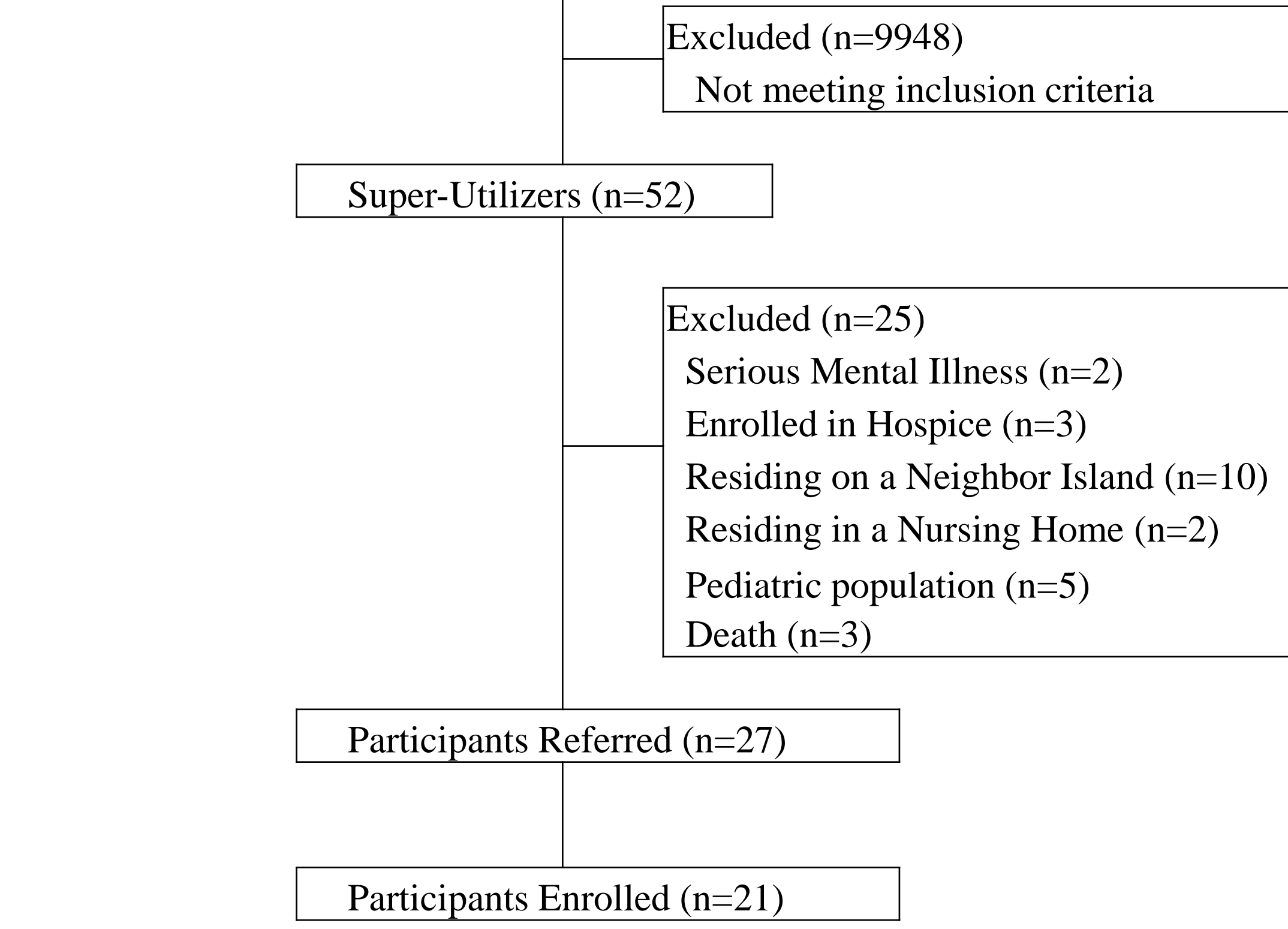


# Supportive Care: An Innovative Approach to Super-Utilizers in Managed Care Organizations

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**Referral Flow Diagram**

Assessed for Eligibility (n=10,000)  
Screened for Chronic advanced Illnesses and  
≥ 3 hospitalizations in the prior calendar year or  
Hospitalization ≥ 30 days during that calendar year or  
Top 1% of healthcare costs in the prior calendar year



