Proposal Summary
Meeting Date: 11/15/2017

Rush University Medical Center
Request # 115450

Project Title:	Coleman Palliative Medicine Training Program, Phase III
Duration:	36 months
Request Date:	10/2/2017
Request Amount:	$794,576 (over three years)
Recommended Amount:	$794,600
Program Area:	Health and Rehabilitation
Population Served:	General Public
Type of Support:	Program Support
Grantee Location:	Chicago, IL
Primary Contact:	Dr. Sean O'Mahony, Dr. Stacie Levine, co-directors

Project Abstract

This request is to support the third phase of the Coleman Palliative Medicine Training Program (CPMTP). Over the next three years, the project team will refine its training curricula to support continuing growth in palliative care quality at Chicago-area hospitals, and engage in business planning and marketing to explore and test efforts towards sustainability of the program.

Organizational Background - Coleman Palliative Medicine Training Program

In 2011, a group of Chicago-area palliative medicine clinicians committed to pooling their collective knowledge, experience, and resources to maximize the quality and availability of palliative care for patients with cancer and other life-threatening illnesses. Given the shortage of physicians with board certification in palliative medicine, and the dearth of training options for those already in practice, the development of a pragmatic training program emerged as a top priority. In September 2012, the Coleman Palliative Medicine Training Program launched to fill the gap. This rigorous two-year fellowship has immersed participants in palliative care best practices through lectures; shadowing and mentoring; and the design, execution, and evaluation of practice change projects. At the end of phase I (2012-2015), 30 physicians and nurses were trained and graduated. Phase II (2015-2017), expanded enrollment to social workers and chaplains and included 36 total trainees -- 26 Fellows and 10 Junior Mentors (advanced level learners from phase I) from 22 institutions across the Chicagoland area.

Since the launch of CPMTP five years ago, the project has been spearheaded by Dr. Sean O'Mahony, head of the Section of Palliative Medicine at Rush University and Dr. Stacie Levine, Section Chief of Geriatrics and Palliative Medicine at University of Chicago Medicine.

Rush serves as the administrative home and fiscal agent for CPMTP.

Annual Revenue Sources – Rush

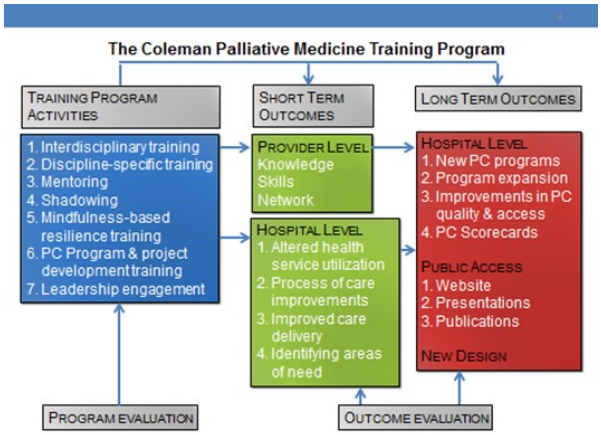
Grants	3%	Government (*(Medicare/Medicaid)*	37%	Earned Income	52%
Fees	%	Private Support	2%	Other	6%

Finances (in thousands) – Rush

	Budget	Actual	Actual
	06/30/2018	06/30/2017	06/30/2016
Revenues	$1,977,041	$1,899,622	$1,806,441
Expenses	$1,910,041	$1,840,422	$1,732,723
Surplus (Deficit)	$67,000	$59,200	$73,718
Net Assets	$1,907,561	$1,860,175	$1,608,010

Program Description - CPMTP

Since 2012, the CPMTP has targeted all domains of palliative medicine education, as shown by this model:



Phases I and II of the CPMTP have yielded many positive outcomes. For example, from 2012-2015 the number of inpatient consultations increased by 139% across participating sites. Several programs established or grew their ambulatory palliative medicine clinics, thereby increasing access to supportive care services across the continuum of care. By 2016, across 19 organizations a 92% increase in growth of their teams was reported (mostly doctors and nurses, not social workers or chaplains). While we can note accomplishments from phases I and II, palliative care quality is not a matter of staff counts alone. The experiences of phases I and II have added nuance to understanding the barriers that can slow the pace of change, or make new services difficult to sustain.

