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Episode 51 - Dr. Jean Kutner: The Evolution of Evidence-Based Practice in Hospice

[00:00:08] Welcome to LIVING PROOF A podcast series of the University at Buffalo School of Social Work at www.socialwork.buffalo.edu. Were glad you could join us today. The series Living Proof examines social work research and practice that makes a difference in people's lives. The University of Buffalo School of Social Work is making a difference every day through the generation and transmission of knowledge promotion of social justice and service to humanity. We offer MSW and PHD programs continuing education programs and credits online courses licensor exam preparation professional seminars and certificates and much much more. To learn more about the UB School of Social Work please visit your www.socialwork.buffalo.edu. I'm your host Oduor Robinson. Dr. Jane Kutner is a tenured professor of medicine at the University of Colorado Denver School of Medicine where she is the head of the Division of General Internal Medicine board certified in internal medicine geriatrics and Hospice and Palliative Medicine. Dr. Kutner is active in palliative and hospice care research education and clinical care both locally and nationally. One of Dr. Kutner's major contributions to the field is the development of a population based Palliative Care Research Network a national network of organizations providing Palios to care that facilitates the conduct of high quality clinically relevant end of life research in settings where palliative care is provided. Dr. Deborah Waldrop associate professor at the University of Buffalo School of Social Work and Hartford scholar spoke with Dr. Kuttner about the history and role of evidence based practice and hospice care changes in hospice care and barriers and facilitators to building an evidence base.

[00:02:18] I'm Deborah Waldrop and I'm here today with Dr. Jean Kutner his confessor of medicine in the Department of Medicine at the University of Colorado. She's a board certified Internal Medicine geriatrics and Hospice and Palliative Medicine. Welcome Dr. Kutner and thank you very much for your willingness to share your expertise on the evolution of evidence based care and hospice. My pleasure. Happy to be here. Can you give us a history of the role of evidence in hospice care. Certainly hospice really began as a response to problems that primarily the nursing community saw and care for persons at the end of life and over the years as medicine has advanced and hospice care has advanced and they've been starting to take care of sicker patients. Hospice really started as primarily based on experience there's not a lot of evidence to guide what people were doing. And so we really provided care based on what we had learned from providing care for these patients without a lot of evidence to guide that. And can you talk a little bit about what that looks like what kind of care there was at that time. Well primarily when hospice first started it was primarily cancer patients and primarily pain management and over time we started to take care of a more complex patient population whereas it used to be most patients in hospice had cancer. Now only about 40 percent or so of patients have cancer so the other 60 percent have all kinds of other chronic medical illnesses. And we really had to try to figure out how to best care for these patients and what therapies they need and complex symptoms as well as complex medical management have been acquired.

[00:03:59] So hospice care is changing along with medical care over the years. Can you give us an idea of where we are now in the use of evidence in hospice care and what's been driving those changes. Well I think there's been a few things. I think one has been the increasing complexity of the patients. I think two has been the development of a specialty in the field. There's now a board certified specialty and Hospice and Palliative Medicine and in order to have a board certified specialty you have an evidence base in the field in order to demonstrate that you actually need to have a board certified specialty. There's also certification for social workers in hospice and palliative medicine as well certification for nurses and there either is or is developing a certification for chaplains as well just in the U.S. And so to drive those certifications we need to have a demonstrated body of knowledge is one so we've had to say yes here is a specified body of knowledge for the field. Two there's also as there's been in other aspects of health care in the U.S. A an increase in accountability and having to demonstrate both the value and the quality of what we do. And so there's been an increasing interest in being able to demonstrate that hospice care while we have always felt that it's been good. We haven't had that data to be able to show other people or especially other agencies and funders that it's been good.

[00:05:24] And then I think the other piece of it is that as the research community has gotten more interested in this field that we're getting more evidence so now we have to figure out how do we get that evidence that's out there how do we actually get it out into practice. So it's been a combination of a number of factors that has really increased the awareness and need for both generating evidence in the field that helps inform our patient care as well as in figuring out how to get that evidence that's been generated. How do you get it up to the field in practice. Could you talk a little bit about the barriers to evidence based practice in hospice. There are a number of barriers to evidence based practice. One is the one I mentioned that we actually haven't had a lot of evidence so we still tend to practice based on experience because we are only now beginning to build evidence in our field so that if you for example go into a literature search where you would try and you know be you know follow perfect evidence based practice rules where you're trying to search on a study that's used your population exactly with the types of therapies you're interested in. Often we get frustrated honestly. You know you try and you try and do this evidence they certainly find that whatever it is you're interested in a particular pain medication a bowel regiment whatever it actually hasn't been tried in our population. So sometimes people get frustrated they say well I tried I couldn't find the evidence but the evidence is growing two is actually generating evidence in the field. It's a tough patient population to study. People are sick. They often die relatively quickly.

[00:07:08] They may or may not be able to provide their own data because they may be too sick too or too cognitively impaired to provide data and then that's also been a hard population to access for research because there's been a fair amount of gatekeeping and that people have been very worried about the vulnerability of the population. On that side there have been a number of studies now talking to patients and family caregivers and that they really want to contribute. They want to leave a legacy. So there actually is a lot of interest among the patient population and their family caregivers about participating in various different types of research. So one of the things that we've been advocating is you actually have to ask. You can't just assume the patients and families don't want to participate in research and some of the hospices that we were were actually asking at the time of admission of if if our hospices participating in various types of studies. Would you be interested in being contacted and that can really help enrollment so that those are some of the aspects of actually conducting the research in the population.

