

Palliative Care

IN RURAL SETTINGS STRETCHES PHYSICIANS

BY TOM LACOCK

utterstaeck





Lander Oncologist Dr. Carmen Pisc said she is being asked to take a larger part in the end of life care decisions for her patients. It is a role she said she enjoys and is in the process of getting a certificate in palliative and hospice care through Harvard.



The scene is becoming routine for Lander Oncologist Dr. Carmen Pisc, and it is one that she doesn't shy away from. Pisc was recently brought to a home of a patient dying of lung cancer to perform palliative care. Pisc said she was instantly met by the gravity of the situation.

"People think of palliative care and hospice and people think you are going to put them in an empty room and wait for them to die," she said. "At the end of this two hours consult, we were hugging and crying together and there was an ah-ha moment where they figured out that this poor man could be in his own home, surrounded by his own family. His fears were addressed. He was terrified he was going to die by suffocation. We went through every step and he died peacefully in his own home."

While hospice centers are available in some of Wyoming's largest communities, taking on the role of someone willing to talk about and work with end of life issues in rural Wyoming has fallen to primary care physicians, as well as other specialists.

Working within the confines of tradition

When not practicing at Rocky Mountain Oncology in Lander, Pisc is working on a certification in Palliative Care and Hospice Certification at Harvard Medical School. Pisc is well traveled having come from Romania to the United States 25 years ago, practicing in Boston, and Pennsylvania before moving to Wyoming.

Pisc said in order to do her work in the field of hospice care and palliative care she has to work through three issues. The first is distance between medical care and some of the ranches and residents living far away from communities, which serve them. The second

"People here are tough, they are ranchers and very private. They don't like to complain and think they can deal with everything. They just toughen up."

is the rugged individualism that leads its residents to keep pain and suffering to one's self. The third is simply gaining the trust of her new patients who, in some cases come from different cultures than she does.

"People here are tough, they are ranchers and very private," she said. "They don't like to complain and think they can deal with everything. They just toughen up."

Dr. Dean Bartholomew's situation is the opposite of Pisc's. After growing up in Saratoga watching former WMS Physician of The Year Dr. John Lunt act as the community's physician, Bartholomew has returned to the valley to take Lunt's place. For that reason he has a level of familiarity with his patients that can be odd at times.

"We have a nursing home here and admitting a former teacher or parent of a friend—sometimes you step back and say, that is mind-blowing to admit someone who was my teacher," he said.

Bartholomew said with the closest hospice centers existing in Casper and Cheyenne and no home hospice care companies in the valley, he has taken on the role of end of life counselor. He said over that time he has seen 30-40 patients through end of life with fewer than 10 choosing to spend their final days in a hospice.



There's a profound reason why our logo resembles a shield

It's because we're called to protect the health of people who call Casper, Natrona County and Wyoming home—represented by the three sides of our logo's shield. Our new brown and gold colors honor Wyoming, because we're Wyoming's best hospital. What's not new is our commitment to the community. For over 100 years, people have come here for the safest and most complete care in the state. Today, Wyoming Medical Center has 100,000 square feet of new facilities, including spacious private rooms and a new dining area. Our new logo and improvements say many things. But most of all they say **Wyoming Medical Center is built around you.**

WyomingMedicalCenter.org



Platte Valley Medical Clinic and its partners have recently opened a room for those transitioning to end-of-life care in the Saratoga area. In this photo, Dulcie Schalk (left), of the Corbett Medical Foundation Board stands next to Tonya Bartholomew, co-owner of the Platte Valley Medical Clinic.

“The support a family needs to do end of life care at home is something that has become an important part of my practice and something I enjoy the most,” he said. “When done right it is a positive experience. I explain to the families from the get-go, if this is something the patient wants to do, let's try to facilitate that. It sounds scary, but I have yet to see a family that says I wish we had done that differently.”

Bartholomew said his practice offers patients use of a hospital bed, as well as oral medication for pain control. He said he would also send either himself or a nurse to the home of his patients to provide care. He also spends time with the family once the loved one has passed away helping to call the coroner and remove the body from the home with staff from a funeral home.

“Cheyenne and Casper are big cities for someone who lives in a town of 1,700,” he said. “For someone to pick up and move to a hospice center where they won't know the doctors they won't know the nurses, it is a long ways from their families. It isn't how they are built.”

