Palliative Care In Long Term Care

Katy M Lanz, DNP, ACHPN
Chief Clinical Officer

Aspire Health

February 18, 2015

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Join us for upcoming CAPC webinars and virtual office hours

- **Webinar:**
  - **How to Use CAPC Membership Resources**
    - Featured Presenter: Brynn Bowman
    - Thursday, February19, 2015 | 2:30 - 3:30pm ET
  - **Getting Started: Keys to Success for an ED Palliative Care Initiative**
    - Featured Presenter: Tammie Quest, MD
    - Wednesday, March 4, 2015 | 1:30 - 2:30pm ET
- **Virtual Office Hours:**
  - **"Open Topics" session with Diane E. Meier, MD, FACP**
    - Friday, February 20, 2015 | 10:00am - 11:00am ET
  - **Billing and RVUs with Julie Pipke, CPC**
    - Friday, February 20, 2015 | 4:00pm - 5:00pm ET
  - **Clinical Protocols with Andrew E. Esch, MD, MBA**
    - Monday, February 23, 2015 | 12:00pm - 1:00pm ET
  - **Planning for Community-Based Care with Jeanne Sheils Twohig, MPA**
    - Tuesday, February 24, 2015 | 11:00am - 12:00pm ET

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Disclosures

- Dr. Lanz has no financial disclosures to make

Attribution

- UPMC Palliative and Supportive Institute
- CMS RAVEN Initiative
  - Chip Reynolds, April Kane, Mary Ann Sander, and Steve Handler
- CAPC:
  - Connie Dahlin, Melanie Marien, and Diane Meier

Objectives

- Analyze two models for building palliative care in SNFs
- Define stakeholder needs and strategies for building partnerships
- Understand the current climate and demands in LTC

Current State of Nursing Facilities

- Hospice and palliative care are underutilized in NH.
  - HOWEVER, they have been providing good end of life care for decades
- Complexity of residents
- Payments are changing
- “Comfort care” is thought to be synonymous with hospice and palliative care.
- Perceived lack of the additive value of hospice and palliative care.

PC Sales 101 for LTC

- You would never go to sell your services and tell the customer they are doing it wrong.
- You are a guest until you earn your stripes.
- You have much to learn from one another.
- Don’t assume you know more.
- Listen!

Integrated Health Delivery System Story: University of Pittsburgh Medical Center UPMC: Model 1

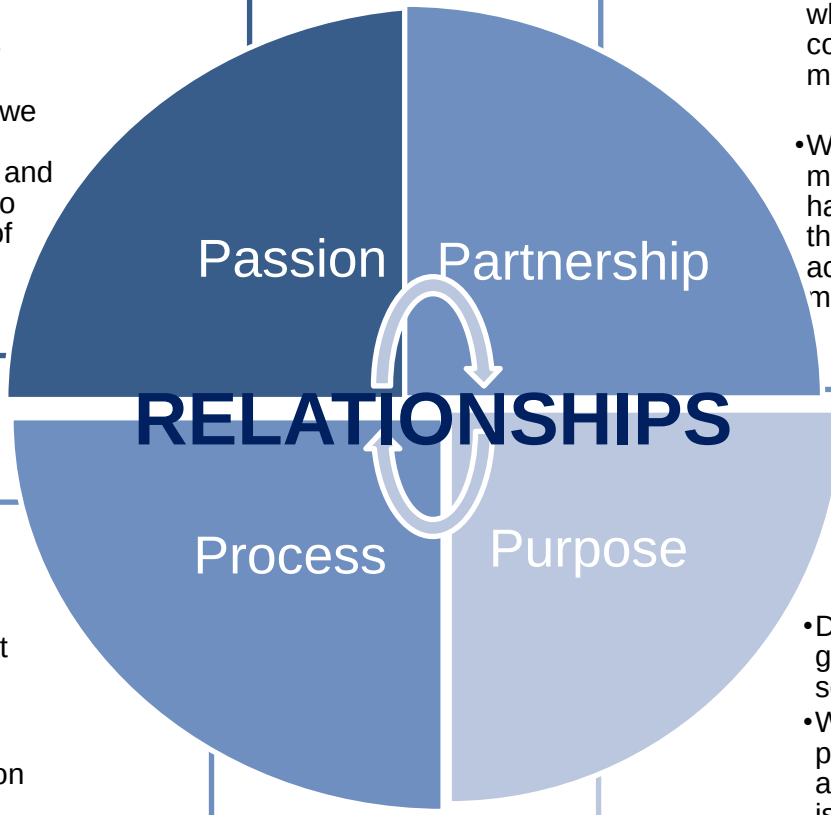
- 2011 regulatory changes
- Continuity needed for high risk populations
- Funding support from the insurance arm of the health system
- Leadership buy in
- Palliative and Supportive Institute was born

UPMC Payer and Provider Health System 2012

- Improve palliative access across the system
- Decrease the avoidable readmissions from LTC
- Improve staff retention and education in owned long term care sites
- Perform QI for high risk, high expense problems

A Model for PC LTC Planning Success: The Four P's

- Definition: any powerful or compelling emotion or feeling, as love or hate.
- In a mission this large, we had to find people that believed in the mission and were emotively fueled to contribute to the work of this vulnerable
- population.



