

# Outcomes Data for a Healthcare System: Helping Make the Case for Palliative Care

<sup>1</sup>Parag Bharadwaj, <sup>1</sup>Karen M. Helfen, <sup>1</sup>Leo J. DeLeon, <sup>1</sup>Douglas M. Thompson, <sup>1</sup>Jennifer R. Ward, <sup>1</sup>John Patterson, <sup>2</sup>Sriram Yennu, <sup>3</sup>Joe Kim,

<sup>1</sup>Kathie S. Zimbro, <sup>4</sup>J. Brian Cassel, <sup>1</sup>Aaron D. Bleznak

<sup>1</sup>Sentara Healthcare, Norfolk, VA, <sup>2</sup>MD Anderson, Houston, TX, <sup>3</sup>Cedars- Sinai Medical Center, Los Angeles, CA, <sup>4</sup>Virginia Commonwealth University, Richmond, VA

## BACKGROUND

- Recent trend in healthcare is for multiple hospitals to join to form a system
- Call for the case for Palliative Care (PC) to be made at both the hospital and system level

## AIM

Highlight the advantages of palliative care using outcomes data for a healthcare system

## METHODS

**Setting:** 7 hospital based program of a 12 hospital healthcare system, using the same EMR

**Duration:** November 2012 to October 2013

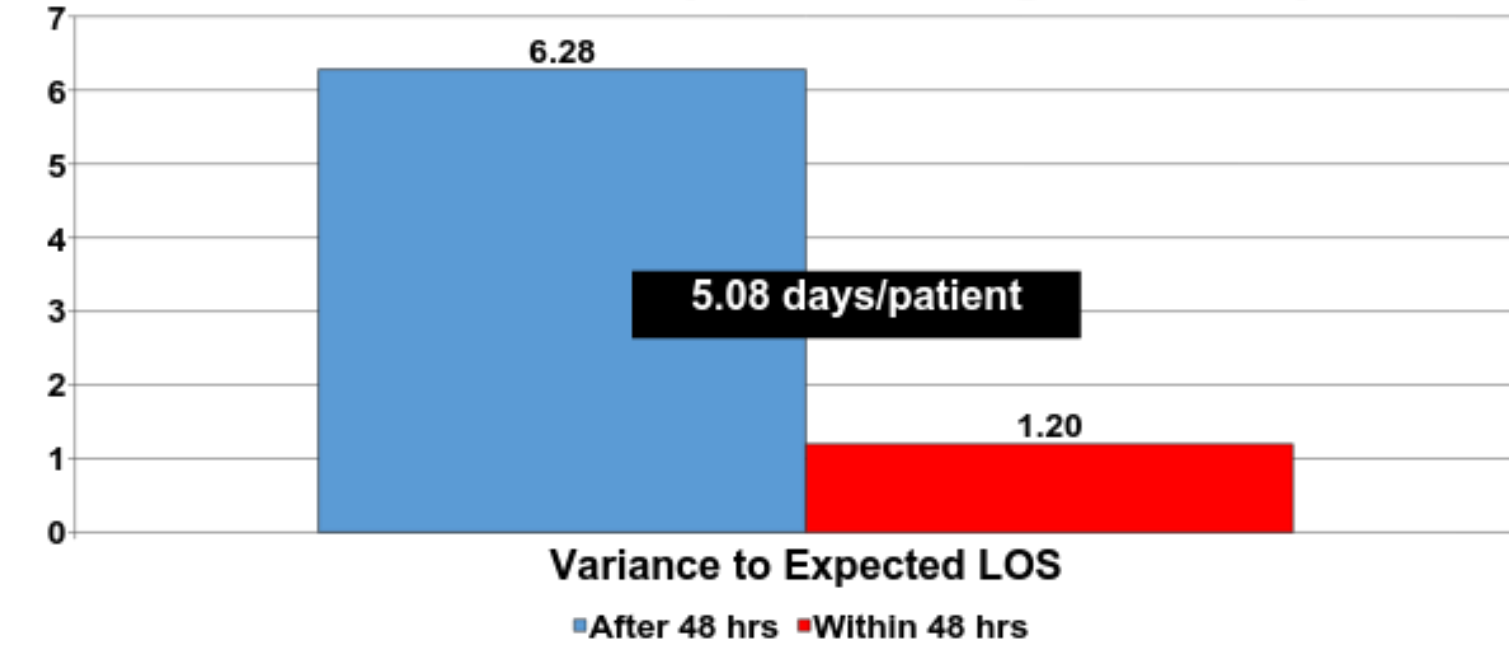
### Outcomes Data Presented:

