



Delivering Home-based Palliative Care within an ACO

ProHEALTH Care's Approach

Domain: Care Coordination
Category: Access
Competency: CC.1.5 Ensure that palliative and hospice care services are available when deemed appropriate

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BACKGROUND

When ProHEALTH Care was selected to participate in the Medicare Shared Savings Program (MSSP), part of its accountable care strategy was to utilize home-based palliative care for high-need patients to mitigate unwanted and burdensome inpatient care during the last years of life. Indeed, there is evidence that hospitalization *accelerates* functional decline for those with serious illness, and the Medicare Hospice Benefit is a poor fit for many patients, particularly the requirement to forgo disease-directed treatment. The medical group saw an opportunity to improve care by helping patients stay safely and comfortably at home, while reducing the physical, emotional, and financial costs of their illness. ProHEALTH Care Support, a home-based palliative care program, was launched in 2014.

About ProHEALTH Care

ProHEALTH Care is a New York-based large multispecialty physician practice with 900 providers in 200 locations, including 30 urgent care centers. The group serves over 1 million patients in a largely fee-for-service market. ProHEALTH is owned by Optum, a large national health care delivery organization.

Location: New York City and Long Island

Website: www.prohealthcare.com

VBP Activity:

- MSSP Track 1 since 2012 (~35k lives)
- Risk-based commercial arrangements with Empire BlueCross BlueShield and UnitedHealthcare since 2015 (~60k lives)

APPROACH

The ProHEALTH Care Support team consists of eight registered nurses, two social workers, and three doctors, all with palliative care expertise. The program also employs one data analyst and three administrative staff. Each nurse is responsible for around 90 patients and works closely with a social worker and palliative care physician. The team works with patients to manage pain and symptoms, conduct conversations around goals of care, document treatment preferences, and provide psychosocial support for caregivers. ProHEALTH nurses review the patient's home environment, conduct ongoing medication reconciliation, and communicate closely with the patient's other physicians. The team meets in person twice a week where nurses review their cases in detail with the social workers and physicians.

Patients receive at least one house call and two telephone calls per month, with additional contact as needed. Patients have 24/7 access to telephone support, or via a special telemedicine application that permits a virtual visit with the palliative care physician. The program is also supported by a cadre of volunteers who will visit with patients and provide supportive services, such as music therapy and conversation.

Patients eligible for Care Support include patients with frailty, advanced heart failure, chronic obstructive pulmonary disease, metastatic cancer, and severe dementia. While the program originally worked by referral, ProHEALTH now looks at monthly claims data to identify new high-risk patients using an algorithm (described below). There is also a bi-weekly discussion of which patients are appropriate for referral to hospice, and subsequently discharged from the Care Support Program. To ensure that the program sees only the highest-need patients, ProHEALTH also conducts quarterly disenrollment review to discuss which patients could be transitioned to usual care or ProHEALTH's telephonic case management. The model of care is flexible to meet the needs of the patient. For example, the Support team can provide a co-management model, a consultative model, or can assume the full care of the patient. Assumption of full care is the most common of these – representing around half of the patients.

The ProHEALTH Care Support Program has arranged its own revenue stream for its non-MSSP patients, negotiating a per-member per-month rate with three health plans, and for one of these, the program also receives 50 percent shared savings. The program's performance metrics are based on emergency department visit rates, hospitalization rates, and patient satisfaction – using a Net Promoter Score and collected by telephone after the 3rd patient visit.

RESULTS TO DATE

Patients in the ProHEALTH Care Support Program spent \$12,000 less in the last three months of life than patients receiving usual care, according to a recent study published in the *Journal of Palliative Medicine*.¹ In the final month of life, hospital admissions were reduced by a third. The program also produced a 35% increase in hospice enrollment and more than doubled the median length of hospice stay. Patients in Care Support had a very high likelihood of death at home (87%), compared with a national average of around 24% for Medicare beneficiaries receiving usual care.² In 2015, ProHEALTH's home-based program—which costs between \$300-500 per patient per month—contributed to \$4 million of savings for the ACO, of which it received \$2 million.

TOOLS & VENDOR PARTNERS

Patients are identified using a detailed algorithm developed by OptumCare, employing CMS claims data to identify patients based on care intensity, Charlson Comorbidity Index, past ED utilization, hospital admissions, and claims for durable medical equipment (e.g. hospital bed, walker, wheel chair). ProHEALTH has found that patients over the age of 80 with two or more hospital admissions in the previous year have a 50% chance of a third admission without a home-based intervention.

CHALLENGES WITH IMPLEMENTATION

In the early days of the program, ProHEALTH Care Support relied on provider referrals for patients. They found, however, that those patients did not have the greatest need, and they were still missing many patients with frequent emergency department visits. The program then turned to developing its own claims-based algorithm to identify patients, to whom they reach out directly. In order to ensure they are reaching the sickest and most vulnerable patients, ProHEALTH looks for a patient mortality rate of 30%.

KEY LEARNINGS

- **Focus patient recruitment** – Careful identification of the sickest and most vulnerable patients requires the right data and an effective algorithm. ProHEALTH found that physician referral alone is a poor mechanism to identify the right patients.
- **Maintain flexibility** – ProHEALTH nurses are free to adjust the frequency of their visits and phone calls, and the Support Program coordinates with the treating providers to change the model of care as the patient's disease progresses.
- **Track metrics closely** – Performance tracking is essential to establish the program's contribution to savings and guide future expansion.

¹ Lustbader Dana, MD, FAAHPM, Mudra Mitchell, MBA, Romano Carole, BA, Lukoski Ed, BS, Chang Andy, BS, Mittelberger James, MD, Scherr Terry, BS, and Cooper David, MD. Journal of Palliative Medicine. January 2017, 20(1): 23-28. doi:10.1089/jpm.2016.0265.

² National Center for Health Statistics. Health, United States, 2010: With Special Feature on Death and Dying. Hyattsville, MD. 2011.

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