- Definition: an arrangement where parties agree to cooperate to advance their mutual interests.
- We needed each other to make this work. We all have different strengths that contribute to accomplishment of the mission.

- Definition: activities that produce a specific service or product for customers
- By validating the passion and defining the partnerships, we collectively produce a better product.

- Definition: desired effect: the goal or intended outcome of something
- With delineated passions, partnerships, and processes, a common sense of purpose is achieved

Stakeholder Group: Planning Committee

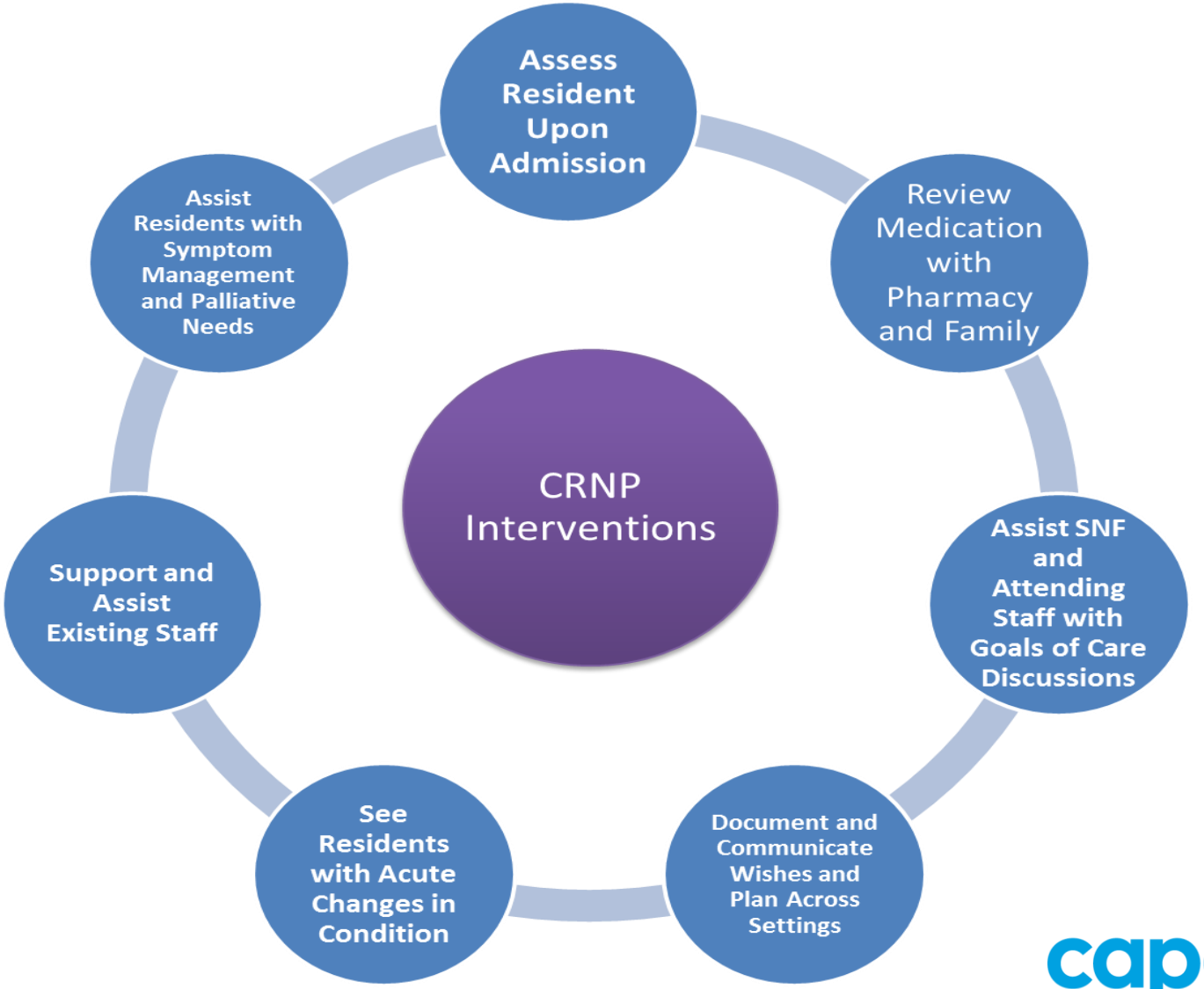
- Chief Nursing Officer for the LTC sites
- Director of Nursing representative
- Administrator representative
- Med Director representative
- Nurse Educator representative
- Health Plan representative
- Palliative Leader
- Nurse Practitioner Clinical Leader

UPMC Palliative and Supportive Institute: Model 1

Why the Geriatric Palliative (Geri-Pal) Nurse Practitioner?

