LETTER FROM THE CHIEF

PALLIATIVE CARE HAS RECENTLY BEEN GAINING VISIBILITY in the news, as health care providers and policy makers increasingly recognize the important role palliative care can play in improving the value of medical care in the United States. As I discussed in the last issue of the newsletter, a recent study at MGH showed that patients with cancer had better quality of life, less depression, and even lived longer, when they received palliative care in addition to the best oncology care. The benefits of palliative care – the holistic attention to psychological, emotional, spiritual, and symptomatic needs – can also extend to patients with a wide range of non-cancer illnesses, but recent research suggests that only a small fraction of such patients are receiving it.

As recognition of the benefits of palliative care grows, so too do the number of hospitals that are making palliative care services available to their patients, especially large teaching hospitals in urban areas. According to the Center to Advance Palliative Care, over 80 percent of large hospitals (300 beds or more) now have palliative care services. However, at the same time that hospitals and clinicians are recognizing the value of palliative care for more and more seriously ill patients, the American Academy of Hospice and Palliative Medicine indicates that there is a shortage of certified palliative medicine providers. To address the shortage, a bill called the “Palliative Care and Hospice Education and Training Act” has been introduced in Congress (S.3407 and H.R. 6155). Its goal is to expand clinician training and education in palliative medicine and hospice, by increasing faculty in medical schools, nursing schools, and other programs.

The Palliative Care Division at MGH is already at the forefront of clinician education. The core of our training initiative is the year-long Harvard Medical School Palliative Medicine Fellowship, which was expanded last year to also include nurse practitioner fellows. Recently, palliative care became the number-one most sought-after elective for the residents in training at MGH. At any given time, our team accommodates palliative care physician and nurse practitioner fellows, first-year medical interns in their required palliative care rotation, residents on an elected rotation, and also trainees from other specialties such as Geriatrics, Acute and Chronic Pain, and visiting clinicians from a range of national and international programs who look to the MGH program as a leader in palliative care practice and innovation. Our clinicians also participate in educational series for clinicians in other specialties that traditionally care for seriously ill patients, such as oncology, transplant medicine, and geriatrics.

As we will share with you in this issue of the newsletter, our dedication to teaching is not limited to within the hospital. This issue will profile one of our physicians who has taken her palliative care skills in communication and expertise in symptom management into the community to help care for the seriously ill patients served by Boston Health Care for the Homeless Program. The Palliative Care Division at MGH is committed to the education and training of clinicians in this important work, and we couldn’t do it without the support of you, our friends and donors.

Vicki Jackson, MD, MPH
Chief, Division of Palliative Care
Palliative Care growing at MGH

WE ARE EXCITED to announce that Palliative Care has become the tenth clinical division within the MGH Department of Medicine. Vicki Jackson continues her vibrant leadership and guidance of the group. “We are so lucky to be in a place that has such a thriving palliative care service,” says Katrina Armstrong, MD, Physician-in-Chief.

MGH Palliative Care Chief delivers plenary talk at European Congress

VICKI JACKSON, MD, MPH, Chief of the MGH Palliative Care Division, delivered a plenary session at the European Association for Palliative Care (EAPC) 13th Annual Congress, which was held from May 30 to April 2, 2013, in Prague, Czech Republic. Her talk described the benefits of early integration of palliative care in a large study conducted at MGH of patients with newly diagnosed lung cancer, which showed better quality of life, less depression, and longer survival among patients assigned to receive palliative care clinic visits.

Palliative Care and Cancer Center NP education collaboration

ALTHOUGH PALLIATIVE CARE is appropriate for individuals with any serious illness at any stage of their illness, cancer is the most common diagnosis for patients seen by the MGH Palliative Care Division. The leaders of the MGH Cancer Center and the Palliative Care Division recognized that a close collaboration between groups would enhance patient care and the patient experience. One way that this collaboration is flourishing is the nurse practitioner palliative care education initiative, spear-headed by nurse practitioners Christina Kim and Kelly Grealish. Christina is an NP with the Palliative Care Division, and Kelly is an oncology NP with the Cancer Center. The goal of the series is to enhance the oncology NPs’ primary palliative care skills. Every month, Kelly and Christina teach about an important palliative care topic, such as communication techniques or how to manage challenging symptoms, using an interactive blend of case-based discussions and role plays.

