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Problem Statement

Default care at end of life leads to:

- Re-hospitalizations
- Burdensome and expensive treatments
- Regrets for patients, families and providers



Initial Discovery

Initial Hypothesis was Provider-Focused: Data = Action

- **Systemic Barriers** create insurmountable competing priorities with little likelihood for significant change.

Pivoted to Consumer-Focus: Demand = Action

- Engaging palliative patients as consumer advocates harnesses the passion of those most urgently committed to enhancing EOL care.

Revised Hypothesis: Increasing consumer awareness of palliative care principles will drive demand for transformation in EOL care.

- Recruited seriously ill e-Patients (patients actively engaged in social media) to annual Palliative Care Summit to test feasibility.

Mission Model Canvas

<p>Key Partners</p> <ul style="list-style-type: none"> • Consumers • Patients • Caregivers • Organizational Partners • Granting Agencies 	<p>Key Activities</p> <ul style="list-style-type: none"> • Partner with patient advocacy organizations • Disseminate palliative care principles through social media • Increase consumer awareness and demand <p>Key Resources</p> <ul style="list-style-type: none"> • e-Patients • Family Caregivers • Passionate Professionals • Advocacy Organizations • Funders 	<p>Value Propositions</p> <p>Increased consumer awareness of key palliative principles will drive transformation in EOL care.</p> <p>Palliative Care Principles:</p> <ul style="list-style-type: none"> • Contextualized Care • Collaborative Team Approach • Clear Communication • Exquisite Symptom Management 	<p>Buy-in & Support</p> <ul style="list-style-type: none"> • e-Patient advocates • Organizational partners <p>Deployment</p> <p>Social media platforms</p> <ul style="list-style-type: none"> • Patient blogs • Facebook • Twitter • Instagram • Organizational newsletters and marketing outlets 	<p>Beneficiaries</p> <ul style="list-style-type: none"> • Patients • Caregivers • Communities • Providers • Healthcare organizations • Society
<p>Mission Budget/Cost</p> <ul style="list-style-type: none"> • Subsidized e-Patient palliative care educational meetings • Support for organizational partners • Administrative support to coordinate advocacy activities and disseminate findings 		<p>Mission Achievement/Impact Factors</p> <ul style="list-style-type: none"> • Improved Quality of Care • Lowered Cost of Care • Increased Patient, Family, and Provider Satisfaction • Less Regret 		

Discovery

Integrated e-Patients (N=15) in Palliative Care Summit

- Pre-conference Design-Thinking Workshop
- Office Hours
- Networked with Providers
- Art Work Display
- Young Adult Plenary Panel
- Interviews and Articles on Social Media



Professional participants (N=346) reported benefits of e-Patient Integration in Summit

- *My absolute favorite part of the conference. Extraordinarily articulate young people with so much valuable feedback we need to hear.*
- *Wonderful opportunity to see into the patients' world.*
- *Highlight of the conference - inspiring, courageous and heartbreaking.*



Lessons Learned

Key takeaways:

- Feasible to recruit seriously ill e-Patients
- Feasible to integrate e-Patients into professional conference
- Feasible to raise consumer awareness of palliative care through social media
- Parallels with the "Birthing Movement" resonated (e-Patients eager to "take back" the medicalization of EOL care, just as consumers revolutionized the way childbirth now occurs)
- e-Patient's demonstrated commitment to the "cause" by continuing to actively advocate post-Summit
- Shared humanity recognized ("we're all mortal")
- "Whole-person care" requires "whole-provider care"
- Initially "Palliative Care" = 😞
- But Palliative Care Principles = 😊
- Funders are supportive
- Organizations are receptive
- Minimal investment = strong return
- Demonstrated proof of concept



Next Steps

Expand efforts to engage patients and their families as palliative care advocates.

- Recruit e-Patients to develop and disseminate palliative care and advance care planning information in conjunction with advocacy organizations.

Both "top-down" and "bottom-up" strategies are needed to increase consumer demand if we are to transform the culture of care and make the "default" truly person-centered and goal-concordant.