- One year outcomes data of a newly established program
- A 7 hospital modified matched pair study for patients with sepsis
- System financial impact: patient/family directed care plan change methodology
- A four month ICU pilot with a full time physician in one of the hospitals
- System wide referrals to hospice

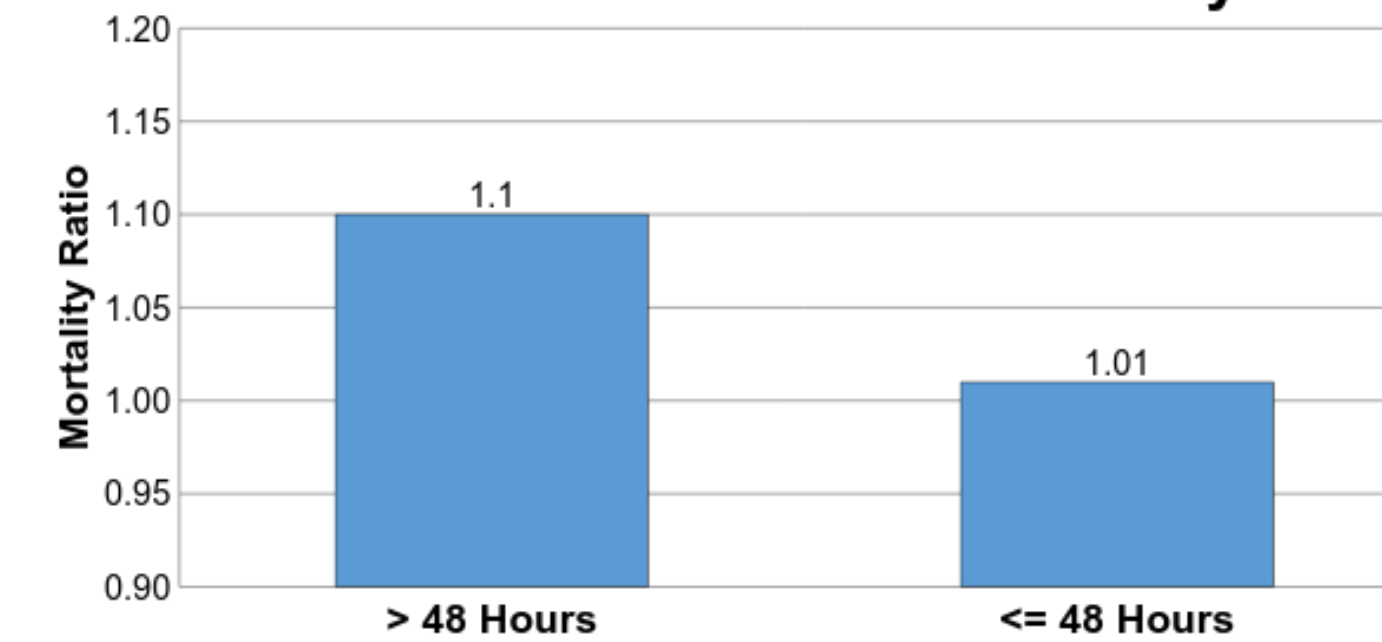
