

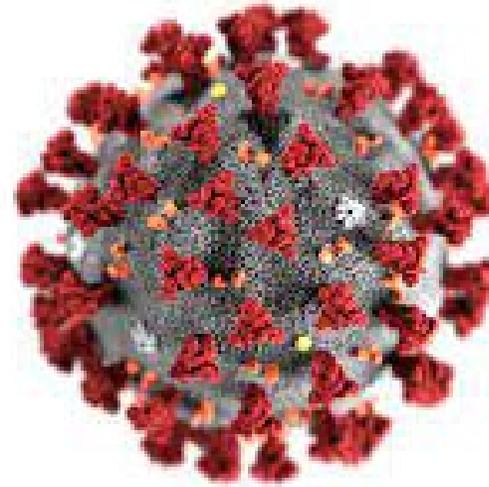
Many Hands Make Light(er) Work:

Mid-Career and Alternative Pathway for Hospice/Palliative Medicine Fellowship

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UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL
CAMPUS

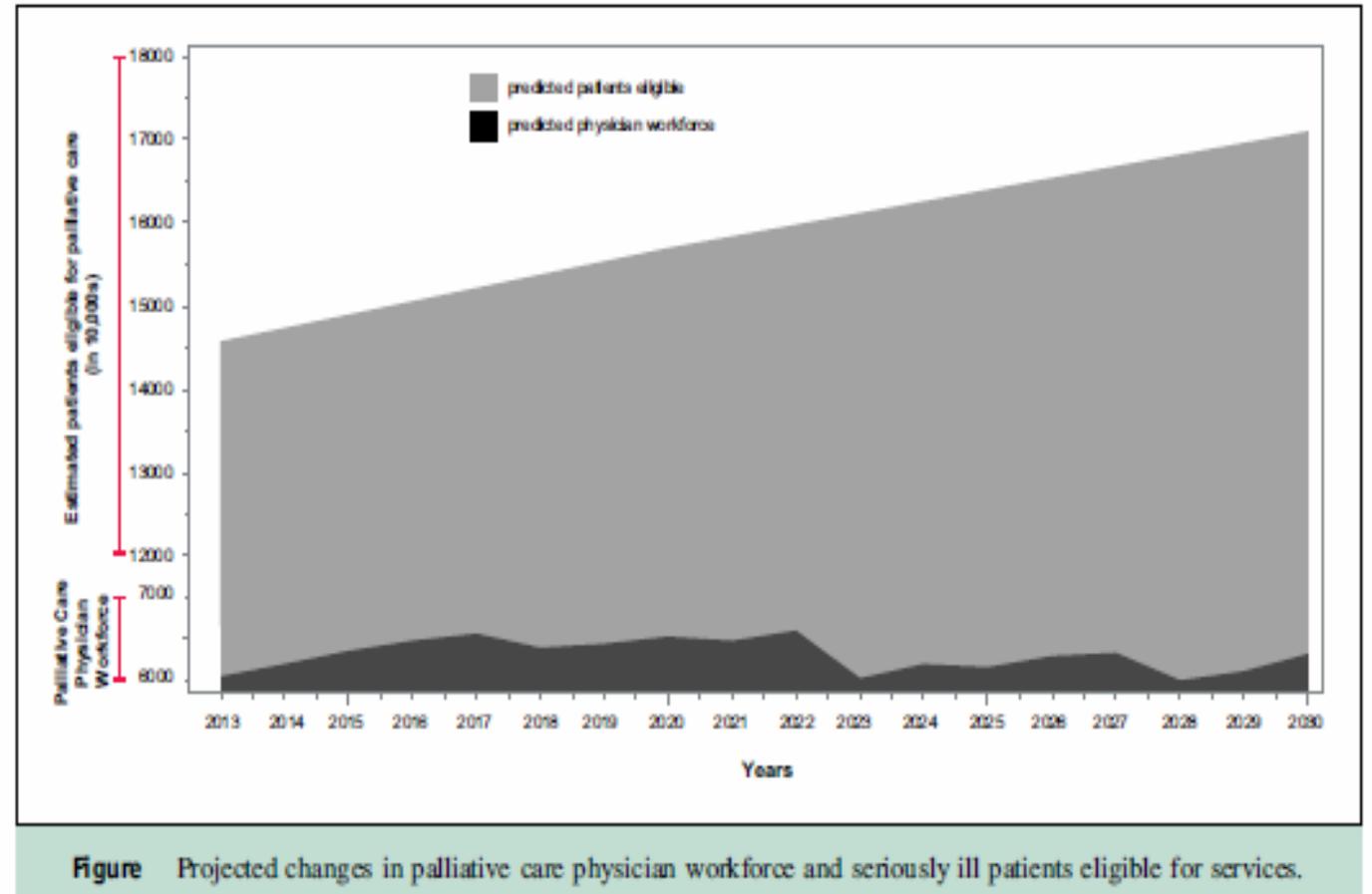


Disclosures
No Financial
Disclosures or
Conflicts



Objectives

- 1) Evaluate the anticipated need for HPM Physicians/Provider for the next generation.
- 2) Review the decision to seek Specialty Status for HPM and the impact on the physician workforce.
- 3) Discuss the concept of Primary, Secondary and Tertiary Palliative Care/Medicine
