2023 CIRCLE OF LIFE AWARDS

CELEBRATING

INNOVATION

IN PALLIATIVE AND

END-OF-LIFE CARE

ABOUT THE AWARD

Major sponsors of the 2023 awards are the American Hospital Association, the Catholic Health Association, and the National Hospice and Palliative Care Organization and National Hospice Foundation. The awards are funded in part by the Cambia Health Foundation. The awards are co-sponsored by the American Academy of Hospice and Palliative Medicine, the Center to Advance Palliative Care, the 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 Awards are administered by the Health Research & Educational Trust.

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INTRODUCTION

Innovative leaders across America are educating their communities — and the world — about the value of palliative care and hospice services. This year's Circle of Life Award honorees are demonstrating that better care for seriously ill patients is also less expensive care. They are training medical students, nurses, residents and fellows about the life-giving nature of care that reduces their patients' burdens. They are providing clinicians with an easy-to-use framework for difficult conversations with patients and family members. They are introducing nursing and social work students to one of the most rewarding career paths in medicine. And they are helping clinicians in developing countries learn how to establish palliative care programs.

Through these educational efforts, these inspirational programs are overcoming the barriers that, for far too long, have prevented seriously ill patients from getting the most appropriate care. They are building a future in which clinicians and family members will recognize when patients would benefit from palliative care services and readily refer them to the compassionate support and comfort they deserve.

Please read their stories to learn more and join in the Circle of Life Award celebration of forward-thinking palliative and end-of-life care programs that:

- Advance care that is safe, timely, efficient, effective and equitable.
- Partner with payers and others who serve their communities.
- Develop and use meaningful measures to track their progress.
- Implement nontraditional models of care delivery and payment.
- Make palliative care financially sustainable for providers and affordable for patients and families.

More information about the Circle of Life Award, complete award criteria and previous recipients is available at www.aha.org/circleoflife.

AWARD WINNER

Center for Hospice Care

Mishawaka, Indiana

If there's something good happening in the South Bend, Indiana, area, Center for Hospice Care (CHC) wants to be part of it. That can mean providing student-learning experiences for area universities, helping to establish a fellowship in hospice and palliative care at a medical school, teaching college courses or sponsoring another nonprofit's fundraising event.

"It's partnerships, partnerships, partnerships," says Phil Newbold, interim CEO. "Plugging into the health care systems, the education systems, the other not-for-profits, and the health and human services organizations — that's the way that all of us in the community get better."

Based in Mishawaka, a neighboring city of South Bend, CHC serves nine counties in northern Indiana. It operates two hospice inpatient units, an outpatient palliative care clinic, a community bereavement program, an adult day care facility for people with dementia, a large educational program, an advanced care planning program and an international palliative care partnership organization.

For CHC, "getting better" means educating the community, including its up-and-coming clinicians, about the benefits of palliative and hospice care.

"Being engaged in our community is absolutely essential to making sure that everyone in our community eventually will know what hospice and palliative care does and why you would want to use those services for as long as possible and not just the days and weeks leading up to the end of life," says Cyndy Searfoss, director of education and collaborative partnerships. "And this also makes sure that we are developing the next generation of providers for those services."

When another nonprofit sought CHC's help working with patients with dementia, the CHC leadership team seized the opportunity to serve a growing segment of its patient population. "We're seeing more patients with dementia and Alzheimer's as a primary diagnosis than we used to and we anticipate seeing more going forward," says Mike Wargo, chief operating officer of CHC's Hospice Foundation.

CHC acquired Milton Adult Day Services in 2016 and proceeded to raise $5 million to transform a former inpatient unit into Milton Village, a structured setting for patients with dementia who need health, social and support services during the day. Patients can drop into the center, which opened in 2022, for an hour or stay for as long as 10 hours a day five days per week. They are safe and cared for while they engage in purposeful activities — visiting with peers over coffee, helping to clean the kitchen, tending the flower garden or practicing golf strokes on the putting green.

Alzheimer's and Dementia Services of Northern Indiana, also based at Milton Village, provides support for caregivers. "This really is a type of palliative care in the continuum of services for these patients, some of whom will eventually transfer into hospice care," Newbold says. "It fits with our mission but it has to be done with partnerships."

