

## Transcript | How a \$64 Million NIH Grant Will Transform Palliative Care Across Lifespan | Part One

### Leadership And Purpose Opener

**Melody King** 0:00

Everything rises and falls on leadership. The ability to lead well is fueled by living your cause and purpose. This podcast will equip you with the tools to do just that. Live and lead with cause and purpose. And now, author of the book *The Anatomy of Leadership*, and our host, Chris Comeaux.

**Chris Comeaux** 0:22

Hello and welcome. I'm so excited today. We have an amazing special guest. We have Dr. Jean Kutner, Distinguished Professor of Medicine, University of Colorado, Anschutz, Chief Academic Officer of UC Health, and Contact Principal Investigator of the ASCENT Consortium. Jean, it's so good to see you. Thank you for being here.

**Dr. Jean Kutner** 0:42

Gosh, Chris, thanks for having me. It's uh fun to be on with you and excited for our conversation.

### Superpower Of Connecting People

**Chris Comeaux** 0:47

It's been so great to reconnect with you. And we're going to talk about why I reached out to reconnect. That's going to be really the subject. But let me read from your bio that a lot of people know you, but there may be a few people that have heard your name. So Dr. Jean Kutner is part of the inaugural UC Health Chief Academic Officer and a tenured distinguished professor of medicine in the divisions of general internal medicine and geriatric medicine at the University of Colorado School of Medicine. Dr. Kutner received her MD from the University of California, San Francisco. And Jean completed her residency training in internal medicine at UCSF. Subsequently, she completed an NRSA primary care research fellowship, earning an MSPH degree with honors and a fellowship in geriatric medicine, University of Colorado School of Medicine. She's board certified in internal medicine, geriatric medicine, and hospice and palliative care, cares for patients on the palliative care service at University of Colorado Hospital, and her research focuses on improving symptoms and quality of life for people with serious illness and their family

caregivers and building capacity for palliative care research. Dr. Kuttner is a pioneer in hospice and palliative care research. She led the population-based palliative care research network and was co-chair of the NIH-funded Palliative Care Research Cooperative Group, PCRC. Dr. Kutner is now the contact principal investigator for the NIH funded advancing the science of palliative care across lifespan. The acronym or abbreviation is ASCENT Consortium, which is what she and I are going to be talking about today. Jean, again, I'm just so honored to reconnect with you and have you be on our podcast. I usually ask this question, and for you, I'm really especially excited to hear how you answer. What's your superpower?

**Dr. Jean Kutner** 2:24

Yeah, Chris, that's it's really a fun question to think about. And I think I would say that um I'm a connector. I connect both people and ideas. And I've really seen some terrific collaborations and friendships emerge from some of these connections. You know, I'll be talking to one person and I'll say, oh, wait a minute, you should be talking to this person because they've got similar things or there could be good synergy there and making those connections really across institutions, across ideas, et cetera. And I think from an ideas as well of like, how can these things, these maybe things that maybe initially don't look like they are related, bring those together to end up with some sort of greater uh synergy. And I guess I would say myself, I'm also have really benefited from that. Some of my uh my sort of most successful grants and even the the PCRC that that you mentioned, that came from somebody connecting me with somebody else and you know, voila, magic.

**Chris Comeaux** 3:30

I could totally see that. Again, I remember so Dr. Janet Bull was my chief medical officer. You know, by uh we say Janet's kind of like the grandmother of palliative care in some respects, but like coming like we need to be part of popcorn. We need to be part of PCRC. I don't know what those are, Janet, but if that's where you think we need to be going, but totally see where you've been that connector. I'd also say, Jean, that you have an amazing ability to ask incredible questions. In fact, whenever I reconnected with you, I share with you one of our last interactions. This is before there was MPH, it was called the National Hospice Work Group. And you and I were, I forget, we're like on a field trip as part of the visit, and you and I were on the bus together and we were walking off. And you kind of left me with a question about around how do you really cascade best practices and how do you make them stick within a culture? And in some respects, it actually is part of the catalyst of of what I'm doing now with Teleios Collaborative Network. And I just there's something there's weighty when you ask questions. Like, like I could tell it's very like, you

know, um curious about it. And it's so dovetail with something I was passionate about. So I'd say that's your secondary superpower is asking questions.

