

Improving Value in a Large Health System by Transforming the Care of People Living with Serious Illness

A Case Study of Trinity Health System



Trinity Health is a people-centered health system—we are called to ensure that our patients always get the right care, at the right place, at the right time. Palliative care is perfectly aligned with that strategic and clinical imperative.

— Daniel Roth, MD, Chief Clinical Officer at Trinity Health

Background

Elements of Successful Health System Transformation

Extensive literature addresses the prerequisites of successful health care transformation, including effective leadership, payment aligned with desired outcomes, attention to a range of drivers, peer influence to drive changes in workforce behavior,¹ and just-in-time mentoring.² [Trinity Health System](#) exemplifies successful execution on many of these strategies. Led by [Rick Gilfillan](#), founding lead of the Center for Medicare and Medicaid Innovation after passage of the Affordable Care Act,³ Trinity has invested in a system-wide shift to a value-based delivery system.

The purpose of this case study is to describe Trinity Health's deployment of both specialty palliative care teams as well as clinical training of clinicians from all specialties in the skills necessary to care for patients with serious illness, to move a major health system forward on the journey to value.

Case Study: Trinity Health System

Trinity Health System is among the largest U.S. health systems, delivering care in twenty-two states through ninety-four hospitals and 109 continuing care locations—including home care, hospice, PACE (Program of All Inclusive Care for the Elderly) programs, and senior living facilities. Explicitly focused on serving the poor and underserved as well as the aging population, it is the largest not-for-profit provider of home health care services—ranked by number of visits—in the nation, as well as the nation’s leading provider of PACE based on the number of available programs. Dr. Gilfillan’s long history of leadership in the move to value, both at Geisinger and at CMMI, strengthened the system’s commitment to innovative models that improve quality of care and reduce costs.

Palliative Care as a Key Population Health Strategy Under Value-based Payment

A Catholic health system, Trinity Health has long invested in ensuring access to palliative care for its patients as a reflection of its mission. From the earliest inception of the field, Catholic health systems have led the nation in recognizing the importance of the relief of suffering as part of their mission; this commitment predates the shift toward value in health care. Subsequent to demonstration of palliative care’s impact on improving quality in a manner that reduces unnecessary costs in the care of patients with serious illness,⁴ palliative care became part of Trinity’s population health strategy.

Expanding Access to Specialty Palliative Care Across Trinity Health

As part of the move toward value-based reimbursement, Trinity Health’s committed to a system-wide expansion and redesign of the system’s palliative care capacity to ensure standard access to, and quality of, palliative care for patients living with serious illness and their families. Maria Gatto, MA, APRN, ACHPN, HPN, Health System Director of Palliative Care, performed a comprehensive, system-wide needs assessment, followed by detailed operational and clinical program evaluations to determine alignment of existing services with national palliative care quality standards. The assessment uncovered significant variation across program scope, structure, process, and resource allocation, as well as inconsistent documentation, data collection, reporting, and clinical education and training standards. These findings led to a standardization process guided by national quality guidelines for palliative care, and enabled through dissemination of tools and best practices for use by each hospital. A standardized system-wide dashboard was implemented so that Trinity Health could monitor palliative care program structure and processes against to the highest level of quality (per The Joint Commission (TJC) Advanced Certification Program Certification standards) across all hospitals palliative care programs, and to track program outcomes.

The full endorsement of Trinity Health's board and executives catalyzed the system's growth from 6 inpatient specialty palliative care programs with board-certified providers in 2012 to 40 programs by 2015.

Tools for Assessing Inpatient Palliative Care Capacity and Quality

- [Needs Assessment Toolkit](#)
- [Hospital Impact Calculator](#)
- [Measurement Strategies for Palliative Care](#)

Developing Robust Inpatient Palliative Care Services

Trinity Health supported inpatient palliative care program growth in three ways:

1. providing evidence-based best practice standards for palliative care delivery across a growing health care system,
2. supporting program building at the local level, and
3. benchmarking Trinity's delivery of palliative care against national data to justify growth decisions.