- To implement this mission, we knew we needed the following skillsets:
  - Clinically knowledgeable
  - Scope to change orders or plan of care
  - Coordination and communication skills
  - Education skills
  - IT skills
  - Data collection skills
  - Ability to fit within the culture of the facility
  - Leadership skills
  - Interprofessional collaboration skills

Geri-Pal NP in LTC



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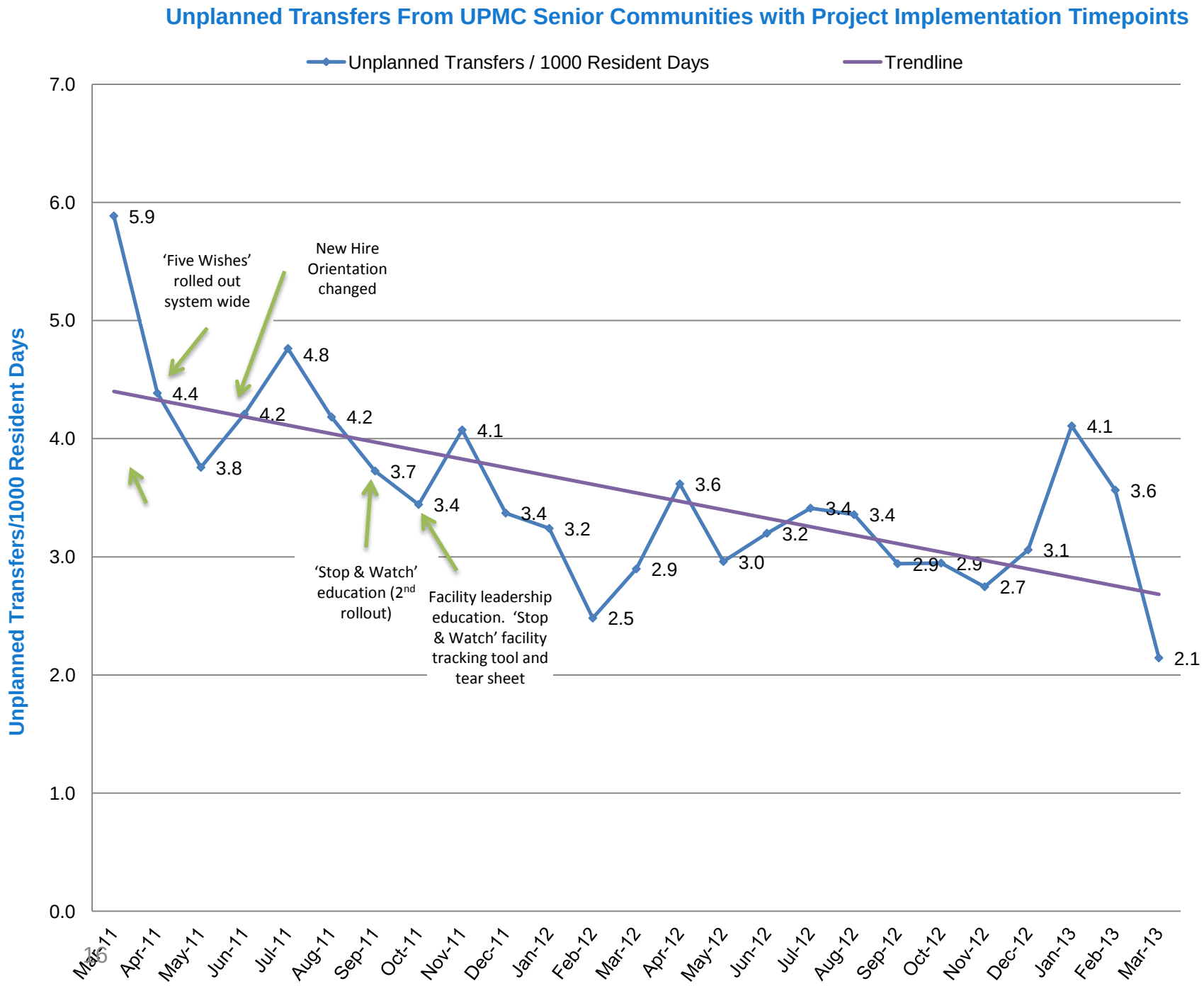
Unique Characteristics of Model 1