In a partnership on a different scale, CHC is improving access to palliative and hospice care in sub-Saharan Africa. In 2008, CHC joined Global Partners in Care (GPIC) and was paired with the Palliative Care Association of Uganda, a group working to improve care for seriously ill patients in that country. In the years since, CHC has funded at least 120 scholarships for palliative care students, helped to develop national data collection tools, supported the supply chain for oral morphine and helped extend palliative care services to 107 of Uganda's 146 districts.

In 2017, CHC was asked to acquire GPIC, which facilitates relationships between dozens of U.S. hospice organizations and their sister organizations in developing countries.

"At that point, we broadened our scope of collaborations all the way out into research and education around hospice

INNOVATION HIGHLIGHTS

- **Drop-in center for dementia patients**
- **Bereavement support offered communitywide**
- **International palliative care partnerships**

Center for Hospice Care operates a bereavement program that offers more than 4,000 individual and group counseling sessions each year.

and palliative care on the African continent and here in the U.S. that will support the work being done in Africa," Searfoss says.

GPIC collaborates with other international palliative care organizations, such as the African Palliative Care Association, making sure that efforts are not duplicated. "We're here to support their work, and they are also supporting our work," Wargo says. "It's a very collegial approach to caring for people in underserved areas of the world."

Its international work gives CHC access to a worldwide donor base. "We are just as attractive, in terms of programming support from all the big foundations and donors worldwide, as any other international organization," Newbold says. "It's quite a learning curve but once you figure it out, it's nice not to have to rely on the same donors that everybody else is looking for in your local backyard."

Back on its home turf, CHC operates a bereavement program that offers more than 4,000 individual and group counseling sessions each year. The services, provided at no cost, are offered to anyone in the community; about 30% of participants have had no previous connection to CHC.

CHC also is deeply involved in education in the South Bend area and the greater region. It facilitated a major gift that established a fellowship in hospice and palliative medicine at the Indiana University School of Medicine. CHC staff serve as faculty for the "Introduction to Hospice and Palliative Care" course for pre-med students at the University of Notre Dame and for a palliative care minor at the Vera Z. Dwyer College of Health Sciences at Indiana University South Bend.

Meanwhile, students in nursing and social work programs in seven area universities come to CHC as part of their curriculum. "Making sure that clinicians in this area receive a robust, thorough education in what hospice and palliative care can do for their future patients is very important to us," Searfoss says. "We want to make sure that the benefits of hospice and palliative care are well known to everyone from nurses in formation to residents and fellow physicians."

When Steve Colagrossi, a retired banker and accomplished jazz guitarist, became a CHC patient, he learned the benefits of a special kind of support. "The most important thing for me was understanding my denial of the adjustments that come at the end of life," he said in a recent CHC newsletter article. "It's so beneficial to have a support network help process thoughts at this point of life. It's not a clinical relationship, it's a group of caring people."

PAST CIRCLE OF LIFE AWARD WINNERS

2020

- Caring Circle of Spectrum Health Lakeland, St. Joseph, Michigan
- Choices and Champions, Novant Health, Winston-Salem, North Carolina

2019

- UC Health Palliative Care–Anschutz Medical Campus, Aurora, Colorado
- University Health System Palliative Care Team, San Antonio
- Hospice of the Western Reserve Navigator Palliative Care Services, Cleveland

2018

- Hospice of the Valley Palliative Home Care Program, Phoenix
- Penn Wissahickon Hospice and Caring Way, Penn Medicine, Bala Cynwyd, Pennsylvania
- Western Connecticut Medical Group (now Nuvance Health Medical Practices), Palliative Care, Danbury, Connecticut

2017

- Bluegrass Care Navigators, Lexington, Kentucky
- Providence TrinityCare Hospice & TrinityKids Care, Providence Little Company of Mary Medical Center Torrance, and Providence Institute for Human Caring, Torrance, California

2016

- Bon Secours Palliative Medicine, Richmond, Virginia
- Cambia Palliative Care Center of Excellence at UW Medicine, Seattle
- Susquehanna Health Hospice and Palliative Care, Williamsport, Pennsylvania

2015

- Care Dimensions, Danvers, Massachusetts

2014

- OACIS/Palliative Medicine, Lehigh Valley Health Network, Allentown, Pennsylvania
- Baylor Scott & White Supportive & Palliative Care, Dallas
- Yakima Valley Memorial Hospital, Yakima, Washington

2013

- The Denver Hospice, Denver
- Lilian and Benjamin Hertzberg Palliative Care Institute, Mount Sinai Health System, New York City

For more information on previous winners, visit www.aha.org/circleoflife.

