

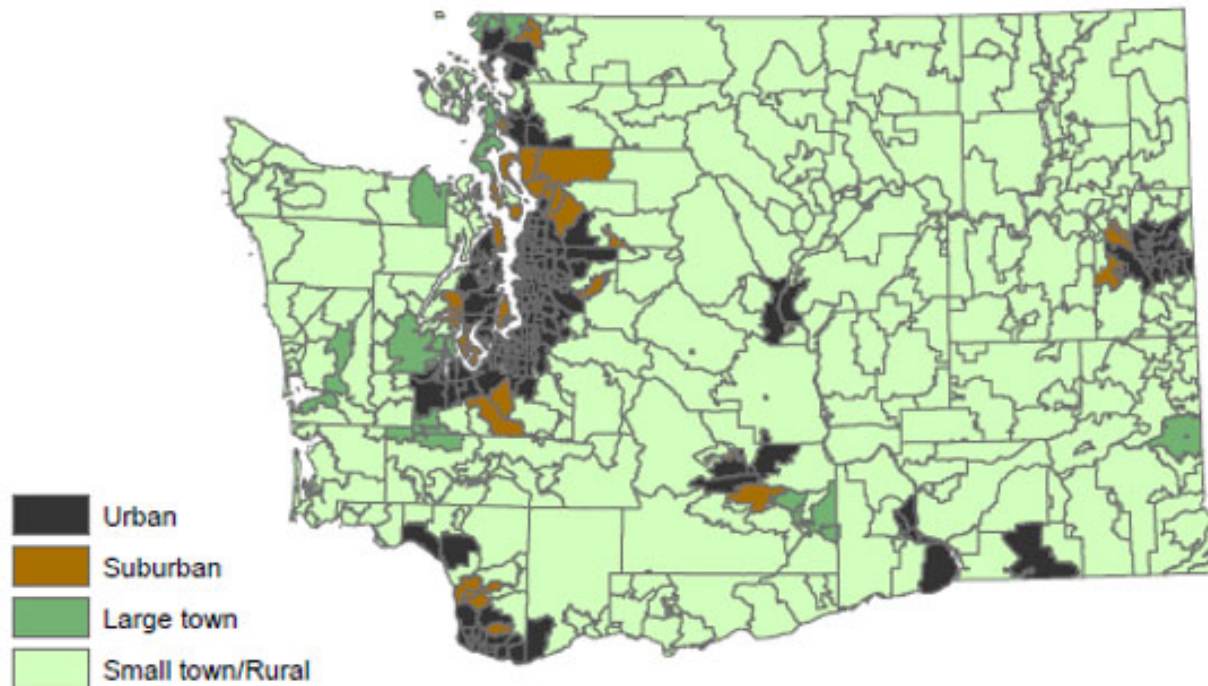


## NATIONAL ACADEMIES OF SCIENCE, ENGINEERING AND MEDICINE ROUNDTABLE ON SERIOUS ILLNESS

Pat Justis, Executive Director, Rural Health

**Of the total Washington State land area: 96.4 %  
is rural and 3.6% is urban (2010 Census-Reviewed 2021)**