- 4) Describe the Master of Science in Palliative Care as pathway to Secondary Palliative Care
- 5) Illustrate components of the non-residential Community Hospice Palliative Medicine Fellowship an ACGME Demonstration Project that can lead to Board Eligibility/Certification
- 6) Review CHPM Fellows experience and progress at 18 months



Kamal AH, Bull JH, Swetz KM, Wolf SP, Shanafelt TD, Myers ER. [Future of the Palliative Care Workforce: Preview to an Impending Crisis](#). Am J Med. 2017 Feb;130(2):113-114.

Hospice &
Palliative
Medicine
Fellowship
Programs

2013-14

2020-21

Programs

105

156

Total Slots

288

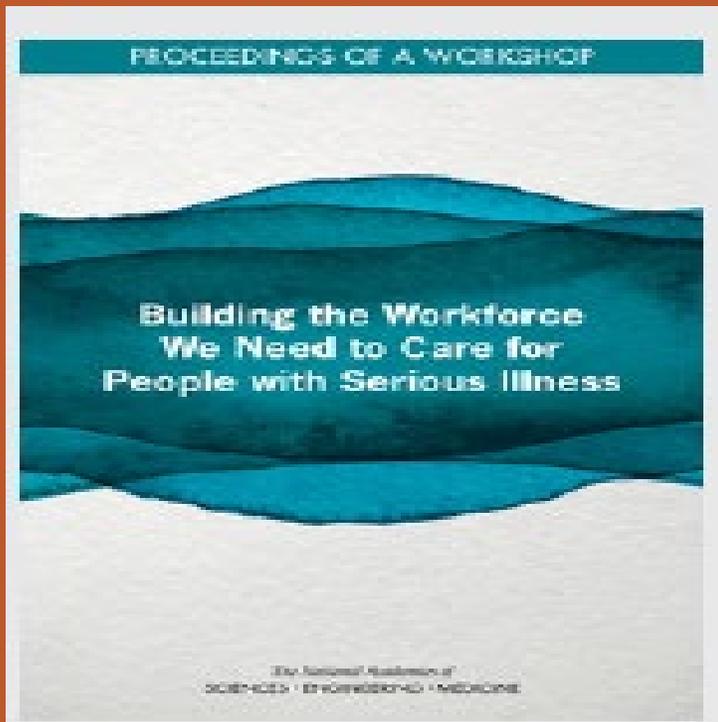
518

Filled

217(75%)

407(78%)