To standardize the delivery of palliative care across the health system, Trinity Health put in place education and onboarding requirements for all palliative care program staff, standardized clinical documentation and data collection, and raised awareness of adherence to national quality guidelines.⁵ This system-wide approach has supported Trinity's efforts to reach quality benchmarks for new programs, to integrate programs at recently acquired hospitals, and to respond to staff turnover.

Hospital palliative care leaders were surveyed to assess each program's stage of development and its most pressing challenges. The most common requests for system support from palliative care leaders included business planning strategies, as well as guidance on staffing design for an interdisciplinary palliative care team and measuring the quantitative and qualitative impact of the program. Survey results were used to develop a curriculum for monthly mentoring calls with local palliative care leads that tailored resource recommendations and problem-solving advice to meet each program's unique needs. In addition to specific tools and technical assistance, program leads were routinely connected to national palliative care experts for customized mentoring and advice.

Tools for Palliative Care Program Building

- [Business Planning Toolkit](#)
- [Staffing Design and Team-Building Toolkit](#)
- [Measurement Strategies for Palliative Care](#)
- [Virtual Office Hours](#) with national experts for palliative care program leaders

To benchmark Trinity's delivery of palliative care against national data, the team made extensive use of the [National Palliative Care Registry™](#), a project of the Center to Advance Palliative Care (CAPC) and the National Palliative Care Research Center (NPCRC). Just as metrics from the National Quality Forum and standards from [The Joint Commission \(TJC\) Advanced Certification Program for Palliative Care](#) guide measurement of clinical performance such as assessment for pain or shortness of breath, Registry data allow for operational benchmarking at the program level. National averages for palliative care staffing levels and penetration rates (defined as percent of annual admissions seen by the

palliative care team), for example, enable projections for the number of expected consults and staff requirements adjusted for hospital bed size.

Using revenue data from the palliative care [Hospital Impact Calculator](#), a new financial methodology was developed at Trinity to set system-wide targets for patient services, the resulting cost avoidance, billing revenues, and return on investment.

Tools for Hospital Palliative Care Measurement and National Benchmarking

- [National Palliative Care Registry™](#)
- [Palliative Care Hospital Impact Calculator](#)

Trinity Pursues Palliative Care Expansion in Community Care Settings

After growth of hospital palliative care services, the system then turned its focus toward expansion of palliative care services in community care settings where most people with a serious illness live and need support, including clinics, long-term care, and home settings. Lori Yosick, LISW-S, CHPCA, Former System Director for Community Palliative Care at Trinity Health, launched the initiative with a core group of programs that can support Trinity's efforts to succeed under new risk-bearing payment models. "We're focusing on our Next Generation ACO sites and other alternative payment model sites for expansion of community-based palliative care," says Ms. Yosick. Community palliative care is aligned with value-based payment models, as it supports improvements in quality, and consequently reduces health care costs for patients who otherwise rely on emergency department visits and hospital admissions when symptom crises arise.

Trinity's community palliative care initiative deploys a toolkit including mandatory training for new staff in all sites so that teams can ensure standardized clinical competencies. The toolkit is housed on Trinity's social learning website that includes system policies, forms, and sample job descriptions, together with palliative care program-building tools. As with hospital palliative care program leads, community palliative care site leaders participate in monthly education meetings and are supported by peer mentorship to share best practices and resources. Frequent engagement with system leadership helps community programs to both access training and mentoring and take responsibility for implementing practice changes.

Progress is considerably more incremental in the community than in the acute care setting. With many more programs and relationships to manage, less formal structure for dissemination of education and testing of competencies, and diverse challenges across sites of care, new solutions customized to local needs and new local champions are required to foster palliative care program growth and disseminate education in community care settings.

Tools for Palliative Care Program Development in the Community

- [Home-Based Palliative Care Toolkit](#)
- [Office/Clinic Palliative Care Toolkit](#)
- [Long-Term Care Palliative Care Toolkit](#)
- Setting-specific coaching through [Virtual Office Hours](#)

Beyond Specialist-level Palliative Care: Training All Clinicians

Trinity Health recognized that to maximize the potential value of palliative care, the health system needed to pursue twin initiatives:

1. build specialty palliative care capacity to ensure access for the most complex and vulnerable patients, and
2. train all system clinicians in core competencies absent in traditional medical and nursing education, including pain and symptom management and communication skills.

