

# Palliative Maintenance Program vs. High Risk Program: Finding New Ways to Utilize Resources

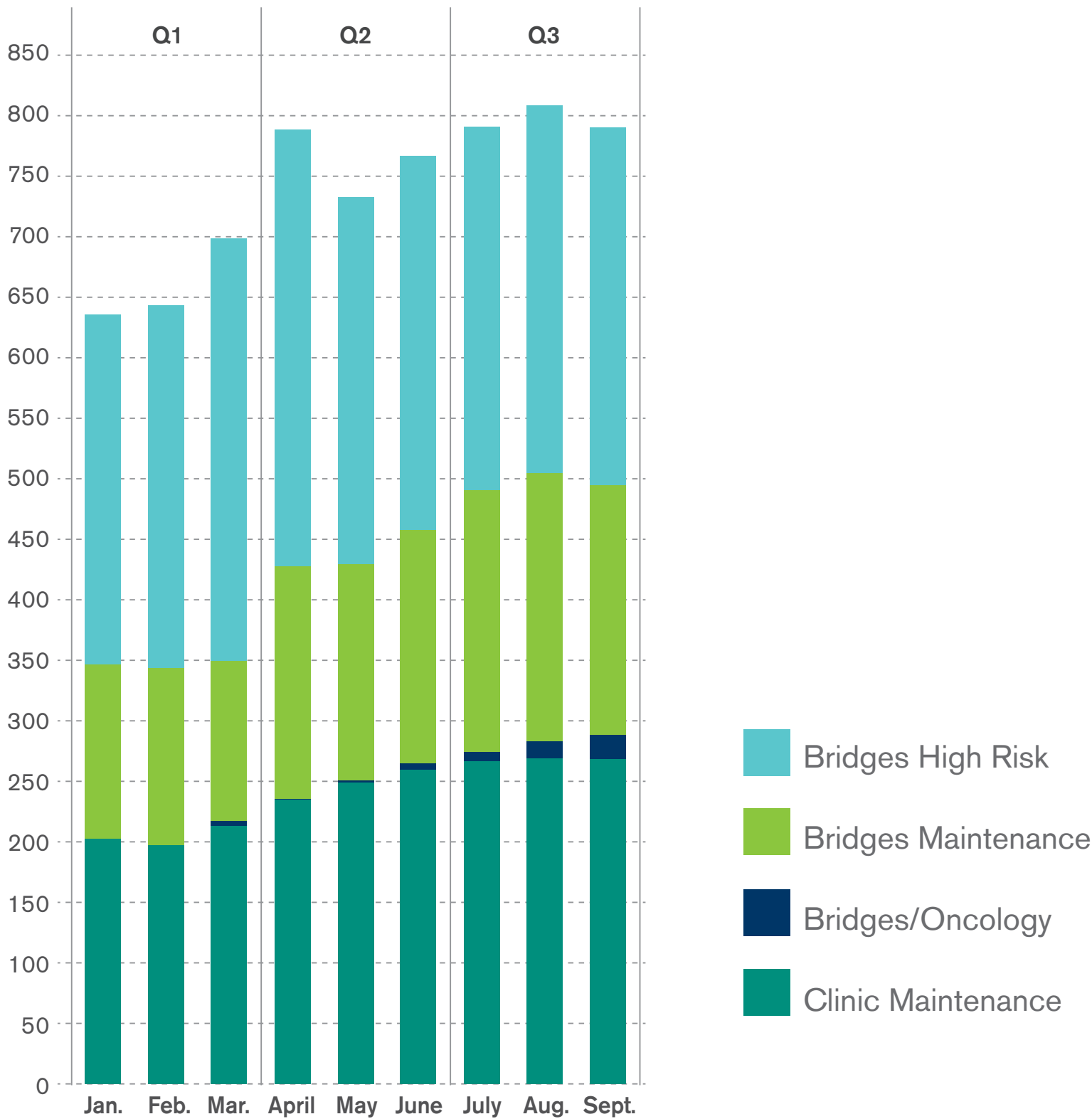


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## INTRODUCTION

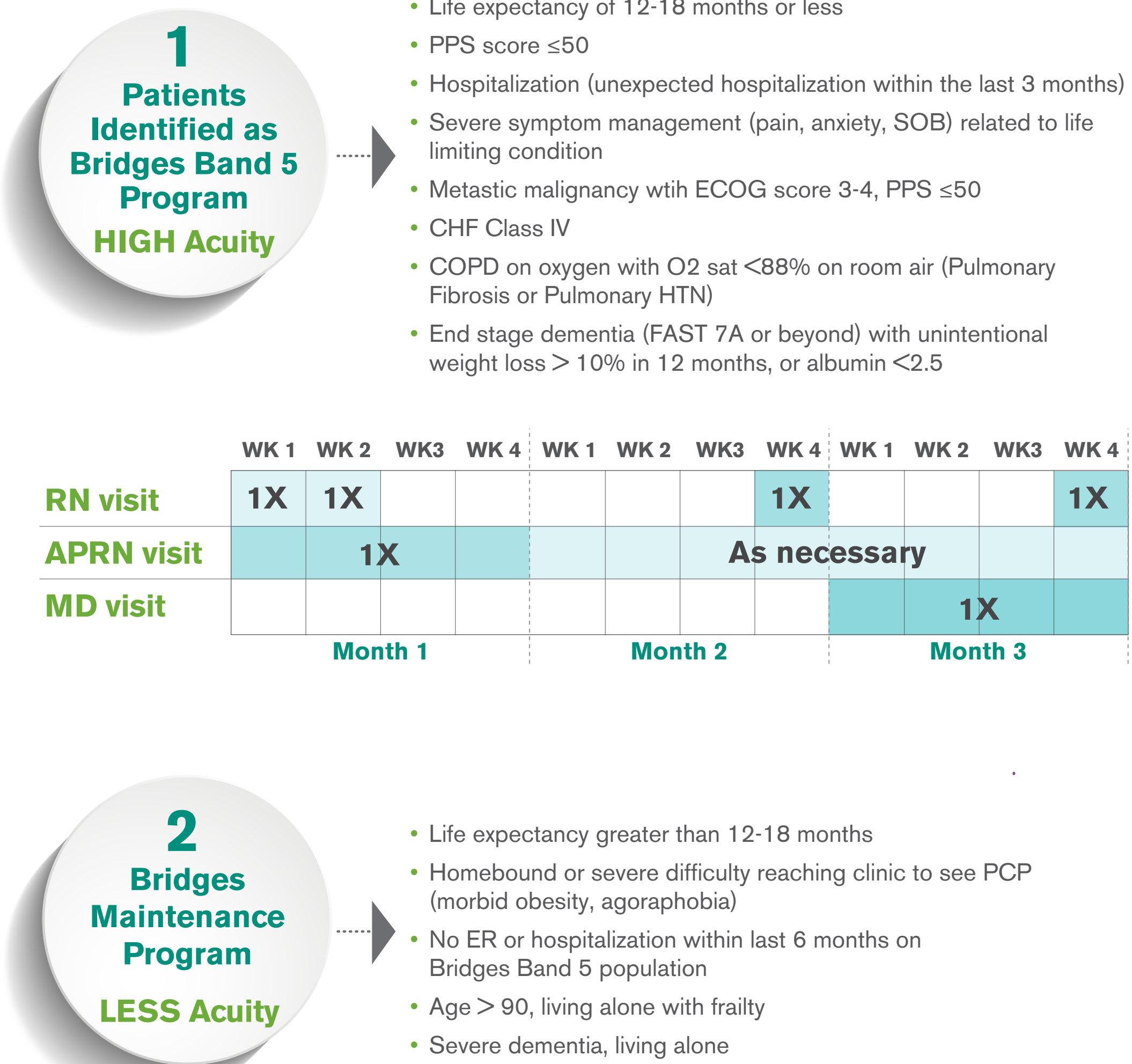
WellMed is a healthcare delivery system serving more than 370,000 patients in Texas and Florida. The WellMed Palliative Care program is one of several subspecialties offered for our Medicare Advantage patients. Patients are seen in a palliative care subspecialty clinic, skilled nursing facilities and in their own homes. The Palliative team in San Antonio is made up of MDs, APRNs, RNs, LVNs, SWs and office staff.

The home visiting program, called Bridges in Complex Care, started in 2013 in San Antonio with one MD and one RN. The program enrolls over 1200 patients each year and maintains an active daily census of over 400 patients in the home visiting program. Over the last year, we realized that there were patients on the census that did not require as intense care as others. We therefore separated our patients into two categories: Bridges Band 5 and Bridges Maintenance, based upon severity of illness, prior utilization, functional status and life expectancy. A staffing solution with various dosing frequencies was proposed to effectively take care of all patients in each subgroup.



## DESCRIPTION

The goal of subdividing our patient population was to devote maximal resources to the sickest patients while still maintaining oversight of those who were not as acutely ill. The divisions were determined after evaluation with an MD or APRN using the criteria below. The patients were divided into the following two groupings:



	WK 1	WK 2	WK 3	WK 4	WK 1	WK 2	WK 3	WK 4	WK 1	WK 2	WK 3	WK 4