- The Geri-Pal NP is part of the everyday culture at the building and can see all residents without a consult. Within their role the following elements are present:
  - Existence of a collaborative agreement with the Medical Director of the building
  - Part of the acute change in condition process
    - Policy enforced by the facility
  - Invitation to all care plan meetings
  - Submission of bills for reimbursement of visits under own NPI (except when same day services are rendered by the primary MD
  - NOT performing the traditional regulatory visits (admits, discharges, recertification, etc)


Unplanned Transfers From UPMC Senior Communities with Project Implementation Timepoints
Unplanned Transfers / 1000 Resident Days
Trendline
Unplanned Transfers/1000 Resident Days
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0
5.9
4.4
3.8
4.2
4.8
4.2
3.7
3.4
4.1
3.4
3.2
2.5
2.9
3.6
3.0
3.2
3.4
3.4
2.9
2.9
2.7
3.1
4.1
3.6
2.1
'Five Wishes' rolled out system wide
New Hire Orientation changed
'Stop & Watch' education (2nd rollout)
Facility leadership education. 'Stop & Watch' facility tracking tool and tear sheet
Mar-11
Apr-11
May-11
Jun-11
Jul-11
Aug-11
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
Mar-12
Apr-12
May-12
Jun-12
Jul-12
Aug-12
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Nov-12
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Jan-13
Feb-13
Mar-13

Health System Model Outcomes

- After one year had 38 percent reduction in readmissions
- 100 percent POLST completion for appropriate residents
- Improved provider and staff satisfaction
- Improved attrition of LTC staff
- Increased mortality concurrent with goals

Overview of Model 2: RAVEN

- On March 15, 2012 the Medicare-Medicaid Coordination Office and the Center for Medicare and Medicaid Innovation announced the Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents
- CMS is partnering with seven organizations to implement strategies to reduce avoidable hospitalizations for long-stay Medicare-Medicaid enrollees.
- UPMC Community Provider Services (Aging Institute) (Pennsylvania)
- Awarded $19.1 million
    - Alabama Quality Assurance Foundation (Alabama)
    - Alegent Health (Nebraska)
    - The Curators of the University of Missouri (Missouri)
    - Greater New York Hospital Foundation, Inc. (New York)
    - HealthInsight of Nevada (Nevada)
    - Indiana University (Indiana)

CMS Cooperative Initiative

- CMS Goals:
  - Reduce the number of and frequency of avoidable hospital admissions and readmissions
  - Improve beneficiary health outcomes
  - Provide better transition of care
  - Promote better care at lower costs while preserving access to beneficiary care and providers

- *Focus is on long-stay (101+days) Medicare-Medicaid residents
- *Enhanced Care Providers work with 19 NF and have state and community support

Four P's: Unusual Operating Partners

- UPMC Aging Institute (ECCP)
- UPMC Palliative and Supportive Institute
- University of Pittsburgh
- Operating Partners
- Excela Health
- Heritage Valley Health System
- Jewish Healthcare Foundation
- Robert Morris University

Core Program Elements

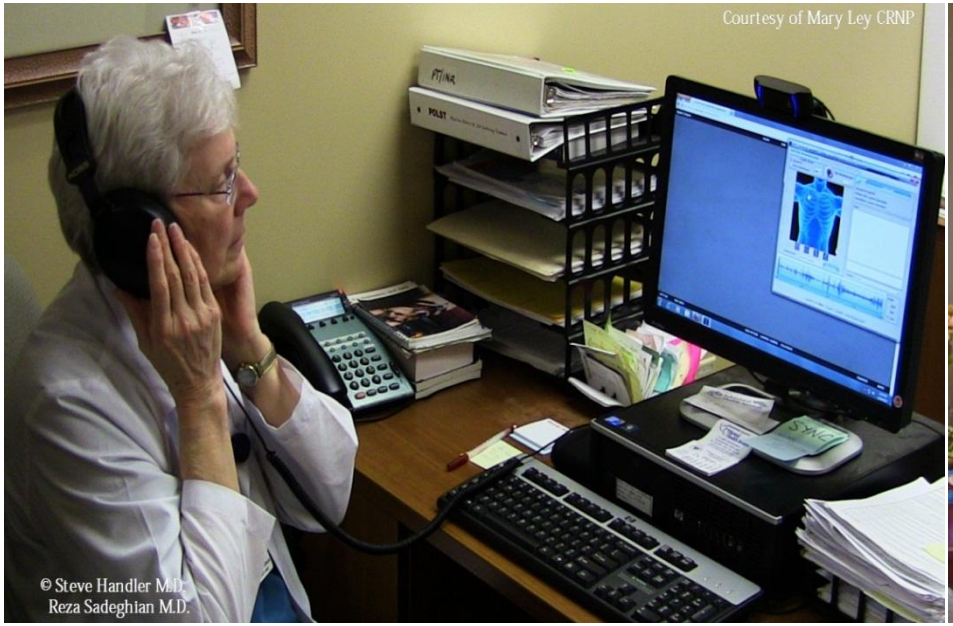
- Facility-based nurse practitioners/enhanced care nurses
- Assessment and clinical communication tools: interact tools
- Innovative education: SBAR, goals of care, soft skills
- Enhanced medication management, monitoring, and pharmacy engagement
- Use of telemedicine and information technologies that enable remote clinical assessment, facilitate communication

