Overlook Medical Center's Integrated Multi-Dimensional Approach to Care

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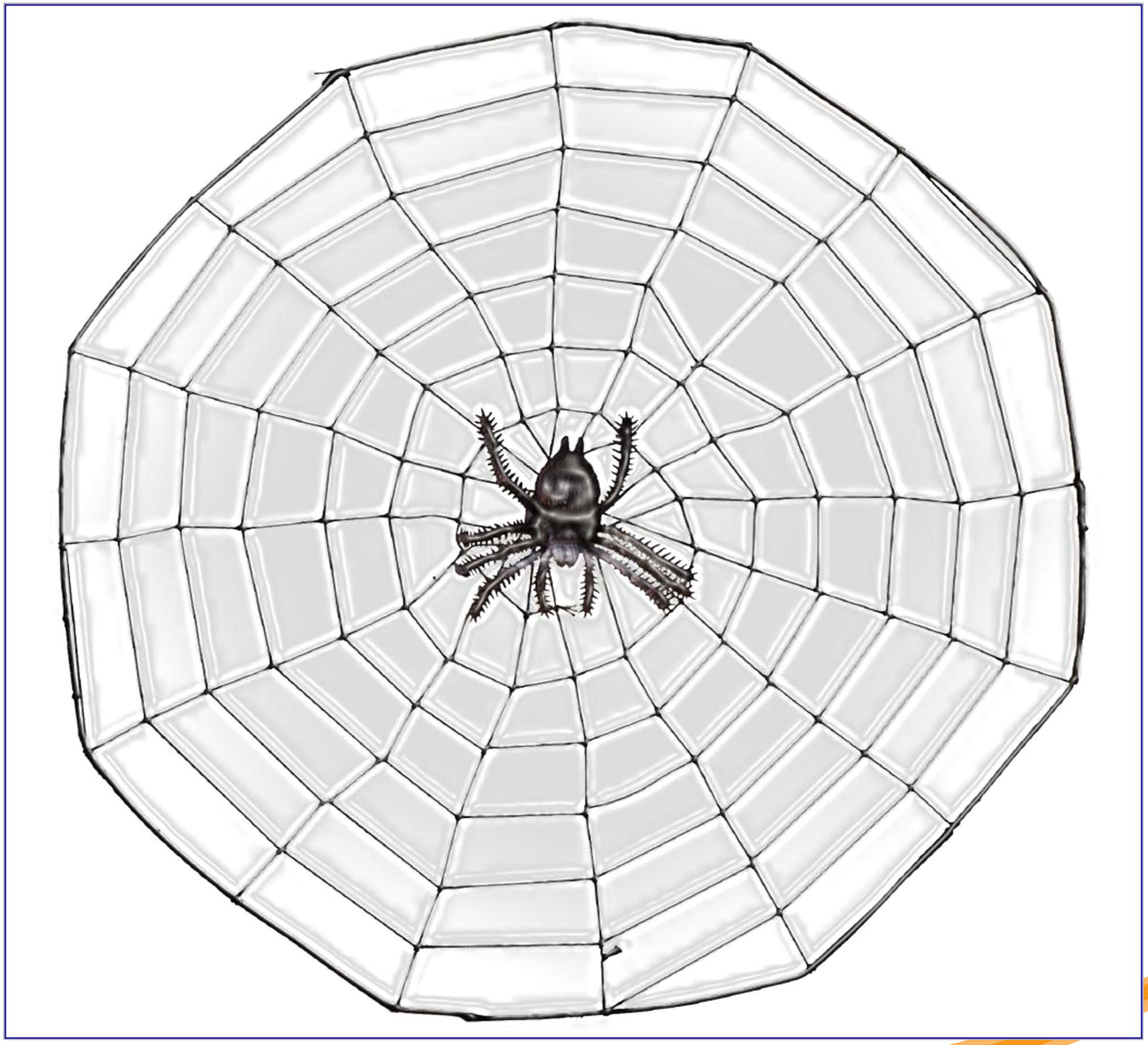
HEALTHCARE IS COMPLEX!