RN visit	1X	1X						1X				1X
APRN visit			1X				As necessary					
MD visit									1X			
	Month 1				Month 2				Month 3			

	WK 1	WK 2	WK 3	WK 4	WK 1	WK 2	WK 3	WK 4	WK 1	WK 2	WK 3	WK 4
RN visit	1X	1X						1X				1X
APRN visit								1X				
MD visit									1X			
	Month 1				Month 2				Month 6			

## METHODS

Several months of planning meetings were held with key team players to determine how to best meet the patients' needs while providing adequate quality care in an effort to decrease unnecessary hospitalizations. The Bridges Band 5 patients are all discussed during a weekly team interdisciplinary meeting and as necessary during the week. Treatment and visit frequencies are altered during that time pending discussion between MD, APRN, RN, SW and the other team members. Monthly meetings were initiated to discuss the members of the Bridges Maintenance program. During both meetings, the team ensured that the patient categorization was correct and patients were moved to a different program if their clinical needs changed.

## FINDINGS

Patients have been accurately placed into subcategories based on medical acuity and visit frequencies have been altered to account for the needs of the patient. The addition of the Bridges Maintenance protocol has positively impacted the team by allowing more flexibility in scheduling to be able to have availability to see more acutely ill patients. The patients in both programs continue to respond positively to both the face-to-face and the telemedicine interactions despite the change in the frequency of visits. Although it is too early to tell, we have not seen any adverse outcomes in terms of increased hospitalizations with the decreased visit frequency of our Bridges Maintenance population.