Across the Continuum and Beyond

Defining, Developing, and Integrating True Palliative Care Across the Healthcare Continuum

Timothy G. Ihrig, M.D., M.A.

Ihrig MD & Associates

MEDHAVA Media, Co-Founder, Medical Director

Board of Governance, Unity Point Health Accountable Care

Medical Director, Palliative Care, Trinity Regional Medical Center

Email: tim@ihrigmd.com

Website: ihrigmd.com

Wednesday, September 16, 2015

Center to
Advance
Palliative Care™

capc

My perspectives

→ Physician

→ Board Member

→ Caregiver

→ Educator

Objectives

1. Describe the development, implementation, integration and expansion of a community-based palliative care program (CbPC) within a Pioneer Accountable Care Organization

2. Apply a unique philosophical approach to care delivery and identify how it is essential to successful palliative care program initiation, growth and development.

3. Explain why challenging historical healthcare system assumptions of care delivery provides a framework for all programs to utilize and tailor to their culture and community to potentiate true palliative care success

4. Discuss development and utilization of metrics and data to measure program success and identify opportunities for improvement.

5. Cite and develop potential growth opportunities, as well as barriers to expansion within the CbPC setting

capc Center to Advance Palliative Care

Bending the Cost Curve

U.S. is spending much more for older ages
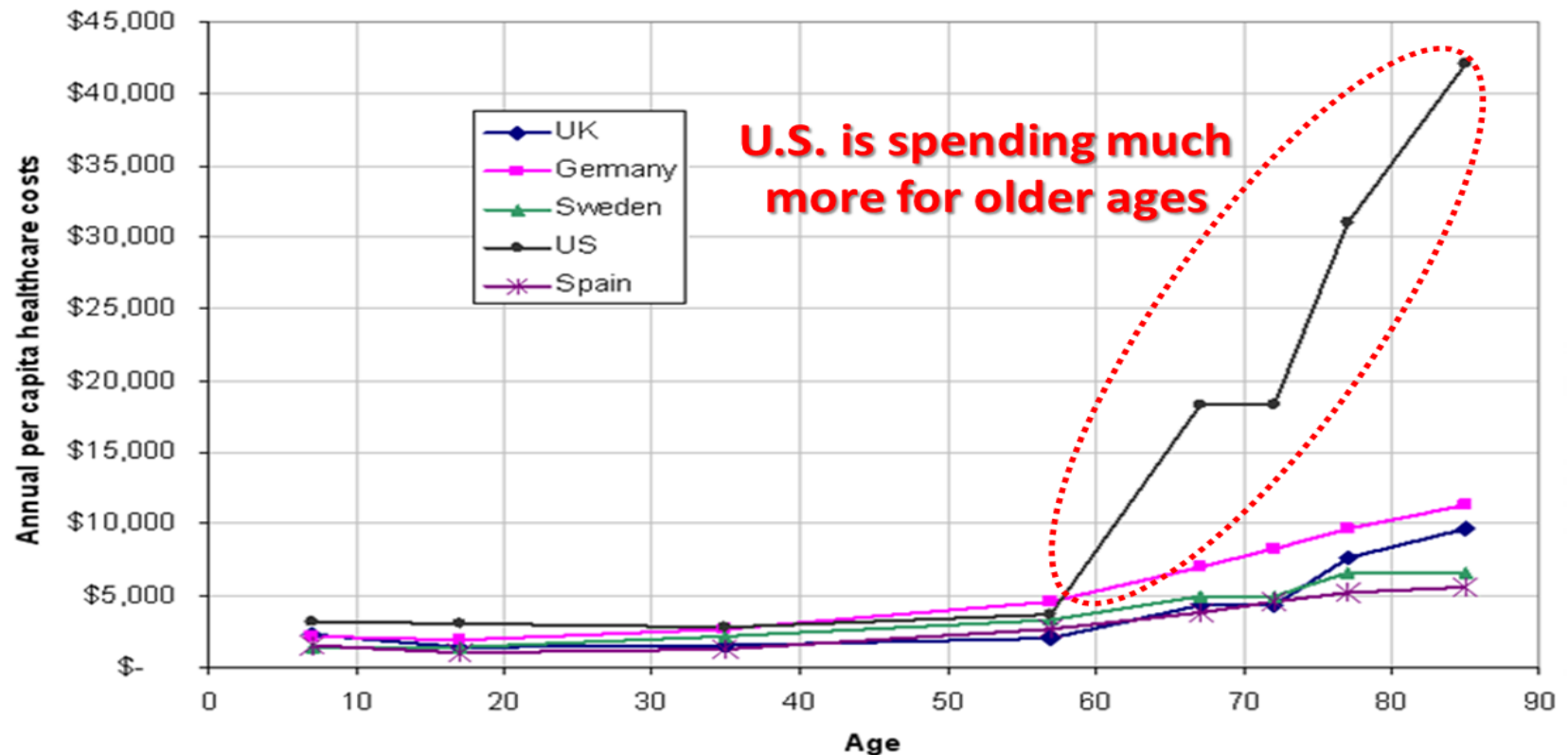
Source: Fischbeck, Paul. "US-Europe Comparisons of Health Risk for Specific Gender-Age Groups." Carnegie Mellon University; September, 2009.