Tools for success

- Communication, Marketing, Recruitment and Operational Plans that all work together
- Careful facility assessments
  - Facility Staffing Assessment Tool
  - Facility Preparedness Survey
  - Individual Education Plans
- Stakeholder FAQs and early discussions
  - MDs, RNs, Administration, Resident/Families
- Evaluation built into documentation

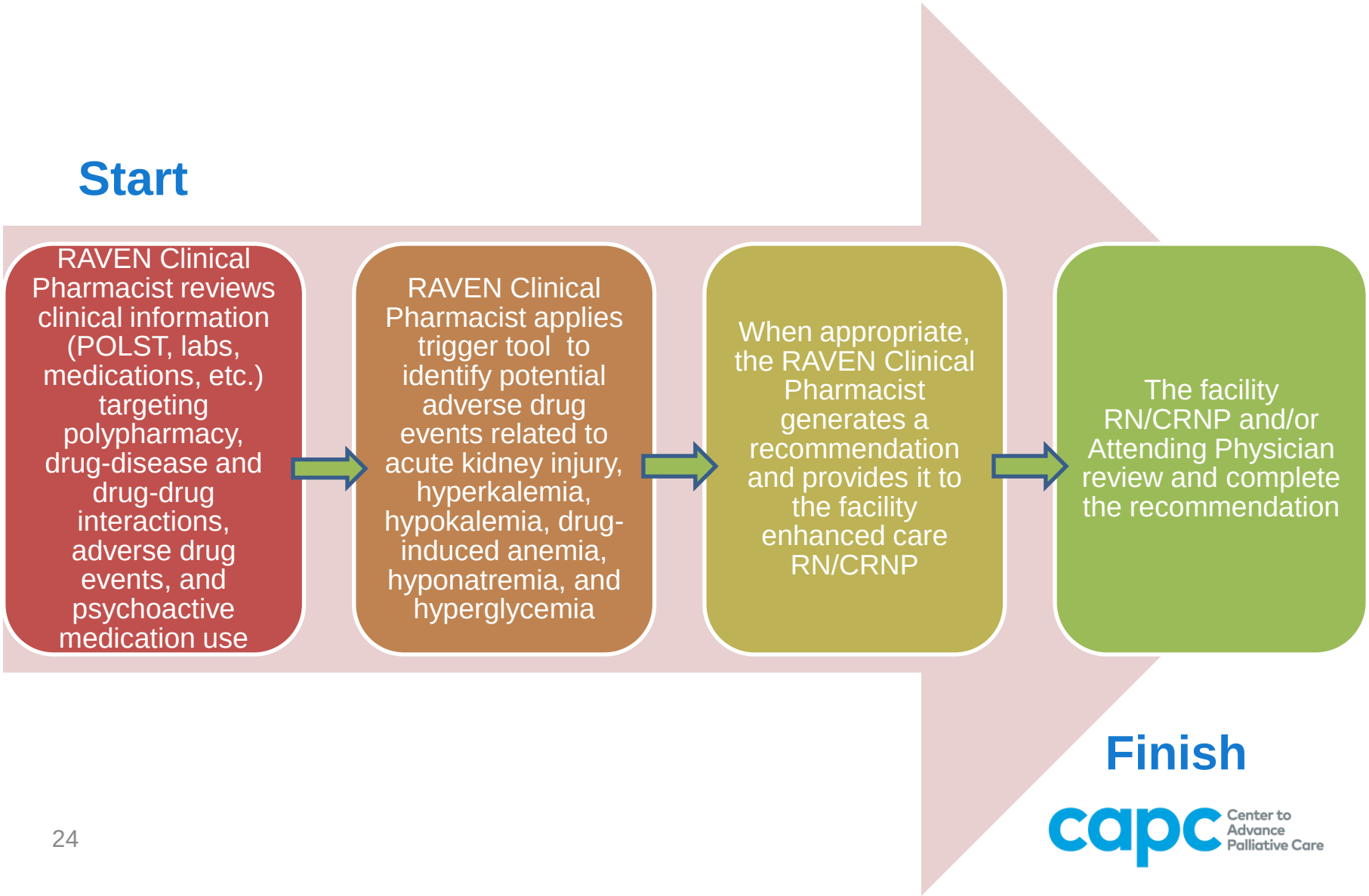
24/7 Access to Telemedicine Consultation

- Internet-based telemedicine consult between on-site Geri-Pal NPs and NH residents with bedside examination performed by a nurse (RN or LPN).