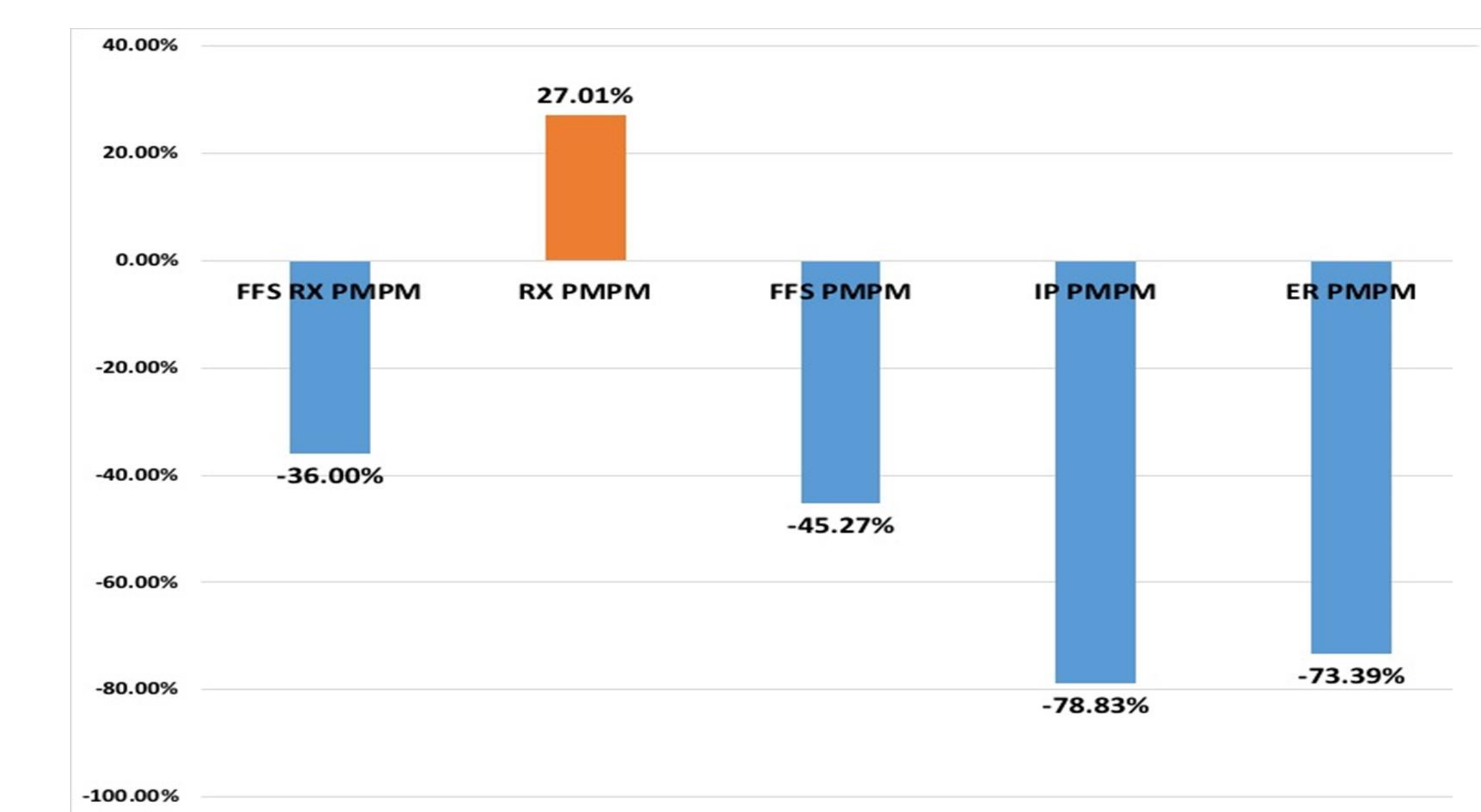
## Demographics and Clinical Characteristics

Variable	Frequencies
<b>Age</b>	
< 55	6 (28.6%)
55 - 64	6 (28.6%)
65 - 74	2 (9.5%)
75 - 84	5 (23.8%)
85 +	2 (9.5%)
<b>Gender</b>	
Male	10 (47.6%)
Female	11 (52.4%)
<b>Race/Ethnicity</b>	
Hawaiian	8 (38.1%)
Samoan	4 (19.0%)
Other Pacific Islander	4 (19.0%)
Asian	4 (19.0%)
Portuguese	1 (4.9%)
<b>Medicaid</b>	
Yes	21 (100.0%)
No	0 (0.0%)
<b>Medicare</b>	
Yes	10 (47.6%)
No	11 (52.4%)
<b>Diagnosis</b>	
Cardiac	7 (33.3%)
Infectious	5 (23.8%)
Pulmonary	4 (19.1%)
Oncology	2 (9.5%)
Renal	1 (4.8%)
Endocrine	1 (4.8%)
Gastrointestinal	1 (4.8%)
<b>Palliative Performance Scale (PPS)</b>	
80%–100% (full ambulation & self-care)	2 (9.5%)
60%–70% (unable to work, poor ambulation)	6 (28.6%)
40%–50% (unable to work, mainly sits/lies)	10 (47.6%)
20%–30% (bed-bound, needs total care)	3 (14.3%)