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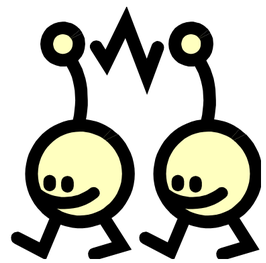
SIMPLE



Teamwork and Communication

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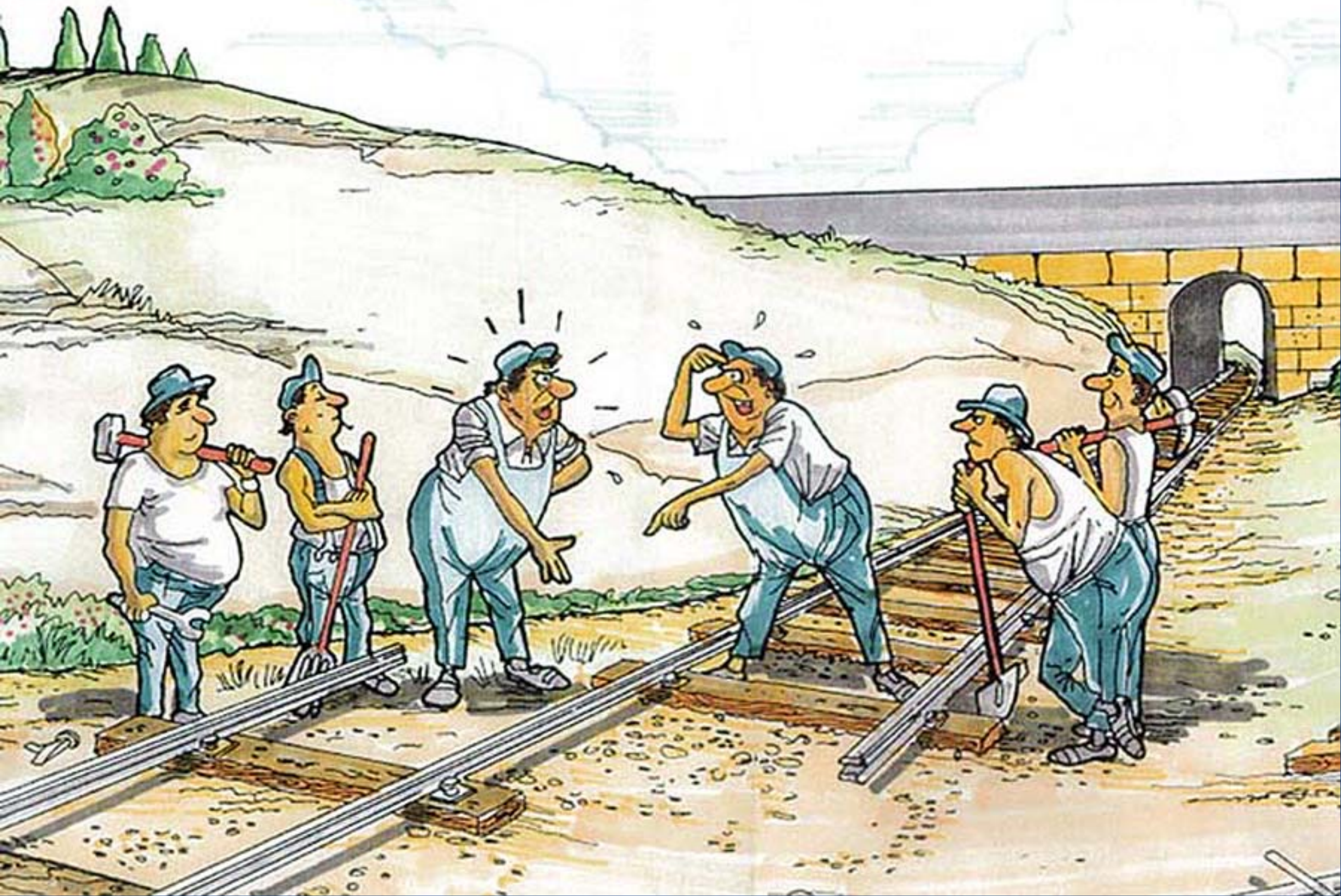
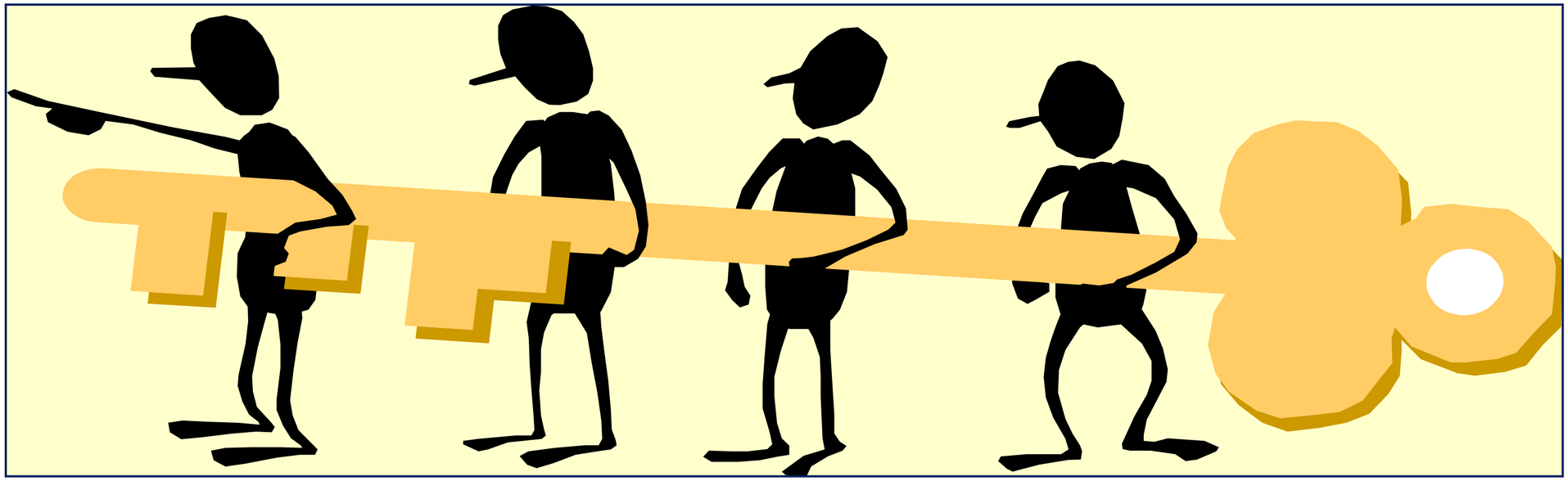
Team Work