National Academy of Medicine 2020

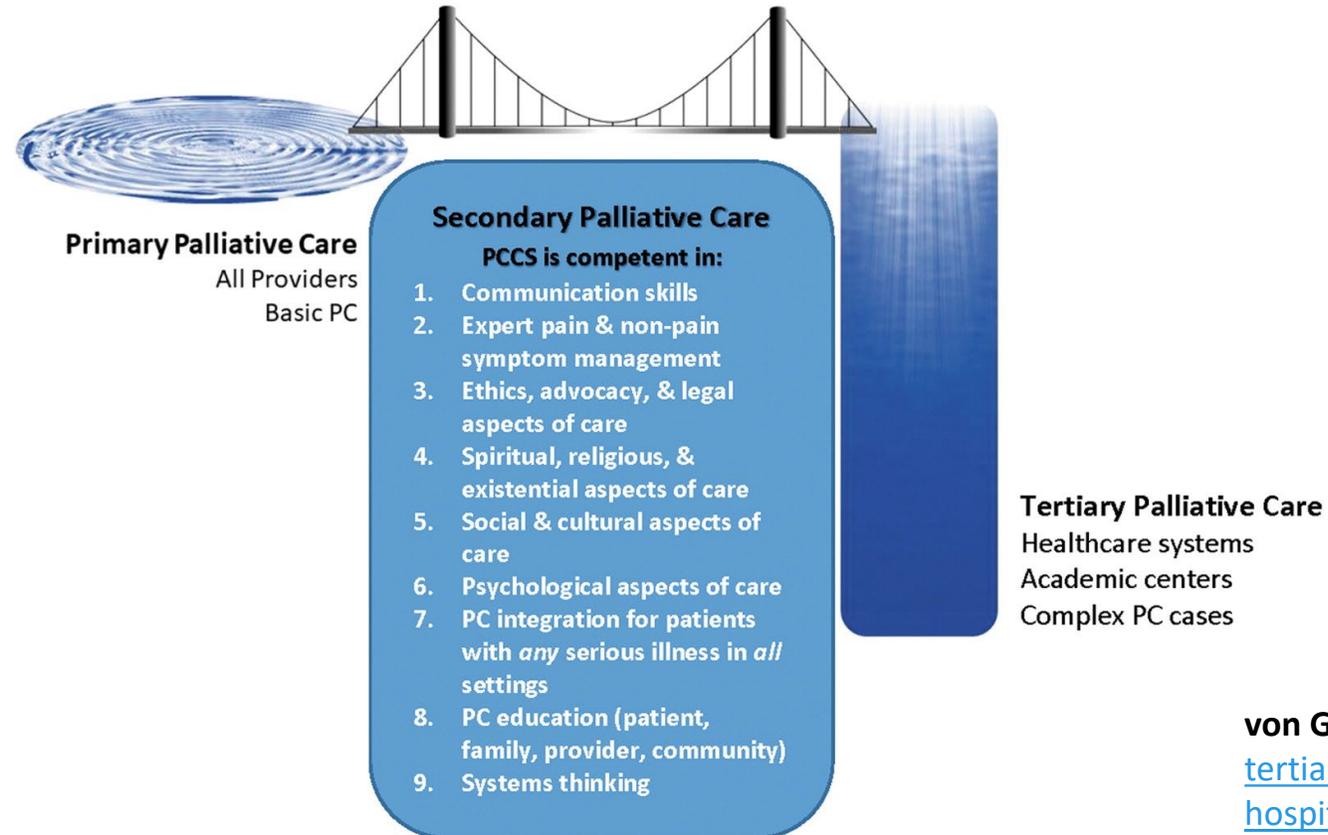


Expanding Training in Serious Illness Care for All Health Care Professionals

- Develop programs specifically aimed at bringing mid-career health care professionals into the palliative care specialty, such as university-based certificate programs, to help them pursue specialty training and competency-based certification on a part-time basis while continuing their current professional practice. Encourage and incentivize mid-career health professionals to take advantage of these programs. (Ballentine, Dingfield)

- Expand the home care workforce to support the growing demand for services these workers provide. Strengthen the direct care workforce with competency and professional standards, comprehensive training, and higher wages. (Drake, York)
- Enable advanced practice nurses and physician assistants to assume a greater role in serious illness care delivery by expanding and standardizing their scope of practice at the state level to address physician shortages, especially in rural areas. (Ballentine)

Palliative Care Community Specialist



von Gunten CF, [Secondary and tertiary palliative care in US hospitals](#). JAMA. 2002 Feb 20;287(7):875-81.

Palliative Care Community Specialist

The PCCS provides high quality, cost-effective, embedded palliative care and consultation to patients and families in rural, urban, suburban and high needs communities



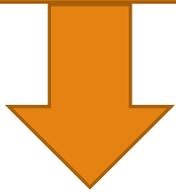
Interprofessional Graduate Certificate

12 credit hours
9 months



Interprofessional Master of Science Degree

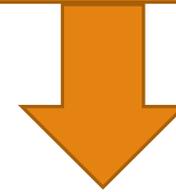
33 credit hours
2-7 years



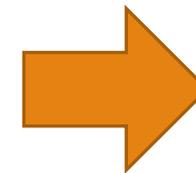
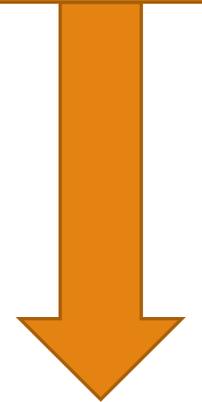
PCCSs