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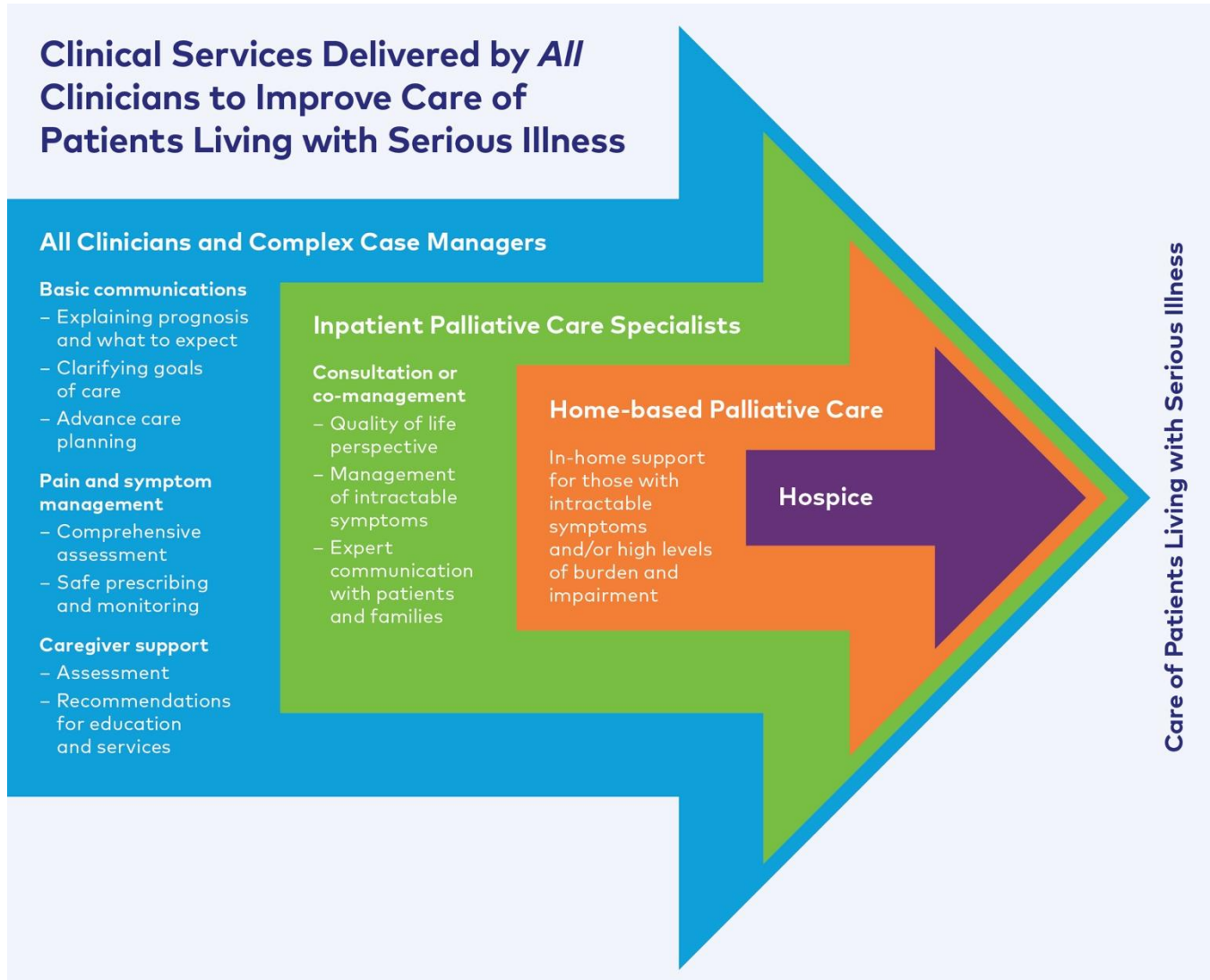


Lori Yosick, LISW-S, CHPCA

Former System Director for Community Palliative Care at Trinity Health

While organizations need both specialist palliative care teams to treat the patients whose needs are most complex and clinicians from other specialties through consultation, many core clinical competencies—such as discussing goals and preferences with seriously ill patients—are ideally performed by a patient’s primary treating team. To this end, Trinity has promoted standardized training among clinicians from all specialties and disciplines in the essential skills of pain and symptom management, patient and family communication, and care coordination across settings. If teams need additional support for complex pain syndromes or family conflict situations, for example, they have access to specialist-level palliative care consultation. Specialist palliative care teams also serve as just-in-time experts for their colleagues, and as educators and leaders of quality assurance and standardization of care for seriously ill patients system-wide.

