



# California Health Improvement Project (CHIP) Integration of Palliative Care into the Treatment of Advanced Congestive Heart Failure

Timothy J. Corbin, MD, FACP



## Problem Statement and Underlying Causes

Advanced Congestive Heart Failure (CHF) patients do not have access to outpatient Palliative Care (PC) consultation services

2013 AHA/ACC CHF treatment guidelines recommend integrating Palliative Care for advanced stage CHF treatment.

- These guidelines are not being met due to lack of Palliative Care outpatient services

Studies document poor quality of care and outcomes for advanced CHF patients:

- recurrent hospital admissions
- Higher than desired hospital mortality
- Poor Health Related Quality of Life (HRQOL)
- Low Length of Stay (LOS) on hospice
- High economic burden

## Project Description

Create outpatient Palliative Care physician consultation service (outpatient clinic and home-based) to provide consultation on Stage III- IV CHF patients

## Goal and Objectives

**Goal:** Improve quality of care and outcomes for advanced heart failure patients by integration of Palliative Care specialty service into routine treatment.

### Output-oriented Objective:

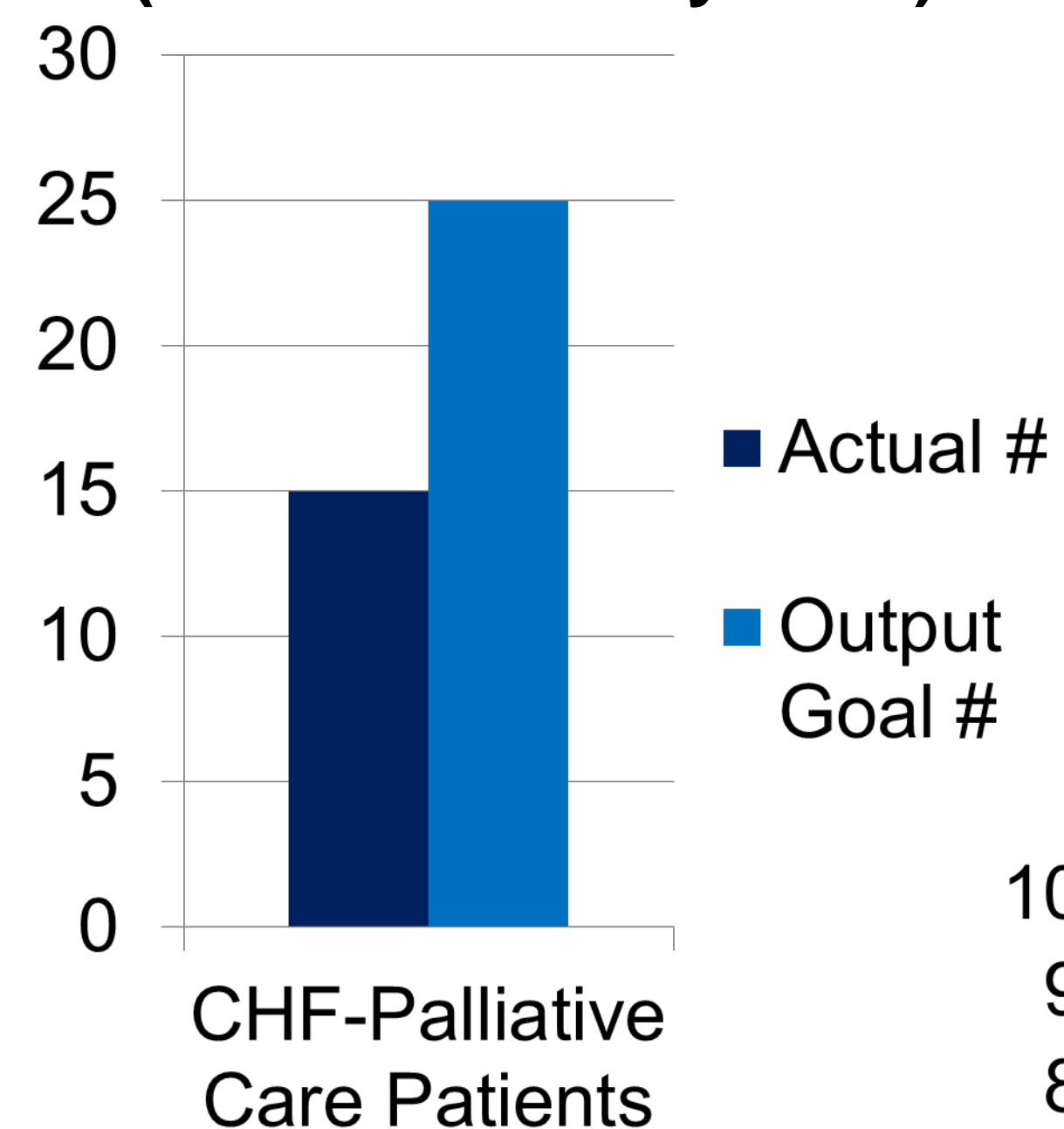
1. By 7/30/2015 provide Palliative Care consultation on 25 Stage IV CHF patients and prospectively follow patients for outcome data.
2. Perform Advanced Care Planning (ACP) on 100% of above consultations and document preferences in Electronic Medical Record. ACP includes POLST form completion and goals of care discussions.