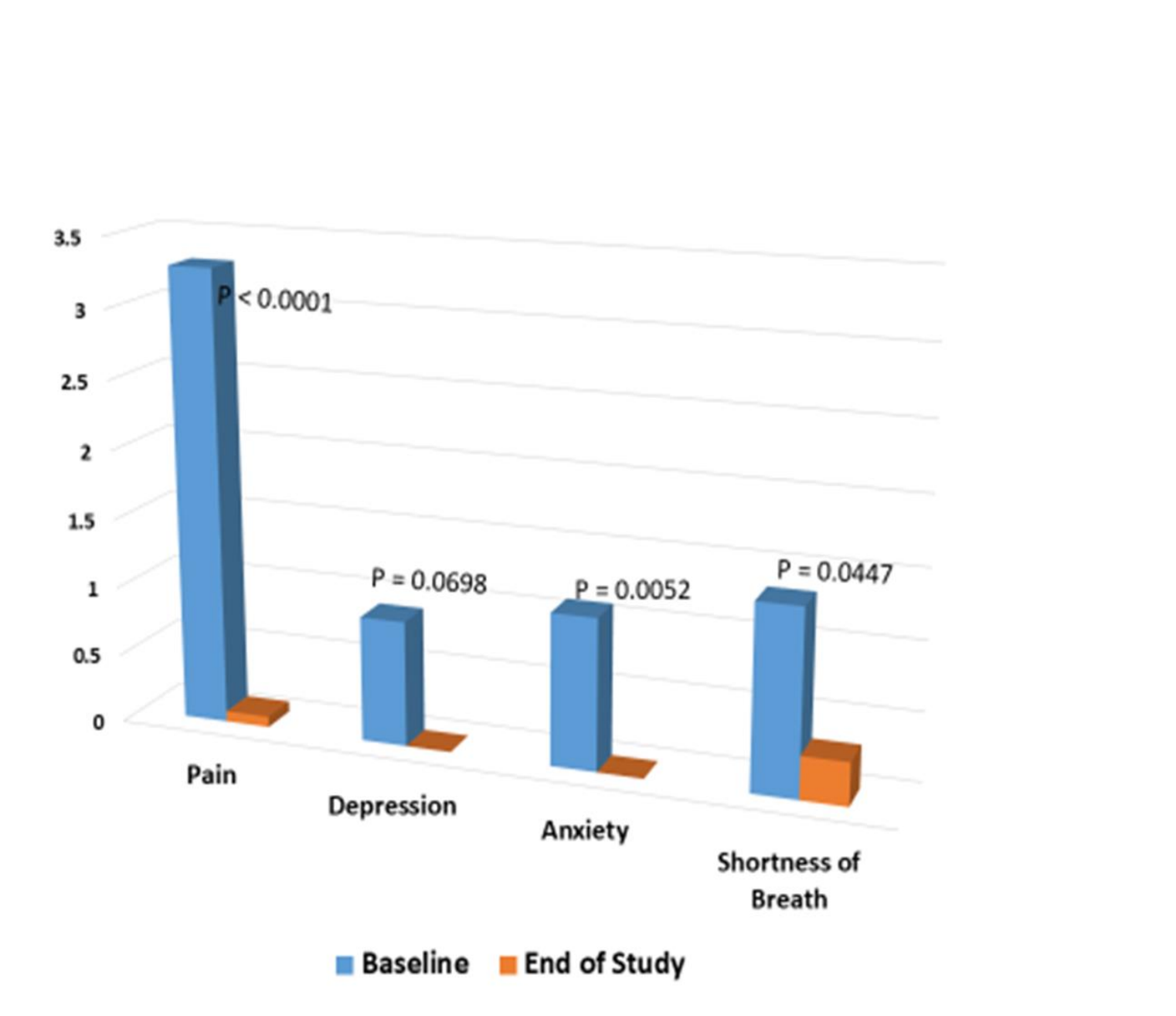
## Intervention

- Bristol Hospice Hawaii, Inc. (BHH) partnered with Ohana Health Plan, Inc. (WellCare) to provide interdisciplinary palliative care services to homebound members for 90 days
- Over a 12-month period (August 2017 – August 2018), 27 members with advanced chronic illnesses were referred by their service coordinators to BHH, 21 members enrolled in the pilot
- BHH team was comprised of a hospice and palliative care board-certified physician, nurse practitioner, registered nurse, chaplain, social worker, certified nursing assistant, volunteer coordinator, and bereavement coordinator
- The team was available 24 x7 via phone and in-person to triage and provide symptom management
- Nurses accompanied members to appointments with their primary care provider and/or specialists
- Agreed upon rate of reimbursement for the supportive care pilot was the routine home hospice rate

## Percentage Change in Hospital & Emergency Room Visit Costs Per Member Per Month (PMPM)



## Edmonton Symptom Assessment Scale (ESAS)



**Preliminary Results:** Net savings were 36% of the overall PMPM costs of these members. There was a 79.5% reduction of emergency department visits per thousand members and a 75% reduction of hospitalizations per thousand. Symptom improvement occurred in pain (p < 0. 0001), anxiety (p=0. 0052) and shortness of breath (p=0. 0447). Discussions and documentation of end-of-life wishes increased from 23% to 85%.

**Implications:** Supportive care has the potential to be a clinically, emotionally, and financially beneficial solution in treating costly and complex super-utilizers in managed care organizations.