Compassionate Technology:

Palliative Care Telemedicine in the Rural Hospital Setting

Matthew Stinson, MPAS, PA-C, Elizabeth Belanger-Shugart, APRN, FNP, Maurice Scott, MD, Katherine Morrison, MD

The Problem:

Despite increasing awareness of palliative care in urban centers, a significant disparity of care for seriously ill patients is prevalent in rural areas. This is largely due to a lack of:

- resources for specialized care
- experience of local staff
- infrastructure and support in the community
- knowledge among rural healthcare providers

The Question:

Can telemedicine increase access to quality palliative care for patients in the rural hospital setting?

Background/Literature Review

Valley View Hospital is a 78-bed community care center in Glenwood Springs, Colorado. Prior to initiation of our formative program, there were no inpatient palliative care services offered.

A search of the literature was performed using PubMed, Google Scholar, and Cochrane, and as of 10/23/17, there were no articles describing telemedicine for palliative care services in the rural inpatient setting. There was a single article describing inpatient telemedicine prior to transfer to a tertiary center for palliative care [1], and several articles examining telemedicine for home palliative care in rural communities [2-6].

The Valley View Palliative Care Program:

In a formative program at Valley View Hospital, we offer inpatient palliative care consultation to adults with serious illness. We use an interdisciplinary team (IDT) design for a more holistic approach to patient and family support.

The IDT consists of:

- Board-certified palliative care physicians from the University of Colorado Anschutz Medical Campus (UCAMC) via telemedicine
- Local providers receiving training in palliative care*
- RNs
- Social workers
- Chaplains

The program offers two consultations per week with limited follow-up support for the remainder of the patient's hospital stay. Patient encounters focus on:

- Establishing goals of care
- Help in medical decision making
- Attending to symptom burden
- Counseling in advance care planning
- Psychosocial and spiritual concerns

A single consultation note is generated and distributed to the medical team. The patient is billed for the service by the local provider.

An informal survey is conducted, either in person or by telephone, to ascertain the value of the service and the impact of the telemedicine component.

* Local providers are enrolled in the Masters of Science in Palliative Care program at the UCAMC

Outcomes:

19 patients were seen in the first 4 months (1/31/18 – 5/31/18)

- 95% found the visit helpful
- 95% accepted the telemedicine cart
- Cancer patients were the highest utilizers (58%)
- 26% more patients had advance care planning documents in place after consult than prior to consult
- 30 patients were not seen due to limited program availability

Discussion:

Overall, the initiation of the program was successful and demonstrates that telemedicine can play a role in improving access to palliative care in the rural setting.

Lessons learned during this formative period include:

- A robust telemedicine cart and IT support is essential.
- The demand for palliative care was higher than anticipated
- Additional staff would be necessary to expand the program.
- Patient self-reporting of symptoms and distress was inconsistent. Completing assessment tools with staff was a more reliable approach.
- Any new program should include time for frequent follow-up.

Future expansion of the program includes purchasing a purpose-built, dedicated telemedicine cart and hiring additional staff.

References:

1. **Menon PR, Stapleton RD, McVeigh U, Rabinowitz T. (2015). Telemedicine as a tool to provide family conferences and palliative care consultations in critically ill patients at rural healthcare institutions: A pilot study. American Journal of Hospice and Palliative Medicine. Vol.32(4),448-453**
2. Tieman et al. **Using telehealth to support end-of-life care in the community: a feasibility study**. BMC Palliative Care (2016) 15:94
3. Bradford, Natalie, et al., **The case for home based telehealth in pediatric**
4. **palliative care: a systematic review**, BMC Palliative Care 2013, 12:4
5. Rogante M, et al., **Telemedicine in palliative care: a review of systematic reviews**. Ann Ist Super Sanita. 2016; 52(3):434–42
6. Hoek PD, et al., **The effect of weekly specialist palliative care teleconsultations in patients with advanced cancer –a randomized clinical trial**. BMC Medicine. 2017;15:119.
7. Worster B, Swartz K. **Telemedicine and Palliative Care: an Increasing Role in Supportive Oncology.** Curr Oncol Rep. 2017 Jun;19(6):37.

VALLEY VIEW

Valley View Hospital
Glenwood Springs, CO
www.VVH.org

Special thanks to:

Ann Wilcox, BSN, Brandy Drake, MD, Amos Baily, MD, Regina Fink, PhD, APRN, Pam Lalis, LCSW, Diane Carnoali, LCSW, Sean Jeung, BCC, Lauren Martin, BCC, Nancy Robertson, MSN, ANP-BC
The Calaway Young Cancer Center at Valley View Hospital provided funding and staff support for this project.

Division of General Internal Medicine
SCHOOL OF MEDICINE
UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**
UNIVERSITY OF COLORADO iPallCARE™
preparing palliative care professionals