

Local Doctor Seeks to State Palliative Care Hub **Goals: More care upstream and support for rural providers**

by Carol Harrison

The director of St. Joseph Hospital's palliative care program is branching out.

Dr. Michael Fratkin wants to improve the quality of care for people with serious illness, and he wants to do it long before hospice and hospital visits enter the picture.

"The healthcare system we created has focused our attention entirely on putting more years in life," the founder and sole owner of ResolutionCare said by phone from Boulder, Colo. "I want to put more life in the years."

On Nov. 1, he launched a crowd-funding campaign on Indiegogo.com to secure start-up funding for ResolutionCare. As of Nov 7, nearly \$28,000 had been pledged to support his effort to help people with cancer, diabetes, congestive heart failure and other serious illnesses better navigate the health care system throughout the trajectory of their illnesses.

"Think of it this way: after the bad news, but long before hospice eligibility, people have enormous needs," Fratkin said. "It's huge gap for people with very serious illness. They would really benefit from an interdisciplinary approach."

ResolutionCare has two goals. The first is to make Humboldt County a telehealth hub for palliative care by partnering as a nonprofit with the University of New Mexico's Project ECHO to make expertise and training available to primary care providers and specialists in rural northern California and elsewhere.

Palliative care focuses on providing relief from the symptoms, pain and stress of serious illness, whatever the diagnosis and at any stage in a serious illness.

The second goal is to field a for-profit palliative care team that will use house calls and virtual house calls to serve North Coast clients early in the process of dealing with life-threatening ailments.

"Most people are on their own to figure out how to manage a serious illness, what it means to have side effects, to deal with toxicity, to feel crappy much of the time, to go to

120 or 130 medical visits a year, to be hospitalized once, twice or three times and poked and prodded throughout,” Fratkin said.

They and their families may be ill-equipped to deal with or ask questions of a health care system that many say rewards quantity of over quality by offering multiple interventions that hope to prolong life, but with little or no discussion of worst-case scenarios, risk, and personal desires for where and how to spend life’s final years.

“People don’t know how deal with the uncertainty of waiting for the other shoe to drop, of what it means to the families living with them, and how to settle affairs,” Fratkin said. “If it’s the third, fourth or fifth treatment, is it worth going through all that? For some people, it’s not.”

The Institute of Medicine agrees. In a 2014 report about dying in America, the IOM stated, “A palliative approach can offer patients near the end of life and their families the best chance of maintaining the highest possible quality of life for the longest possible time.”

It cited as one of “society’s greatest challenges” the need for “better understanding of the role of palliative care among both the public and professionals across the continuum of care.”

“A lot of people with serious illness may be in an overall state of decline, but aren’t necessarily unstable,” Karen Ayers said.

Ayers works at St. Joseph Hospital as a discharge facilitator, hospitalist liaison and palliative care nurse practitioner. She volunteers at ResolutionCare and works at Hospice of Humboldt.

“They don’t need to be in the hospital, but they have a large burden of symptoms while they continue treatment for their illness. Some providers may not feel comfortable managing these symptoms. ResolutionCare helps people address these issues at home, where they live and are comfortable.”

Fratkin served six years as the medical director of Hospice of Humboldt. Coupled with his eight years of palliative care work at St. Joseph Hospital, he has helped more than 1200 people make the journey from serious illness to death.

“For some people, it makes sense to see serious illnesses as a battle or a fight, but I think the metaphor is wrong,” Fratkin said. “I watch people take that metaphor and hurt themselves with it. The major flaw with the ‘I am going to beat it’ metaphor is that it makes everybody a loser. Death is not optional, but suffering is.”

Fratkin and Ayers said ResolutionCare will be “completely supportive and non-competitive” with hospice programs.

“We are working upstream in a different space,” he said. “Hospice takes care of people at the very end. We take care of people when they still have a chance to benefit from active treatment and want it.”

Hospice provides palliative care in the last six months of life, but Fratkin said the average stay is three weeks.

“So many people come to hospice late in the game,” he said. “They come in crisis, in struggle and with symptoms. Often, all hospice can do in the short period of time is put out fires. We follow patients for many months, sometimes years. It has an enormous impact on who they are and what they do.”

Area 1 Agency on Aging paid Carol Harrison to write this story. Part 2 about ResolutionCare, Project ECHO and the crowd-funding campaign will appear in the Sunday Health section.