Phase III activities will continue to address the overall gaps in palliative care, palliative care services, and workforce development and build upon them. During phase III, CPMTP leadership proposes to undertake the following:

1. **Intensive, tailored engagement of hospitals and health systems**. During phases I and II, *individual* health care professionals enrolled as Fellows. To maximize the likelihood of buy-in and longer-term sustainability, phase III will engage *institutions*, in order to strengthen their palliative care clinical knowledge, palliative care operational infrastructure, and palliative care financial knowledge. (This approach to packaging CPMTP offerings will inform the development of a tiered membership model as a means of sustaining the program, described later.) The project co-directors plan to approach hospitals with demonstrated gaps in these domains (e.g., Ingalls, Palos), as well as systems with multiple sites (e.g., Amita), and enroll up to 12 institutions. Each institution will make a two-year commitment to core program activities, an evaluation plan, and agreement to provide outcome data. The core components of participation include:

    - Leadership engagement: CPMTP will provide hospital leadership with resources, including palliative care needs assessment tools and guidance in using them. In addition, a leadership summit in spring 2018, will bring together key administrators from participating institutions to evaluate the current

state of palliative medicine, discuss best practices and program structure, and examine strategies for programmatic outcomes.

- Practice improvement project expansion teams: Phase I and II Fellows encountered roadblocks when seeking to extend ideas beyond their clinic, or securing logistical support. In phase III, each of the 12 institutions will design and execute a practice improvement project in cancer care and sign a "Intent to Change" contract to achieve its palliative care goals. Each expansion team must incorporate at least one non-clinical member, such as an administrator and/or information technology specialist or equivalent.

  The phase III project will add new knowledge and resources to the CPMTP toolkit based on discussions with the core work group and a list of improvement topics they identified. Expansion teams with similar goals and challenges will be grouped into topic cohorts and meet with one or two core work group members acting as facilitators.

- Annual palliative medicine conferences: Hospital leaders and expansion team members from each site must attend the one-day event. The conference agenda will open with a keynote speaker and include break-out sessions with discipline-specific content for social workers, chaplains, APPs, and physicians. The agenda will include a non-clinical track for administrators and IT specialists to gain knowledge of high quality palliative care service delivery and the opportunity to foster inter-institutional relationships.

- Mentoring and education for clinicians: Repeatedly, fellows and stakeholders have cited the experiential education as the differentiating factor in the training program. Trainees will shadow experienced palliative care professionals and host mentors at their clinical sites. Interaction with a variety of mentors across disciplines will expose trainees to diverse clinical approaches, care settings, and skills. Trainees will have access to content developed in phase I and II and new content created during phase III via videoconferences or webinars. Nurses and physicians will complete online modules, while social workers and chaplains will attend in-person seminars, since few online offerings are available for their specialties. Each participating hospital (goal is 12) may identify two clinical members from their team to participate in professional development.

- Data collection and analysis: Detailed data will be collected to determine specific organizational outcomes and collective CPMTP outcomes on an annual basis. Organization-level data will also be collected for each participating site, which will include de-identified patient encounter for patients receiving a palliative care consultation and those who are discharged to hospice or die within the hospital stay. Data will include intensive care unit use, length of hospital stay, primary reason for admission, discharge destination, and socio-economic characteristics.

2. In 2012, when the Coleman Palliative Medicine Training Program began, 67% of participating hospitals employed a single board-certified palliative care physician, limiting the volume of patients who could be managed. The national shortage of board-certified hospice and palliative medicine physicians prompted hospitals to hire advanced practice nurses (APNs) with limited knowledge and skills in the provision of palliative care and administration to their programs. These demanding roles lead to symptoms of burnout and turnover in healthcare systems, thereby compounding the problem. To address this issue, CPMTP will create palliative care training for advance practice nurses (APNs), known as advance practice practitioners (APPs).