**Dr. Jean Kutner** 4:37

Yeah, what's a some of my friends call me a sponge. I'm always I interested in learning more. So yeah, in that learning.

## Why The ASCENT Grant Matters

**Chris Comeaux** 4:43

Absolutely. Well, we're gonna talk about the Ascent Initiative. So this has been funded by a \$64 million NIH grant, and it has been described as the largest grant in palliative care history. So, what makes this moment different maybe from prior funding initiatives or efforts? And why is this such a watershed moment?

**Dr. Jean Kutner** 5:03

Yeah, Chris, thanks for asking. Because it truly is, and uh, there's a lot of excitement in the field and and really across NIH about this as well. There's a number of things that that make this different. Is one is that it arises from some significant advocacy on uh by organizations such as the Patient Quality of Life Coalition or the PQLC advocating for many years for there to be a really a transformative investment in palliative care research. So this is this really feels like the culmination of a lot of people's work to get here. I think what's otherwise unique about this is at its basis is actually language in congressional appropriation bills calling for a trans-NIH commitment to palliative care research. And as a and prior to that and as a result of that, there is uh a true collaboration and engagement and investment across multiple NIH institutes in this initiative. There's also, because it's called something called a cooperative agreement, there's really purposeful engagement and collaboration between our investigator leadership group and our NIH colleagues, really looking toward what is it that we can do together to really advance the field. Um, I guess another thing would be that, you know, it's \$64 million. And the way that we set up the budgeting is we set it up so at least half of that money is going back out the door. It's going back out the door to support pilot grant awards and to uh support research scholar awards, junior investigators, so it's truly an investment in the field. I think some other things are that there's a real emphasis on partnership with people that have lived experience and serious illness, as well as those that are involved with care delivery. So it's not, you know, the investigators working over here and then the people who are experiencing it living over here, and then the people who are delivering the care over here. It's really a purposeful approach to bring all those all those pieces uh together. The other unique thing is it's explicitly a lifespan approach, is that it was in the funding

mechanism from the very beginning that a purposeful to to bring together the work that's happening in maybe the the older adult populations and uh sort of middle life as well as with adolescents, young adults, pediatrics, neonatal, to make sure that we're learning from each other and expanding the field in that way, as well as a real explicit focus on engaging with all the relevant disciplines. We know that palliative care is an inherently interdisciplinary field and making sure that we are bringing in all the relevant uh disciplines to share their expertise.

**Chris Comeaux** 7:58

Jean, I culmination just feels like I think you kind of alluded to it, but it again, I could just I could picture a lot of conversations in the past. Um, I don't know, I never shared this with you. Like even my job interview to go to four seasons, the board did something fascinating. They had us pick one of two subjects, and then you had 30 minutes to prepare and you had to give a presentation. I actually picked Powder Care because they were debating on whether to do a Powder Care program. Um, and then you so we were on the forefront. This was in the early 2000s, and and like things that I heard Janet dream about and talk about, no doubt influenced by you. It just feels like all of that is packaged into this. So this feels like high five, man. I mean, I'm sure it feels like, oh my God, now we have all this work to do, which which is where we're gonna go next and kind of but when you step back from the technical details, what's your personal vision for Ascent?