RAVEN Pharmacy Interventions

Patient-Centered Enhanced Medication Reviews



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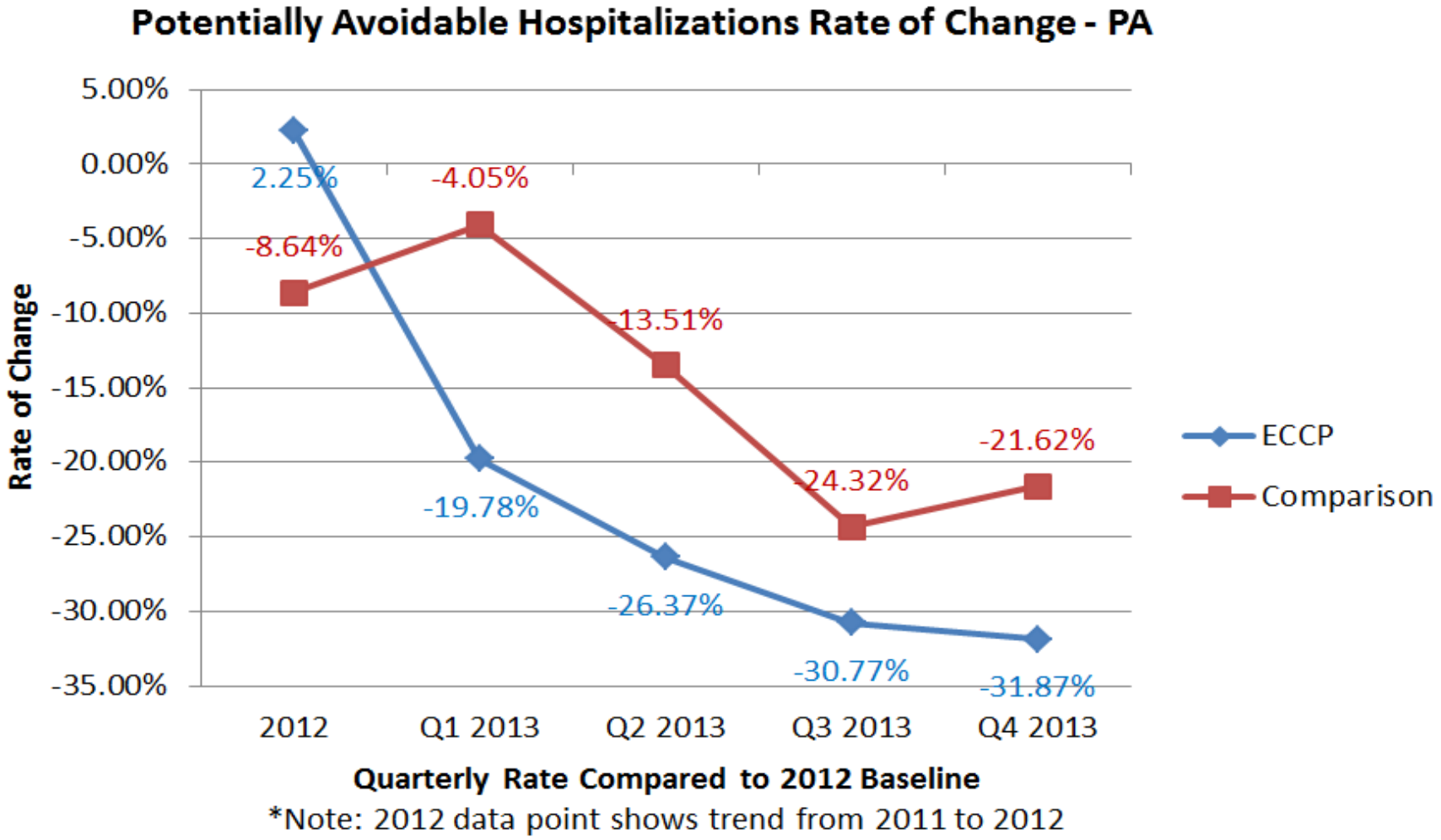
RAVEN OUTCOME DATA
From Medicare Claims Data



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Other Outcomes

- 99 % POLST completion
- Decrease in facility LPN and CNA attrition
- Increase in skilled capabilities
  - Hypodermoclysis, vent withdrawal, IV meds
- Increased use of communication tools
  - INTERACT III
- De-escalation of transfers, high level treatment, antipsychotics, and depression
- Increased collaboration between hospitals and nursing facilities.

