Home Is Where the Care Is: Bringing Palliative Care Expertise into the Community (FR411)

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Objectives

- Discuss the literature and evidence regarding home-based primary and palliative care.
- Describe and contrast several established models of home-based primary and palliative care in both academic and community-based settings (Mount Sinai Visiting Doctors Program, New York, NY; Housecall Providers, Portland, OR; Cadence Health Care System, Wheaton, IL; and the University of California, San Francisco, San Francisco, CA).
- Discuss how to present core components and recommendations for those seeking to implement similar programs.

As the population ages and more people live with multiple chronic illnesses, the number of patients with functional limitations grows. Palliative care and primary care services overlap when caring for this complicated and fragile population with a high symptom burden and unpredictable prognoses. Care must emphasize quality of life, complex decision-making, coordination of care, family involvement, and individualization of patient care.

Home-based primary and palliative care has been shown to be associated with a reduction in symptom burden, increase in patient and caregiver satisfaction, and decrease in utilization. Various models of home-based palliative care exist around the country. We will present four different models in order to illustrate how palliative care services can be expanded into the community: 1) An academic home-based primary and palliative care program, 2) a community-based, freestanding practice providing primary care and hospice care, 3) a community hospital-based primary and palliative care program affiliated with a healthcare system, and 4) an academic consultative home-based palliative care service.

Session participants will understand each program's structure, detailed demographic and clinical data on our populations, and the benefits and challenges of each model. We will review ongoing research and quality measures we are collecting within our programs to better elucidate the benefits from these services and how the needs of this vulnerable population are addressed. We will summarize key components of program implementation and recommend core services and outcome measures that will facilitate integration of new home-based programs into practices and larger health systems.