## RESULTS

### One Year Outcomes Data

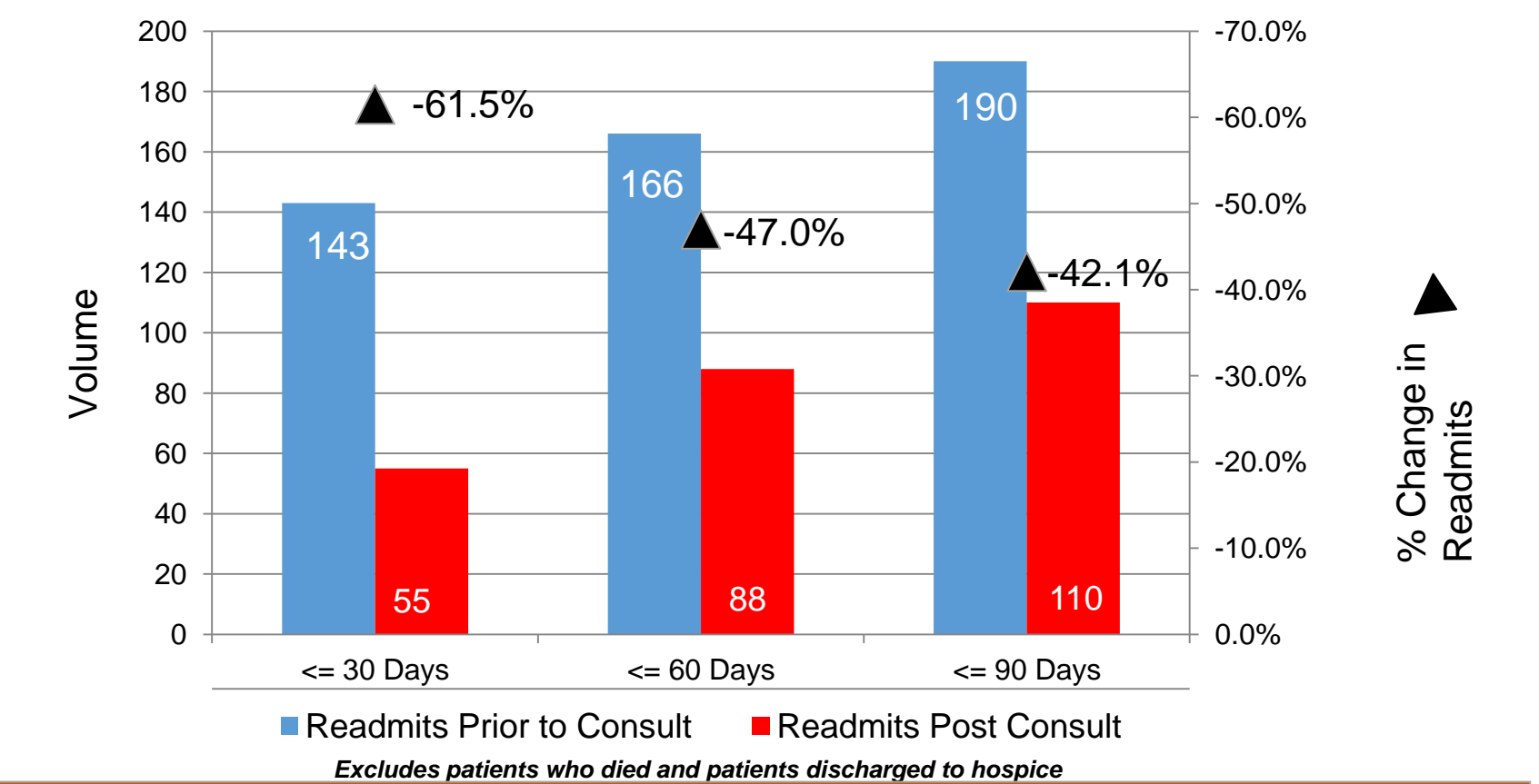
Variance to Expected Length of Stay



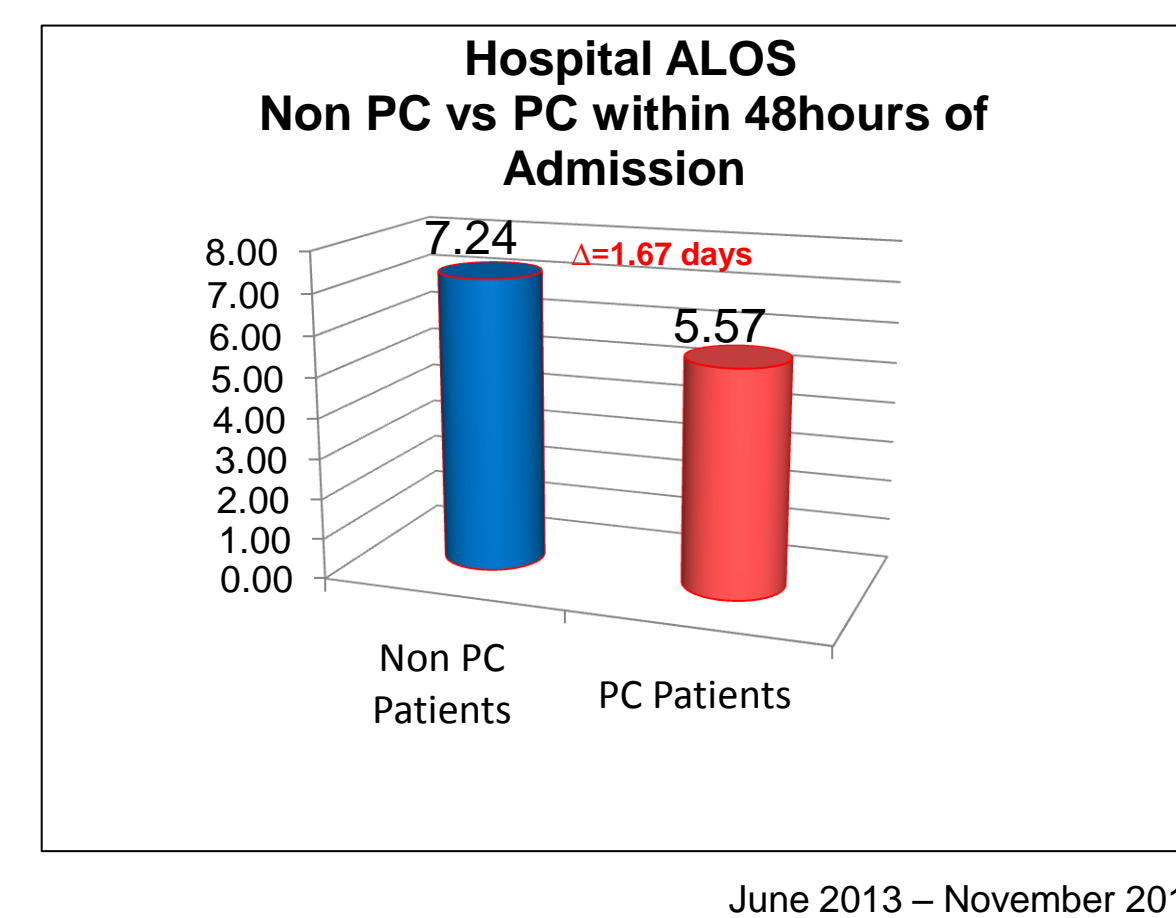
Benefit of PC Consult on Mortality



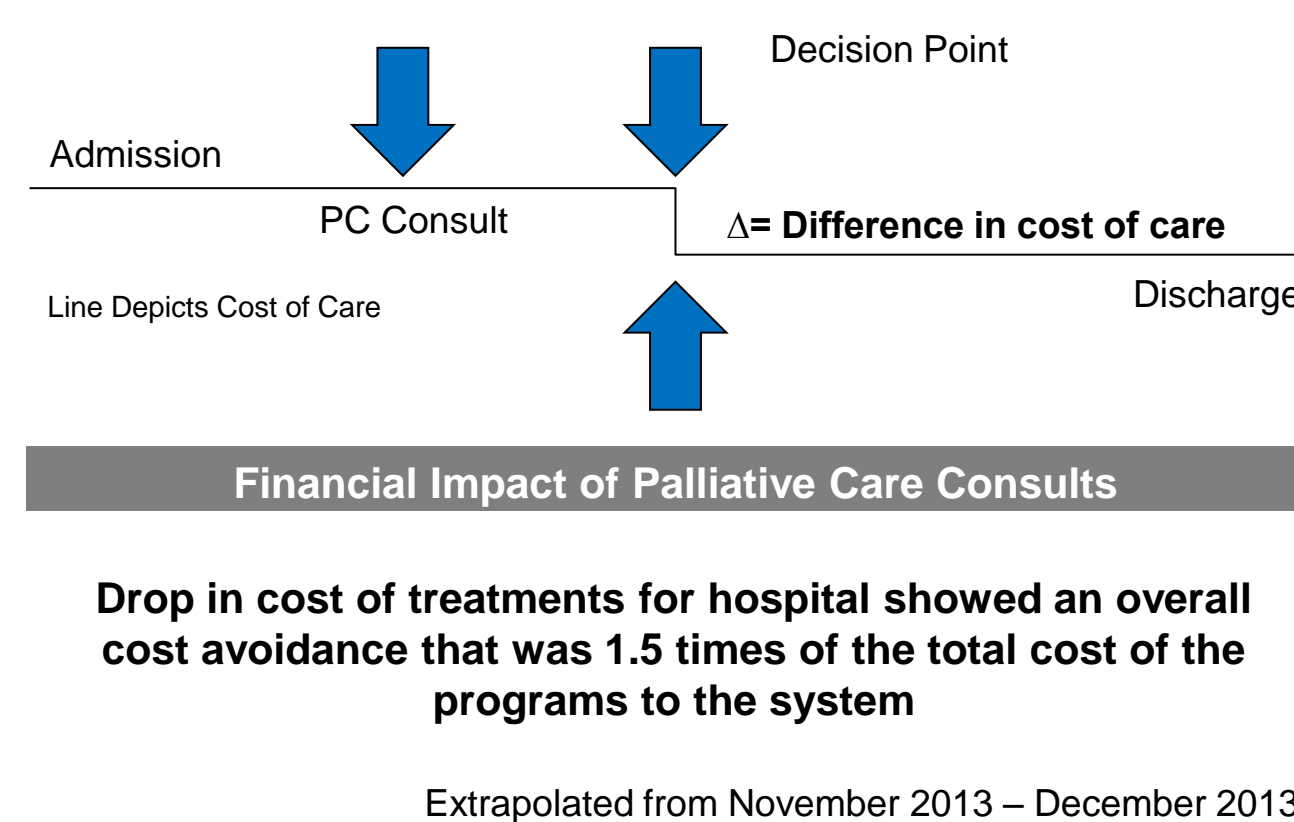
Benefit of PC Consult on Readmissions



### Modified Matched Pair Study

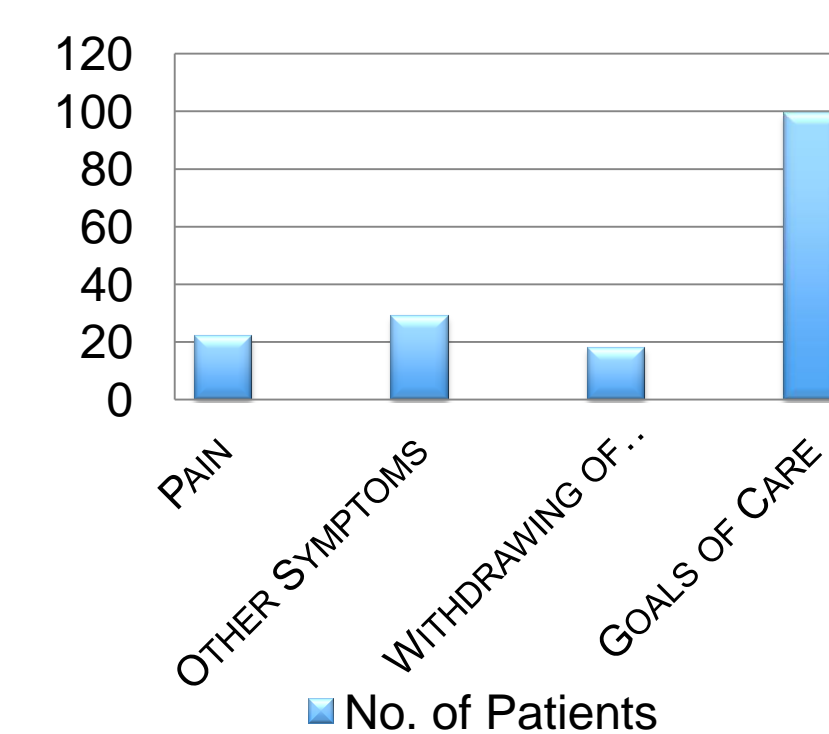


