LETTER FROM THE CHIEF

THIS PAST FEBRUARY, the book *Being Mortal: Medicine and What Matters in the End*, by Atul Gawande, hit the number one spot on the *New York Times* best-seller list. By that time, the book had already started a national conversation about how the medical profession can better balance two crucial goals: prolonging life and maintaining quality of life among seriously ill patients. In the book, and in his many media appearances, Gawande stresses the same things palliative care professionals stress, which include asking patients about their goals and values and engaging in multiple conversations to help patients better understand the future with their illness. In many interviews, including his appearance on “The Daily Show,” Gawande highlighted the research done at MGH on the positive effects of palliative care, and he has stressed the importance of palliative care as a means to help patients and families make more empowered decisions.

At the same time, the subject of palliative care has become a global concern. Last May, the World Health Organization (WHO) adopted a major resolution calling for the inclusion of hospice and palliative care into national health services of all nations. The WHO highlighted the fact that an estimated 42% of countries have no access to palliative care services, and only 20 countries have palliative care well integrated into their healthcare systems. What is also notable about this is the definition of palliative care offered by the WHO, which includes the fact that it is “applicable early in the course of illness, in conjunction with therapies that are intended to prolong life.” This is an important distinction. As other countries begin to integrate palliative care into their healthcare (Continued on page 2)

LEFFERT LECTURE HIGHLIGHTS THE FUTURE OF PALLIATIVE CARE

THE MGH DIVISION OF PALLIATIVE CARE hosted its fourth annual Robert Leffert, MD, Memorial Lecture on December 3, 2014 in the O’Keeffe Auditorium at MGH. With record-breaking attendance, this year’s lecture featured Diane Meier, MD, FACP, director of the Center to Advance Palliative Care and the Catherine Gaisman professor of Medical Ethics at the Icahn School of Medicine at Mount Sinai Hospital.

Meier’s keynote speech, “Palliative Care Futurists: Matching Care to our Patients’ Needs,” highlighted the central role palliative care can play in resolving our nation’s health care crisis. A panel discussion followed featuring Meier, Peter L. Slavin, MD, MGH president, Katrina Armstrong, MD, MSCE, physician-in-chief of the Department of Medicine, and Andrew Dreyfus, president and chief executive officer of Blue Cross Blue Shield of Massachusetts.

“The diverse and profound expertise of the panelists allowed for lively discourse on the expanding role of palliative care in our evolving health care system,” said Vicki Jackson, MD, MPH, chief of the MGH Palliative Care Division. “We are grateful for such involvement and support from leaders at MGH and beyond, and look forward to our future at this institution.”

The evening provides a unique opportunity for patients, family members, donors and multidisciplinary providers from a wide range of specialties to interact with the panelists and engage in discussions on the future of palliative care.

The lecture is held annually in memory of Robert Leffert, MD, who served as chief of the MGH Department of Rehabilitation Medicine and the MGH Surgical Upper Extremity Rehabilitation Unit. It is made possible through the generous support of Leffert’s daughter, Lisa Leffert, MD, chief of the Obstetric Anesthesia Division, and her husband, Lee Schwamm, MD, director of the Mass General Stroke Services within the Institute for Heart, Vascular and Stroke Care, director of the Partners Telestroke Center, and vice chairman of the Department of Neurology.
— FROM THE CHIEF

(Continued from page 1)

systems, they will ideally connect patients to this type of care early in the course of treatment. If so, they may be looking at MGH's outpatient palliative care clinic as a model.

In this issue, you will read about the Division's new Community Based Palliative Care Program. This pilot program, which is sending palliative care specialists on house calls to visit seriously ill patients in their homes, is the next step in patient-centered, integrated care. The program allows specialists to interact with patients in their own environment, where they are more comfortable and where specialists can get a better sense of how they are doing.

Additionally, our team has been expanding its global reach in palliative care education and training. Showcased in this issue are two of our talented physicians, Kathleen Doyle, MD, and Mihir Kamdar, MD, and their work educating clinicians in Belarus about important palliative care principles to improve care for seriously ill patients.

With each installment of the Palliative Care Newsletter, I enjoy the opportunity to reflect on the tremendous progress our young field has made. As the awareness of palliative care continues to grow internationally and within the medical community alike, it is in no small part due to the tremendous dedication and talent of our palliative care team here at MGH.

Vicki Jackson, MD, MPH
Chief, Division of Palliative Care

INTERNATIONAL CORNER

MGH PALLIATIVE CARE PHYSICIANS TEACH IN BELARUS

IN MAY OF 2014, a team of clinicians, including two MGH Palliative Care physicians, Kathleen Doyle, MD, and Mihir Kamdar, MD, traveled to Minsk, the capital of Belarus, to conduct a week palliative care seminar.

The Republic of Belarus was chosen as an area of critical need for increased palliative care education and access. It served as a pilot site for developing a curriculum for our international clinician colleagues and to foster longitudinal mentoring relationships. The event was Belarus' first formal palliative care workshop, and enabled clinicians throughout the developing Eastern European nation to learn about basic practices of palliative care, strategize about methods for modernizing the country's policies and collaborate to organize a National Center for Palliative Care.