+ 40 credit hours
over 2 years

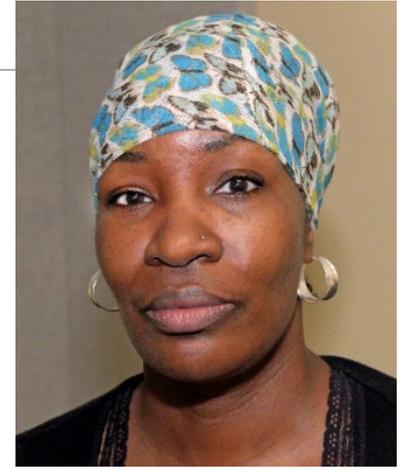


PCCSs

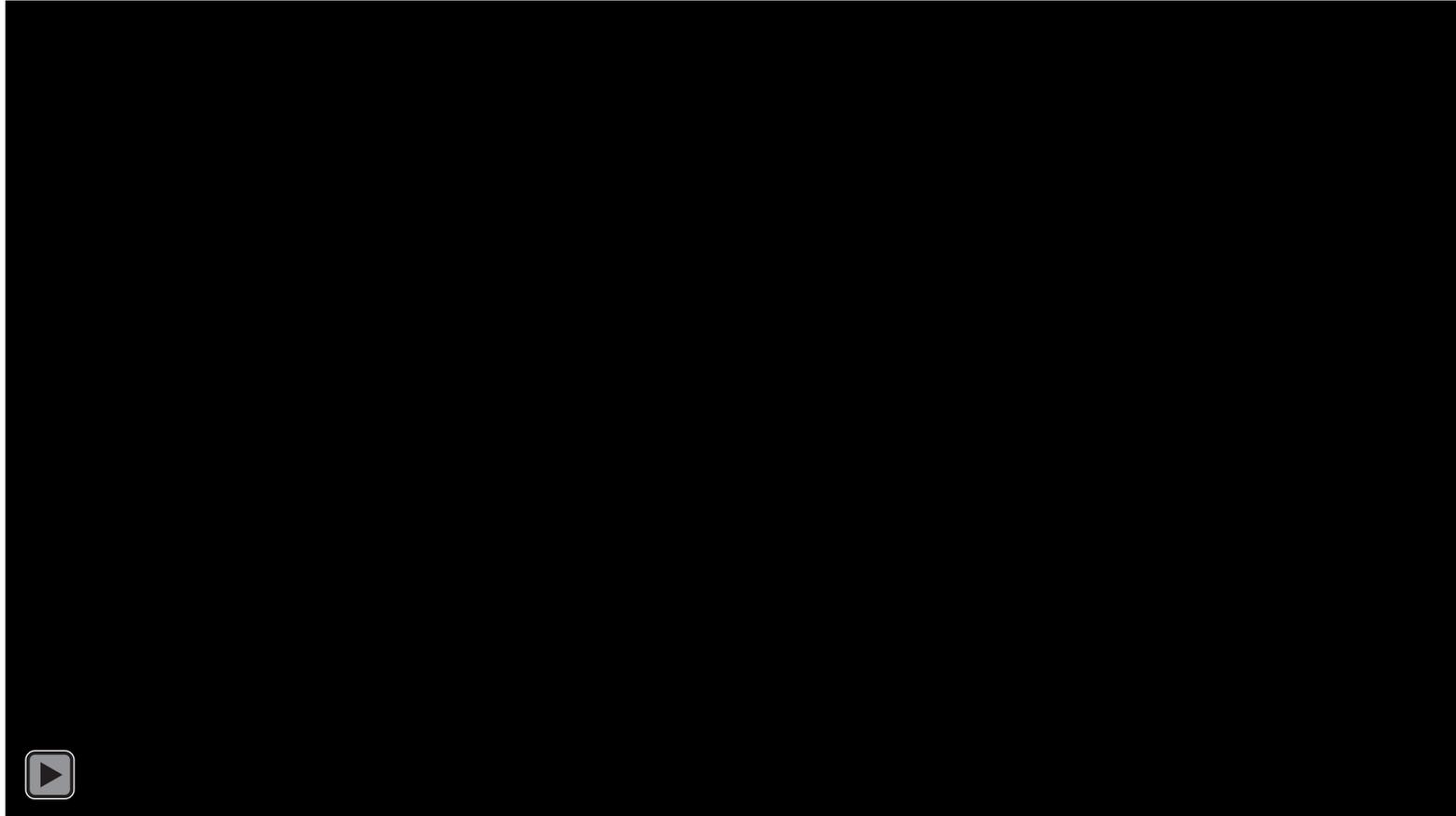


**HPM Board-
Certified
Physicians**

Case-Based Narrative-Driven Instruction



MSPC Case Integration Videos



A Typical Week

Week 2 Dialogue: Jacob Shapiro



Please read the following dialogue (a transcript has been provided below) and reflect on the

- What are Jacob's biggest concerns about how his progressive heart disease impacts his
- What would be your concerns about Jacob and Ruth having informed consent regarding