AWARD WINNER

Palliative Care Program, Johns Hopkins Bayview Medical Center

Baltimore, Maryland

Nurse practitioner Ben Roberts, CRNP, sums up the palliative care team at John Hopkins Bayview Medical Center this way: "Heart meets action. We care a lot but we don't stop at that. We want to see continual improvement on a patient level and on a system level."

David S. Wu, M.D., directs the program, which provides inpatient palliative care at the academic medical center and outpatient care at its oncology clinic. During his tenure, he has inspired his colleagues to share his belief in the power of intentional communication to foster relationships, whether that's between clinicians and patients or among health care team members.

"What got people into health care can kind of get beaten out of them by being in health care," says Rebecca Wright, PhD, a nurse and a member of Hopkins Bayview's Palliative Interprofessional Collaborative for Action Research (PICAR). "What we find in each other is people who haven't lost their passion and become cynical. The fact that our team got stronger during the COVID-19 pandemic shows that we really recognize the value of each other in what we are trying to do."

The practice of palliative care at Hopkins Bayview — whether by his team or health care providers beyond the specialty — has increased dramatically since Wu arrived in 2017. That can be attributed, in part, to his development of the 3-Act Model, a novel narrative approach to goals of care discussions, and a well-executed plan to educate a wide variety of health care providers and trainees across the medical center.

"It is possible to teach health care professionals to connect at the heart level with our patients and families," Wu says. "I think all too often we set the bar too low in terms of communication."

In Act 1 of the communication model, a health care professional listens to the patient's story, asking such questions as, "What would you like us to know about you as a person?" and "What's your take on your health situation?" The curriculum uses reflection on literature and film to attune learners to the kind of attentive listening required.

In Act 2, the clinicians provide their medical opinion in big picture terms: "Can I share our medical point of view?" Counter to traditional approaches, this part is typically the shortest, although the model is explicitly flexible to the patient's needs.

Act 3 discusses options in the context of the patient's story: "Based on what you shared about ___ and the medical situation, I'd recommend ___. What do you think?" Shared decision-making is the goal.

