Mount Sinai Palliative Care at Home Project HoPe:
An Innovative Model to Deliver Care to Seriously Ill Seniors in their Home

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Palliative Care enhances quality of life, improves satisfaction with care, improves symptoms, reduces caregiver burden and reduces costs.\textsuperscript{1-4}

Palliative care services within hospital setting has expanded over 15 year period to reach 75\% of hospitals with more than 50 beds, 90\% of hospitals with more than 300 beds and 100\% of National Cancer Institute’s Comprehensive Cancer Centers.\textsuperscript{5}


\textsuperscript{5}Cassel JB, Bowman B., Rogers M., Spragens LH, Meier DE, and The Palliative Care Leadership Centers. Palliative Care Leadership Centers are key to the Diffusion of Palliative Care Innovation. Health Affairs 37, no.2 (2018): 231-239.
Although evidence exists demonstrating high patient satisfaction and cost savings with home-based palliative care\(^6\),

these models have faced more barriers to expansion and, as such, has been slower to reach the population in need.
Why is home-based palliative care important?

Palliative Care in the home allows seniors to

- Remain within their home and community where they want to be
- Supports the caregiver
- Promotes shared decision making
- Patient-centered care
- Reduce costs
- Opportunity to provide better care to seniors

West Health’s goal is to spur adoption of home-based palliative care programs for seniors with serious illness.
West Health Institute and Mount Sinai Palliative Care at Home Collaboration

• Working to develop and evaluate a home-based palliative care program for seniors with serious illness over 5-year period.

• Mount Sinai has community ties and existing models of care in the home and community, including Visiting Doctors, Mobile Acute Care Team, Community Paramedics and several other models.

Together, we have a shared vision of developing a sustainable senior-focused model of care that moves the site of care to the home and community.
Key Components and Learnings

- Develop care model and create a team culture
- Advance a Patient Identification Algorithm
- Perform Rigorous Evaluation
- How to Disseminate and Scale
Key Components and Learnings

Clinical team and components:
- Community health workers, doctor, social worker, nurse, nurse practitioner, administrative support
- Telehealth
- 24/7 telephonic support
- Community Paramedicine
- Pharmacy

Lesson Learned: Team culture is key and important to establish in the beginning.
Key Components and Learnings

Advance a Patient Identification Algorithm

Systematic prospective identification of patients with serious illness
• Use of claims, diagnosis codes, medical record data and administrative data
• Interview patients
• Test algorithm and refine

Lesson Learned: Locating data within the health system can be difficult. Spend time and establish relationships.
Randomized controlled trial to assess home-based palliative care program on effectiveness of

- Symptoms management
- Quality of life
- Healthcare utilization
- Caregiver burden
- Cost of care

Lesson Learned: Coming soon!
Key Components and Learnings

How to Disseminate and Scale

Document in a playbook the challenges and implementation tasks
• Key elements:
  • How to define opportunity
  • Team building and staff training
  • Identifying the population
  • Clinical model
  • Operations

Initial Lesson Learned: Documenting challenges and solutions are valuable but difficult to do concurrently with program implementation.
Translating home-based palliative care research to reality

- Develop evidence based
- Disseminate best practices
- Scale