

Serious Illness Care Task Force Meeting 5 Summary

North Carolina Institute of Medicine

630 Davis Drive, Suite 100

Morrisville, NC 27560

September 6, 2019

10:00 am--3:00 pm

Co-Chairs in attendance: Jonathan Fischer

Members in attendance: Mary Bethel, Vicky Bovaiil, Nathan Boucher, Christie Burris, Carla Cunningham, Wendee Cutler, Linda Darden, Bridget Earle, Anne Elmore, Debbie Futrell, Beth Golding, Mark Hensley, Kristen Lakis, Deb Love, Ellie McConnell, Adrienne Mims, Julian Montoro, Debi Nelson, Susan Nestor, Laura Patel, John Perry, Melanie Phelps, Janna Pogers, Tim Rogers, Apollo Stevens, David Sevier, Pam Strader, Keith Stirewalt, Charlotte Sweeny, Lynne Templeton, Stan Walters, Ellie Ward

Steering committee members in attendance: Cathy Sevier

Speakers: John Barkley Jan Busby-Whitehead, Lauren Heeter, Brad Stuart

Guests in attendance: Whitney Bangert, Ruth Ann Go, Cris Henage, Jeff Horton, Corey Remie, Jenny Womack, Brittany Worden

Welcome and Introductions

Jonathan Fischer, MD

Physician

Duke Palliative Care

Assistant Professor

Duke University Department of Community
and Family Medicine

Michelle Ries, MPH

Project Director

North Carolina Institute of Medicine

Task Force co-chair Dr. Jonathan Fischer brought the meeting to order and facilitated meeting introductions. After Dr. Fischer, Michelle Ries provided framing remarks, going over topics and activities for the day.

CTAC MODEL OF ADVANCED ILLNESS CARE

Brad Stuart, MD

Co-founder and Chief Executive Officer

ACIStrategies

The first speaker of the day was Dr. Stuart, co-founder and Chief Executive Officer of ACIStrategies. During his presentation, Dr. Stuart covered the challenges faced in providing advanced illness care and provided an overview of his work developing the Advance Illness Management (AIM) model while he was at Sutter Health in California. The AIM model was first piloted by Sutter Health in 1999. Through the model, RN-led teams worked upstream to identify and work with patients before they were eligible for hospice services. Dr. Stuart explained that using this model, Sutter Health was able to reduce the number of hospital stay days and the total cost of care in the last 30 days of life for patients in a controlled trial. Stuart also talked about the “recipe of success” for serious illness care including care coordination, systemic advance care planning, and care management.

[Stuart Presentation](#)

ACCOUNTABLE CARE ORGANIZATIONS AND SERIOUS ILLNESS CARE: ATRIUM HEALTH’S APPROACH

John Barkley MD, FCCP

Chief Medical Officer

Atrium Health

Lauren Heeter, MHA, CPHQ, LSSGB

Quality Director

Atrium Health

Following Dr. Stuart, Dr. John Barkley and Ms. Lauren Heeter from Atrium Health talked to the Task Force about Atrium’s approach to serious illness care. To begin, Barkley and Heeter provided a snapshot of the amount and level of care provided at Atrium Health facilities across NC, SC, and Georgia. After providing a snapshot, Dr. Barkley and Ms. Heeter provided an overview of Atrium’s serious illness care approaches. Atrium’s approaches to serious illness care include using the AIM model, advance care directive workshops, quality improvement and efforts to reduce 30-day mortality. To conclude their presentation, Barkley and Heeter talked about their struggle and efforts to define quality end-of-life care.

[Barkley and Heeter Presentation](#)

DISCUSSION – PAYMENT AND FINANCING

Facilitator:

Adam Zolotor, MD, DrPH

President and CEO

North Carolina Institute of Medicine

Following Dr. Barkley and Ms. Heeter’s presentation, Dr. Adam Zolotor of NCIOM facilitated a discussion surrounding payment and financing for serious illness care.

PRIMARY CARE PROVIDER TRAINING IN PALLIATIVE CARE

Jonathan Fischer, MD

Duke Community and Family Medicine
Duke Palliative Care

The third presentation of the day was from Dr. Jonathan Fischer who talked about potential models and goals for training primary care providers in palliative care. During his presentation, Dr. Fischer discussed the benefits of integrating palliative care into primary care, the overlaps of palliative care and primary care, and provided an overview of primary palliative care. To conclude his presentation, Fischer provided several suggestions to improve the overall palliative care system.

[Fischer Presentation](#)**GERIATRIC WORKFORCE ENHANCEMENT PROGRAM****Jan Busby-Whitehead, MD, CMD, AGSF, FACP**

Mary and Thomas Hudson Distinguished Professor
Chief, Division of Geriatric Medicine
Director, Center of Aging and Health
University of North Carolina-Chapel Hill School of Medicine

Dr. Busby-Whitehead from the UNC Center for Aging and Health talked to the Task Force about the Carolina Geriatrics Workforce Enhancement Program (GWEP). Busby-Whitehead started off going over aging demographics and the five goals of the GWEP program. Dr. Busby-Whitehead also went over GWEP efforts to build the geriatric workforce capacity, major GWEP initiatives, and technologies used by GWEP. The GWEP list of initiatives includes: Education Increasing Referrals for Alzheimer's Dementia-Related Dementias; Training, Screening, and De-prescribing for Opioid Misuse; Improve Documentation in Electronic Medical Records for Advanced Care Planning; Reduction of Fall Rates Through Increased Screening and Medication Reviews for Falls; and, Reduction of patient Hemoglobin A1C levels for Diabetes Control.

[Busby-Whitehead Presentation](#)**FAMILY CAREGIVER TRAINING**

Mark Hensley
Associate State Director, Triad Region
AARP NC

The last presentation of the day was from Mark Hensley Associate State Director, Triad Region for AARP NC. Mr. Hensley began his presentation with a disclaimer that caregiver training and assistance programs are typically either disease-specific, age-specific, employer-specific, organizationally specific, combined with other services, capitated, or are entitlements. After his disclaimer, Hensley went over challenges faced by caregivers and provided an overview of the different family caregiving training resources.

[Hensley Presentation](#)