   Advanced Practice Practitioner (APP) course: CPMTP will launch a four-month immersion program so APPs may rapidly assimilate palliative care concepts and begin applying them on-the-job with patients. A multidisciplinary team of mentors will design and implement the curriculum, which will be offered two times during phase III, with 10-15 participants per cohort. In years 2-3, the CPMTP will begin to introduce a fee schedule to help sustain the course offering.

3. **Educational offerings:** The CPMTP team will refine educational offerings to deliver exclusive material in accessible and cost-efficient formats. In addition to the education components from the annual conference, the social work and chaplaincy seminars, and the APP Immersion course, a menu of additional resources will be available. Refining educational materials will include:

    - Translation of training materials into online formats. Educational modules and products will be disseminated more widely through the creation of webinars and podcasts, which can be recorded and repeated for a fee. The CPMTP website will undergo an overhaul to improve its usefulness, and be used to host webinars and podcasts.
    - Full integration of the mindfulness stress reduction workshops. National surveys report that burnout is reported by up-to two thirds of clinicians who are practicing in palliative care and hospice. Burnout is cited as a frequent source of staff turnover, which leads to significant concerns about long-term sustainability of palliative medicine programs.

4. **CPMTP marketing and business planning:** A important focus of phase III is to determine sustainability of the CPMTP infrastructure and/or programming. Exploration is planned to begin in year one and continue through year three. To maximize the likelihood of sustainability, a marketing consultant will be engaged to assist the project team. The project team will formulate distance learning and mentoring packages that are sufficiently robust to attract organizations around the country. The website will be modified to communicate and highlight the unique attributes of the training programs. The marketing consultant will determine how to develop and market the educational offerings in an affordable, fee-based structure that incorporates both annual membership and other options.

    In addition, the project team is working to finalize an arrangement with MBA students from the Kellogg Impact Consulting Club, who would analyze the costs of facilitating the CPMTP and potential sources of revenue to produce sustainability.

Expected Outcome

Data will be collected annually at the program, institutional, fellows, and patient levels. Outcomes include:

- Practice improvement projects – Uniform outcomes related to project goals across multiple, participating sites will be gathered.
- Institutions that are new to phase III will begin submitting palliative care registry data, while those from phases I and II will continue to submit data so it can be analyzed over time.
- Preliminary evidence of increased utilization of hospice, increased discussion of advance care plans, palliative care consultations, and evidence of impact on cost.
- APPs will complete and pass clinical skills tests in palliative care.
- A business plan to support programmatic activities and offerings through fee-based payments.
- Leadership engagement will result in increased knowledge and skills on integration and utilization of palliative medicine across care settings, and metrics for best practices in palliative care service and hospice activities.

Program Budget

The three-year project budget is $1,583,661. The request to CFI is $794,576 (50% of budget) as follows:

Year 1 -- $364,750; request to CFI $287,109 (78% of budget)
Year 2 -- $580,690; request to CFI $280,209 (48% of budget)
Year 3 -- $638,221; request to CFI $199,758 (32% of budget), reflects program revenue projections

Revenue includes contributions from other grants, Rush, UCM, participating hospitals, and earned revenue (year 3) from APP course and programming. Expenses include Rush personnel, UCM personnel, meeting costs, stipends for core work group, mentors, clinical fellows and APP trainees, mindfulness training, marketing/promotion, Medicare dataset and webinar & podcast development. If revenue projections are not realized in year 3, Rush will bear the cost of expenditures not covered by grants, or other organizational contributions.

Prior Grants (all Rush)

Last Grant Date: 6/6/2017 **Last Grant Amount:** $80,000
Number of Prior Grants: 31 **Total Amount Granted:** $12,877,061

Between 2012 and 2017, support for the CPMTP has been $1,253,737.

Recommendation

We recommend funding the program over the next three years – Dec. 1, 2017 to November 30, 2020.