On this trip to Belarus, Doyle and Kamdar worked first-hand to enhance palliative care education and access. The trip itself was the culmination of many months of planning, including needs assessment, curriculum development and translation of materials and slides. Prior to traveling, the team engaged in weekly Skype calls surrounding workshop development and logistics, strengthening the relationships with Belarusian clinicians even before the trip began.

Upon arriving in Belarus, it was exciting for the team to see the parallel challenges that may arise when practicing palliative care in either the U.S. or Belarus, such as managing difficult discussions regarding serious illness and prognosis with patients, families and providers. The team also strategized about challenges more specific to Belarus, such as ensuring that patients have access to opioids and other pain-relieving medications.

“Despite the differences in culture, physicians everywhere strive toward the common goal to relieve suffering. It feels important to share our resources and knowledge as well as to learn from our colleagues who care for patients in more resource-limited settings,” said Doyle.

The trip was a success, with over 80 Belarusian physicians able to attend the main conference. The conference gained substantial attention, with Kamdar appearing on local TV stations to educate the lay public about palliative care. Coinciding with their visit, palliative care became a formal part of the Belarusian national health policy, and the team was able to meet with a physician turned elected government representative who was instrumental in that process.

As Kamdar reflects, “To see the Belarusians building palliative care from the ground up in spite of substantial barriers was inspiring to our whole team, and it was a privilege to be able to assist in that process.”
INNOVATION IN CARE DELIVERY:
PALLIATIVE CARE IN THE HOME

THE DIVISION OF PALLIATIVE CARE and the Integrated Care Management Program (iCMP) launched a Partners-supported pilot program in the spring of 2014 to provide community-based, comprehensive palliative care to patients with complex advanced illness. The iCMP patients are some of the most vulnerable patients cared for within the Partners HealthCare System, due to the increasing burden of their illnesses combined with their decreasing ability to get in to see their doctors. Through this new program, the Division of Palliative Care has been able to extend to these increasingly home-bound patients the same high quality palliative care that it provides to patients hospitalized at MGH or seen in our outpatient clinic. This is the first time that an academic medical center in the region has provided this innovative, palliative care-across-the-continuum approach to the patients it serves.

The pilot program currently supports primary care physicians and the iCMP care teams in the Revere, Chelsea, Everett and Charlestown health centers. Using a list of well studied “triggers suggesting unmet palliative care needs,” primary care physicians and iCMP care managers review their patients on a regular basis and involve the community-based palliative care clinicians when a patient begins to “trip the triggers.” The palliative care clinician then does a home visit, assesses the patient for pain and symptom management needs, explores their understanding of the disease process, clarifies their goals and values and then collaborates with the primary care physician to put a community-based plan of care in place to best meet the needs of the patient. The palliative care clinician continues to make home visits as needed to help support the patient and their family across the disease trajectory, and to help provide continuity of care with the primary care physician. In addition to providing clinical care, the palliative care clinicians provide ongoing palliative care training and education to the clinicians and iCMP care teams in the health centers.

The Community Based Program team consists of Julia Gallagher, MD, Nurse Practitioner Martha Quigley and Program Assistant Kate Houghton. Martha and Julia joined the division in November of 2013 and are not only board-certified in Palliative Medicine, but each has years of home care experience and expertise that helped to launch this unique program. We are grateful to be working with such exceptional clinicians and value their unique skill set and combined home care knowledge as we continue to strive to deliver the “right care, at the right time, in the right place.”

The program, which is currently being evaluated across outcome and satisfaction metrics, is supported by the leadership teams of the Division of Palliative Care, iCMP and Partners Population Health Management. Plans for expansion to other practices and neighboring towns are also being reviewed.

SAVE THE DATE

THE MGH PALLIATIVE CARE DIVISION is supporting and facilitating the 2nd annual one-day bereavement program for children and families, a partnership between MGH and Comfort Zone Camp.

ONE-DAY BEREAVEMENT PROGRAM

Saturday, July 25th
8am to 4pm
MGH Institute of Health Professions

www.comfortzonecamp.org/MGH-CZC

Seeking Volunteers as well. Volunteer Training

Saturday, May 16
9am to 3pm
Yawkey Building

www.comfortzonecamp.org/volunteers

More information contact Todd Rinehart at 617-724-4525 or trinehart@partners.org
PALLIATIVE CARE HONOREES

THIS PAST FEBRUARY, Catherine Liberles, RN, was honored by the Saint Rock Haiti Foundation at their annual Gala in Quincy, Massachusetts. The foundation, which Catherine has been actively involved with for over seven years, promotes public health and social service initiatives in the rural Saint Rock community of Haiti. Most recently, Catherine has been advocating for better neighborhood access to clean, running water for the Saint Rock community, as well as for a Haitian-staffed medical center. The recognition at the foundation’s annual gala is an acknowledgment of the tremendous impact Catherine’s efforts and dedication have had on the greater Saint Rock community.

Additionally, Mihir Kamdar, MD, was recently selected as an honoree for the MGH Cancer Center's the one hundred. The annual program, which was inaugurated in 2008, honors the 100 leading organizations and individuals who are at the forefront of cancer research, treatment and patient advocacy each year.

Please join us in congratulating Catherine and Mihir on these well deserved honors!

WAYS TO GIVE

For information about ways to support the Palliative Care Division at Mass General, please contact Wendy Lennon at 617-724-6432 or wlennon@partners.org.