PACE Chaplains Tell All

NACC St. Louis
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Providence ElderPlace
Portland, Oregon

For Old Age  John O’Donohue

May the light of your soul mind you.
May all your worry and anxiousness about your age be transfigured.

May you be given wisdom for the eyes of your soul to see this as a time of gracious harvesting.
May you have the passion to heal what has hurt you, and allow it to come closer and become one with you.

May you have great dignity, sense how free you are; above all, may you be given the wonderful gift of meeting the eternal light that is within you.

May you be blessed; and may you find a wonderful love in your self for your self.”
Welcome:
How many of you work with Elders? In Hospitals? In other venues?
How many of you have been a chaplain 5-10 years? Less than 5? More than 10?
Share with one other: “What do you love most about your work?”

Chaplain Kate McGraw
- Unitarian Universalist M.Div.
- 5 years a Chaplain (2 Hospice 1 hospital 2 ElderPlace)
- 8 years Spiritual Director

Chaplain Hilda Lethé-Drake
- Roman Catholic MA/BCC
- 8 years a Chaplain (2 Hospital 6 ElderPlace)
- 27 years Parish & Archdiocesan Ministry

Why are we here?
- Medical Home model new wave in health care
- Radical change – focus on wellness
- Role of acute care hospital changing
- But chaplains have mostly worked in acute care
- So where do we go now?
- Medical Home Model has a role for chaplains
- As ElderPLace chaplains, we’ve been working in Medical Home for decades
- So we’re here to “tell all” about our work in this new model of health service delivery.
What We’ll Cover

• What is ElderPlace / PACE?
• Basics of Medical Home, with implications
• Chaplain role in ElderPlace
• Possible Chaplain role in Medical Home
• Feel free to ask questions as they arise, and we will leave time for discussion at the end.

ElderPlace in Oregon

• A Program of All-inclusive Care for the Elderly (PACE)
• We have 8 sites with 1,031 participants.
• Gresham is our largest site.
• Beaverton is our newest/smallest site.
• Video
PACE Program of All-Inclusive Care for the Elderly

Nationwide... there are 103 PACE Programs; operating in 31 states.

ElderPlace, opened in 1988, was one of the first 10 PACE programs nationally.

Source: National Pace Association [https://www.npaonline.org/website](https://www.npaonline.org/website)

PACE History

- The PACE model of care began in 1970's
- Families in Chinatown-North Beach - San Francisco wanted to care for their parents.
- Dr. William L. Gee, and Marie-Louise Ansak investigated solutions.
- They, along with other community leaders, formed a nonprofit corporation, named On Lok Senior Health Services.
- On Lok is Cantonese for "peaceful, happy abode."
PACE Core Belief

It is better for the well-being of seniors with chronic care needs and their families to be served in the community whenever possible.

Source: National Pace Association https://www.npaonline.org/website

Who Can Join PACE?

You can join PACE if you meet the following conditions:

• You’re 55 years old or older.
• You live in the service area of a PACE organization.
• You’re certified by the state in which you live as needing a nursing home level of care.
• You would be able to live safely in the community if you get PACE services.
• Note: You can leave a PACE program at any time.
What Will PACE Do for You?

Broad spectrum of services including:
• Comprehensive health care management
• Care coordination (Inter-Disciplinary Team)
• Health promotion (MD, NP, PT, OT, dietician, Speech/Language Pathologist)
• Comprehensive transitional care/follow-up
• Participant and family support (Chaplain, Social Worker, personal care assistants, transportation)
• Referral to community and social support services

Transportation

Transportation to medical appointments is a significant burden on families, and ElderPlace takes it off their shoulders.

Our drivers get to know participants and provide valuable input on their care.

“I felt like a soccer mom again, but my passengers weren’t as noisy or as cheerful.”

Daughter of an ElderPlace Participant
A Team Approach

• Health care is directed by teams.
• Core **Inter Disciplinary Team (IDT)**: Doctor (PCP – sometimes a Nurse Practitioner) – Nurse – Social Worker + others as appropriate.
• Others means: OT, PT, Speech, Chaplains, bus drivers, PCAs, etc.
• Serious about person-centered care: Family Meetings and Care Team meetings take an average of 90 minutes of each professional's day.