[Jacob Shapiro Case Story and Dialogue](#) 

Week 2 Topics:



▼ Week 2	
	Week 2 - Case Study
	Cardiology: Introduction
	Cardiology: Lesson Materials
	LVAD Case Study Sep 9 20 pts
	Informed Consent and Conscientious Objection: Introduction
	Informed Consent and Conscientious Objection: Lesson Materials
	LVADs, Informed Consent, and Conscientious Objection Sep 9 15 pts

Assessment as Part of MSPC

Problem-Based Learning
Assignment

Practice-Based Learning
Care Plans Applying
Learning Material to a Case

Summative Case Integration
Problems i.e., Pain
Management of a Case
Scenario Over Several Years

Creating Dialogues with
Patient/Family to
demonstrate how you would
provide Spiritual,
Psychological and Social
Support

Asynchronous Video Role
Play

Communications
Simulations using
Standardize Patient
Scenarios

Develop an Educational
Presentation to teach others
(Recorded on Video)

Discussion Boards become
Asynchronous Seminars

AIRE Community Hospice/Palliative Medicine Fellowship

Physicians BC in a Sponsoring Board

More than 5 years out of last Residency/Fellowship

Enrolled in the MSPC

Invited to apply after successfully completing the first semester

Community Partnerships to provide Clinical Training Sites in own Community (PLA)

Module 3 Well-derly and Ill-derly: Geriatrics and Palliative Medicine		✓	+	⋮
⋮	📄 Module 3: Well-derly and Ill-derly	✓		⋮
⋮	📄 Lesson Materials: Well-derly and Ill-derly	✓		⋮
⋮	🗣️ OTPM: Well-derly and Ill-derly Module 3 Feb 20 20 pts	✓		⋮
⋮	📄 Palliative Medicine New Patient Consult-Written(1 of 2)Module 3 Feb 20 20 pts	✓		⋮
⋮	📄 Palliative Medicine New Patient Consult-Written(2 of 2)Module 3 Feb 20 20 pts	✓		⋮
⋮	🗣️ Oral Presentation Palliative Medicine Consultation Module 3 Feb 17 20 pts	✓		⋮
⋮	🗣️ Video Asynchronous Role Play Module 3 Question about feeding tube. Feb 20 10 pts	✓		⋮
⋮	🗣️ Video Asynchronous Role Play Module 3 Question about DNR Feb 20 10 pts	✓		⋮
⋮	📄 Distribute 360's to Colleagues and Patient/Family Satisfaction Survey- Module 3 Feb 20 10 pts	✓		⋮
⋮	🗣️ Video Conference Module 3 February 17, 2022 Feb 17 0 pts	✓		⋮

A Typical Module

Alternative Assignments

Journal Clubs

Practice-Based Learning Reflection

Self-Assessment/Individualized Learning Plans

Reflections on Patient/Family and 360 Evaluations

Check-ins on Progress in Portfolio

This is a graded discussion: 20 points possible

due Feb 20

OTPM: Well-derly and Ill-derly Module 3

14

Reading: Oxford Textbook of Palliative Medicine (this book is available in the HSL)

[a. 3. 3 Palliative care in the nursing home. J Phillips, A Hosie, P Davidson pgs. 125-136](#) ↓

Instructions:

1. Please respond to one more prompt(s) in 250-500 words.
2. Read your colleagues' posts and comment on at least one (you must post before seeing others' replies).

Prompts:

- What is new, interesting?
- What needs further clarity?
- How can I apply to my practice?

Unread



✓ Subscribed

Palliative Medicine New Patient Consult-Written(1 of 2)Module 3

 Published

 Edit



Complete a minimum of 16 Complete Palliative Medicine New Patient Consults over the course of the semester. (20 points each)

You will need to complete a total of 100 over the course of 2 years for the CB-HPM Fellowship. Therefore, you will need to complete additional ones during the semester or over break. All of your submissions will be assessed and you will be provided feedback. You can choose the 16 submissions that will be used for grading for the course by submitting the case number here.

- [Palliative Medicine Initial Consult](#) 
- [Rubric](#) 

Submit your Case number for review

|

Template for Palliative Medicine Initial Consultation

1. **Patient Identifiers (Your Initials-#of consultation):** Click or tap here to enter text.
2. **Date of Initial Consultation:** Click or tap to enter a date.
3. **Referring Provider:** Click or tap here to enter text.

4. **Reason for consultation:** This should be a drop down and you may choose more than one.

