

Educating Practitioners for End-of-Life Care in Rural Communities

35th Annual Oregon Rural Health Conference

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Disclosures

- The presenter has no financial interest to disclose.
- The views expressed do not necessarily reflect those of the presenter's employer.
- The presenter will be mentioning a certain product but does not necessarily recommend that you purchase it.



What Do I Hope to Accomplish?

- Presentation Objectives

- Summarize the elements of quality palliative care enumerated by the National Consensus Project
- Outline potential approaches for training midlevel practitioners in their communities for providing competent, compassionate end-of-life care

- Hidden Agenda

- I am an aging baby boomer, I would like someone who knows what he or she is doing taking care of me when my time comes, and I do not want to move to Portland.
- Prineville's Rural Hospice rotation is dead and gone. I would like to see someone pick up the ball and run with it.

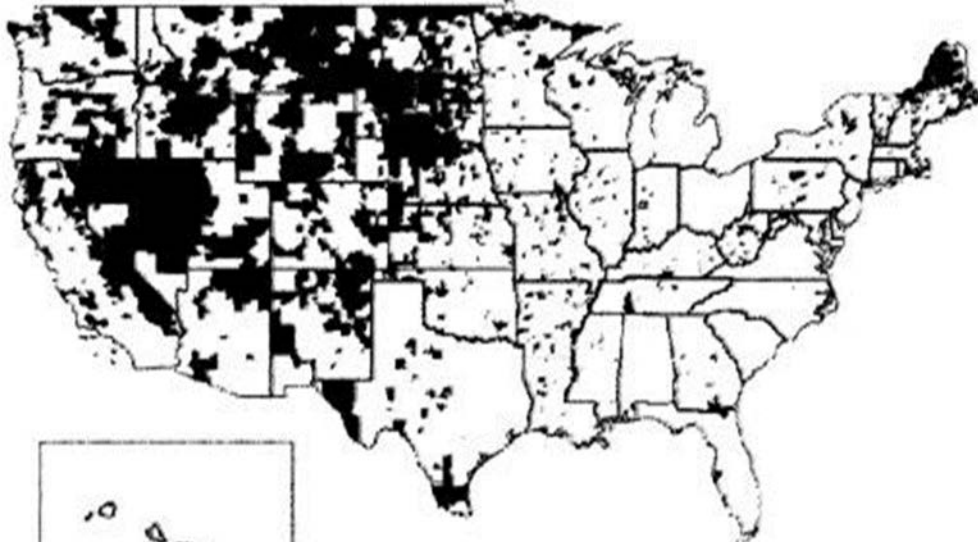
The Prineville Rural Hospice Experience

A Brief History

- Dr. Kowner begins practice in Prineville, August 1988
- Dr. Kowner appointed medical director, Pioneer Memorial Hospice, November 1988
- Pioneer Memorial Hospice opens, December 1988
- Dr. Kowner welcomes first medical student, September 1989
- Subsequent students dragged along on hospice home visits as the occasion arises
- David Castle, PA-C, and Dr. Kowner present curriculum for rural hospice rotation, February 2004
- Pioneer Memorial Hospice welcomes Julieta Ortega, PA-S, September 2004



Why A Rural Hospice Rotation?



- Rural areas
 - Have higher death rates
 - Have higher prevalence of chronic disease
 - In 2006 had less access to hospice services
 - Virnig, et al, Access to Home-Based Hospice Care for Rural Populations, *Journal of Palliative Medicine*, 9:6:1292-99, 2006

Why A Rural Hospice Rotation?

- The students made me do it
 - A different approach
 - A different skill set
 - “This should be a required rotation.”
 - Josh Gewirtz, PA-C
 - “Send them all to Prineville and let Dr. Knower train them.”
 - Jeff Boyett, PA-C



Building a Rotation from Scratch

- What do you teach?
 - Didactics
 - Clinical practicum
- Who do you teach?
 - PA students
 - Medical students
 - Residents?
 - Fellows?
- Who does the teaching?
 - An interdisciplinary approach



Who to Teach?

Why Start with Physician Assistant Students?

- Who is Caring for the Underserved? A Comparison of Primary Care Physicians and Nonphysician Clinicians in California and Washington
- **ABSTRACT PURPOSE:** Little is known about whether different types of physician and nonphysician primary care clinicians vary in their propensity to care for underserved populations. The objective of this study was to compare the geographic distribution and patient populations of physician and nonphysician primary care clinicians. **METHODS:** This study was a cross-sectional analysis of 1998 administrative and survey data on primary care clinicians (family physicians, general internists, general pediatricians, nurse practitioners, physician assistants, and certified nurse midwives) in California and Washington. For geographic analysis, main outcome measures were practice in a rural area, a vulnerable population area (communities with high proportions of minorities or low-income residents), or a health professions shortage area (HPSA). For patient population analysis, outcomes were the proportions of Medicaid, uninsured, and minority patients in the practice.
- **CONCLUSIONS:** Nonphysician primary care clinicians and family physicians have a greater propensity to care for underserved populations than do primary care physicians in other specialties. Achieving a more equitable pattern of service to needy populations will require ongoing, active commitment by policy makers, educational institutions, and the professions to a mission of public service and to incentives that support and promote care to the underserved.
- Ann Fam Med 2003;1:97-104. DOI: 10.1370/afm.49.
- What we thought we knew in 2003
 - Physician assistant programs generally had required rural and underserved rotations
 - Physician assistants are most likely to go to rural, underserved areas
 - Most of the students rotating through our office, and through our hospice, were from the MEDEX program
 - Students on their primary care clerkships were required to complete a “preceptor’s choice” project
 - Physician assistants were not recognized as practitioners under the Medicare Hospice Benefit, but we knew that would eventually change

Building a Rotation from Scratch

Developing the Curriculum



- In 2003, when David Castle wrote up the curriculum
 - The WHO had not yet formulated its definition of palliative care
 - The first edition of Clinical Guidelines for Quality Palliative Care was still a year away
 - The EPAs for hospice and palliative medicine fellowships were twelve years out
 - The American Board of Hospice and Palliative Medicine had been giving a certification exam for half a dozen years; American Board of Medical Specialties recognition was still five years away
 - NHPCO was still the National Hospice Organization

Building a Rotation from Scratch

Instructional Materials

- Criteria for David's preceptor's choice project
 - It needs to cover the essentials
 - It needs to be challenging
 - Any materials used should be things most rural hospice physicians would have on the shelf
 - It cannot be Prineville specific



Curriculum Outline

Didactics According to the UNIPACs

- Week 1
 - Communication and the Interdisciplinary Team (UNIPAC 5)
- Week 2
 - The Hospice and Palliative Medicine Approach to Care (UNIPAC 1)
- Week 3
 - Pain Management (UNIPAC 3)
- Week 4
 - Non-pain Symptom Management (UNIPAC 4)
- Week 5
 - Psychosocial and Spiritual Issues (UNIPAC 2)
- Week 6
 - Ethical and Legal Issues (UNIPAC 6)

Clinical Curriculum

The Patient Panel

- Each student is preassigned 5-7 patients
 - Patients are selected to be challenging
 - Typically an array of diagnoses
 - Tailored to rotation requirements
- Some exceptions accommodated
 - Students are expected to be actively involved in patient care