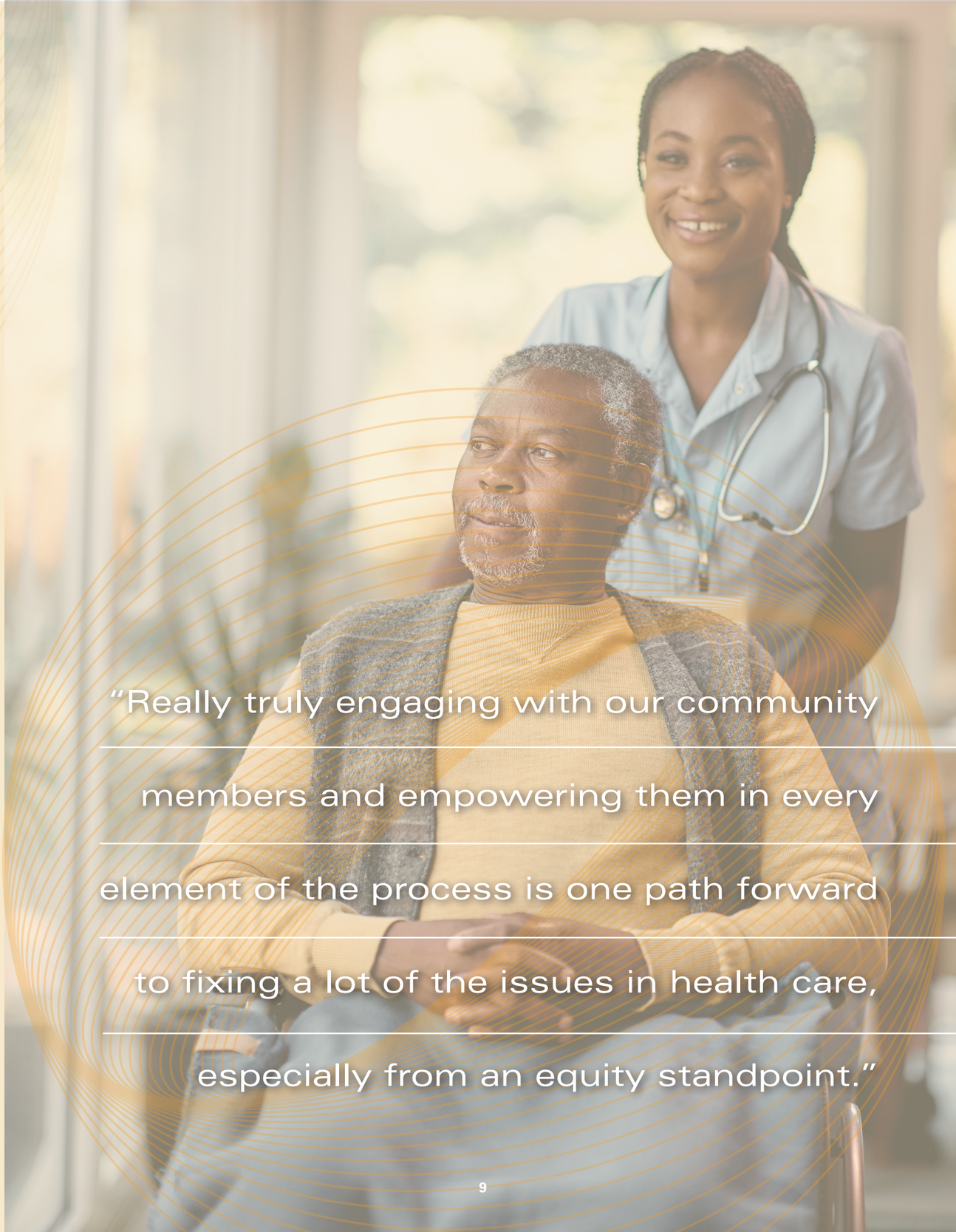
A patient newly diagnosed with cancer and a stroke chose to focus on comfort after a series of family meetings using the 3-Act Model. A family member expressed appreciation in a letter: "Your 'art of conversation' and 'the narrative three-act approach' were a godsend to us. Show those new doctors how to be great and the older doctors how to be greater in their practices."

Wu and his colleagues have trained more than 100 doctors at Johns Hopkins, including residents and fellows, as well as dozens more interprofessional team members. "The praise for the 3-Act Model from fellows has been universally positive," according to Souvik Chatterjee, M.D., one fellowship director. Moreover, studies showed high states of communication proficiency, as well as a fivefold increase in documented goals of care conversations and a threefold increase in palliative care consults in the intensive care unit.

The PICAR initiative, including four PhD-level researchers in nursing, social work and psychology plus Wu, came together as a grassroots collaborative of researchers that uses a qualitative methodology — experience-based

INNOVATION HIGHLIGHTS

- **Narrative goals-of-care discussion training for clinicians**
- **Community co-design to reduce disparities in access**
- **Monthly arts-based wellness sessions**



co-design — to address disparities in palliative care.

For example, Wu and his colleagues were concerned that, although more than 50% of Hopkins Bayview's patient base is Black and/or African American, approaches to goals of care discussions do not adequately consider the values and priorities of diverse communities.

"Being cared for is a shared desire, but the whole 'treat people how you want to be treated' doesn't necessarily work if I don't want to be treated the same way you do," says Wright, director for diversity, equity, and inclusion at Johns Hopkins School of Nursing.

The PICAR team worked with a group of internal medicine residents trained in the 3-Act Model and a group of Black patients and family members who had experienced goals-of-care communication to understand one another's experiences and identify improvement priorities. By working together, the team is co-designing communication training with the community they serve.

Acknowledging that Black patients are not monolithic, the project participants identified themes that may be used to improve goals-of-care conversations. For example, based on comments from patients and family members, Wu and his colleagues are considering how they can ensure that a patient has someone they would consider an advocate — perhaps a family member or a staff member — present during goals-of-care discussions.

"Really truly engaging with our community members and empowering them in every element of the process is one path forward to fixing a lot of the issues in health care, especially from an equity standpoint," Wu says.

In 2019, the palliative care team used a co-design approach, including a series of facilitated sessions, to create an initiative called Thrive by Design to promote wellness on three levels: for individual team members, the team as a whole and the overall program.