- a. Establishing Goals of Care
- b. Pain Management
- c. Non-Pain Symptom Management
- d. Psychological Support
- e. Social Support
- f. Spiritual Support
- g. Limitations on LST (Withdrawing/Withholding)
- h. Care of the Imminently Dying
- i. Referral to Hospice/Palliative Care Services
- j. Conflict (Patient/Family/Provider)
- k. Other Click or tap here to enter text.

5. **Values Based Goals of Care:**Click or tap here to enter text.

6. **Discussion:**
Click or tap here to enter text.

7. **Assessment**Click or tap here to enter text.

8. **Recommendations:** Click or tap here to enter text.

9. **History of the present illness:** Click or tap here to enter text.

10. **Palliative Medicine Review of Symptoms**

Edmonton Symptom Assessment Scale (ESAS) (0 is none and 10 is the worst)
Complete by (Check one):

5. **Values Based Goals of Care:**Click or tap here to enter text.

6. **Discussion:**
Click or tap here to enter text.

7. **Assessment**Click or tap here to enter text.

8. **Recommendations:** Click or tap here to enter text.

9. **History of the present illness:** Click or tap here to enter text.

1. **Values Based Goals of Care**

-To be at home with family.

-To regain some strength and function, hopefully back to where he was prior to his fall that resulted in the rib fractures. Would like to be as active and independent as possible so that he is less of a burden on his wife.

-A "good day" includes spending time with family (especially 2 yo granddaughter) and dog and using his phone to look at social media or watch movies.

2. **Discussion:**

Given goals of regaining function, undergoing VATS surgery seems reasonable. Even though there are surgical risks, surgery would likely give him the best chance of cure of the pleural effusion, and successful rehab.



Frank February 21, 2022

Like that they are in the patients own words.



Reply



Resolve



Frank

Nice linkage

Comments

1. **General Overall Impressions:** Kim this is a really good write up and I appreciate the nice summary of Goals of Care and linkage to the plan for the VATs. I am even more impressed since this patient is Spanish Speaking and you need to use an interpreter which makes quality goals of conversation challenging.
2. **One or two specific suggestions to improve written presentation:** I would suggest stepping back and taking a bigger picture. The consult is appropriate to the question regarding VATS and you did that very well. In the bigger picture if he doesn't get treatment to potential allow the Foley to be remove and a dx of the cancer quality of life and achieving the goals of care will be difficult to achieve. We may miss the window of opportunity to dx and treat the cancer which particularly if neuroendocrine could have significant palliative impact. Are there systems issues that are impairing him getting the work up he needs in a timely way. Could you identify them? Could you support him and family to manage these barriers to complete the evaluation? Thinking about this from a system approach is often something we don't consider and would take this interaction to the next level
3. **Overall Score:** This assignment is 20 points. Multiply the score for assignment by 4 to determine grade (example $4.5 \times 4 = 18$) 18 and off for not more explicitly discussion systems