How Team works

• Every day begins with a team meeting where we review all participant changes and formulate interventions.
• We develop **Care Plans** for each Participant.
• These are updated every 6 months or as the need arises.
• We respond to needs, ER visits, lost glasses and dentures, weight loss, family concerns.
• We listen to perspectives from all members of the team, and then we act.
Our Newest Team/Beaverton

“Program of All-Inclusive Care For The Elderly – The PACE Model of Care”

Medical care
- Primary medical care
- Specialty medical care
- Hospital stays
- Diagnostics
- Medical equipment
- Mental health
- Dietsicians

Care coordination by a team
- Primary care physician
- Medications
- Social workers
- Physical, speech and occupational therapists
- Pharmacist
- Labs
- Nursing
- Pastoral care

Network of support
- Transportation
- Personal care
- Adult day care
- Housing
- Nursing facilities
- Recreation
- In Home care

- Comprehensive, high quality medical and social services for older adults
- This list is not all-inclusive. Care plans are customized to each individual
Capitated Health Care Supports
Person-Centered Approach

• ElderPlace is a Medicare Advantage Program, providing insurance as well as comprehensive care.

• We get the same monthly Medicare and Medicaid payments for each participant, regardless of whether they’re living happily at home or in the ICU.

• Our participants want to stay as well as possible, and we want that for them.

• So we have incentive to be creative.

Creative Solutions
The Air Conditioner
To Provide Some Context

- There’s been talk about “Health Homes” (aka Medical Homes) in health care reform.
- What is a Medical Home?

A Medical / Health Home

- Medical Homes are intended to provide wrap-around care for people who fit certain criteria:
  - two or more chronic conditions;
  - one chronic condition and are at risk for a second; or
  - a serious and persistent mental health condition.
What Does a Medical Home Look Like?

A Medical Home can be simple Or fancy

But it “should be an interdisciplinary, inter-professional team.”


Configurations for Medical Home

3 configurations recognized by Medicaid:

- **A designated provider**: May be physician, clinical/group practice, rural health clinic, community health center, community mental health center, home health agency, pediatrician, OB/GYN, other.

- **A team of health professionals**: May include physician, nurse care coordinator, nutritionist, social worker, behavioral health professional, and can be free standing, virtual, hospital-based, community mental health centers, etc.

- **A health team**: Must include medical specialists, nurses, pharmacists, nutritionists, dieticians, social workers, behavioral health providers, chiropractics, licensed complementary and alternative medicine practitioners, and physicians’ assistants.

- **Note: Chaplains are not mentioned.** In ElderPlace, as in hospice, chaplains are integral members of the team.
What services does a Medical Home Provide?

- Comprehensive care management;
- Care coordination;
- Health promotion;
- Comprehensive transitional care/follow-up;
- Patient and family support; and
- Referral to community and social support services.

ElderPlace is a Medical Home

- Description of Medical Home parallels PACE/ElderPlace description.
- Health Care is moving toward Medical Home model of service delivery.
- Hoping our experiences as EP Chaplains can give food for thought regarding Chaplain roles in Medical Home configurations.
Now, what you came for:

Here’s Where We Tell All

Spiritual Care is Integral

• Because we work at Providence, spiritual care has been part of the team of health care providers since the beginning of ElderPlace.
• We have proved our value.
• Spiritual Care is integral to care of the patient, and care of our teams.
Effective Chaplain Interventions

PACE Chaplains use spiritual care skills and interventions that are familiar to chaplains in other contexts. They include:

- Presence
- Listening
- Assessment
- Follow up
- Prayer

How are these spiritual care interventions impacted/facilitated by PACE model and Chaplain role on team?

Effective Chaplain Interventions

Long Term care is a huge bonus.

- We get to know people gradually, in ways that don’t look like formal chaplaincy.
- Each intervention is impacted by knowledge of the whole person.
- Depth in use of usual tools is different because of the relationship.
- Majority of participants are with us until they die (average 3-4 years)
- Begin to develop relationship early
Effective Chaplain Interventions

Spiritual Assessment

- Formal assessment done as participants move into Palliative Care
- Assessment includes discussion of EOL wishes and requests regarding memorial service
- Many of our participants develop dementia, can’t remember own stories
- Staff becomes custodian of memories.