## **Vision For Evidence Into Practice**

**Dr. Jean Kutner** 8:51

Well, I would say my personal vision as well as that of our leadership group is reflected in as we set out the vision and the mission for Ascent itself, which is that every person living with serious illness across the lifespan and those who care for them have access to high-quality evidence-based care. And you may say, well, yeah, okay, how do you get there? What does that really mean? And key here is that Ascent and the research conducted by investigators supported by Ascent, we really want it to make a meaningful difference in how we care for people with serious illness across all disease states and all care settings and across the lifespan. What that success looks like is an expanded palliative care research workforce representing additional settings, all relevant disciplines, expanding the evidence base to inform the care that is provided, smooth integration of evidence into practice back to our initial conversation now many years ago, as well as into policy, as well as clear pathways for clinical practice and policy to be informing what research questions the researchers are answering, as well as vice versa, and making sure that we have clear pathways for that research to then inform clinical practice and policy.

**Chris Comeaux** 10:12

Wow. So in our very first conversation when we got reconnected, you said something that, because I don't understand the inside workings of NIH, but you and you alluded to it in your opening answer to the first question. You talked about is bringing together traditionally siloed parts of NIH and the research community. Can you just speak about that a little bit more? Like what silos you're trying to break down and maybe how has that fragmentation held the field back in the past?

## **Breaking Down NIH Silos**

### **Tears Of Joy And A Timeline**

**Dr. Jean Kutner** 10:37

Yeah, I would say that one of the frustrations I think from a researcher perspective that we've had in the past about funding for palliative care research is just because of the way NIH is designed, where its institutes and centers have been primarily either disease focused or population focused. So you have NCI that does cancer, you have NHLBI that does heart, lung, and blood disease. So that's where like the heart failure and the COBD work would get done. And then you know, so it just it's it in various parts and pieces. And a lot of the work that we do in palliative care really cuts across those disease states. So sometimes I would say palliative care investigators may have struggled to understand where their research fit in within that structure. So, I mean, there has been funding for palliative care research, but it's had to be within each of those structures, those disease-specific or population-based specific silos of the NIH. So I would say one of the truly transformational components of this U54, which is the NIH mechanism, that's funding ASCENT is this true trans-institute strategy within NIH to expand and intensify these national research programs. So the National Institute on Aging, NIA, took the lead to coordinate and has brought together a true trans-institute cross-disease strategy to expand that commitment and has has convened something called the Trans-NIH palliative care research working group that meets regularly, shares what each of the institutes are doing in the space, shares how the institutes are investing. So for the current U50 Funding, there are six NIH institutes and centers that are actually contributing funding toward dissent, but there are many more institutes and centers that are interested and um are being highly engaged in what's happening in palliative care research. So that's kind of at the sort of NIH side of things. And I think I think you know, we also need to work on our own silos within the research field. So I mentioned earlier the sort of the silo between what happens in the adult palliative care research world and what happens in the adolescent, young adult, pediatric, and neonatal palliative care research world. So we're purposely bringing uh those together. Chris Futner, who's one of our multiple PIs, is

charged with uh putting together a lifespan committee that is really making sure that we are learning and having those connections across from the adult to the more pediatric world. So across disciplines. We recognize that there are very complementary areas of expertise that come into doing this type of research from all the disciplines that are key to palliative care, so Chaplain C, social work, psychology, in addition to nursing and physicians, and I'm probably missing some, but bringing together across those silos so that we're learning from each other. And then the other one I think is the silo that we've had between, you know, like I said, researchers doing their work over here, people with lived experience identifying, you know, concerns to them, care delivery organizations, policymakers. So bringing together those silos so we really make sure that the research that is happening is relevant to the populations being served.

**Chris Comeaux** 14:07

Man, what did the happy dance look like when you found out you got those grant awards? I bet you were just as ecstatic and your team was ecstatic. I mean, it's a huge accomplishment.

**Dr. Jean Kutner** 14:18

I would say true tears of joy. I bet. Um I yeah. Um I mean, it was actually I I remember exactly where I was when the call when there was a notice from the NIH in October of 23 even saying that this funding opportunity was coming. And that was like a huge news for the field. Um and then in February of 24 when the actual request for applications came out, and um when we actually got the grant submitted at the end of June of 24.

**Chris Comeaux** 14:52

I bet you that was a heavy lift.

**Dr. Jean Kutner** 14:54

I actually don't know that I've ever been so nervous as when we pushed the send button in June of 2020.