**Outcome-oriented Objective:** Comparing advanced CHF patient who received Palliative Care consultation with those who did not receive the service:

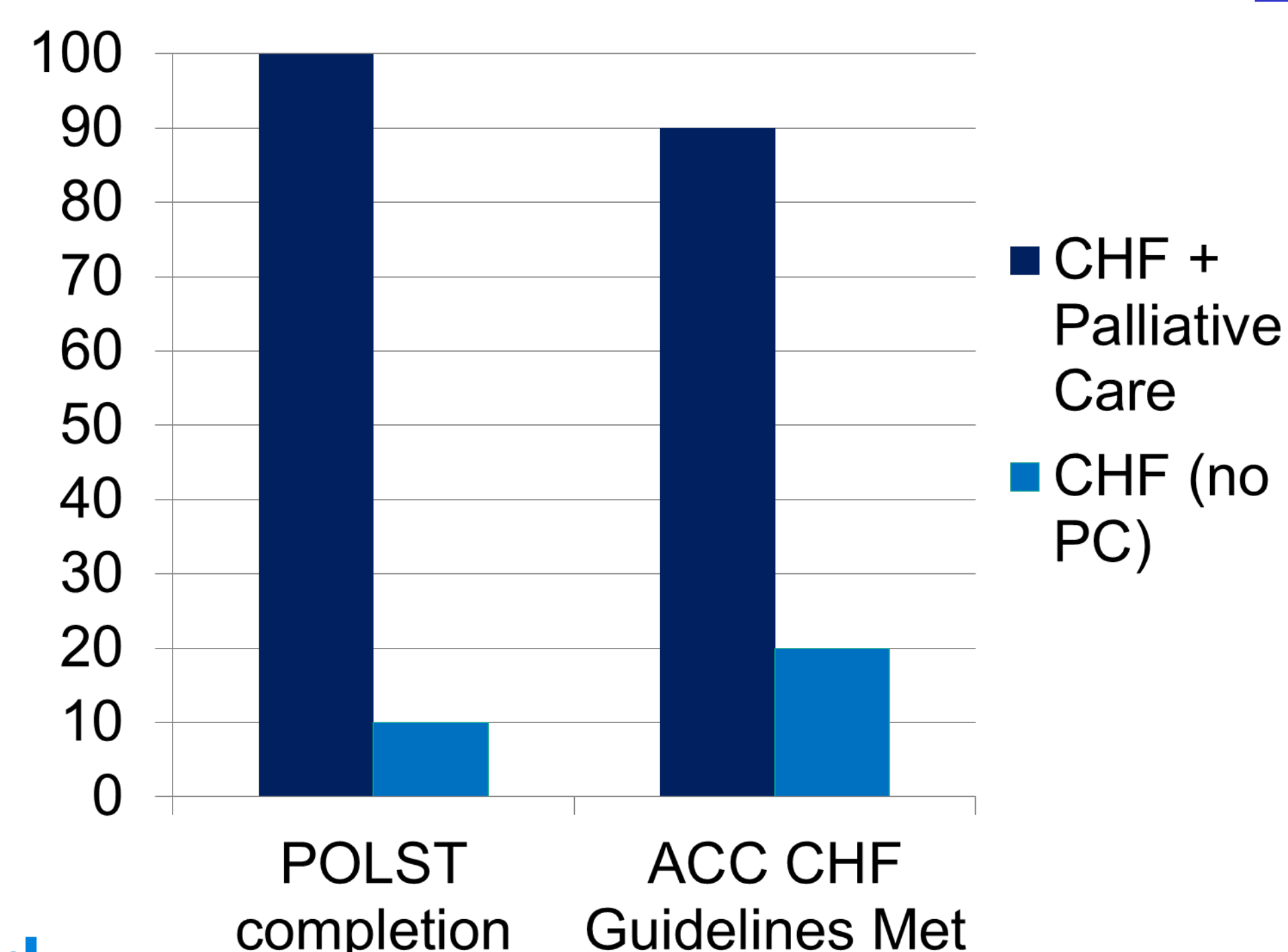
1. Hospital days for Advanced CHF patients who receive PC consultation will decrease by 15% by 8/2015
2. Hospice LOS for Advanced CHF patients who receive PC consultation will increase by 15% by 8/2015