[00:08:17] And then I think from the perspective of it's very different cultures and if you realize that hospice grew out of a culture very high touch low tech caring sort of population and very sort of experience focused process focused that the idea of bringing in what may be seen as outside expertise can seem like a challenge and that they sometimes feel that maybe your own practices are being challenges you may feel like you've been doing it well and then suddenly there seems to be somebody telling you that maybe there's a better way of doing that and that you know that's hard for caring people who think that they're doing the best practices that they can do. So there's a number of cultural barriers there of thinking about hospices something that should be evidence based. It's it's it should be integrated into something that's very caring and there I think there are ways that we can get there. But just even thinking about how can data and should data and information being gauged on a day to day way in what we do and clinical care. One of the things that we've been working with with one of our local hospices is looking at ways of how can we build what we've been calling a culture of inquiry is how can we engage staff from the highest levels the CEO to the frontline staff at all levels to think about on a daily basis. Why is it that I do what I do the way I do. And how can I think of ways to make it better. Or how what might what information might be able to do to make it better to get people to start thinking about that maybe there's maybe data can be helpful rather than the scary thing. I think the other thing barriers that hospices have had to report a fair amount of data for various benchmarking and national sort of things but those data haven't really tied in closely with clinical care.

[00:10:28] So I think people see anything to do with data as being extra work rather than effect in their day to day care along those lines in terms of barriers as if if the people who are providing the care don't see how something is relevant to their day to day work how is what how is this evidence or participating in this research study going to actually improve my job and prove what I do for my patients and prove the care for these patients and families. It just looks like extra work. So why would they why would they want to. I mean you've got to understand people understand that you know everybody's already busy and if there isn't a clear tie between either participating in generating new knowledge or changing the way I'm doing something because some study and some journal somewhere tells me that's how I should do it people aren't going to aren't going to change their practice. And it's hard to change the way you've been doing things for years. Absolutely. So there are a lot of challenges along the way along the road to creating an evidence base in hospice thanks for sharing all that. There must be some facilitators that there must be some things that really help facilitate it. Evidence based practice in hospice and can you share with us what some of those are. I think we are learning about what the facilitators can be. I think the more that we have measures of what we do that are consistent across hospices so that we can compare we can learn from each other about what works in one place and what doesn't. There's been some talk about being able to compare the effect then the evaluation of hospice care measures across hospices as a way of identifying best practices. Why is it that looking at variation. Why is it that one hospice seems to be scoring well on a measure another one's not what can we learn from each other.

[00:12:27] And so doing something like that will require people willingness to compare their data and then willingness to share best practices as well. I think we do learn a lot from each other. I think linking in either the knowledge generations or participating in studies or getting that evidence into practice with day to day practice thing instead of I guess that adding extra work a lot of hospices are going electronic records right now. So for go into an electronic record like has been done in other studies can we build in for hospice point of care suggestions that automatically tell people hey you know this patient is on a simple one that's patients on an opioid. Are you sure they're you know are you sure that they're on a a good bowel regimen that are things that build and tracking like this patients pain level of seven today. Their goal level was described as a 3. Here's some suggestions to to get it. So it's hard to remember all the new evidence and it's hard to get it out there. So how can we build it into people's day to day processes of care. I think we need to be creative about how we do that and how we engage people and I think it has to be at all levels of the organization it can't just be the CEO saying we're going to do this. It has to be an engagement across the levels of organization as we learn better ways for engaging people in that process. How can hospices and universities work together to advance evidence based practice for people who are at the end of life. I think there's a number of ways that hospices and universities can work together.

[00:14:09] And first is even to accept that idea that it's possible because it's something that I think has had a rocky past. And speaking to somebody who has been conducting hospice based research for the last 15 years or so I think I've said it better and worse over time. But what's that we're really excited now is the idea of academic settings and hospices truly working together as partners. And then around emphasize the word partners because the hospices bring the expertise of what is the day to day practice like providing care to this population. What what are the challenges that they're dealing with in terms of staffing reimbursement. What are the key important issues. What's the culture like and the academic side can bring some of the research or implementation expertise some of their translational research expertise that is is growing in its knowledge as well as learning to understand each other's cultures learning to figure out how the two sets of expertise can be complementary that it truly needs to be a partnership and I can give that example working with one of our local partners the Denver Hospice in Denver where we meet monthly for two hours every month and we have representation from our university research team and from Hospice from across administration and frontline staff.

[00:15:47] And we've been trying to figure out how to do projects together how to answer questions that are of key importance to the hospice at that point in time so that we can apply our research expertise to topics that are of urgent interest for the hospice and learning how to do that together to be able to do both ends of the spectrum again to be able to say where are the where are the cases where we need evidence and how can we work together to conduct studies that are well-designed ethical respectful of patients but generate the evidence that we need. But then how can we also in a regular and rigorous way capture the evidence that's out there that is relevant to our populations and figure out now how do we disseminate that through the organization and get it implemented into practice. What organizational changes do we need to do that. How do we make people accountable for that. So it's truly a partnership and how do we measure that had made a difference in the first place since the whole reason we do any of this is to provide better care to our patients and families. Thank you so much for sharing your expertise with us today and for all the work that you do to improve the care for people who are dying we really appreciate your contribution. Happy to. Thank you. You've been listening to Dr. Jean Kutner discuss the evolution of the evidence based practice and hospice care. Thanks for listening. And join us again next time former lectures in Congress solutions on social work practice and research. Hi I'm Nancy Smith professor and dean at the University at Buffalo School of Social Work. Thanks for listening to our podcast. For more information about who we are our history our programs and what we do we invite you to visit our website at www.socialwork.buffalo.edu. at UB we are living through that social work makes a difference in people's lives.