What communities are doing

According to Marcy Schueler of the Johnson County Health Care Center in Buffalo, a community of around 4,700, there are resources available to those facing end of life in Johnson County. She said Johnson County Health Care Center's hospice care began in 1994, and serves approximately 30 patients a year with no cost to patients of their families.

“It is a wonderful program that our whole community is proud of,” Schueler said. “We do a community fundraiser every two years for Hospice that is well-attended, and other smaller fundraisers throughout the year.”

Schueler said the hospice program employs four nurses, one physical therapist, three nurses aids, an occupational therapist, a speech therapist, a social worker. Ministerial care is also offered through the program.

Laurie Wright said wanting to be close to home in their final days and years, is universal. That has made Cheyenne Regional Medical Center's PACE program so popular. Wright administers the program, which is a managed care and day program for those 55-and-over.

“The whole goal of PACE is to let people remain in the community safely as long as we can,” she said. “We focus on catching people on that preventive side. If we can keep people healthier for the rest of their life, everyone wins.”

The program was built with an eye for managing the care and recreation for 64 seniors within three years of its opening. This month the PACE program will turn two years old and has already expanded in physical size and participation to host 78. Wright said the program is a managed care program in which PACE gets paid a per-month amount from Medicaid and Medicare to manage participants’ care, and pays all their medical needs with no co-pay or deductible.

The PACE offers transportation of seniors to its facility in central Cheyenne, which offers everything from a lab, on-site medical clinic, radiology facilities, computers, to a physical therapy gym, and other recreational opportunities. The program also houses one of two geriatric specialists in the state. While not typically considered end of life care, Wright said it a prevention program that helps lead to a more successful end of life.

“That allows our patients to end their life on their terms,” Wright said. “How they spend the last days, weeks, months of their lives can be of their interest.”

Steps being taken to make the process easier

Bartholomew said his end of life planning starts with a conversation, hopefully when it becomes obvious it is needed. The Providers Orders for Life Sustaining Treatment is a medical order form signed by the provider and the patient or his/her representative, which takes into account the patient’s wishes as verbally expressed or outlined in a living will and place them in a medial order to be followed by providers around the state. Legislation seeking a consistent POLST form has gone through the State Legislature this year.

Bartholomew and the Platte Valley Medical Clinic in Saratoga are also in the process of dedicating part of the town’s nursing home into a single room for end of life care. The room will have a separate entrance from the rest of the home and feature amenities like a refrigerator, microwave oven, and pullout bed for use of a patient’s family.



“The town’s healthcare foundation sees the vision and has supported us,” Bartholomew said. “This is a service and not necessarily a business opportunity. “This is going to be a great addition for the North Platte Valley bridging the gap between staying at home or leaving for Casper or Cheyenne.”

“We focus on catching people on that preventive side. If we can keep people healthier for the rest of their life, everyone wins.”

Bartholomew said he would also like to see Medicare pay for a nurse to come administer medication. He is also interested in working further with the Center for Medicare and Medicaid or the State Department of Health to work with small clinics to better serve patients during end of life.

Pisc’s goal is an ambitious one - to develop modules for nurses coming out of nursing school, while trying to affect wholesale changes in the way end of life care is seen in Wyoming. Pisc’s final project for her program at Harvard has her trying to overcome the cultural elements involved in hospice care with the tribes in Fremont County. She said the Native American view of end of life is extremely different than what she has seen previously and is trying to establish trust as she continues her efforts on the reservation.

“That is my project, to work with the patients with the reservations to help them understand that hospice and palliative care is not about my values or our values, but their values,” Pisc said. “It is not me that is going to shape this program, but it is you (Native Americans) who will tell me how can I help you get through that final journey based on your values so that journey is not terrible painful.”

“If there is one thing I have learned it is that, although we are physicians and we are supposed to be good listeners, I have learned about myself that I am not a good listener. I have learned how to listen and speak in ways that which help me listen to the body language of the patient, their values, their wishes and try to concentrate on them more than anything else.”

Wright said she has received several calls from other areas of the state who wish to create a PACE program of their own and believes her own program will eventually expand to other communities. Until then, Wright said she has a very simple wish.

“I would love to see everyone die a natural death at home in their sleep with their loved ones around them.”

Tom Lacock is the Communications Director of the Wyoming Medical Society.