The oncology NPs who have participated in the educational give rave reviews. Says oncology NP Ashleigh Smith, “It has been so rewarding to attend these interactive education sessions! Not only have I learned the complex management of pain medications, but I have also gained experience navigating family meetings and answering difficult questions. As a result, I have been more confident and independent in my practice.” The interactive format has been particularly effective, according to NP Mali Wold. “I still think of the role play scenarios they led us through to practice difficult conversations when I am going into a family meeting. It’s incredibly helpful to practice our language with our peers.”

This ongoing, innovative collaboration between Palliative Care and the Cancer Center is enhancing clinician education and training, the bedrock of excellent patient care.

WAYS TO GIVE

For information about ways to support the Palliative Care Division at Mass General, please contact Allyson Ramsey at 617-724-0183 or amramsey@partners.org.
PALLIATIVE CARE, by its nature, often supports patients when they are at their most vulnerable. For Erica Wilson, MD, the essence of palliative care is most directly expressed in caring for a population of individuals who are vulnerable even when they aren’t facing a serious illness: those who are homeless, living in the shelters or on the streets of Boston.

Boston Health Care for the Homeless Program (BHCHP) comprises a group of dedicated clinicians, including doctors, nurses, nurse practitioners and physician assistants, dentists, social workers, and case managers, whose mission is to provide access to high quality healthcare for homeless individuals and families. The Boston program was started over 25 years ago with national funding from the Robert Wood Johnson Foundation and the Pew Charitable Trust. One of the unique features of BHCHP is the Barbara McInnis House (BMH), a medical respite facility where patients are admitted when they are no longer sick enough to be in the hospital, but are too sick to be back in a shelter or on the street.

Dr. Wilson has spear-headed a palliative care initiative with the BMH staff to strengthen their efforts to provide the highest quality palliative care to their seriously ill patients, and the highest quality end-of-life care for those individuals who have chosen to spend their final days at BMH. Dr. Wilson’s work is made possible through the generous support of the MGH Multicultural Affairs Office and the MGH Executive Committee on Research.

“Often our patients don’t have family and friends to care for them, and they ask us if they can stay with us at the end of their lives,” says BMH Director of Nursing Cheryl Kane, RN. “Every person should have the right to die in a dignified way, with people who really know them and care about them.” McInnis House is the ideal setting for this, because the clinicians at BHCHP often have long-term relationships with their patients.

Through Dr. Wilson’s tireless work as a staff educator and mentor, she has helped the leaders at BMH develop a specialized and comprehensive care model that better meets the needs of the vulnerable patients they serve. She leads staff trainings on topics ranging from advance care planning to symptom management, implemented a case conference series, and meets with staff to discuss challenging cases.

Her work also addresses the concrete challenges of caring for seriously ill individuals. “Symptom management is a huge issue ...
3RD ANNUAL ROBERT LEFFERT, MD, MEMORIAL LECTURE NOVEMBER 19, 2013

Timothy E. Quill, MD  
Professor of Medicine, Psychiatry, Medical Humanities, and Nursing Director, Palliative Care Division  
University of Rochester School of Medicine and Dentistry

The Robert Leffert, MD, Memorial Palliative Care Lecture was established by his family in 2011, to honor Dr. Leffert's memory and to support the work of palliative care. Dr. Leffert served as chief of the MGH Department of Rehabilitation Medicine and the MGH Surgical Upper Extremity Rehabilitation Unit.

THE THIRD ANNUAL ROBERT LEFFERT LECTURE was held November 18, 2013, with a keynote address by Dr. Timothy Quill, a palliative care physician and consultant who has authored numerous books and articles. His talk, entitled “Palliative Care Options of Last Resort: Potential Responses to Intractable Suffering,” explored the decision-making complexities faced by seriously ill patients, their families, and their clinicians, in considering a spectrum of interventions to address and relieve distressing symptoms. Following the lecture, a panel of distinguished MGH colleagues, including Taylor Thomson, MD, Pulmonary and Critical Care physician, Katrina Armstrong, MD, Chief of Medicine; Jeanette Ives Erickson, RN, DNP, FAAN, Chief Nurse; and Jonathan Rosand, MD, Director of Neurocritical Care engaged in a lively and thoughtful discussion, sharing the perspectives of their respective disciplines, their experiences with caring for patients with serious illness, and the clear necessity of outstanding palliative care as the foundation for all approaches to caring for patients experiencing intractable suffering.