



FINAL TOUCHES

Innovations in End of Life Care

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The Minnesota Partnership to Improve End of Life Care: **Promoting Community Change in Care for the Dying**

We live in a death denying society. Modern health care has focused so long and hard on cure that death is often considered a failure rather than a natural part of life's journey. Unless a patient enrolls in hospice, high-quality end of life care in Minnesota is often fragmented or simply non-existent .

The Minnesota Partnership to Improve End of Life Care is a coalition of health care providers concerned about removing barriers to end of life care. The Partnership formed in 1997 when the founding partners, Allina, HealthPartners, Blue Cross/Blue Shield and Fairview Health Services participated in a national collaboration focused on improving care for the dying.

“End of life care is crucial to the well-being of our community. It touches us both in our professional and our personal lives,” states Dr. Robert Meiches, member of the Minnesota Partnership Governing Board. “Any efforts we make to improve our systems in caring for the dying will have a positive impact for all of us.”

In the fall of 1999 the Minnesota Partnership received a \$445,000 grant from the Robert Wood Johnson Foundation to implement a community-state coalition. The grant money

is being used to form a statewide commission on end of life care, institute educational programs and develop an insurance reimbursement model to support earlier care for those who have a life-limiting condition.

The Partnership also received funding from Deva House and the Nathan Cummings Foundation to train practicing health care professionals in how to communicate with people who have a life-limiting illness. The FairCare Training has reached over 100 professionals and is being evaluated for further implementation.



“I don’t want to achieve immortality through my work...

I want to achieve it through not dying.”

~ Woody Allen

In addition, the Partnership is supporting a research grant proposal to the National Institute of Health to study ways to determine a six month prognosis in terminally ill patients. The grant proposal is a collaborative effort with the University of Minnesota School of Public Health and the National Hospice and Palliative Care Organization.

Minnesota Partnership Governing Board Members

ALLINA, Chair Organization

Karen Harrison
Dr. Eric Anderson

HEALTHPARTNERS, Vice-Chair Organization

Dr. Barry Baines
Mary Lou Irvine

FAIRVIEW, Secretary Organization

Dr. Mark Leenay
Dr. Bob Meiches

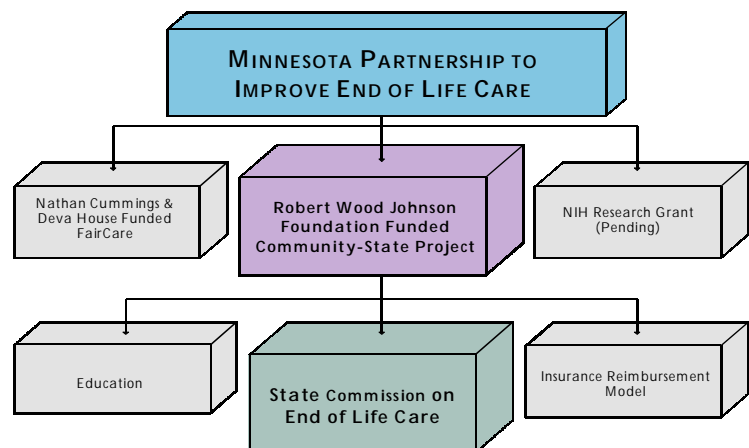
BLUE CROSS/BLUE SHIELD

MaryAnn Stump

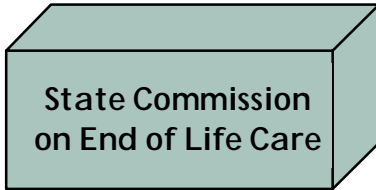
METRO AREA AGENCY ON AGING

Bob Anderson
Dr. Ed Kiolbasa

Minnesota Partnership Project Chart



Minnesota Commissioner of Health Jan Malcolm to Co-Chair State-Wide Initiative



On May 9th the state-wide commission on end of life care will have its first meeting. This effort will be co-

chaired by Minnesota Commissioner of Health Jan Malcolm and Dr. Barry Baines, Associate Medical Director for Health-Partners and board member of the Minnesota Partnership to Improve End of Life Care. The commission will address barriers to high quality care for those who are dying.

Several significant problems to assuring high-quality care for people in Minnesota as death approaches have been identified:

- Despite a strong preference for death to occur at home, 75% of deaths in Minnesota take place in hospitals or nursing homes.
- Only 22% of dying Minnesotans receive hospice care.
- Only 13 physicians and 112 nurses in Minnesota are certified in hospice and palliative care.

- Programming and curriculum addressing end-of-life care in Minnesota universities and colleges is fragmented and in some cases, non-existent.
- End of life care is costly (10% of health care expenditures) and is often provided in an inappropriate setting such as emergency rooms and intensive care units.

Representatives of organizations concerned with end of life care throughout the state will be appointed to the 25 member commission. The Commission will be responsible for prioritizing issues and making recommendations to public policy makers on how best to improve end of life care. Final report from the commission will be available in December of 2001.

*“When patterns are broken,
new worlds can emerge.”*

~ Tuli Kupferberg

Next Issue:

The next “Final Touches” will focus on the Educational initiatives of the MN Partnership.

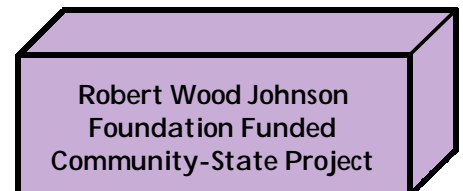
What are you doing to improve end of life care?

Please let us know about your education events, special programs and community activities. We will keep a clearing house of information.

Who else needs to know about us?

If you know of others who should receive this newsletter, please forward their information to us.

Areas of Focus for the Robert Wood Johnson Funded Community-State Project



Creation of a public-private commission on end of life care. The commission, co-sponsored by the Minnesota Commissioner of Health will address improvements to public policy that will affect change in how care is provided (*see above*).

Education for health professional students, practitioners and the public on end of life care (*coming next issue*).

Development of a reimbursement model to assure earlier identification and intervention with people who are facing life-limiting illnesses (*coming soon*).

Robert Wood Johnson Foundation Funded Community-State Project Staff

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