To meet the need for education across the health system, Trinity’s palliative care leadership first identified the appropriate training materials. “We recognized that the list of people we had to train to support the palliative care need in hospitals, home care, hospices, and nursing homes was overwhelming for the faculty resources we had in place,” says Ms. Yosick. “If we were going to meet patient and family needs, we had to get scalable and low-unit-cost help with system-wide training.”



Improving Patient Experience: Pain Management Training

At the outset of Trinity’s palliative care training initiative, Mrs. Gatto interviewed system leadership to determine their highest priorities. “We went to our key stakeholders—executive and clinical leadership of our hospitals—and asked them what they wanted and needed most.” The unanimous response was that Trinity’s hospital leaders wanted support in pain management—an area in which Trinity’s HCAHPS scores needed improvement across the system. “The data spoke for itself,” says Dr. Don Bignotti, former Chief Medical Officer at Trinity and current Chief Clinical Officer at Ascension Health. “We had a tremendous opportunity to improve pain scores, which are a predictor of overall patient satisfaction. There was no question that this was the right thing to do—we had already committed to improvement targets on patient experience—so it was just a question of what was the best way to get there.”

“Giving all our physicians and nurses better skills would give them the confidence to handle difficult patient care situations themselves and relieve the pressure on our specialists—it was a perfect way to accelerate what we were already trying to do.”



Don Bignotti, MD
Chief Clinical Officer at Ascension Health

Trinity launched a structured system-wide initiative to improve the patient experience of pain. “Giving all our physicians and nurses better skills would give them the confidence to handle difficult patient care situations themselves and relieve the pressure on our specialists—it was a perfect way to accelerate what we were already trying to do,” says Dr. Bignotti.

In October 2015, Trinity announced the initiative to clinical staff across the system, offering recommended training tools to improve pain management. The specific objectives of the initiative were to improve Press Ganey HCAHPS pain management scores for Trinity Health System hospitals, both overall and within each of three domains of the HCAHPS pain management survey.⁶

1. **“During this hospital stay, did you need medicine for pain?”** Trinity sought a decrease in the percentage of patients answering “yes” to this question.
2. **“During this hospital stay, how often was your pain well controlled?”** Trinity targeted an increase in the percentage of patients answering “always” to this question.
3. **“During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?”** Trinity targeted an increase in the percentage of patients answering “always” to this question.

Trinity defined three target ranges (green, yellow, and red) and set goals for each hospital to improve its HCAHPS pain scores such that they moved from one performance zone to the next. For those hospitals already in the green zone, the goal was to maintain or exceed prior performance.

Mrs. Gatto and Ms. Yosick credit several implementation strategies for the success of the training initiative. In order to garner clinician engagement, system leadership endorsed an internal email marketing campaign defining the goal (improved pain management scores) and the call to action (train all clinicians using standard education materials). Email communications were signed by the system’s chief medical and nursing officers to demonstrate the high priority of the initiative.

Recognizing that each hospital and site of care in a large system have their own unique resources, needs, and culture, palliative care program leads were charged with engaging clinicians from other specialties in training at the local level. “We cultivated local champions to design their own programs and set their own training targets according to their capacity and needs,” says Mrs. Gatto. “Education

plans had standard requirements set at the corporate level, but they were locally modified to ensure engagement.”

Trinity Health disseminated user guides and communications templates to support local palliative care leads’ efforts to disseminate training, as well as detailed reports that allowed leadership to track units of training (in this case, completion of online modules) done by department or by discipline. On monthly conference calls, palliative care leads reviewed progress toward local training goals and shared stories about effective engagement strategies and clinician feedback.