**Chris Comeaux** 14:59

When did you get the word?

**Dr. Jean Kutner** 15:01

Uh we got our score in November of 24 because it had it went to study section like all NIH uh proposals do. So we first had to go to study section. We got our score in November of 24. I distinctly remember I was flying back to Denver, opened my my phone or turned on my phone when we landed, and one of our principal investigators had seen it and had sent a screenshot of the score. And I actually had to go online myself to look at

it to confirm that it that it was real. And then when the actual funding came through um in August of uh uh 25, and uh yeah, it it's huge. And it's mostly it's so important for the field. And I will say my first thought when we actually got the funding was we just gave a lifeline to all these palliative care researchers across the country. There's the people that are written in written actually, you know, as some time on the grant, which is 40 plus key personnel that now had funding. And to know that we would have, like I said, almost, you know, about half of this money is now going to go out the door to pilot grant awards and just to in a honestly in a year that has been tough for researchers 2025, uh, to feel that this was such a beacon of hope for the field and particularly for palliative care research.

## Research Priorities And Breakthrough Gaps

**Chris Comeaux** 16:27

Yeah, that's pretty huge. And I actually pointed out we had Dr. Byock on a podcast last for December. It was kind of a a holiday gift to all of our field. And one of the things Dr. Byock shared is that it was a meeting in Estes Park, and they sat around a campfire envisioning there would be a day of research, there would be textbooks, there would be people like specializing in this care. And now here you are, like, you know, taking it to the next level. So again, just man, high five. I'm just so ecstatic for you. And it's kind of why I want to talk about it because I'm not sure everybody realizes, other than they probably saw the dollar amount and the uh Cordt's Hospice and Palliative Care Today, and like, wow, that's substantial. But I sense this was much bigger than just a big dollar amount grant, that this was huge for our field. So which leads me to another question, Jean. You know, which is kind of interesting about palliative care compared to hospice. There's already, I'll say strong research, you may push back, but that's the word I'm gonna use: strong research in powdered care. How will a ascent amplify what we already know? And where do you see room for like breakthrough findings, innovation, et cetera?

## Hospice And Palliative Across Trajectory

**Dr. Jean Kutner** 17:33

Yeah, I mean there are there have definitely been significant uh advances in the palliative care and hospice evidence base. I mean, since gosh, I started as a palliative care researcher in what, 95? So it's been a little bit. And just the the sophistication and the availability of evidence. I mean, I remember when I first started, you know, I everything I learned was I learned from hospice nurses because you know there just there wasn't that that evidence base, it was all experience-based. So I think there there's both the commitment to get the evidence that is already out there out into the field, some of the

things that you and I talked about when we first were talking about this a number of years ago. And then I think all of us that are in clinical practice or lead programs or are delivering care or have had loved ones experience uh serious illness. We all know that there's significant gaps on a daily basis as we're as we're practicing. You know, I wish I had evidence for, you know, what is most effective to treat this symptom, how I best reach this hard-to-reach population. And I think that that's where we really need to push the field to that next level of research. So we can amplify what we already know by speeding that time from evidence generation to implementation, which requires a rigorous and thoughtful approach. And then I would say there's room for breakthrough in innovation in care delivery models. I think particularly addressing the needs of those populations that are at risk for the highest risk for poor outcomes, those that have difficulty accessing care, room for breakthroughs in symptom management, caregiver support. So how we're approaching this as ASCENT is we are annually going to update our Ascent research priorities through engaging subject matter experts, those in the field, people with lived experience, et cetera. Just as an example, so the priorities that we set out for our first year of this award relate to communication, novel care delivery models, quality, access, and use of outcomes and outcomes of palliative care, methodologic approaches. So we can also innovate on the research side in terms in terms of research methodology, research measures, how do we best measure the outcomes of interest? And then, of course, improving pain and other physical symptoms, improving psychosocial distress and also spiritual outcomes. So we that these, like I said, these were our priorities for our first year of the award, and we're gonna we're actually ramping up now just to uh refresh those for our upcoming second year.

