Palliative care in Medicare Advantage: Preliminary Clinical and Financial Outcomes from Capitated Multidisciplinary Pre-hospice Program

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Transitions LifeCare
Founded as Hospice of Wake County • 1979

Alignment Healthcare

BACKGROUND

The Challenge

- Sickest 5% of patients in the US account for >50% of costs, most in final months of life.
- Many patients with chronic or terminal illness are excluded from Medical Hospice Benefit if they wish to continue certain treatments or have unclear diagnosis.
- Difficulty in predicting non-cancer deaths is associated with decreased hospice length of stays in patients with chronic illnesses such as CHF or COPD
- At Transitions LifeCare, 34% of patients are on hospice for < 7 days, and 48% are on service for <14 days.

Novel Payor/Provider Partnership

- Alignment HealthCare (AHC) is a coordinated care delivery model within a Medicare Advantage population.
  - *50,000+ members on full-risk platform*
  - *5,000 members in central North Carolina*
  - *MAPD, C-SNP and D-SNP members*
- Transitions LifeCare (TL) is an independent, nonprofit hospice and palliative care organization est. in 1979.
  - *Serves 7 counties in central North Carolina*
  - *Hospice ADC 550; Community Based Palliative Care ADC ~700*

April 2017
Initial discussion between AHC and TL

May 2017
Meeting with clinical and finance teams from both organizations

July 2017
Contract and clinical model established

August 2017
- Developed cobranded patient brochure
- Developed provider letter describing program

Sept 2017
- Enrolled first patient

OBJECTIVES

- Describe an in-home palliative care pilot program for Medicare Advantage members with serious illness
- Evaluate the impact on participants' hospital and hospice utilization

INTERVENTION

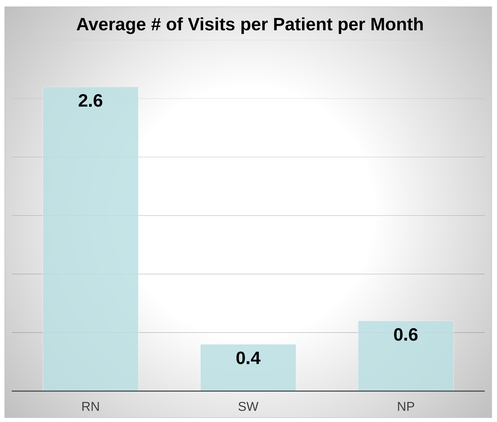
- Members identified and introduced to program by AHC team
- AHC send referral to TL, RN visit within 72 hours for initial comprehensive visit
- Enrolled in one of two capitated levels: High intensity or Low intensity
- Received visits by palliative trained RNs, social workers, and nurse practitioners with oversight by palliative medicine physician.
- Payor's in home video monitoring system was used for some members.
- Some received volunteer visits and chaplain support.
- 24/7 access to after hours support from TL staff.
- Weekly interdisciplinary meeting with payor's clinical team and palliative care team.

OUTCOMES

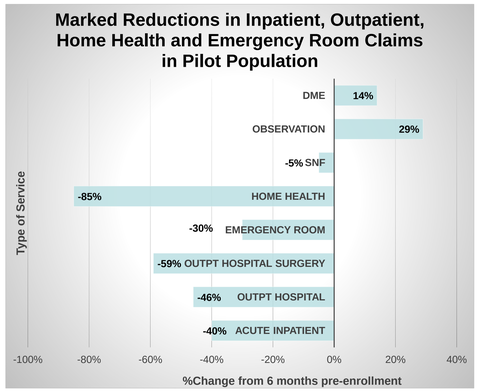
- Costs of care per member 6 months prior to enrollment and 6 months after enrollment
- Impact on hospice enrollment, death service ratio, and hospice length of stay

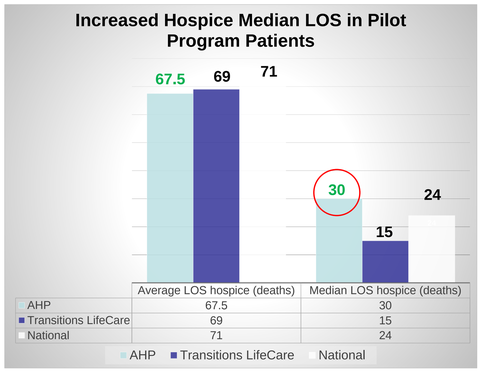
RESULTS

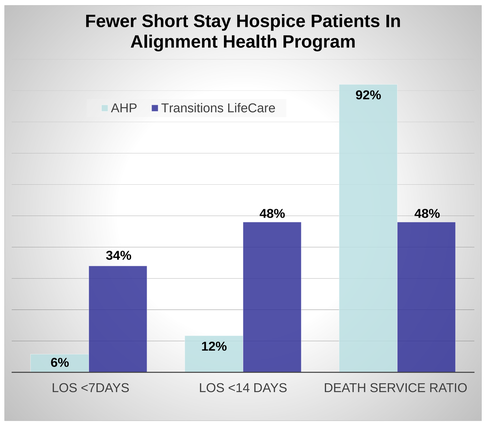
- 35 patients enrolled during study period (Sept –Dec 2017)
- Average age = 79
- 48.5% African American; 51.5% Caucasian
- Average length of stay in the program was 5 months
- Overall claims costs dropped by 40%
- Marked reductions in inpatient, outpatient, home health and ED utilization.
- Hospice conversion rate was 44% during enrollment period
- Death service ratio of 92% for enrollees
- Hospice median LOS, but not average LOS, was significantly increased.

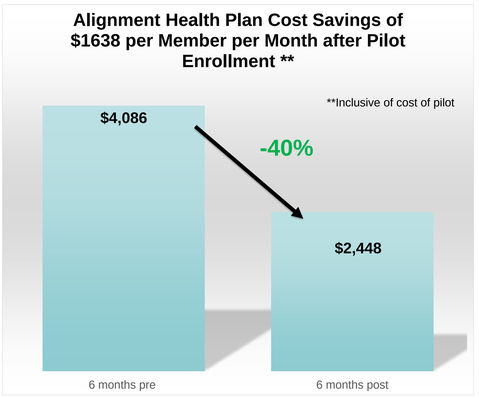


RESULTS









CONCLUSION

- A comprehensive palliative care program for Medicare Advantage patients with advanced illness who are not yet eligible for or enrolled in hospice can reduce acute care utilization and overall claims expense. Part of this effect may be related to earlier admission to hospice.

IMPLICATIONS

- This pilot study suggests that a comprehensive professionally capitated palliative care program in Medicare Advantage patients may result in reduced overall medical expenditure in pre-hospice patients, and improve hospice utilization at end of life.
- This pilot demonstrates a successful partnership between a community palliative care provider and Medicare Advantage Payor horizontally aligned.
- These results, which require validation with larger patient populations, suggest that an expanded role for palliative care in patients with advanced chronic illness may improve clinical and financial outcomes in Medicare Advantage patients.

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