Palliative Care and Hospice in an Accountable Care Model

Key Strategies to a Successful Integrated Delivery System

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Objectives

• Describe the formation and utilization of palliative care and hospice within an integrated delivery system
• Discuss strategies for use of metrics to support value of palliative care and hospice in an ACO model
• Demonstrate the impact of expanding these services across the care continuum.
Case Study
PC Opportunities and Impact

Healthcare Reform Focus
- Better Care for Individuals
- Better Health for Populations
- Lower Cost

TRIPLE AIM
Health Care Reform: Game Changing Options

- Hospice Concurrent Care Pilots (2012)
- Medicare Independence at Home demos
- Accountable Care Organizations (shared savings 2012)
- Bundled payments pilots (2013)
- Innovations Center (2011)

What is an ACO?

- Whether the payer is Medicaid, Medicare, Wellmark or other insurance:
  - ACO goals are universal
    - Better care
    - Higher quality
    - More value
  - ACO clinical programs are universal
    - Specific programs for target population and specific person, depending upon needs
What an ACO is Not

• An HMO or Managed Care
  – Third-party organizations that contract directly with health care providers to offer care to a defined group of patients
  – Per Member Per Month (PMPM) fees to assume all risk/gain with limited quality or success
  – Focus on cost with limited on quality or performance measures
  – Lower cost by denying care and ratcheting down utilization

Why Do We Need ACOs?

• Current care delivery is episodic and fragmented
  – Many patients lack a primary care provider
  – Patients are accessing primary care via ED visits
  – No care coordination results in duplicative services and heightened health care costs
  – Behavioral health is not integrated with medical care
  – Patients and providers are frustrated
Current State: A year in the Life of a Patient

- 6 Social Workers
- 13 Meds
- 5 Hospital Admissions
- 6 Weeks SNF Care
- 37 Nurses
- 22 Physical Therapists
- 19 Clinic Visits
- 1 Community Referrals
- 2 Home Care Agencies
- 5 Nursing Homes
- 6 Months of Home Care
- 4 Occupational Therapists
- 16 Physicians
- 5 Months of Home Care

Source: Johns Hopkins, RWJ 2010 (G Anderson)

ACOs Transform Care Delivery

**FFS View:**
- Acute, episodic care focuses on non-compliant patients

**ACO View:**
- Holistic, patient-centered care shifts focus from non-compliant patients to root causes of delivery system failures
But what about health care costs?

Exponential Growth

Why Palliative Care?

U.S. is spending much more for older ages


Total ED Visits & Hospitalizations

PreConsult  PostConsult

© Iowa Health System
Total ED Visits and Hospitalizations
1,973 patients consulted for Palliative Care, broken down by site of service: Inpatient (1,767 patients) and Outpatient (206 patients)
Oct 2011-Sept 2012

Total Variable Direct Cost
1,973 patients consulted for Palliative Care, broken down by site of service: Inpatient (1,767 patients) and Outpatient (206 patients)
Oct 2011-Sept 2012
Palliative Care Definition

Palliative care is specialized medical care for people with serious illnesses. This type of care is focused on providing patients with relief from the symptoms, pain and stress of a serious illness – whatever the diagnosis.

- The goal is to improve quality of life for both the patient and the family.
- Palliative care is provided by a team of doctors, nurses, and other specialists who work with a patient’s other doctors to provide an extra layer of support.
- Palliative care is appropriate at any and at any stage in a serious illness, and can be provided together with curative treatment.
Hospice is a subset of Palliative Care focused on end of life care.

All Hospice care is palliative but not all Palliative Care is Hospice.

Hospice
- < 6 mos. to live
- Comfort care only

Palliative Care Expertise

Primary PC
- All providers

Secondary PC
- Specialty
Components of Fully Integrated PC Program

• Inpatient consultation service (acute, ICU, ED)

• Outpatient practice (Home care, clinic, LTC)

• Geographical inpatient unit (could be inpatient unit and/or hospice house)

*IHS Model of Palliative Care Delivery

• Systems-based approach
  – An organized, deliberate approach to the identification, assessment, and management of a complex clinical problem; including checklists (triggers), treatment algorithms, provider education, quality improvement initiatives, and changes in delivery and payment models.
Program Model

• Provider led (Palliative Medicine)
• Dyad Leadership
• One program/one team across all sites of service
• Blended: Consultative/Co-management/Care Coordination
Intensity of Service

OPPC

Home Care

Hospice

Acute PC Consultation Rate

National Average is 4 – 10%
The Purpose of Measurement

- External and Internal quality assessment
- Demonstrate value
- Research/Exploratory - Quality Improvement Initiatives

Identify your Stakeholders

- Patients and families
- Community partners
- Health System leaders
- Physicians and clinics
- Hospital leaders and clinicians
- Home care and hospice
- CMS, CMMI, MedPac, legislators, etc.
Metric Domains

- Operational
- Customer Satisfaction
- Financial
- Clinical

Metric Definitions Considerations

- Reporting frequency
- Timeframe
- Overall Criteria
- Database (manual entry) vs. data pull
- Database Elements
- HIPPA!
Metric Definition Components

- Source
- Measure
- Numerator
- Denominator
- Definitions
- Inclusions and Exclusions
- Additional Clarification

Hospice ALOS for PC Referrals
### Financial Metric

- **Acute**: Approximately 40 – 50% of billable is received.
- **Community**: Approximately 40 – 50% of billable is received.

- **Billed**
- **Received**

### Pain Score Initial & Post Consult

- **Initial Consult**: Scores range from 6.00 to 7.00.
- **Post Consult**: Scores range from 4.00 to 6.00.

- **Patients**: A, B, D, F, H, UPH
Hospice Customer Satisfaction (FEHC)

Overall Rating (G1)

- Hospice: 79.4%
- IA: 75.3%
- National: 74.5%

Composite Score

- Hospice: 89.1%
- IA: 87.4%
- National: 86.2%

PC Expansion Opportunities

- Emergency Room
- Clinic
- Long Term Care
- Telemedicine
Best Outcome For Every Patient Every Time

- Identify appropriate patients
- Ensure timely referral
- Coordinate care
- Right Patient
- Right Time
- Right Service

National Recognition