How can we manage all these components?

- Patient-Centered and Family-Centered Care
- Goals of Care and Advance Care Planning
- Psychosocial Needs
- Social Determinants of Health
- Spiritual Health



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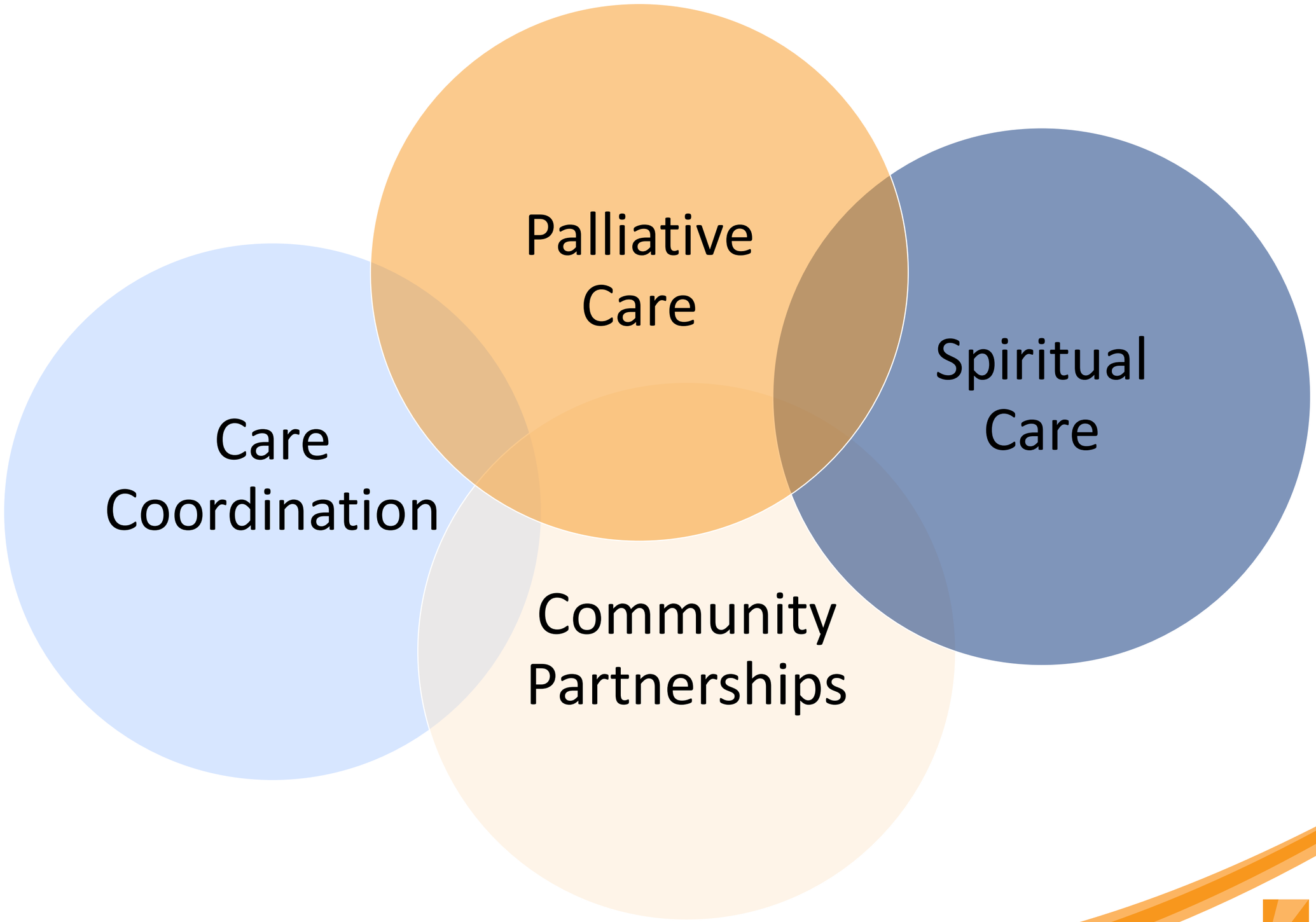
Integrated, Multi-Dimensional Approach to Care