Addressing the Opioid Crisis through Staff Training

As the opioid epidemic worsened across the U.S., many of Trinity’s communities were hit especially hard. Trinity Health’s Opioid Utilization Reduction (OUR) initiative identified prescriber education as the most critical need for hospitals and clinicians to successfully reduce opioid-related harm. Recognizing that the system’s palliative care specialists are expert pain managers, the OUR chose to endorse and build upon the existing foundation of system-wide palliative care pain management training. As Dr. Jeffrey Komins, former interim CMO of Trinity Health, says: “The national statistics show that four out of five people who abuse heroin started with an opioid prescription from a well-meaning physician.⁷ Everything Trinity is doing with pain education across the system fits with the imperative to tackle the national crisis.” Training topics include identifying which patients are appropriate for opioid therapy, risk assessment for opioid use disorder, and safe monitoring of patients receiving opioid therapy. The Opioid Utilization Reduction effort is ongoing; outcomes are not yet available.

Tools for Training in Pain Management and Safe Opioid Prescribing

- [Online CE courses and clinical tools](#) for safe opioid prescribing among patients with serious illness
- Substance use disorder [risk assessment training](#)

Increasing Rates of Advance Care Planning through Staff Training

“We have an opportunity to ask our patients what they want from their medical care much earlier, and to standardize how we ask and document those wishes across our integrated networks and medical groups.”



Daniel Roth, MD
Chief Clinical Officer at Trinity Health

Trinity's next intended application of targeted training in core palliative care skills to non-specialists is a system-wide initiative to standardize advance care planning, a process of eliciting patient priorities for their medical care in the changing context of their illness over time. The system-wide strategy for 2019-2020 is to disseminate training in the necessary communication skills and re-engineer workflows to ensure that advance care planning reliably occurs using standardized and retrievable documentation, with the objective being to consistently provide goal-concordant care and measure impact. Dr. Roth, Trinity's Chief Clinical Officer, says, "We have an opportunity to ask our patients what they want from their medical care much earlier, and to standardize how we ask and document those wishes across our integrated networks and medical groups."

Tools for Standardizing Advance Care Planning

- [Online CE training](#) in key communication skills
- [Guidance on billing](#) for advance care planning conversations

Embedding Palliative Care Training in Residency Programs

"Residents said palliative care training changed their attitude about professional practice and their relationships with their colleagues. It was powerful for them."

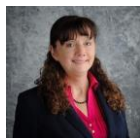


Maria Gatto, MA, APRN, ACHPN, HPN
System Director of Palliative Care

Dr. Komins championed the integration of palliative care into mandatory medical resident education. "We saw that standard palliative care education for residents is aligned with the needs of a people-centered health care experience: we have an aging population of people with growing palliative care needs, and a national opioid crisis," says Dr. Komins. "We wanted to empower the next generation of doctors to feel confident about safely and effectively treating pain and symptoms." Six Trinity teaching hospitals had identified concerns about pain management by residents and agreed to pilot pain management training with their residents. Positive responses from these residents led to inclusion of required palliative care training in standard resident education system-wide. According to Mrs. Gatto, "Residents said palliative care training changed their attitude about professional practice and their relationships with their colleagues. It was powerful for them."

In 2018 Trinity Health partnered with the American Hospital Association to test a prototype for age-friendly care across the system. A core component of the Age-Friendly Health Systems initiative is for clinicians to understand and respond to "What Matters" to patients, which is fundamentally aligned with Trinity's goal to train non-palliative care clinicians to do advance care planning.

“Online training is great for these young doctors because it transcends specialties, and asynchronous learning that is available any time on any device, including their phones, makes it easier for them to fit it into their schedules.”



Debi Kellogg
Director of Medical Education at Trinity Health

In July 2018, Trinity Health made courses in basic palliative care competencies a standard part of resident education for all first-year residents in twenty teaching hospitals. The new initiative, which includes courses in pain management, symptom management, and communication skills, applied to more than 400 residents in 2018-2019.