Lessons Learned

- If you've seen one nursing facility, you've seen one nursing facility.
  - Your model may differ slightly in each building
  - Staffing may differ
  - You are a guest
- Facility leadership buy in is key
  - "We are committed to culture change and implementing the interventions into our daily operations."
  - "We are dedicated to getting our staff the education needed to succeed, even if we have to pay for it."

Lessons Learned

- You are only as strong as **your** data
  - Build system analytics and IT into your budget
  - Stakeholders care about very different things
- Document where the facility staff document
- Front line staff, embedded into the fabric of care, who are available 24-7 are KEY!
- Build functional, nutritional, and cognitive triggers (NOT disease specific)

The Evolution

- Palliative care in LTC before the ACA
  - Provided mostly by LTC staff, hospices and homecare agencies
- Palliative care in LTC after ACA
  - Stakeholder story change:
    - Health Systems
    - Insurers/Payers
    - State
    - Community MDs
    - Hospices
    - LTC
    - Patients and Families

Uncommon Partnerships Forming to Bring PC to LTC

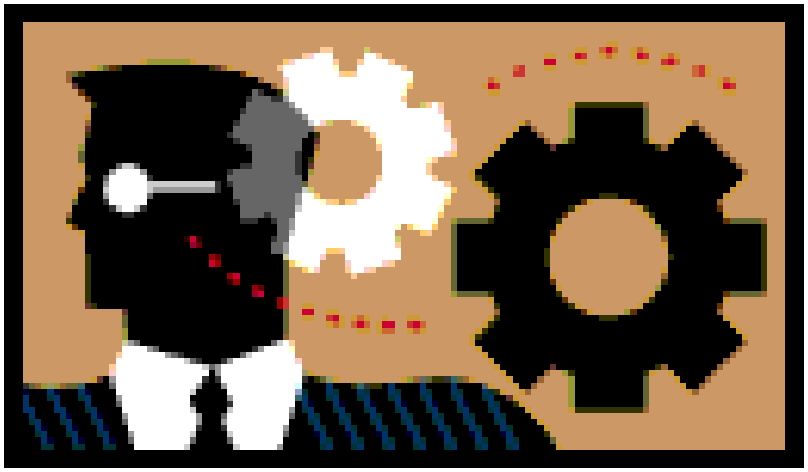
- Hospices and Health Systems
- Health Systems and LTC
- Insurance Companies and Homecare Companies
- State and LTC
- Medicare and Health Systems
- And many more

Other Innovative Models

- Facility led trigger models
  - Code Comfort
  - Advance Illness Teams
- Facility and Hospice collaboration models
  - PC consults
  - Enhanced Providers
  - Units for symptom management
- Facility-Insurer models:
  - Optum
  - Aspire Health

LTC Administrator Mindset

- Corporate expectations
  - ROI
    - Census
    - Cost avoidance
    - Bed holds
  - Quality
  - Customer complaints
    - Public perception
  - Health Inspections
  - CMS Incentives and Disincentives
  - Hospital Relationships
  - Insurance
    - In network status
    - Compliance and collaboration with utilization management companies



Health System Mindset

- Not that different than the SNF
- CMS Value Based Purchasing penalties are hitting sooner
  - Do more with less
- Population management
  - Safe discharges and handoffs
  - Target high risk (avoidable conditions)
  - Need community and payer relationships