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Case Study

- 43 y/o woman with metastatic breast cancer started on chemotherapy
- Referred by oncology to palliative care clinic for pain
- Evaluated for symptom management (pain, nausea)
- Severe pain (physical, social, spiritual)
- Single mother with 3 children
- Unable to work
- No social supports, surrogates, or close friends

Palliative Care

Interdisciplinary care that aims to relieve suffering and improve quality of life for patients with advanced illness, and their families. It is offered simultaneously with all other appropriate medical treatments.

Palliative care means patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering.

Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information, and choice.

73 FR 32204, June 5, 2008
Medicare Hospice Conditions of Participation – Final Rule

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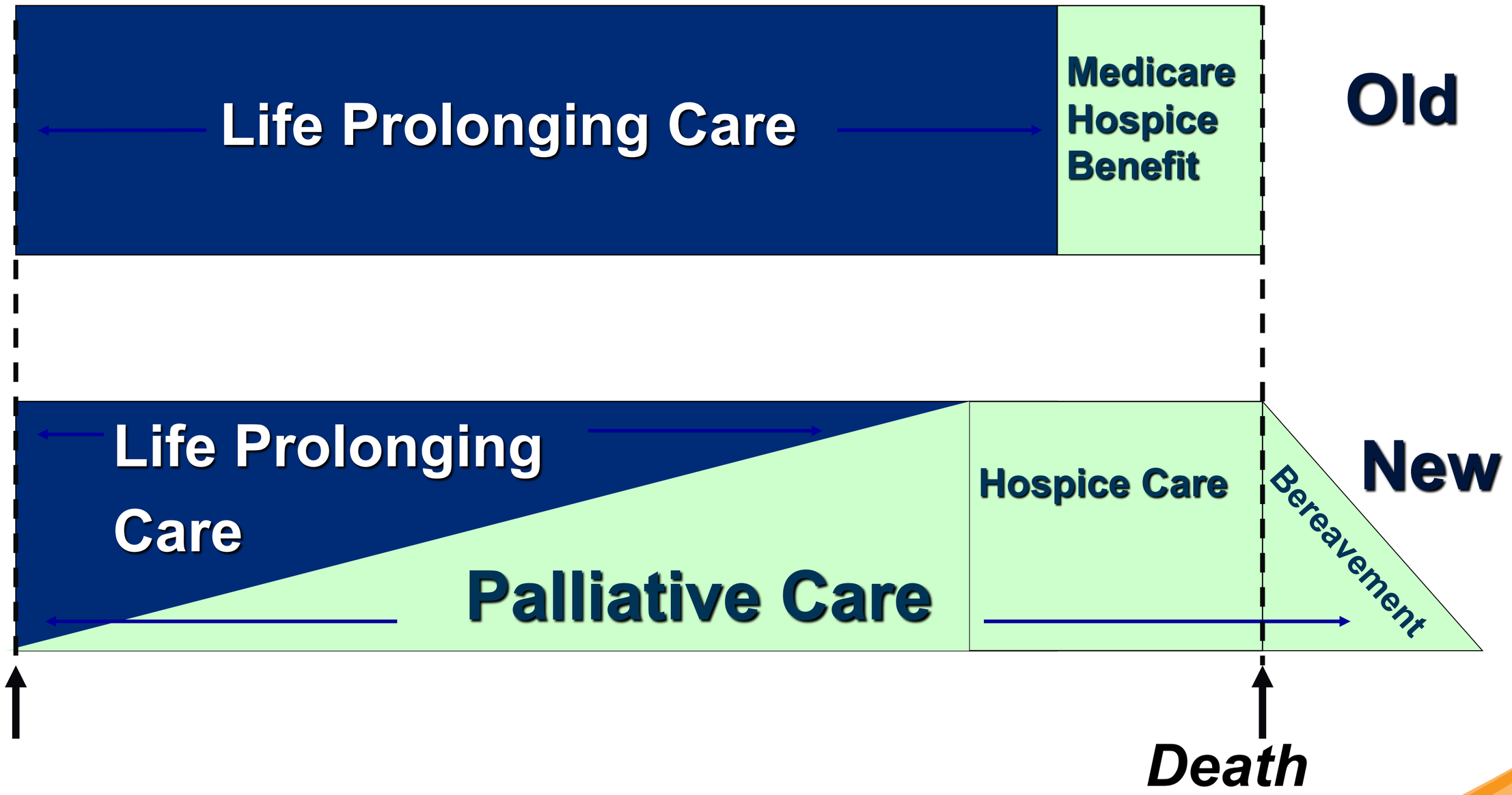
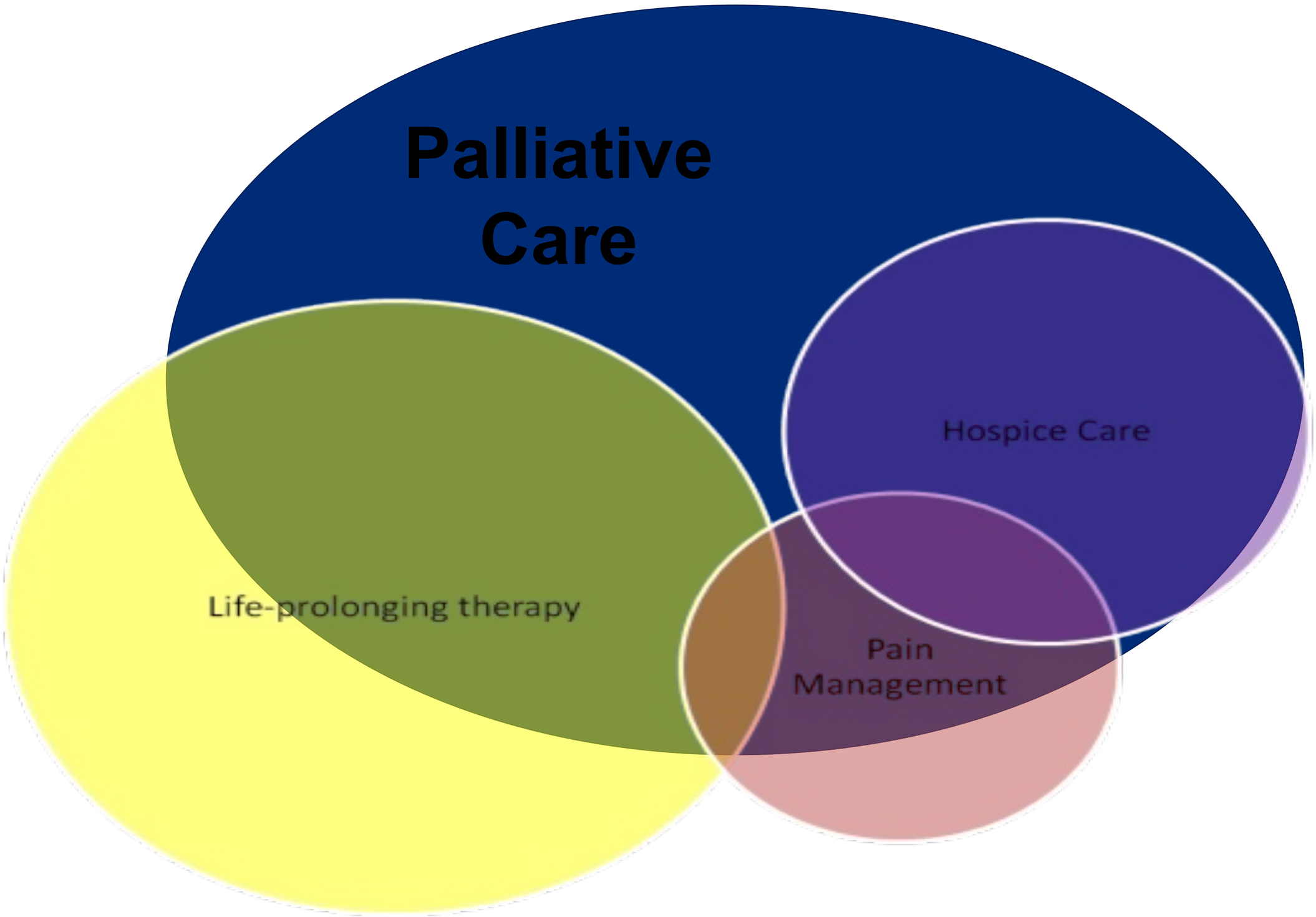
Conceptual Shift for Palliative Care





