a camera. This may have been due to internet instability or not wanting to be on camera. Discovering additional ways to engage participants should be explored.

There was mixed feedback that the timing of sessions was just right or too short. Sessions sometimes felt rushed to ensure everyone got on Zoom, and there was time to share a didactic topic, case study, and discussion. Expanding the timeframe to 90 minutes would allow for more community building time; however, it wasn't clear if team members could be available for this amount of time.

Participants and participation

Stratis Health enrolled both well-established and newly forming teams. This differing level of expertise made both topic selection and sharing a focus challenging for determining content. It was noted that well-established community team members shared more during discussion. One suggestion was to focus a Zoom project on new teams, to enhance new learning and create a more homogenous group. There were participant comments about liking the sharing from other PC programs, this would be a consideration to explore.

To further facilitate discussion, Zoom does have the capability to break the group into smaller discussion groups. This approach could help with discussion and networking if each of the groups were consistent. The M Health team expressed a strong desire for more involvement with the participating teams. Another suggestion was to include more questions posed by the M Health Fairview team and ask for group answers.

Future PC topics
COVID-19 became a focus as the sessions were winding down. This topic was approached, but little was known at this time. There are numerous ECHO sessions available on the topic of COVID-19 now. It's unknown what the lingering effects of COVID-19 will be on the palliative care patient population. Other topic suggestions included socioeconomic disparities, rural versus urban, cultural biases, and newer trends in palliative care.

Conclusion

Stratis Health brought eleven Minnesota rural community-based palliative care teams together with the specialists of the M Health Fairview palliative care team using the ECHO model. Regularly scheduled ECHO sessions led to an interactive community of practice where the community teams were provided knowledge, mentoring, peer sharing, consultation, and feedback to build their capacity. Stratis Health found that provider and participant satisfaction was high. As the need for palliative care and serious illness support and services grows, the ECHO model is an effective way to share expertise via guidance, mentoring, and didactic education. There are currently active palliative care ECHOs in Alaska, Arizona, North Carolina, North Dakota, and Virginia confirming this model is effective for the specialty of palliative care. Stratis Health found that the ECHO model was highly successful for effective shared learning and capacity building with rural communities. Stratis Health will continue to utilize the ECHO model to collaborate with and support rural health provider communities.