To support individual well-being, all team members — not just physicians — can receive financial support for memberships, books, conferences and certification fees to advance their professional growth. At the program level, the health of the palliative care program — Is it operating efficiently? Are team members thriving? — is explicitly considered in all discussions, including triage and program expansion.

Well-being at the team level is supported by a monthly Thrive by Arts team session that uses narrative art — art that tells a story — to deepen team members' understanding of their work and one another. For example, during the first COVID-19 summer, a session was devoted to the theme "favorite song."

"We were all stressed out, running around trying to deal with this pandemic," Wu recalls. "We met on Zoom where each person played a song and told the story of why this song is meaningful to them and we talked about it as a group. The connection that happens at the heart level when we bring in the creative arts is profound."

Roberts, who leads the Palliative Nurse Champion Program, believes Thrive by Design's three-part focus — the individuals, the team and the program — explains why the program continued to grow and thrive during and after the pandemic.

"It's not just that we each [practice] meditation and then get put back into the same system," he says. "While we're doing creative expression or something else that promotes wellness, we are also making changes to the system so that we can thrive better. It's essential to making sure that our team can function at our best for our patients." ●

CITATION OF HONOR

Prospero Health

Boston

From its inception in 2020, Prospero Health was a fast-growing provider of home-based medical care for seriously ill patients. Now operating as part of Optum Home & Community Care, the company is going national while continuing to reposition palliative care's role in health care.

"We're bringing the concept of palliative care into the population health arena as an integral part of care for people with serious illness," says Jeanette Boohene, M.D., chief of palliative care. "It should not be limited to a group of patients with a specific condition or just at the end of life, not to just hospitalized patients, where the focus of palliative care in this country has been for the last couple of decades. We are at the forefront of the shift for palliative care by moving it upstream and bringing it to patients in their homes."

Prospero Health's business model works through value-based contracts — full-risk or shared savings — with payers who want better care and lower costs for their patients. Insurers use an algorithm to identify patients who would benefit from home care while they maintain relationships with their primary care and specialty physicians if they wish.

Although all Prospero Health's patients are covered by a Medicare Advantage, commercial or dual special needs plan, many have significant social needs, including food insecurity and inadequate housing.

The care model uses physician-led teams that include nurse practitioners and physician assistants who visit patients in their homes to conduct medical evaluations, manage urgent care needs stemming from chronic illnesses and discuss advance care planning and goals of care. Nurses help to coordinate care and support patients, while social workers address psychosocial needs and facilitate referrals to community resources.

That support reduces unnecessary emergency department visits and hospitalizations and increases the likelihood that patients will remain in their homes and have their goals of care met. In 2021, Prospero patients were admitted to hospice 33% more often than the Medicare average and received hospice care for nearly twice as long.

A typical patient — we'll call him R.S. — is an elderly man in New York City who lives alone. He has good community and family support but his multiple conditions — atrial fibrillation, hypertension, hyperlipidemia, gout, obstructive sleep apnea and others — mean that he needs help with the independent activities of daily living. His goals are to maintain the activities he loves — babysitting for his grandchildren and serving as his building's bingo moderator — and he credits support from his Prospero team for his ability to do so.

"I'm 82 and alive because I've listened to advice from your team," R.S. told a Prospero staff member.

Starting in just three Northeastern states, Prospero was serving more than 20,000 patients in 26 states by the time it was acquired by Optum in early 2022. More recently, Prospero merged with Landmark Health, another home care provider, to become a part of Optum Home & Community Care. The newly combined company is serving patients in 39 states and the District of Columbia.

"The Landmark care model was more longitudinal, often serving patients for years at a time, whereas the Prospero care model was more focused on seriously ill patients," says Theresa Soriano, M.D., MPH, chief of clinical strategy and innovations. "Through this collaboration, we are bringing palliative care to a larger patient population."

She and her colleagues believe their work will raise awareness about the benefits of palliative care.

"For many people, palliative care at the very end of life or as part of hospice is the only kind of palliative care they know," says Mindy Stewart-Coffee, national vice president of palliative care. "Hopefully, the model we are building can serve as an example of how palliative care can be provided to all people with serious illness." ●

INNOVATION HIGHLIGHTS

- **Provider-level and interdisciplinary team care delivery in patients' homes**
- **Strong social work integration**
- **Value-based payment contracts**

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Celebrating Innovation in Palliative and End-of-Life Care