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AHS Approach to Palliative Care

- **Multidisciplinary team – inpatient / outpatient**
- **Guided and supported by Palliative Community Advisory Board**
- **Holistic approach at care**
- **Symptom management / Advance care planning / Bereavement**
- **Screening for social determinates of health**
- **Screening for spiritual needs**
- **Sustainable connection to resources based on patient-centered goals**

ACO Spiritual Health Program

- **Conducted initial <u>Spiritual Health assessment</u>**
  - **Significant spiritual distress**
    - Rapid change in life circumstances: Diagnosis, divorce, grief, and inability to work
    - Impacting sleep and pain experience
- **Patient is experiencing the following related challenges:**
  - **Financial hardship:**
    - Unable to work due to high symptom burden
    - In process of divorce
    - Raising three children (10, 12, and 14) as a single parent
  - **Loneliness and social isolation**
    - Little social support, some connection to local church
    - Contributes to patient's difficulty reaching out to medical providers for support when needed.
  - **Medication non-adherence**

ACO Spiritual Health Program

- In collaboration with patient, we develop a **Spiritual Care Plan:**
  - **Within the ACO Spiritual Health program:**
    - One month follow-up: 1x1 spiritual counseling
  - **Within AHS:**
    - Coordinating with *Palliative Care* to schedule follow-up appointment
    - Referral to *Care Coordination* to address Financial Hardship and for more comprehensive screening.
  - **Within the Community:**
    - Connection to spiritual enrichment resources:
      - Spiritual support groups (e.g. prayer & meditation groups)
      - Grief and bereavement support
      - Caregiver support
      - Illness specific support

Care Coordination Social Services

Licensed Social Workers and Community Health Workers

Full biopsychosocial assessment and screening for social barriers

Set patient-centered goals around social care needs

Focus on sustainable supports and access to resources

- Free or low-cost local community resources
- In-person and virtual need-specific education and support
- Explore eligibility for and assist with applications for social programs:

  - Disability benefits
  - Financial assistance resources
  - Utility assistance programs
  - Low-cost phone or internet services
  - Legal assistance
  - Prescription assistance
  - Rental/mortgage assistance
  - Medically-tailored meals and delivery
  - Food and produce subsidy programs

Integrated Network of Community Relationships

- Strategic partnerships with community organizations and health coalitions
- Alignment of AHS and community partner goals and strategies for collective impact on identified health and social priorities
- Health system grant funding for community organization projects or initiatives that focus on population-based or geographic health priorities
- Investment in health and social service organization infrastructure through sponsorships
- Health system interdisciplinary focus on nurturing community partnerships and symbiotic relationships (Faith Community Health Initiative/Spiritual Care Steering Committee, Psychosocial Workgroup)
- Data-driven outreach to promote awareness, knowledge, trust, and access to critical services
- Investment in technology solutions to maximize impact and streamline handoffs (social needs referral platform integrated in EMR and website)

Conclusion

- Teamwork and communication are the main tools to achieve effective care coordination and support

- Effective care coordination individualizes care considering the patients needs, values and preferences

- A multidisciplinary approach creates the most effective and proactive plan

- Use of screening tools is an effective way to identify needs and align resources

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THANK YOU!

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