

Integrating Palliative Care into an Academic Family Health Team

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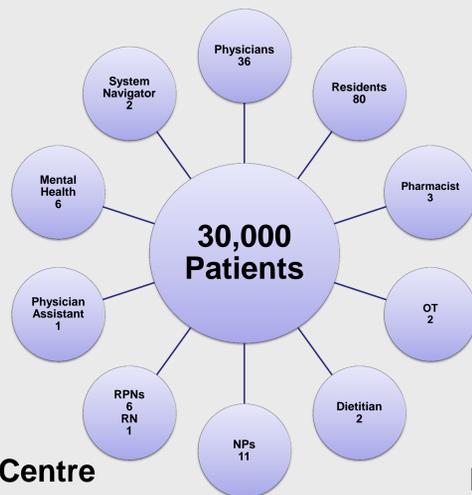
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INTRODUCTION

There is a growing need for primary care providers to provide palliative care for their patients. Primary care providers can feel uncomfortable and unprepared in caring for patients across the later stages of advancing illnesses. Recently, there is an expectation that Family Medicine Residents acquire palliative care as a mandatory skill set. We set forth to offer the Academic FHT clinicians an opportunity to engage in an integrated capacity building mentorship program.

CONTEXT

McMaster FHT
2 sites*



*Stonechurch
Family Health Centre

*McMaster
Family Practice

BACKGROUND

Provider Related Issues

- Lack of skills and confidence in providing palliative care
- Lack of formal training in palliative care
- Requirement to train Family Medicine Residents skills in palliative care

Population Related Issues

- Increased patient complexity and acuity
- Shift to providing community based care
- People living longer with multiple comorbidities
- Lack of identification of care needs for non-cancer populations

INTERVENTION

Raising Clinic Awareness/Stimulating Readiness

Introduction of a new mandatory Palliative Care Curriculum developed for Family Medicine Residency Program.

Faculty development to meet the need for curriculum requirements.

- Broadening the definition of palliative care – beyond cancer.
- Introduction of elements of palliative care earlier in the illness trajectory.
- Communication skills – goals of care and advanced care planning.

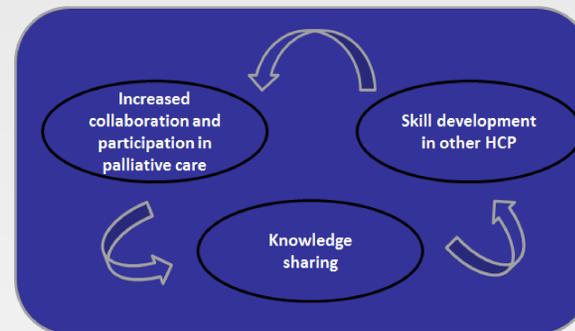
Introduction of Palliative Care Consultant Physician

- Half day per week in the clinic.
- Provides in-services about concepts related to palliative care.
- Focused mentorship

Skill Enhancing Activity (for self selected MDs and NPs)

- Case review, “hallway consults”, joint home/clinic visits
- Conferences, Courses, Certification opportunities

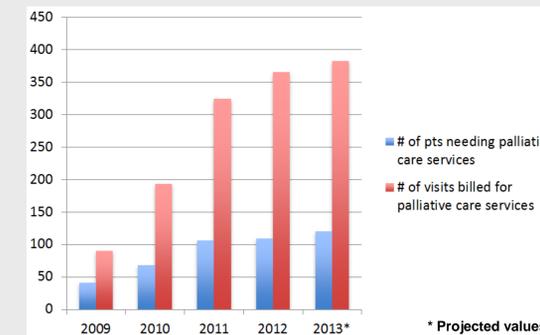
Continuous Capacity
Building Cycle in the
Family Health Team



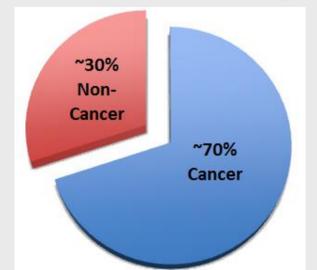
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PALLIATIVE CARE SERVICES OVER TIME



Ratio of Cancer to Non-Cancer Case Finding



*Local Palliative Care experts report average cancer to non-cancer case finding is 90:10.

TRANSFERABLE PEARLS

Identify a clinic champion with interest in enhancing his/her skill set in palliative care.

Link with a local expert who will become the clinic mentor and who will agree to build capacity within the clinic.

Begin first by raising awareness about palliative care within the clinic by focusing on broad definitions of palliative care to facilitate case-finding.

Employ skill-building activities – case reviews and joint visits
Increase exposure for practitioners to patients requiring palliative care – increase case-finding and consider taking on “orphan patients” from the community or the local hospice.

Sharpen navigation skills – including knowledge of local services (including pharmacy expertise) and pay special attention to patients as they cross care settings.

Be patient – change takes time.

ONGOING CHALLENGES

- Perception of increased work load
- Discomfort with death and dying
- Resistance to change
- Narrow definition of palliative care
- Defining outcome measures for evaluating integration of the palliative care services