Oral Presentation Palliative Medicine Consultation Module 3

 Published

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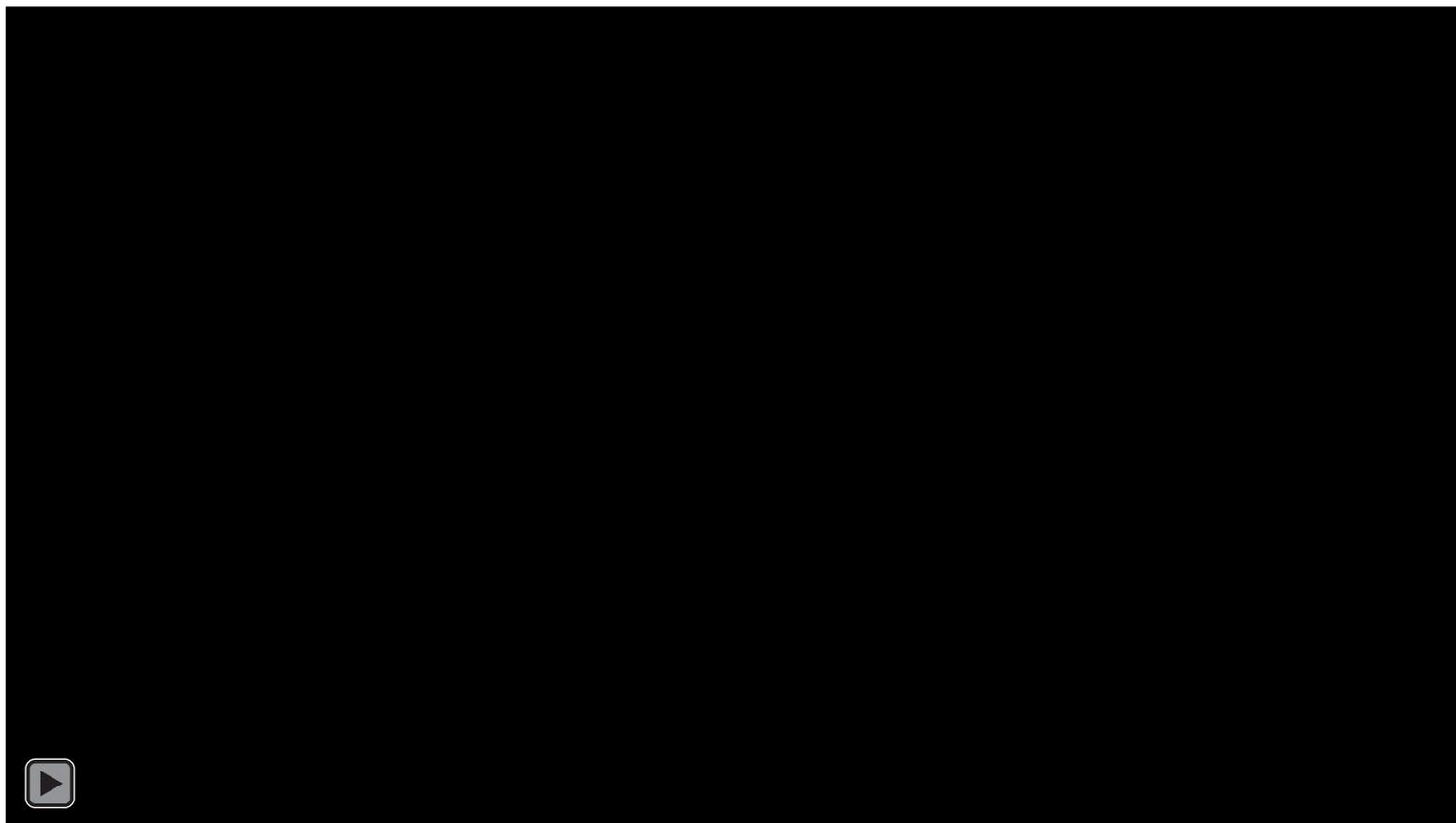


Oral presentation is an important skill to develop as a Palliative Medicine Physician. You will present one patient during at least half of the Video Conference at the end of each module. Usually this will be one of the new Palliative Medicine Consults you have completed in the last week but you may choose to present a follow-up when there is a new or difficult issue you need help with.

Oral presentations are informed by the written consultation but are presented in a different order. The oral presentation should be succinct and tailored to the audience. For instance, an oral presentation to a colleague in PC, Social Work, or a consultant would be focused to provide them with only information they need.

- Your oral presentation should be 15-18 minutes.
- Please have one or two questions or issues you would like the team discuss.

Asynchronous Role Play



	 <u>Video Asynchronous Role Play Module 3 Question about feeding tube.</u> Feb 20 10 pts		
	 <u>Video Asynchronous Role Play Module 3 Question about DNR</u> Feb 20 10 pts		
	 <u>Distribute 360's to Colleagues and Patient/Family Satisfaction Survey- Module 3</u> Feb 20 10 pts		
	 <u>Video Conference Module 3 February 17, 2022</u> Feb 17 0 pts		

Alternative Assignments

⋮	 <u>HPM Fellowship Journal Club - Module 4</u> Mar 6 20 pts	✓	⋮
⋮	 <u>Patient Logs Updated- Module 4</u> Mar 6 10 pts	✓	⋮
⋮	 <u>Video Conference Module 4 March 3, 2022</u> Mar 3 0 pts	✓	⋮

Portfolio of Clinical Practice

Log of New Comprehensive PM Consults

100 submitted for Review/Feedback/ Oral Presentations

Log of Home Hospice Visits and Hours in Inpatient Hospice Setting

Log of Continuity Care for Patients across Settings & IDT Meetings

Patient/Family Satisfaction Survey/ 360 Evaluations

Quality Improvement Projects/ MSPC Capstones

Journal Clubs

Pediatric Observership/Elective Reflections

DK
DR
JJ
KI

- ▼ 1 - Palliative Medicine New Patient
 - Graded Consults
 - New Consults
- 2 - Patient Logs
- 3 - Journal Club
- 4 - Family Patient Evaluations
- 5 - 360 Evaluations
- 6 - QI Project
- 7 - Onboarding
- 8 - Mid Year Evaluation

ML
SM

Two Factor PHI Approved Server



Community-Based Hospice and
Palliative Medicine Fellowship

UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

Dr. _____ is a Student/Fellow in the on-line Master of Science in Palliative Care degree and Community Palliative Medicine Fellowship offered through the University of Colorado.

