

## **Development of a system-wide strategy and service line for serious illness care across the Mass General Brigham Health System**

**Vicki Jackson, MD, MPH**

Chief, Palliative Care and Geriatric Medicine, Massachusetts General Hospital

Co-Director, Center for Palliative Care, Harvard Medical School

Collaborators: Heather O'Sullivan, MS, AGNP

Sponsors/Mentors: Anne Klibanski, MD, Gregg Meyer, MD, MS

**Background:** Mass General Brigham (MGB) is facing enormous inpatient demand, increased inpatient mortality, and a state-wide decrease in hospice capacity. Care of seriously ill patients in parts of the MGB health system can be fragmented and reactive. This contributes to issues related to quality, capacity, and reputation. Multiple studies conducted across MGB have demonstrated improved quality, decreased resource utilization, and decreased costs with the implementation of primary and subspecialty palliative care. Although MGB has several mature palliative care services, they often struggle with staffing and lack enterprise level integration. Additionally, recent reorganization has left some critical system-wide palliative care quality improvement initiatives without a home.

**Goals and Objectives:** Our goal is to develop a strategic, integrated approach to the care of patients with serious illness in the MGB system. Our objectives are: 1) to promote early identification of seriously ill patients with unmet palliative care needs 2) to align clinical e.g., outpatient oncology palliative care and quality improvement efforts e.g., Serious Illness Care Program (SICP) across the system where possible 3) to integrate home-based palliative care into MGB Health Care at Home 4) to develop new relationships and contracts with hospices that can meet the needs of our patients and families.

**Methods:** We conducted interviews with key system leaders, explored different patient identification models being used across the system, conducted an environmental scan of palliative care activities across the system, and assessed current hospice contracts.

We completed a SWOT analysis regarding palliative care in the health system, a needs assessment for outpatient oncology clinicians, and are engaging a consultant to develop the business model and scope for home-based palliative care in the system.

**Outcomes:** The SWOT analysis revealed opportunities to align on one patient identification model, to integrate SICP and hospital strategies aimed at decreasing 30-day mortality, and to expand our hospice contracts. Health system leaders agreed that transitioning home-based palliative care into MGB Health Care at Home would promote important integration and that process has begun. Finally, the needs assessment of our outpatient oncology providers revealed the need for expanded virtual and embedded consultation and the development of new models of palliative care support e.g., e-consults, collaborative care models. We are currently piloting these new models.

**Discussion and Next Steps:** We are in the process of finalizing and socializing the strategy with key health system leaders and determining the best structure and location for this work within the system.