

# COMMUNITY COLLABORATION

LEVERAGING HEALTH CARE SERVICES TO PROVIDE  
FOR ALL WHO NEED IT MOST

Transitions LifeCare will soon celebrate its **40th anniversary** of serving patients and families in the Triangle Area. We could not offer the breadth of services nor the excellence in patient care without our partnerships with WakeMed and UNC REX Healthcare.



**Transitions LifeCare's dedicated Medical Team includes, L to R:**

Dr. Stephen Marsh, Dr. Steve Young, Dr. Christopher Thompson, Dr. Rachel Lipner, Dr. Mary McNamara, Dr. Megan deMariano, Dr. Christine Khandelwal, Dr. Leslie Sutton, Dr. Laura Patel, *Chief Medical Officer*

*“For us, it was all mission-driven. We saw a need to improve healthcare. From the time reimbursements for hospice care started in the 1980s, they were designed to limit the budgetary impact of hospice care. This caused a gap in service for those who had a serious illness.”*

JOHN THOMA

Transitions LifeCare CEO,  
1979 Circle Charter Member

“Hospice was serving all types of illnesses by this time. Early on, it was just cancer patients. Then patients came to us with heart failure, Alzheimers / dementia, COPD, ALS, renal disease — all of which are unpredictable in terms of the course of the illness. There was also an underserved population who did not receive quality care at all,” says John Thoma.

**Hospitals were trying to find out how to better care for people. They know they cannot solve the problems of some of these patients, who are sick with multiple complex illnesses that are chronic but not curable. Transitions LifeCare has the skill set to offer solutions.**

Our partnerships with WakeMed and UNC REX Healthcare enable us to provide this improved health care.

A number of studies show that palliative and hospice services provide better care, lower costs, and greater patient satisfaction. Most of these services are provided in the patient's home or residential facility, where the hospitals do not provide services. Transitions LifeCare serves patients wherever they call home. Coming together with the hospitals is a win/win for everyone. It began as a proof of concept exercise, with one fulltime physician and one fulltime nurse practitioner.

## ***Palliative Care Partnership With WakeMed***

Today, many members of the Transitions LifeCare staff — multiple physicians, nurse practitioners, nurse navigators, hospital liaisons — work within the walls of WakeMed Raleigh and WakeMed Cary and see as many as 50 patients each day.

“Many people believe that palliative care is just another word for hospice,” explains Transitions LifeCare's Medical Director, Dr. Laura Patel. **“Palliative care is an approach to treatment that aims to improve quality of life and relieve suffering for patients with life-threatening illnesses. It is managed**

*“We are so privileged to have the dedicated caregivers with Transitions LifeCare join us in caring for patients and families facing the profound impact of a life-limiting illness. They make a full, highly personalized continuum of care possible at one of the most significant times in a person's life.”*

DONALD R. GINTZIG

WakeMed President & CEO, 1979 Circle Charter Member

**under the leadership of a physician who has an interdisciplinary medical team to deliver the right kind of care, at the right time, to the patient.”**

We consult with WakeMed like any other specialty — with cardiologists, oncologists, nephrologists, and neurologists. When a need is identified for palliative care for an adult patient, they consult with us.

*(over, please)*

In addition, if any child in our care is hospitalized, our team assists the family, holds family meetings, and collaborates with their physicians.

### ***Innovative Heart Failure Program at WakeMed***

WakeMed has a large and renowned cardiac care facility. They identified that patients with advanced heart failure tend to be frequently readmitted. The team at Transitions LifeCare asked if we could help those patients, which led to the heart failure pilot collaboration.

WakeMed identified 20 of their most difficult heart failure patients to see if the services that Transitions LifeCare provides could make a difference in their care. The patients received a weekly visit from a nurse, a social worker, and a spiritual care counselor if requested.

Dr. Stephen Young, Medical Director of Community-Based Palliative Care, explains, “This pilot was a very intensive 30-day involvement on our part, and a very collaborative effort with the heart-failure team at WakeMed.”

Total hospital days were essentially cut in half. Hospital readmissions decreased by more than 30 percent. In addition, pain, anxiety and other quality of life measures were improved as well.

This was another win/win – it made patients happy, and saved our healthcare system significant financial resources.

“The hope was to achieve stability for these folks, many of whom were very sick. Additionally, for continuity of care, we could follow them as hospice patients,” explains Dr. Young. “Our primary goal was to determine what is the best care for this patient and to reduce hospitalizations.”

### ***UNC Healthcare Fellowship Program: Teaching Physicians to Care for All***

We are now in our third year of collaboration with the University of North Carolina Hospice and Palliative Medicine Fellowship Program. We are making the investment to educate physicians in hospice and palliative care medicine and to help fill the need for fellowship-trained physicians in this increasingly critical medical discipline.

UNC has a national presence in the academic side of medicine and a stellar reputation for research and quality metrics. Transitions LifeCare is a clinical, community-based palliative care and hospice facility, offering a large volume of patients. And both ends of the spectrum are cutting edge.

*“Community partnerships are crucial to achieve meaningful health outcomes across populations. UNC Health Care is pleased to collaborate with Transitions LifeCare, a community partner since 1979, to advance palliative medicine education, specifically through our UNC Fellowship program, as well as increasing access to comprehensive care in the Triangle and beyond.”*

DALE JENKINS

Chair of the Board of Trustees for UNC Health Care in Chapel Hill,  
1979 Circle Charter Member

Three fellows will be trained this year. They will spend four months of their one-year fellowship training with us, including a rotation of in-patient palliative care with our staff at UNC REX Healthcare and WakeMed. They gain an exceptional academic experience coupled with robust community experience — an invaluable education.

### ***UNC REX Healthcare Partnership***

Since Hospice of Wake County’s founding in 1979, we partnered with REX Hospital to provide hospice and palliative

care services. The hospital then offered six hospice beds to Transitions LifeCare when we built our in-patient facility in 2010. We continue to collaborate closely with their Palliative Care team, as well as receive financial support from the Rex Healthcare Foundation. Patients are often discharged from the hospital to their home or a nursing home and need additional care. They are then included in the Transitions Palliative Care program.

“It will be important to continue to develop philanthropic funding opportunities to support these innovative and critically needed services,” says John Thoma. “We are grateful to all our loyal donors, friends, partners and families who support us so generously every year. Thank you for providing comfort and hope to everyone in our community who needs us, regardless of their ability to pay for care.”



Founded as Hospice of Wake County • 1979