### **Four-tier Rural Urban Classification by ZIP code**



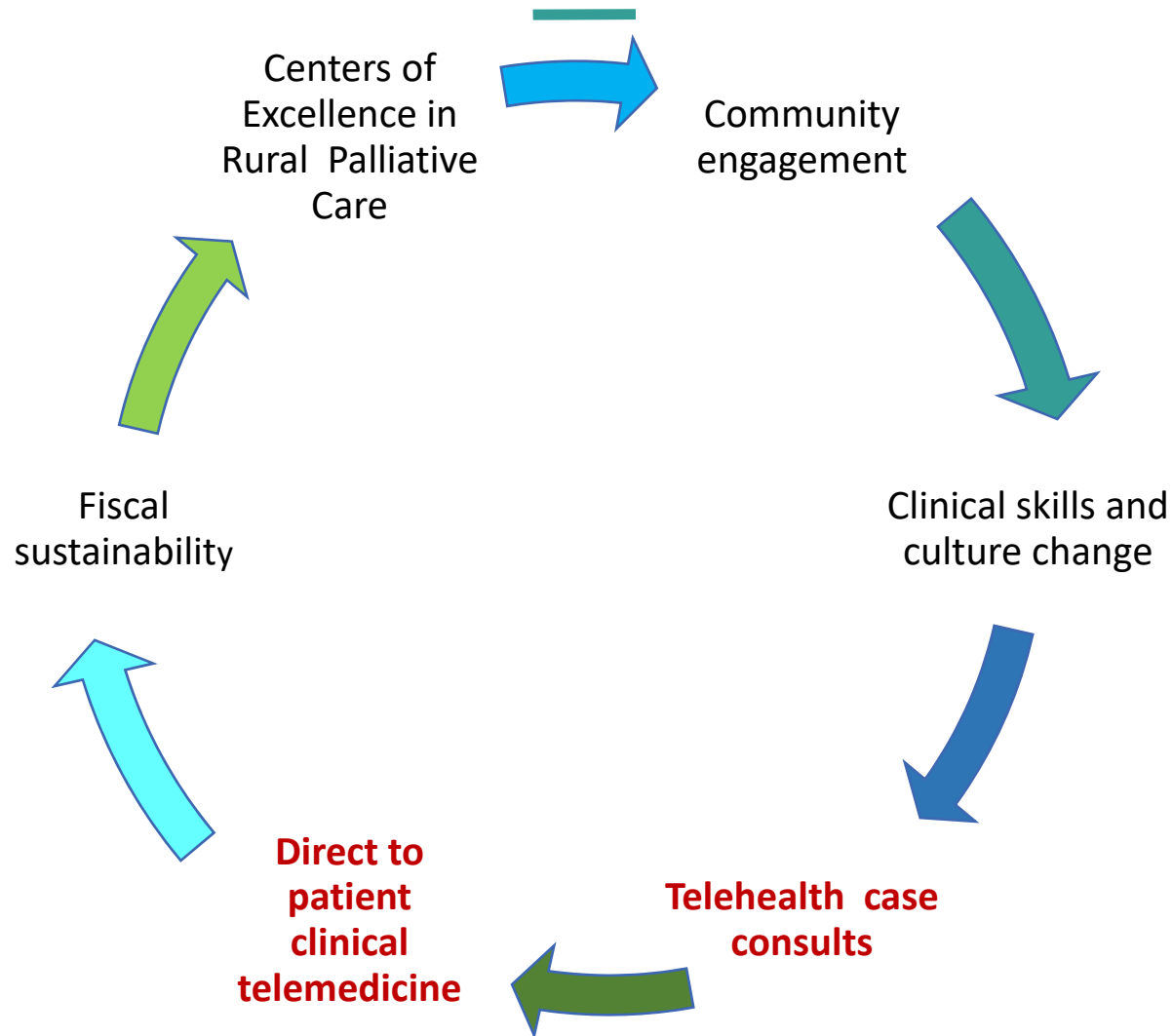
Note: Geography is classified using a modified scheme, based on Census 2010, Rural Urban Commuting Area (RUCA) codes; into urban (e.g., Seattle), suburban (e.g., North Bend), large town (e.g., Oak Harbor), and small town/rural (e.g., Goldendale).