Palliative Care provides an extra layer of support for people living with serious illness.

Your doctor may discuss some aspects of your case with faculty and fellow students as part of his/her studies. Your Personal Health Information is protected, and your confidentiality is always respected. If you would prefer for the doctor to not discuss any aspect of your care as part of these programs, please let him/her know.

www.ucdenver.edu



Community-Based Hospice and
Palliative Medicine Fellowship

UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

Please complete the following Patient/Family Satisfaction Survey regarding your visit with Dr. _____. Your responses to the survey are anonymous.

Please connect to the survey through the link below.

https://ucdenver.co1.qualtrics.com/jfe/form/SV_6VTrhoZ4oobvuYJ



Patient-Family Satisfaction/Also in Spanish



Palliative Care in the Home (an Expansion of Care That Never Quits®)

Timothy Holder, MD, FAAFP

Southwestern Regional Medical Center, Tulsa, OK

Division of General Internal Medicine
UNIVERSITY OF COLORADO DENVER MEDICAL CENTER

www.ucdenver.edu/MSPC

Statement of the Problem

Our clinicians see cancer patients whose complex care needs often delay transitions to the next appropriate level of care. These delays can negatively impact lengths of stay, health care expenditures and readmission rates.

Background/Literature Review

- Early palliative care improves quality of life, symptom burden, advance care planning and survival for advanced cancer patients.¹
- Traditionally, palliative care is delivered in in-patient and out-patient settings.²
- Recently, there is interest in providing specialist palliative care in the home.³

Purpose/Aims or Objectives

The purpose of this program is to deliver palliative care services in the homes of recently discharged

CAPSTONE PROJECTS

Methods

Design or Project Type: Quality Improvement Project

Sample: 5 patients

Setting: patient's home

Evaluation (Measures):

- ESAS-R for symptom assessment and trending
- Advance care directive completion rate
- Hospital readmission rate compared to historical cohort of patients

Data Collection/Analysis: Excel spreadsheet (password protected)

Timeline: Feb 2018 – May 2018.

Edmonton Symptom Assessment System - Revised (ESAS-R)¹

Findings/Results

Demographics:
 5 patients
 mean age – 61.4 years
 60% male, 40% female
 Diagnosis: Tongue cancer.



Conclusions/Implications

1. Objectives # 1-3 were clearly met with improved symptom management, completion of advanced directives, and decreased readmission rate.
2. Program was well received by patients and caregivers.
3. When patient's goals of care are weighed against burdens of treatment, all 5 patients elected hospice.
4. This program could be further expanded to include other patients within our institution.

Limitations

This project was designed for a single cancer care institution. The results and the implications may not be reproducible in another setting.

Acknowledgements/References

Mentors: Michele Fox, RN, BRMC, Tulsa, OK;

Nancy Robertson, MDH, ANP-BC, Denver, CO

References:

1. National Cancer Institute. (2013). Early palliative care for patients with

Capstone Project/Quality Improvement

Limited Direct Observation

LIMITED OPPORTUNITIES

Tele -Palliative Care

Video Observation

Fellows Rotation in Denver

Inpatient Hospice

Children's Hospital Rotation



Current Status of AIRE Demonstration Project

Proposal Approved
June 2019

First Pod of 4
Fellows start August
2020

Second Pod of 6
Fellows Start
August 2021

First Pod Graduate
3 Fellows August
2022 (will take HPM
Boards Fall 2022)

Third Pod of 6-8
Fellows Starts
August 2022

Annual Reporting
ACGME/ABFM RC
up to date

Local GME Approval
for 24 AIRE CHPM
Fellows

Five Year
Demonstration
Project Completed
in August 2025

Business Plan

Tuition rates for the 2021-22 academic year are:

\$725 per credit hour for Colorado and WRGP-approved MS and Certificate students
\$1,059 per credit hour for out-of-state MS and Certificate students

\$1100 per credit hour for CHPM Fellowship Courses (instate and out-of-state rate is the same)

Student/Fellows continue to work, encourage/support financial assistance from Hospital/Healthcare System

Fellows may be compensated for provision of some clinical care

Potential Model Fellowship Training

Geriatrics

Addiction Medicine

Rheumatology

Others (Diabetologist, Metabolic Syndrome/Obesity, Dementia Care)

Application of aspects for Traditional Residency and Fellowship