## Outputs Achieved

Number of Patients  
(Jan 2015 to July 2015)

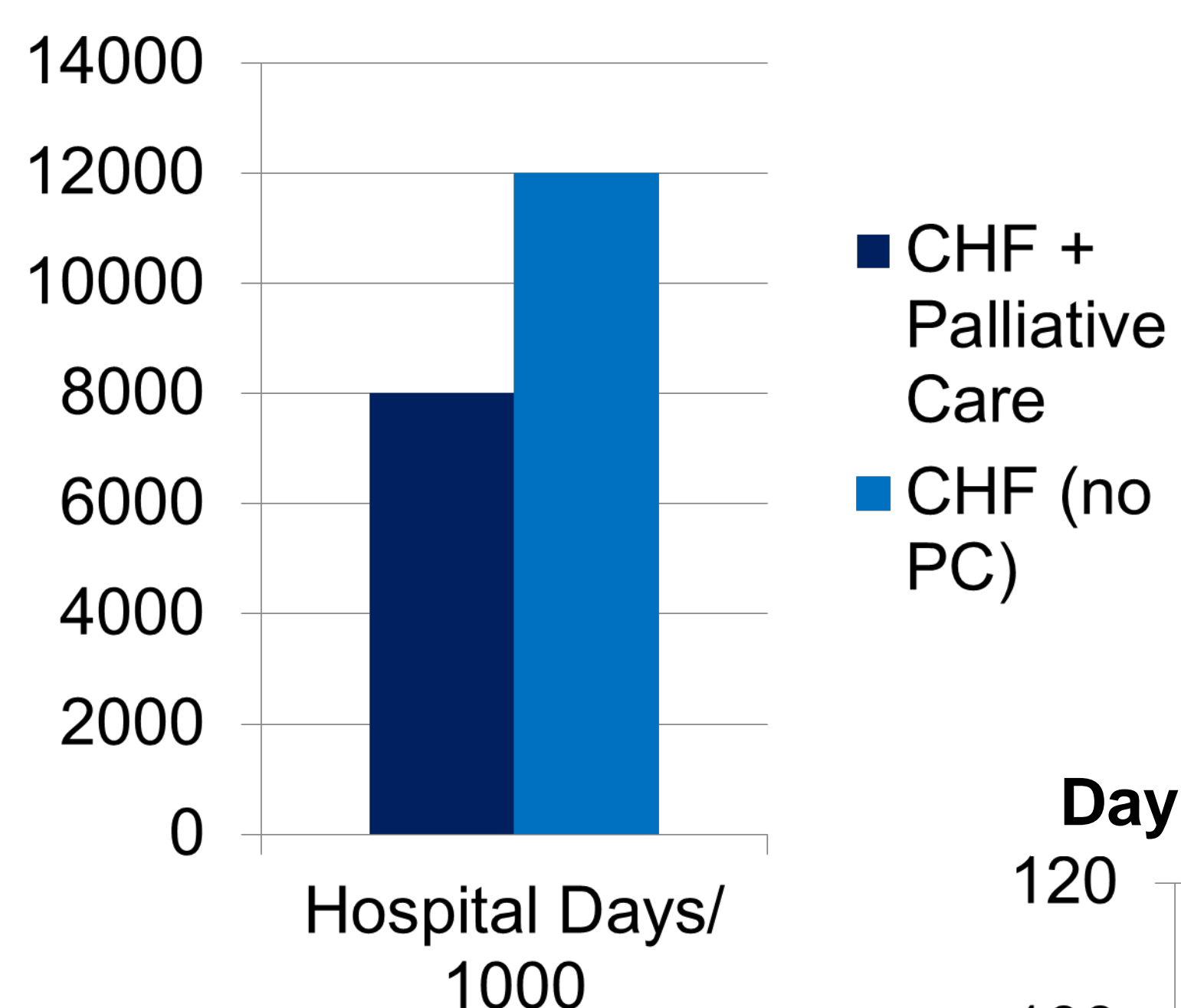


## Percent of Patients Achieving Outcome

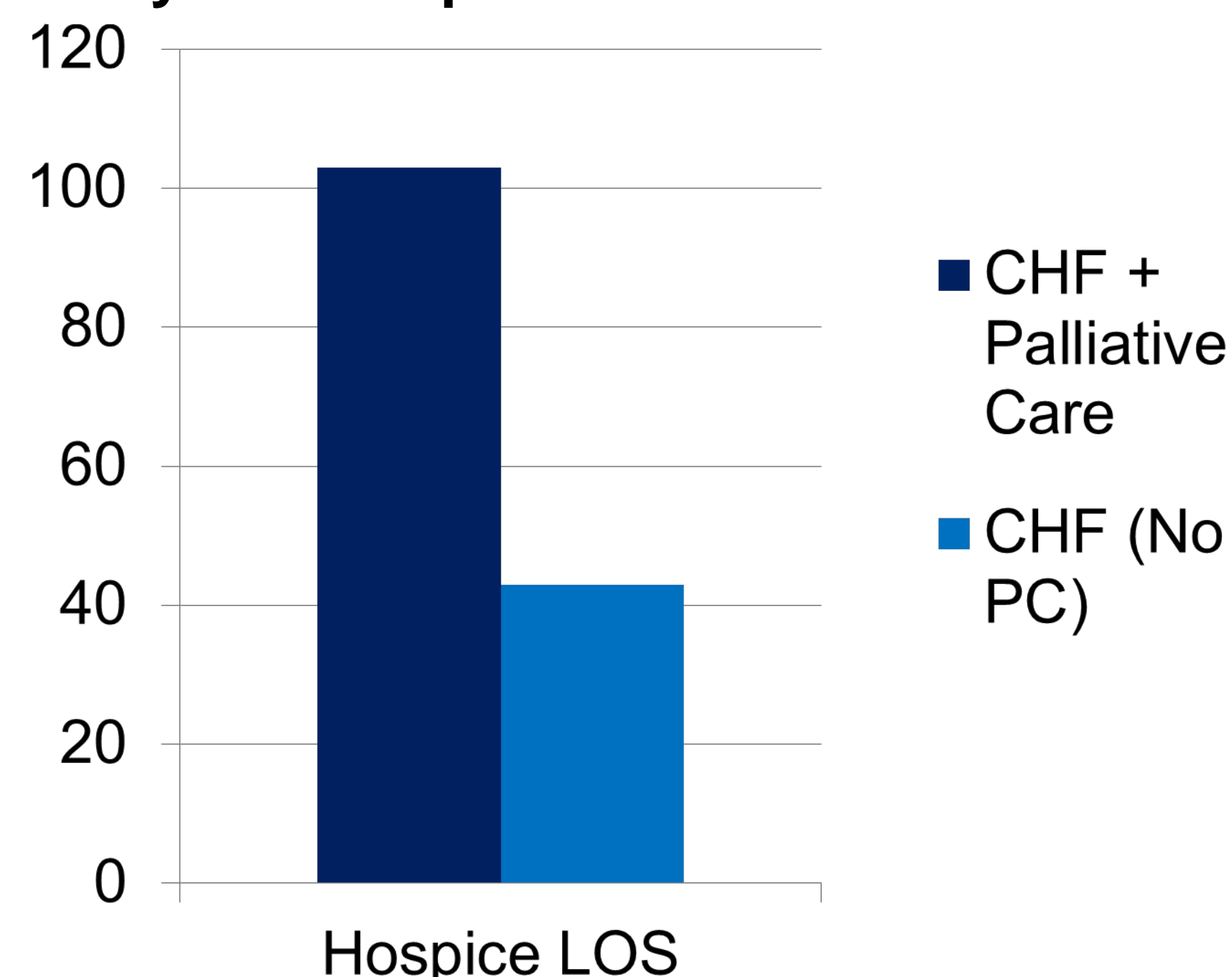


## Outcomes Achieved

Hospital Bed Days / 1000 lives x 1 year



Days on Hospice Service until Death



## Lessons Learned

Alignment of key stakeholders requires consistent leadership: follow up, advocacy for support, and sharing one's purpose and vision

Outpatient Palliative Care is best integrated into specialty care by being embedded within the subspecialty clinic

The CHIP has been a catalyst to developing Palliative Care services across Scripps Health system

- 3 outpatient clinics

Initial PC Clinic: My CHIP- Started October 2014)

Oncology-PC Clinic (started March 2015)

CHF-PC Clinic (started August 2015)

- Home Based Palliative Care program integrated with Scripps Home Health (started July 2015)

- FTE additions (11.5!)

3 MD, 3 NP, 3.5 MSW, 1 LVN, 1 admin coordinator



## About My Organization

Scripps Health is a private, nonprofit, integrated health system in San Diego, California. The organization encompasses four hospitals on five campuses, more than 2,600 affiliated physicians, and 13,000 employees.

Scripps Clinic and Scripps Coastal Medical Center, a network of integrated facilities with specialists from more than 60 medical and surgical specialties at more than 25 outpatient centers and clinics. Scripps Health also provides Home Health and Hospice Care.

## Contact Me

For more information, contact me:  
Timothy Corbin, MD  
[Corbin.timothy@scrippshealth.org](mailto:Corbin.timothy@scrippshealth.org)  
619-452-7070

**CHCF HEALTH CARE LEADERSHIP PROGRAM**

To learn more about CHCF go to:  
<http://futurehealth.ucsf.edu/>