

# Improving access to palliative care: Team develops screening tool for underserved, community-dwelling older adults

## Change AGENTS Initiative

The John A. Hartford Foundation's Change AGENTS Initiative was a three-year effort dedicated to improving the health of older Americans, their families, and their communities through practice change. The initiative harnessed the collective strengths, resources, and expertise of the foundation's interprofessional community of scholars, clinicians, and health system leaders. The Change AGENTS Initiative was managed by The Gerontological Society of America.

The 34 projects funded through the Action Awards grants program showcased the improvements that interprofessional teams can bring to light by implementing evidence-based programs into targeted care settings in local environments.

These one-year grants for up to \$10,000 were available to interprofessional teams led by Change AGENTS for the purpose of achieving meaningful change to practice or policy that will improve the health and wellbeing of older adults and/or their families.



Palliative care focuses on alleviating symptoms of serious illness and improving well-being for people with serious illnesses, rather than focusing solely on cure. This type of care is commonly offered to people who are hospitalized, but serious illness has a far greater reach than hospital inpatients alone. More than 90 percent of older adults have at least one chronic illness. For many of them, their condition greatly compromises comfort and quality of life. Although community dwellers would benefit from palliative care, their health care providers are not accustomed to referring patients for this type of service.

“Case managers and senior center employees are very interested in how palliative care could benefit their clients, but they say they wouldn't even know how to identify candidates for it,” said Daniel Gardner, PhD, LCSW, an associate professor at Hunter College's Silberman School of Social Work and interim director of Hunter's Brookdale Center for Healthy Aging in New York City.

Through a 2016 Hartford Change AGENTS Action Award, Gardner and his colleagues set out to create a screening tool that health care and social work professionals could use to identify community-dwelling older adults who could benefit from palliative care. Gardner collaborated with Elizabeth Capezuti, PhD, RN, in the school of nursing; M. Carrington (Cary) Reid, MD, PhD, in the Division of Geriatric and Palliative Medicine of Weill Cornell Medical College; and Angela Ghesquiere, PhD, MSW, of Hunter's Brookdale Center for Healthy Aging.

Administered by The Gerontological Society of America, the Hartford Change AGENTS Initiative accelerated sustained practice change to improve the health of older Americans, their families, and communities. The initiative harnessed the collective strengths, resources, and expertise of the John A. Hartford Foundation's

interprofessional community of scholars, clinicians, and health system leaders so they could learn from and support one another while they adopted, evaluated, and sustained changes in practice and service delivery. The Change AGENTS Action Awards grants program was designed to support Change AGENTS in implementing promising ideas in practice change.

### *The Situation*

Palliative care, noted Gardner and his team, is a person- and family-centered approach to addressing the physical, psychosocial, and spiritual needs of people living with illness regardless of the stage of their disease—a group that includes community-dwelling older adults with chronic disease. But palliative care is almost exclusively offered to people who are already hospitalized for a relevant condition and so is often misunderstood as end-of-life care or hospice care.

Health care providers who hold this misperception might offer palliative care only to those in the final stages of their disease. Likewise, patients might believe that accepting this type of care means they must suspend all other treatment.

The team wanted to dispel this myth and expand access to palliative care for older adults in New York City who could benefit.

“It is absolutely not end-of-life care. It’s just good patient-centered, geriatric care to help people manage physical, biological, psychosocial, and spiritual concerns,” Gardner said.

Improving painful physical, spiritual, and psychosocial symptoms of illness could greatly improve quality of life and perhaps health outcomes. The team particularly wanted to reach those in underserved communities who often miss out on services and resources that could help them.

“There are large numbers of underserved older adults, living sometimes for months and years with not just chronic illnesses but also pain, mobility problems, depression, and anxiety, and they’re in areas that don’t have tremendous access,” Gardner said.

When the team approached community leaders at churches, social service agencies, and senior centers about increasing access to palliative care, they found that the people who would be best suited to refer older adults did not know how to identify appropriate candidates. Whereas inpatient settings foster knowledge of which patients might benefit from palliative care, no screening tool existed for identifying the community-dwelling population with chronic illness.

### *The Solution*

Based on their prior clinical experience and a deep dive into the literature, Gardner and his team designed a screening tool that nonmedical care providers can use. The team convened a panel comprising experts in the field who offered them feedback throughout the process.

The tool helps care providers screen for criteria that fall under the domains of physical, psychosocial, and spiritual concerns. Physical complaints, for example, could include unmanaged pain or limited mobility. Psychosocial concerns might include depression, anxiety, or fear of being a burden on family.

“There’s also a focus on making sure that the care they’re receiving is consistent with their goals, that communication with health care providers is clear and that what is being done is in keeping with the person’s wishes,” said Ghesquiere.

Upon completion of the screening tool, the team trained 16 providers at two sites—a senior center and a case management agency—in Harlem neighborhoods. Although the team expected to need several hours to train providers in administering the tool, the providers mastered it in about an hour, easily incorporating the screening tool into their workflow and finding it beneficial.

“Most providers found that it was not only useful for identifying palliative care needs but also that it was relevant to their practice,” said Gardner. “It was helpful for organizing their understanding of the needs of the client.”

The providers tracked their use of the screening tool for the next 3 months. Each time they offered the screening, they completed a checklist in which they noted whether clients accepted the tool, whether they screened positive, and, if so, whether they accepted a referral. The vast majority of patients accepted a referral when it was offered.

#### *How the Change AGents Action Award improved outcomes*

The Hartford Change AGents Action Award allowed Gardner and his collaborators to devote professional time to this project. Partner sites and members of the expert panel also received incentives for their participation.

Beyond financial assistance, winning the grant provided the team with a community of colleagues and an unparalleled level of support and feedback.

“The frame of the Change AGents Initiative—to do something concrete that would move change forward—has been a wonderful frame that helped us create something for the community,” Gardner said, “and they have been incredibly responsive.”