**Chris Comeaux** 20:13

So, Jean, we keep using the word palliative care, but are we talking about the broad umbrella that the service line of hospice and palliative care fits under today? Or are we really talking about palliative care kind of pre-hospice, or will this research kind of trickle into the the hospice field as well?

**Dr. Jean Kutner** 20:32

Gosh, thank you for asking. I would say that is our shorthand. The way we actually have it written out and everything is hospice and palliative care. So it's really serious illness care. So thank you for pointing that out. Absolutely. This is the we are interested in the full range of care for people with serious illness from very early in diagnosis through hospice care through bereavement. So, yes, through that whole trajectory.

**Chris Comeaux** 20:58

Perfect. All right, thanks. I'm glad I asked you that then.

**Dr. Jean Kutner** 21:01

So yes, thank you for asking that.

**Chris Comeaux** 21:04

In fact, I'm thinking of another mutual friend, Amy Abernathy, with this question. Research sometimes can take years to influence frontline care. So, how is Ascent thinking about accelerating the translation from research to real world impact, especially in those community-based hospice empowered care settings?

## Speeding Translation With Implementation Science

**Dr. Jean Kutner** 21:22

Very, very important question. And it is a high priority both of us and of the NIH. The NIH has become very interested in making sure that research supported by the NIH just doesn't sit on a shelf somewhere that it's actually influencing care. And in fact, um said uh within its funding has something uh funding for something called developmental projects, which are sort of internal and projects. And the first one that we um worked with the NIH to to develop is exactly around this question where uh where folk we are Putting together a collaboration of researchers, healthcare delivery organizations, and others to identify what are what are ways that researchers can partner more closely with healthcare delivery organizations, both in designing their studies and answering the important questions, and then when conducting the studies, making sure that we're capturing those things that that fit under the sort of implementation science umbrella of okay, so we did this under under sort of research circumstances. What would it take now to implement whatever it is out in actually in uh the care setting? So looking at that investigator healthcare delivery interface to make that make speed that up. I think there's been a lot of interest growing in conducting something called pragmatic clinical trials, where sort of an example of that might be where let's say there is new evidence about, I don't know, how to treat nausea. I'll just come up with something that then to implement that within the electronic medical record so that you then have that evidence-based guideline. So if I, as you know, a clinician am writing an order for treating a patient's nausea in a particular situation, I don't have to remember to remember that I remembered that I read an article about it, you know, three weeks ago, but that it would get implemented into and say, you know, Dr. Kutner, you know, most recent evidence-based guidelines are this. Click here to order, that sort of thing. So there's ways I think we can better implement those evidence-based guidelines more rapidly into practice. So it's also not up to each of us as clinicians, like I said, to remember to remember that there's some new evidence. What what was your term for that? You said pragmatic? Pragmatic clinical trials.

**Chris Comeaux** 23:52

Very cool.

**Dr. Jean Kutner** 23:53

It's as a you know, because you think about like your sort of traditional clinical trial where it's very it's a very controlled environment. Right. And you know, you recoup people, you're randomized by the individual. A pragmatic trial is one that is more embedded within clinical flow.

**Chris Comeaux** 24:10

Gotcha. So we could almost maybe not be the best analogy, but like ePrescribe has I forgot the name of that database it goes into. This could be like a database that could feed into the EMR that would have like those best known practices. Is am I tracking with you? Yeah, huge. Well, okay. I'm definitely gonna put that on the future. Like, is that like one or two years out or maybe even quicker?

**Dr. Jean Kutner** 24:32

This developmental project we're doing in this first year to come up with what those recommendations are. So I would say end of the calendar year, hopefully.

**Chris Comeaux** 24:41

Very cool. Let's go to my to-do list to follow up with you on that because that's that's very cool.

**Jeff Haffner** 24:45

Don't miss part two of this episode coming this Friday.