# Washington Rural Palliative Care Initiative

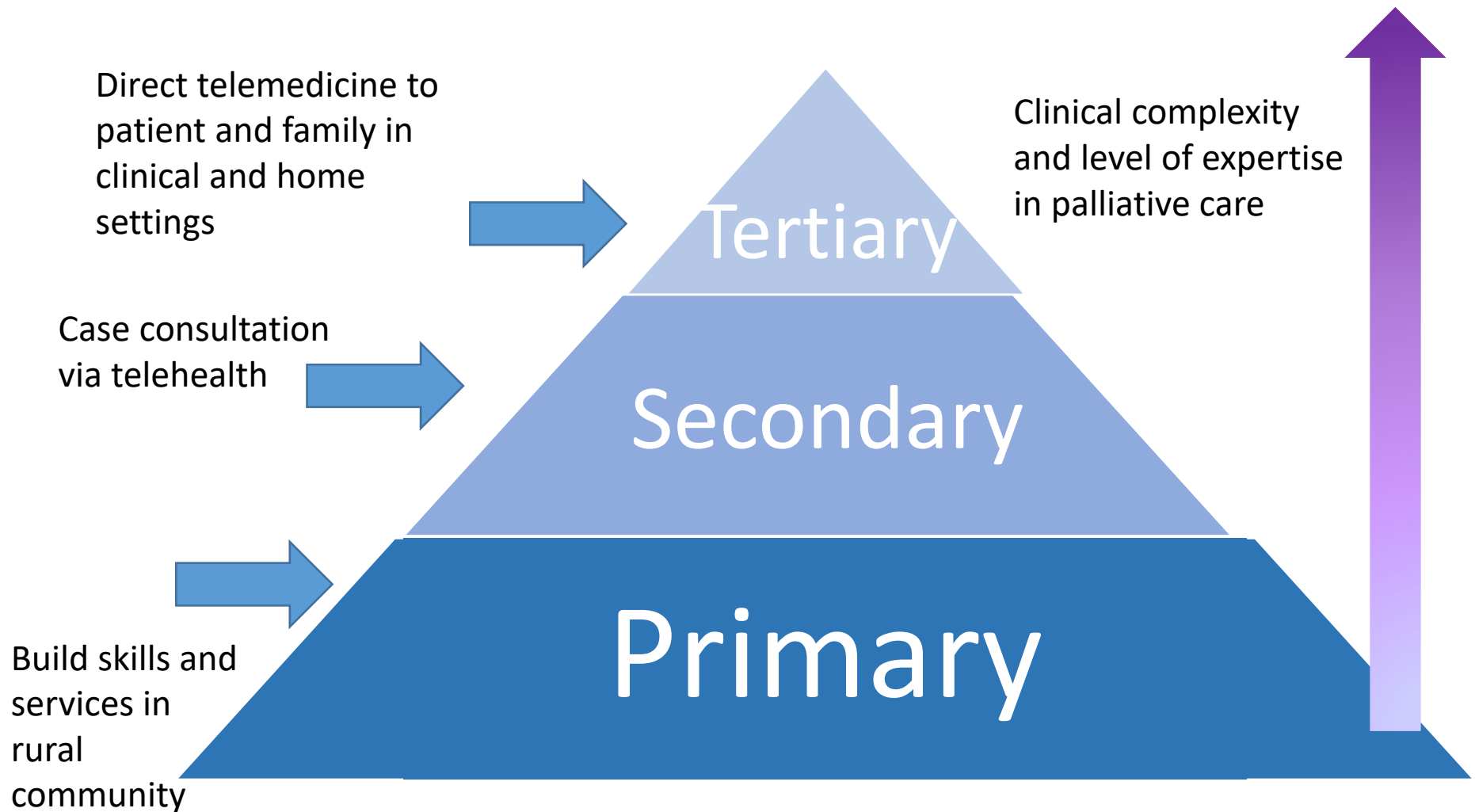
## Objectives

- Assist rural health systems and communities to integrate palliative care in multiple settings, to better serve patients with serious illness in rural communities.
- Decrease transfers to urban tertiary services.
- Move upstream to serve patients with serious illness earlier in their experience of illness.
- Develop funding models for sustainable services

# Washington State Rural Palliative Care Initiative



# Levels of expertise in palliative care





## Lessons learned

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- Gaps in broadband and satellite coverage contribute to rural disparities in access.
- Rural health teams are vigilant to see if urban experts will underestimate their knowledge and skills or condescend rural clinicians. Urban bias is real.
- Telehealth consulting experts must affirm the skills they see, offer empathy for how difficult cases can be, and give the rural teams room to interact with the panel in a dialogue.
- Telehealth case consults operate at two levels, clinical care improvement and generalizable education.
- Rural health care teams have been caring for very complex patients and relish the assistance provided by the telehealth consults

## Lessons learned

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- Rural PC home visits can support patients with hot spot tablets and team member outreach with relevant technology skills.
- Our teams' confidence steadily grew so when the direct clinical telemedicine pilots began, the rural health teams decided to use telemedicine to reach their own area, rather than using distant consultants.
- Blended telemedicine models are working, for example distant board-certified PC MD and PC experienced MSW are virtual, and nurse, chaplain and pharmacist are onsite.

## Lessons learned

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- Clinical coordination and technical coordination of the telehealth consults are key for success.
- Our training has focused heavily on communication skills and less so on symptom management.
- Telehealth consults offer an experience to observe interdisciplinary teamwork.
- Our telehealth work (before the pandemic) attracted the interest of the WA State Hospice and Palliative Care Organization.



## Covid19 and beyond: Rural telehealth for PC

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- Covid19 helped the pilot sites jump faster from planning to testing and implementation of telemedicine PC visits
- Rural Health organizations will go forward with expanded telemedicine as a prime mode for PC delivery.
- The most useful CMS Public Health Emergency Waivers for telehealth in rural:
  - Rural Health Clinics(and FQHCs) as originating or distant sites
  - Relaxation of Medicare location requirements
  - Payment parity for Medicare for telemedicine visits
  - Voice only

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