### System Financial Impact

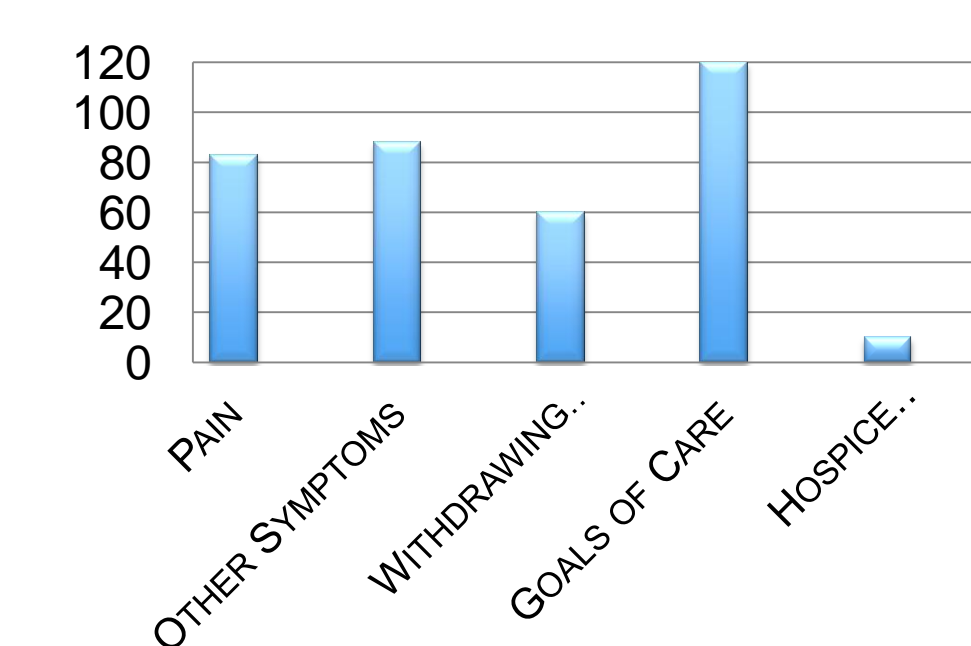


### Four Month ICU Pilot with Full-Time Physician

Reasons for Initial Consult Jan-Apr 2014



Actual Intervention Jan-Apr 2014



Benefit of ICU Palliative Care Pilot

Patient/Family Directed Care Plan Change Methodology Annualized Cost Savings:

**Positive Financial Impact**

Annualized saved ICU Days\*

**315**

\*Extrapolated from January – April 2014  
+Obtained in collaboration with Care Coordination

### Impact of System Wide Referrals

#### Quality

- 15% of PCM patients were discharged on Hospice
- 69.3% of all patients discharged on hospice were referred by PCM

#### Cost

"Palliative Care is the Solution to Bending the Cost Curve"

November 2013 – January 2014

Corresponding Author: Parag Bharadwaj, MD, email: paragbharadwaj@hotmail.com

## CONCLUSIONS

- Early Palliative Care has a positive impact on inpatient LOS, readmission rate, mortality rate and cost of care
- Savings at system level exceeds cost and PC improves quality of care
- Evidence that a PC ICU model can reduce ICU LOS and reduce cost
- PC increases referrals to hospice