The goal of the Coleman Palliative Medicine Training Program is to build a regional network of clinicians and hospitals that are equipped to take collective responsibility for the rising numbers of patient and families who require palliative care, and to educate other providers. Through program evaluation, we look for improvements in knowledge gained and applied to improve practice patterns, an increase in expansion teams, in addition to improvement on markers such as death in ICUs, hospice utilization, impact on costs at end of life, patient and family satisfaction, and pain and symptom management.

Within the Cancer Impact Plan, we are intertwining programs in which providers share ideas, resources, and tools that build on the work to improve the quality of life of cancer patients throughout the region. For example, the EPEC program expands education to surgical providers and helps build the online resources that can also be utilized for the CPMTP. We were approached by Rainbow Hospice's Life Institute for Learning to create a palliative medicine training program for APNs, and have connected them with the CPMTP team. As a result, the Rainbow Hospice team will participate with the CPMTP work group to develop the APP immersion course. The Coleman Supportive Oncology Collaborative (CSOC) participants produced training modules for palliative care, which can also be utilized by the CPMTP expansion teams. We work together and continue share as many elements as appropriate between CSOC and CPMTP teams.

	Years 1-3	***Total Project Budget: $1,583,661***	
Revenue	**Funds Needed**	**Funds Requested**	**Funds Committed**
Coleman Foundation	$767,076	$767,076	$0
Other donations/grants	$44,100	$0	$44,100
Organizational contributions (Rush and U of C)	$78,123	$0	$78,123
Organizational contributions (participating hospitals)	$528,880	$528,880	$0
Earned revenue	$137,982	$137,982	$0
Phase II carry-over	$27,500	$0	$27,500
Revenue Total	**$1,583,661**	**$1,433,938**	**$149,723**

Expense	**Project Budget**	**Coleman Funds**	**Other Sources**
Personnel: Rush University Medical Center			
Project Director 10%	$97,356	$76,360	$20,996
Quantitative Evaluator 10%	$50,769	$35,838	$14,931
Data Manager 10-20%	$30,500	$22,607	$7,893
Financial Administrator 5%	$16,470	$12,918	$3,552
Administrative Assistant 5%	$8,235	$6,459	$1,776
	$0	$0	$0
Personnel: University of Chicago Medical Center	$0	$0	$0
Project Director 15%	$151,569	$101,046	$50,523
Project Coordinator 80%	$237,939	$237,939	$0
Qualitative Analyst 10%	$34,443	$34,443	$0
Meeting Costs			
Interdisciplinary Palliative Care Conference			
Space, A/V, parking, catering	$15,000	$11,765	$3,235
Continuing education (CE) application fee	$4,500	$3,530	$971
Hospice and Palliative Care Symposium	$7,100	$0	$7,100
Chicago Regional Palliative Care Leadership Summit	$12,000	$12,000	$0
Chaplain Seminar Series	$0	$0	$0
Space	$1,800	$0	$1,800
Food and materials	$3,900	$3,059	$841
Social Work Seminar Series	$0	$0	$0
Space	$1,800	$0	$1,800
Food and materials	$3,900	$3,059	$841
APP Immersion Space	$24,000	$0	$24,000
Mentor Dinner Meetings	$1,600	$1,600	$0
Stipends			
Core Work Group			
E. Norton	$46,200	$36,236	$9,964
C. Deamant	$25,200	$19,765	$5,435
A. Ansari	$30,000	$23,530	$6,470
G. Fitchett	$14,400	$11,294	$3,106
J. Mintz	$8,400	$6,588	$1,812
M. Preodor	$24,000	$18,824	$5,176
M. Fetzer	$46,200	$36,236	$9,964
Mentors: Multi-Site Project Leaders	$15,000	$5,295	$9,705
Mentors: Shadowing and Observation	$38,400	$13,555	$24,845
Clinical Fellows	$308,880	$0	$308,880
APP trainees	$220,000	$0	$220,000
Other			
Mindfulness & Resilience Training	$37,000	$0	$37,000
Marketing/Promotion	$30,000	$23,530	$6,470
Medicare dataset and programming	$27,500	$0	$27,500
Webinar and podcast development	$9,600	$9,600	$0
Total	**$1,583,661**	**$767,076**	**$816,585**