Debi Kellogg, Director of Medical Education at Trinity Health, says introducing new material into a residency curriculum is never easy. Residents generally have three to five years to learn everything in their specialty and they are working eighty-hour weeks. “Online training is great for these young doctors because it transcends specialties, and asynchronous learning that is available any time on any device, including their phones, makes it easier for them to fit it into their schedules.” As with other system initiatives, residency program directors had some flexibility in timing and design, but the expectation is that residents will complete all pain management courses in their first year. Residents will be assessed on basic competency in pain and symptom management and communication skills by mentors from specialist palliative care programs.

Tools for Resident Medical Education

- [Menu of online training courses](#)
- List of [clinical competencies](#) in pain and symptom management, communication skills, and dementia care for residency directors

CAPC’s online clinical training curriculum includes forty courses covering pain and symptom management, communication skills, care coordination, caregiver support, and how to address sources of suffering in major diseases, including dementia, COPD, and heart failure. Courses provide CE credits for all disciplines, and physicians also receive ABIM Maintenance of Certification (MOC) points. All courses and credits are free for clinicians from member organizations.

Al Redding, Senior Learning Consultant at Trinity, says: “The CAPC learning platform is mobile-enabled, responsive, and incremental, so people can jump on their tablet for fifteen minutes before an appointment and then get back to their workflow. For clinicians, it’s everything 21st-century adult learning should be.”

Outcomes to Date

Building Specialty Palliative Care Capacity across Trinity Health

Patients of Trinity Health value their experiences with palliative care—an unusually high 90% of the patients receiving a specialist palliative care consult report likelihood to recommend the service.

The improvements in key quality metrics resulting from increased palliative care capacity in hospitals system-wide, such as improved patient experience, reduced length of stay, and decreased readmissions, are associated with cost avoidance for the health system totaling \$31 million between July 2017–June 2018.

In addition to financial impact, Trinity Health has analyzed key operational metrics for palliative care patients. For example, average hospital length of stay among patients who received a palliative care consultation was 8.7 days in 2017, compared to the national average of 10.7 days (National Palliative Care Registry™). Similarly, the readmission rate for Trinity Health patients who received a palliative care consultation was 13.2% in 2017 and dropped further to 9.6% in 2018. This is well below the 2020 Trinity Health system target for overall readmissions of 14.6%, and illustrates the impact of the system's palliative care services for its most complex and high-need patients with serious illness.

Trinity's commitment to identify patients in the community who can benefit from palliative care services—and building palliative care teams to provide those services—has already demonstrated impact as well. The system has seen a positive effect on costs and utilization as a result of its community palliative care strategy, as recently published.⁸

Training All Clinicians in Core Palliative Care Skills

Trinity continues to track completion of online palliative care training courses by its clinicians, targeted practice changes such as hourly rounding, and outcomes, such as pain scores, and has engaged Press Ganey to support data analysis. By June 2019, more than 9,000 Trinity Health staff had completed over 38,000 palliative care training courses in support of system-wide initiatives. More than 800 Trinity clinicians received Center to Advance Palliative Care Designation status in pain management (an estimated twelve hours of training and CE and Maintenance of Certification credits or points), and 700 clinicians received Designation status in communication skills for patients with serious illness (an estimated two-and-a-half hours of training and CE credits). Training reports showed that the courses reached professionals from a wide range of relevant specialties. Non-palliative care clinicians that took the most courses include staff from internal medicine, emergency care, critical care, family practice, hospital medicine, surgery, oncology, and cardiology. Given the alignment between palliative care training and Trinity's requirement for purposeful hourly rounding, 53% of courses were taken by registered nurses.

“...based on our data we are able to say with confidence that those units that implemented this palliative care training program had improved clinical outcomes.”



Al Redding
Senior Learning Consultant at Trinity

“Learning is never 100% the root cause for behavior change, but based on our data we are able to say with confidence that those units that implemented this palliative care training program had improved clinical outcomes. And that was an opportunity to show others what was possible,” said Mr. Redding. An analysis of HCAHPS Pain Domain Scores for each hospital at the unit level showed net positive improvement during the pilot training period of October 2015 to December 2016. Seventy percent of the top-performing hospitals met or exceeded their HCAHPS pain management goals.

Based on the positive outcomes realized through both specialty palliative care and widespread training of clinicians in core skills, Trinity Health will continue its investment in initiatives to improve care for patients living with serious illness.

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