Northwestern University
Feinberg School of Medicine
Request # 115449

Project Title:	Education in Palliative and End-of-Life Care Surgery Program
Duration:	24 months
Request Date:	7/12/2017
Request Amount:	$97,000 (over two years)
Recommended Amount:	$97,000
Program Area:	Health and Rehabilitation\Education / Support Services
Population Served:	General Public
Type of Support:	Program Support
Grantee Location:	Chicago, IL
Primary Contact:	Dr. Joshua Hauser

Project Abstract

This request is to support creation of the Education in Palliative and End-of-Life Care (EPEC) Surgery program. The EPEC Surgery curriculum will consist of a group of modules to educate and train surgical teams to meet the palliative care needs of patients with life-limiting illness. After completion, EPEC Surgery will be offered and disseminated to Chicago-area surgical programs.

Organizational Background (EPEC)

EPEC was developed at the American Medical Association in 1999 and has been housed at Northwestern Feinberg School of Medicine since 2000. EPEC's organizational structure consists of a core team at Northwestern University and facilitators who are content expert teachers at medical centers throughout the country. The ERPC team includes surgeons and heads of palliative care, American College of Surgeons palliative care task force, chief of surgery at Jesse Brown VA Medical Center, palliative doctor at Northwestern Hospital and Jesse Brown VA; and member of the American Academy of Hospice and Palliative Medicine surgery group.

Finances

	Budget	Actual	Actual
	09/2017 – 08/2018	09/2016 – 8/2017	09/2015 – 08/2016
Revenues	149,355	72,173.50	181,641.56
Expenses	134,958	169,323.42	199,710,53
Surplus (Deficit)	14,397	(97,149.92) *	(18,068.97)
Net Assets			

*Budget deficit covered by EPEC operating account.

Program Description

The EPEC Program educates healthcare professionals of all disciplines in the essential clinical competencies of palliative and end-of-life care through an annual conference (on basic palliative care) and professional development workshops (teaching advanced skills). EPEC began as a core curriculum, and in the last decade, has been adapted to four specialties: EPEC-Emergency Medicine; EPEC-Oncology; EPEC-Pediatrics; and EPEC for Veterans.

EPEC Surgery program will focus on teaching surgical providers to engage specifically with patients and their caregivers about therapeutic options to ensure that treatment choices are aligned with patient's goals and values. The curriculum will increase physician awareness of strategies for effective communication by emphasizing the value of having goals of care conversations, addressing advance care planning, and end-of life wishes.

The EPEC curriculum is intended to improve medical providers skills to care for high risk cancer patients needing surgery by demonstrating the value of an interdisciplinary palliative care approach. This approach is justified for the following four reasons:

1. To educate and inspire current and future surgical providers including advance practice nurses, physician assistants, and surgeons to become proficient at integrating palliative care principles into their practice. Surgical training and continuing medical education do not require or offer opportunities for surgical providers to acquire primary palliative care skills. Lack of training among surgical providers along with the workforce deficit of palliative care specialists makes creation of the EPEC Surgery program necessary to optimizing care of surgical patients. The most recent nationwide estimate of palliative care specialists is 4,400 hospice and palliative medicine (HPM) physicians which is equivalent to one HPM physician for every 20,000 older adults with a life-limiting illness.

2. To increase access to palliative care of high risk surgical patients. Patients with cancer often require high risk surgical or procedural intervention. Surgical decision-making is difficult because timing is critical. Informed consent discussions require that a provider be aware of the risks and benefits of the procedure, possess awareness of each patient's goals and values, and communicate information in a sensitive and transparent manner.

3. To contribute novel educational material and conduct research that evaluates the benefits of embedded palliative care communication skills while caring for surgical patients. Surgical disciplines are lagging behind in having transparent discussions with high risk patients that forecast how major life saving operations will impact their future function and quality of life. EPEC Surgery has the potential to transform the surgical informed consent process by demonstrating a shared decision-making model which focuses more on patient care and outcome.

4. To advocate for patient autonomy in surgical decision by demonstrating the value of patient education, through informed consent, active listening, and clarifying what matters most to patients.

In year one, physician faculty will create four modules, which include: Establishing the Surgical Provider-Patient Relationship; Communicating Bad News; Conducting a Goals of Care Conversation and Establishing Patient Preferences; and Informed Consent Process.

In year two, following completion of the four modules, the curriculum will be piloted and disseminated to surgical providers at institutions, such as Rush University, University of Illinois, Chicago, University of Chicago, Loyola University and the Jesse Brown VA Medical Center.

After modules has been piloted and refined, the Team will consider how to distribute the curriculum to a broader surgical provider audience. The EPEC team will partner with professional associations, such as the American College of Surgeons and the American Academy of Hospice and Palliative Medicine to facilitate broader exposure and outreach at national meetings where an EPEC Surgery could be taught.

Expected Outcome

Program outcome targets will include dissemination, knowledge and patient level:

- Dissemination: Each program will choose a specific number of surgeons (and allied health professionals) as candidates for training.
- Knowledge: 25% improvement of palliative care knowledge and communication skills.
- Patient level: 50% increase in either palliative care consultations or hospice referrals.

Program Budget

The project budget is over a two-year period. EPEC organizational revenue comes from three sources: conferences, product sales, and grants. Expense items are personnel costs associated with developing and piloting the curriculum. This includes: research on module topic, writing of text, development of slides and cases, and implementation. Personnel costs are: a surgeon champion 10%, senior mentor/faculty 10% (5% by EPEC), project coordinator 20%, advisory team members (5 @ $1000 each year for two years).

Prior Grants

This would be the first grant to support EPEC.

Recommendation

EPEC Surgery program aligns with the Cancer Impact Plan: Strategy #2 - to fund continuing education and professional development for physicians and health care professionals; and Strategy #3 – a collaborative effort with several institutions to work together to enhance palliative care education.

We recommend funding at the $97,000 level: $48,000 in year one, and $49,000 in year two. This project builds on efforts that the Coleman Foundation has undertaken in palliative care education i.e., the Coleman Primary Palliative Medicine Training Program, which utilizes the EPEC curricula as part of its training program. The EPEC program is led by Dr. Josh Hauser, who was part of the palliative medicine team in phase I as faculty and advisor. He is a palliative care physician at Jesse Brown VA Medical Center, and was instrumental in creating and implementing the EPEC Veteran curriculum used throughout the VA system. Dr. Pringl Miller, surgeon champion on this project, was a Palliative Medicine Fellowship recipient at University of Chicago, which is supported by CFI and led by Dr. Staci Levine.

	Two year budget		
Revenue	**Funds Needed**	**Funds Requested**	**Funds Committed**
Coleman Foundation	$97,000	$97,000	
EPEC Organizational contribution	$20,000		$20,000
Revenue Total	**$117,000**	**$97,000**	**$20,000**
Expense	**Project Budget**	**Coleman Funds**	**Other Sources**
Personnel			
Surgeon Champion: Pringl Miller, MD (10%)	$40,000	$40,000	
Senior Mentor: Joshua Hauser, MD (10%)	$40,000	$20,000	$20,000
Administrative Director, (20%)	$24,000	$24,000	
Advisory Team (5 members @ $2,000 each)	$10,000	$10,000	
Conference Expenses			
Food costs	$1,000	$1,000	
Evaluation	$2,000	$2,000	
Total	**$117,000**	**$97,000**	**$20,000**