Payer Mindset

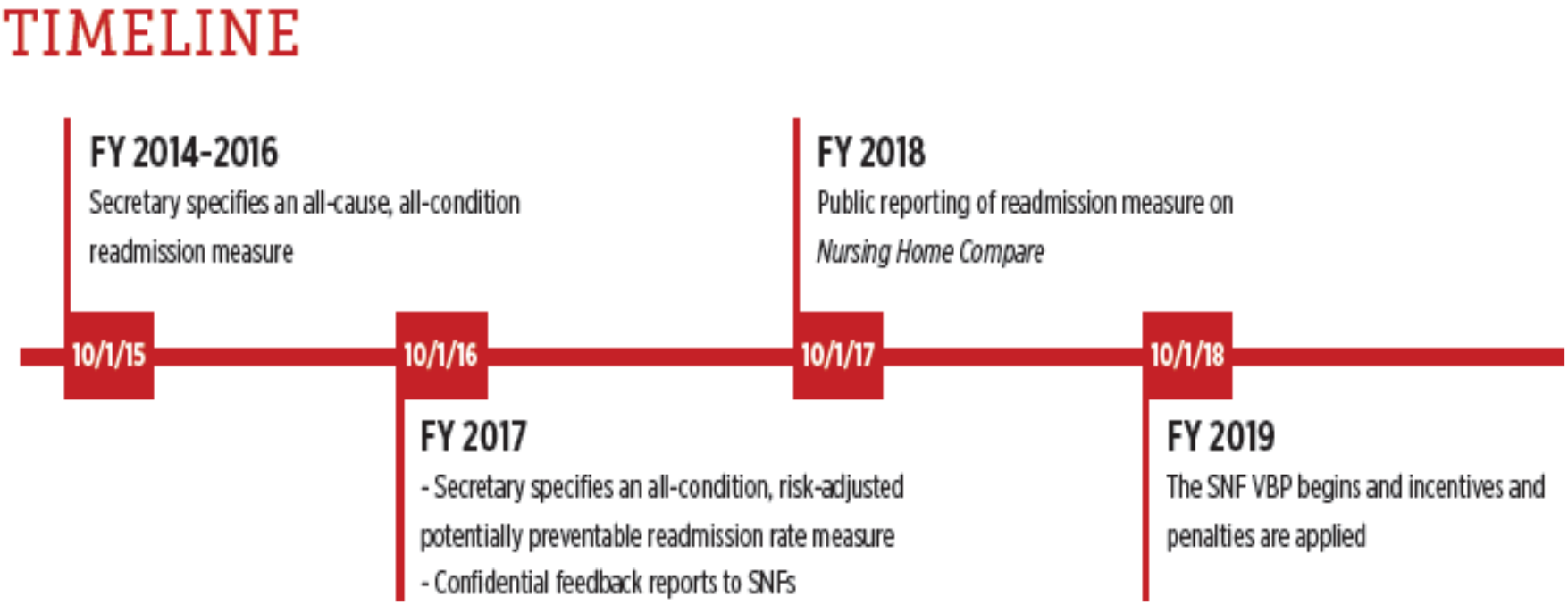
- Risk management
- High quality for less cost
- Forward thinking, and innovative models
- 24-7 access
- Boots on the ground and case management
- Population health

- THEY ARE SHOPPING

Fall 2014 CMS Announcements

- Value Based Purchasing for LTC
- 5 Star Rating Changes (with incentives from CMS)

Value Based Purchasing Timeline



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What is the Complete List of Potentially Avoidable Hospitalization Diagnoses?

- Acute Renal Failure (AKI)
- Altered mental status
- Anemia
- Asthma
- C. Diff
- Cellulitis
- CHF
- Constipation/Impaction
- COPD
- Diarrhea/Gastroenteritis
- FTT
- Falls and Trauma
- HTN
- Pneumonia/Bronchitis
- Nutritional deficiency
- Poor glycemic control
- Psychosis
- Seizures
- Skin Ulcers
- UTI

http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Reports/downloads/costdriverstask2.pdf

Oct 6th 2014 press release from CMS….. (see handout)

CMS Announces Two Medicare Quality Improvement Initiatives

Administration redoubles its efforts to improve quality of post-acute care for Medicare beneficiaries

- Nationwide focused survey inspections
- Pay-roll based staffing reporting
- Additional quality measures
- Timely and complete inspection data
- Improved scoring methodology

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Great Reference

Published on *Annals of Long Term Care* (http://www.annalsoflongtermcare.com)

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Long-Term Care Regulatory and Practice Changes: Impact on Care, Quality, and Access

Issue Number: Volume 22 - Issue 11 - November 2014
Topics:
Medicare Update
Author(s):
Richard G. Stefanacci, DO, MGH, MBA, AGSF, CMD

Series Editor: Barney S. Spivack, MD, FACP, CMD

Core Fundamental Philosophy

We have succeeded in our building once we get the family focused on loving the patient, not hating the process.

Scott Hanel, MBA

Nursing Facility Administrator

From the floor…

- What do you see as your role in the ACA and CMS changes?
- What relationships should we be nurturing as a palliative clinicians?
- What skills do we have as a profession that have prepared us well for this quality/cost adventure?

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- See more at: http://www.annalsoflongtermcare.com/article/long-term-care-regulatory-and-practice-changes-impact-care-quality-and-access#sthash.NicBcjmg.dpuf

Questions and Comments

- Do you have questions for the presenter?
- Click the **hand-raise** icon on your control panel to ask a question out loud, or type your question into the chat box.