



Russell K. Portenoy

EDITORS' NOTE Russell Portenoy, M.D. is Chief Medical Officer of MJHS Hospice and Palliative Care, Executive Director of the MJHS Institute for Innovation in Palliative Care, and Professor of Neurology at the Albert Einstein College of Medicine. Prior to joining MJHS, Dr. Portenoy was founding Chairman of the Department of Pain Medicine and Palliative Care at New York's Beth Israel Medical Center. He is past President of the American Academy of Hospice and Palliative Medicine, was awarded this organization's Lifetime Achievement Award, and in 2013, was selected by its membership as one of 30 international "Visionaries" in palliative care. For almost three decades, Dr. Portenoy has been Editor-in-Chief of the highest impact palliative care journal in the U.S., the *Journal of Pain and Symptom Management*.

COMPANY BRIEF MJHS (mjhs.org) was founded in 1907 by The Four Brooklyn Ladies based on the core values of compassion, dignity, and respect. With the help of charitable support, they provided poor, elderly members of the community with quality healthcare and a safe place to live. Today, MJHS is one of the largest and most innovative charitable not-for-profit health systems in the region. Many MJHS programs and services are aided by grants from the MJHS Foundation, which is supported by private and corporate donations.

MJHS has one of the largest hospice and palliative care programs in the New York metropolitan area, offering hospice patients care when and where they need it: at home, in assisted living communities, at nursing homes, in inpatient units, and at residences, as well as at hospitals. The organization helps adult and pediatric patients, as well as their families, live life to the fullest when dealing with a life-limiting illness by easing suffering, upholding dignity, affirming values, and improving quality of life. In addition, MJHS is committed to delivering compassionate expert care, offering peace of mind, and providing comfort.

The Future of Palliative Care

An Interview with Russell K. Portenoy, M.D.,
Chief Medical Officer, MJHS Hospice and Palliative Care

What has made MJHS so effective in the hospice and palliative care space?

The success of MJHS as a provider of hospice and palliative care services is grounded in the strong support of its board and executive leadership. This support began 35 years ago, when MJHS established one of the country's first hospice programs. Over the years, innovative programs and quality services – including Art & Soul™, creative arts and music therapy, bereavement, and spiritual support – have contributed to our amazing growth and recognition. Most recently, it led to the creation of an extraordinary academic entity, the MJHS Institute for Innovation and Palliative Care. The Institute shares the vision that every person and family coping with serious illness should have access to evidence-based, specialist-level palliative care whenever and wherever it is needed across the continuum of healthcare.

One of the reasons that we've been successful is that we are focused on specialist palliative care and the service delivery models that can provide it throughout the continuum of care. In the U.S., palliative care is now a specialty for physicians, nurses, social workers, and chaplains. It is best defined as an approach to care appropriate for any patient suffering from a serious or life-threatening illness, the goal of which is to prevent and reduce the burden of illness for both the patient and the family from the time of diagnosis onward. Palliative care specialists do this by controlling symptoms like pain or shortness of breath; managing emotional or spiritual distress; ensuring that care is medically appropriate, culturally-sensitive, and consistent with the values of the patient; and coordinating care so that patients can better cope with a complex health system. Palliative care is needed throughout the illness, but should intensify when the disease is in an advanced phase. Specialists in palliative care often focus on the period when the illness is far advanced, and many do this by working for hospice agencies or specialist services in hospitals.

Each day, MJHS cares for close to 900 hospice patients and provides consultative input to more than 500 patients through our palliative care program. Although most of our patients receive care at home, our hospice now oversees three inpatient units and two residences, and has contractual relationships with about 15 hospitals and 65 nursing homes. Our palliative care program has two community-based models, and

provides consultations in seven nursing homes and four hospitals.

The growth of MJHS Hospice and Palliative Care accelerated in 2010 when MJHS acquired the hospice program that was owned by my employer at the time, Beth Israel Medical Center. I was approached at that time and asked to become Chief Medical Officer (CMO). I was eager to be part of something that had so much potential and Beth Israel Medical Center agreed to an arrangement that allowed me to spend some time at MJHS so that I could assume the role of CMO.

Between 2010 and 2014, MJHS Hospice and Palliative Care doubled in size and pursued a large number of unique programs. Two of the most important were what we called our "high touch model" of community-based specialist palliative care and the first inpatient hospice unit for children in the New York metropolitan region.

In 2014, Beth Israel Medical Center was acquired and it became clear to me that the department I had led in that institution was not going to survive the transition. MJHS asked me to become the full-time CMO, and in the discussions that ensued, a broader commitment to the organization and to the discipline of palliative care was articulated. The upshot was the decision on the part of the board to create the MJHS Institute for Innovation and Palliative Care to support the development of community-based palliative care through scientific inquiry, professional education, and quality improvement. The MJHS Foundation agreed to provide start-up funding for three years and I jumped on board as Executive Director.

We have made excellent progress. Less than a year after launch, we received accreditation for a new physician Fellowship in Hospice and Palliative Medicine. Our first group of physician trainees started in July of 2015. We began training programs for nurse practitioners, pharmacists, psychologists, and researchers, and expanded programs for social workers, chaplains, and music therapists. We are now training more than 150 professionals in diverse disciplines every year. Recently, we affiliated with New York University to become a Capstone Client Organization. We also initiated an Interprofessional Webinar Series that has presented more than 25 live-streamed webinars during the past 18 months and established a research enterprise, which now oversees multiple studies. ●