Role Play:

Chaplain visits Esther
Intervention: Spiritual Assessment

SPIRITUAL ASSESSMENT

Family Information: 3 sons Matt, John and Paul. Matt and John live a 3-5 hour drive away. Paul who is in the Portland area is homeless.

Religious Background: Lutheran Brethren met husband at church.

Current Religion:
Religion: Lutheran Brethren
Church / Religious Services: Church members visit
Current Religion Comments:

Spiritual Practice:
Prayer / Meditation: prays daily

TV Services: may watch sometimes with others in the home
Bible / Text Study: can't read alone any more macular degeneration

Sacraments: Communion church brings monthly
Anointing

Scripture / Other Reading: used to love reading

Devotionals: Booklet:
Rosary:

Music:

Unable to Assess:

Information Obtained From Family / Other
Issues of Which to be Aware:
Reconciliation:
Family Issues:
Preparing for Death:
Loneliness:
Pain / Suffering:
Meaning & Value: relationships
Hope / Goals:
Grief / Loss:
Unfinished Business:
Anger:
Anxiety:
Memorial Considerations: will be buried with husband who was a Veteran
Other:

Assessment Summary

Plan:

Intervention: Palliative Care

PC I
• DNR / DNI
• Limited medical interventions
• Quality of life is focus of medical interventions
• EOL within 1 year likely.
• PC I designation triggers formal Spiritual Assessment.

PC II
• Our Hospice Designation
• DNR / DNI
• Comfort is focus of medical interventions
• EOL expected within 6 months
Intervention: Palliative Care

- **PC III**
  - Actively Dying
  - Passage Quilt offered
  - Support participant, family and caregivers

*After Death*
- Memorial Service Offered
- Bereavement Follow-up

Intervention: Care of Team

- Reflections
- Grief processing
- Rituals (annual memorial service)
- Tea for the soul
- Tending to team members individually
- Crisis Debriefing

**Tips for working with IDT**

- Get to know your team members
- Trust yourself and your training
- Think about what and how to share with team
- Claim your voice
More Interventions:

• Meaning connections
• Facilitate faith community support
• Clear eyes on difficult conversations / situations
• Identify and help activate coping resources
• Share with team – some see this as a conflict, but is it?

What we love about our work…

• Hospitality - All are welcome
• Memorials - Celebrations
• Prayers – Stories
• Presence – Relationship – Humanness
Quilt Ritual / Story

Questions and Discussion
Closing: A Place Like No Other

Before I came to you my life was different; people wanted to treat my diseases as my insurance would allow, but they never really saw me. As the years went by... I lost more and more control, freedom, and dignity. I became more fragile and then I came to you. When I first came here, I told you I didn’t belong here, and you touched me. When I realized I did, you understood. When I shared my life story, you listened. When I had pain, you relieved it. When I soiled myself, you washed me. When I was hungry, you fed me. When I told a joke, you laughed with me. When I was rude, you forgave me. When I shared my secrets, you held them in your heart. When I was ashamed, you returned my dignity. When I told you my troubles, you sorrowed with me. When I was angry, you raged with me. When I wondered about my soul, you comforted me. When I was concerned about my family, you brought them into the circle. When I was dying, your thoughts, your prayers and your presence helped me along my way. And now that all is said and done, you remember me. I thank every one of you who cared for me, in a place like no other.

Sherry Stoneback, February 2005

Resources

Quilt Prayers
Christian – Jewish – Muslim – Universal
Reading - Novels
Still Alice by Lisa Genova
The Madonnas of Leningrad by Debra Dean
The Notebook by Nicholas Sparks
Water for Elephants by Sara Gruen
Tangles: A Story About Alzheimer’s, My Mother, and Me by Sarah Leavitt

Websites
National Pace Association
https://www.npaonline.org/website
www.healthyaging.net
www.cdc.gov/aging
www.amazon.com/Healthy-Aging-Lifelong-Spiritual-Well-Being

Medicare Providers & Info - PlanPrescriber.com