Single Hospice & Palliative Care Program for a 12-hospital, 31 county community system

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Background

- PC must be integrated into standard community healthcare
- High variability hospital to hospital
- Hospitals increasingly part of integrated systems
- Most models from academic medical centers < 5% US

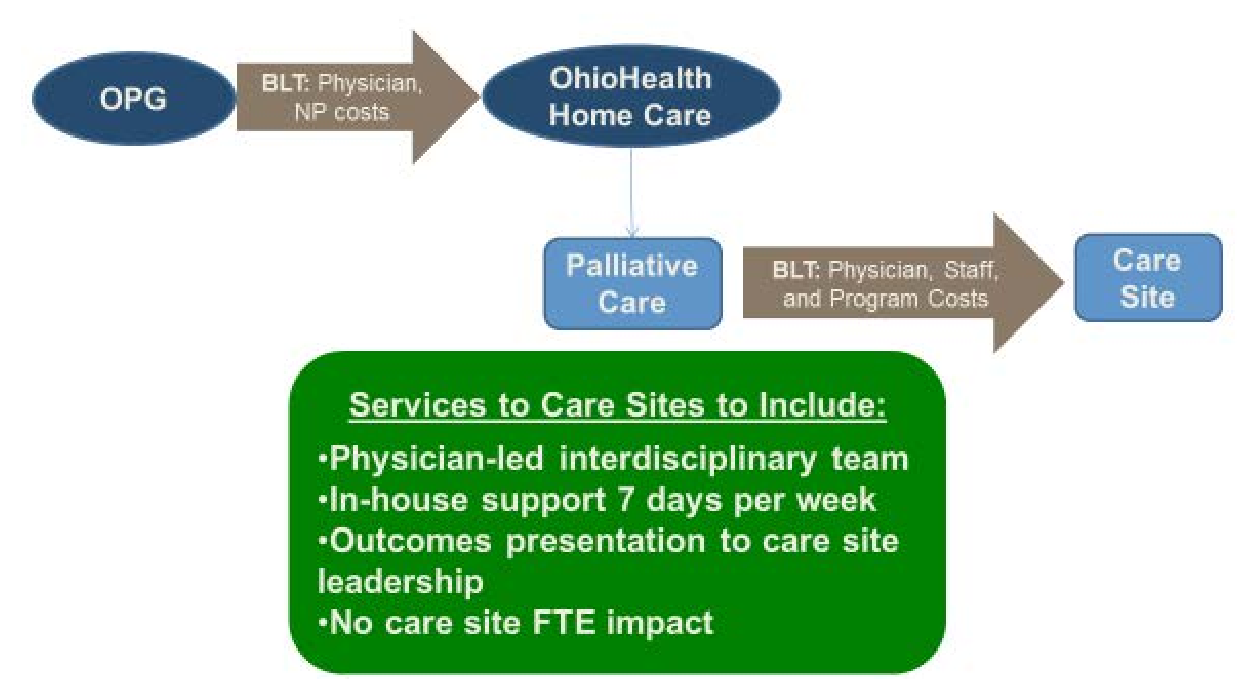
Methods

- $5 B Non-Profit System
- Single Program / Accountable President in OHHC
- Full Teams: Doc / NP / SW / Chaplain / Pharmacist
- 2 year planning
- 4 year execution

OHHC
OhioHealth Home Care

- Over 1,000 associates
- Provides services in 31 counties. Service area covers 37% of the population of Ohio

Results



Results

- $ 11 M in new annual spending from operations.
  - $800 K overhead
  - 24% palliative care margin
  - 26 FT BC docs, 23 NP
  - 12 SW, 5 Chap, 4 Pharm
  - 7,500 consults/year (8% admissions)
  - Avg Day of consult 3.2 (range 1.5 – 3.9)
- 240% growth in Hospice ADC
  - 62% of Medicare discharges who die < 6 months die w hospice care
  - MLOS 10 d → 30 d days
  - ALOS 40 d → 90 d

Conclusions

Can be implemented in any typical US community health care system. Provider – Provider consultation etiquette key to rapid growth. Revenue destruction key barrier.

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