4

Audience Polling

How much of all healthcare spending does the costliest 5% account for?

A. 20%

B. 30%

C. 40%

D. 50%

capc | Center to Advance Palliative Care

The costliest 5% account for 50% of all healthcare spending.

Medicare Payment Policy: Report to Congress. Medpac 2009 www.medpac.gov
Health Affairs 2005;24:903-14.
CBO May 2009 High Cost Medicare Beneficiaries www.cbo.gov
nchc.org/facts/cost.shtml

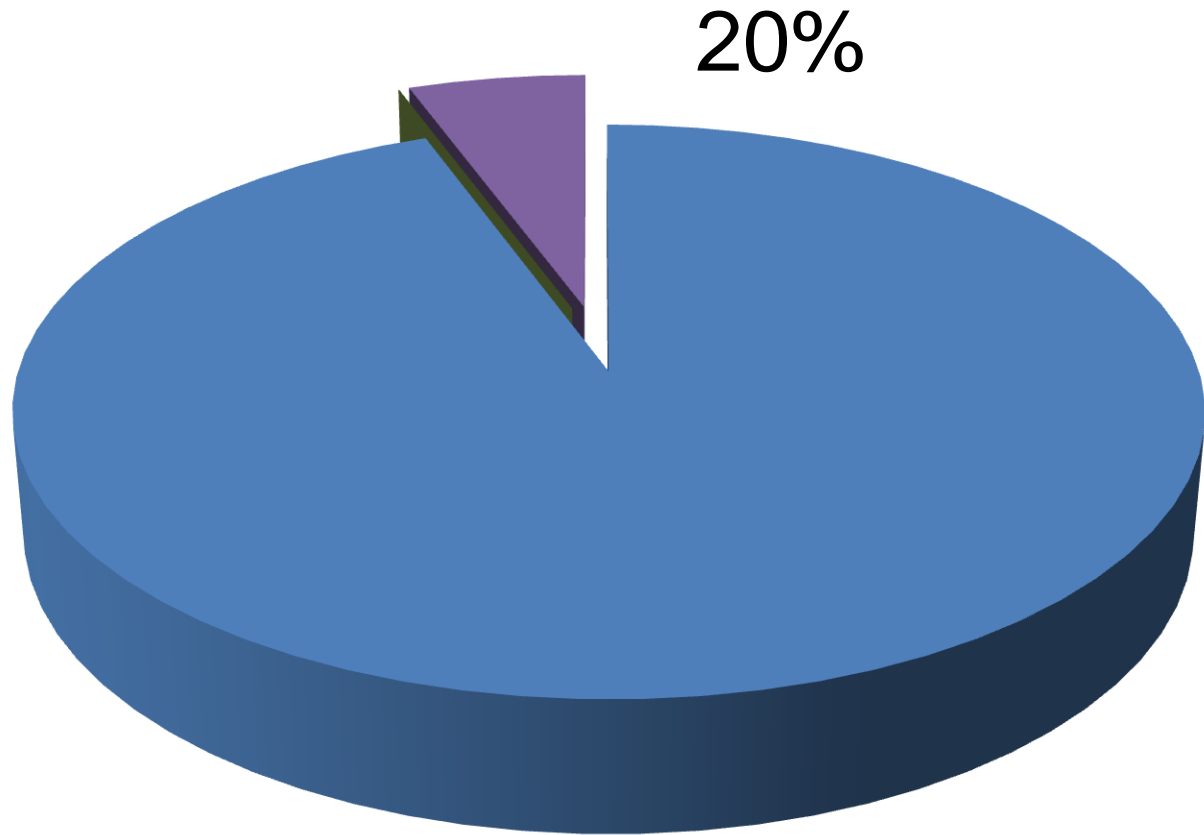# The costliest 15% account for 85% of all healthcare spending.

capc Center to Advance Palliative Care

Current State:
A year in the Life of a Patient

6 Social Workers

13 Meds

5 Hospital Admissions H

37 Nurses

6 Weeks SNF Care

22 Rx

19 Clinic Visits

2 Nursing Homes

4 Occupational Therapists

5 Physical Therapists

6 Community Referrals

2 Home Care Agencies

5 Months of Home Care

16 Physicians

Source:
Johns Hopkins, RWJ 2010 (G Anderson)

capc Center to Advance Palliative Care

Health Care Costs
$3,542,200,000,000

20%

GDP

2014

capc Center to Advance Palliative Care

Health Care Costs
$8,320,000,000,000 - 12,480,000,000,000

GDP

2045

60%

capc Center to Advance Palliative Care

Value

Quality

Cost

capc — Center to Advance Palliative Care
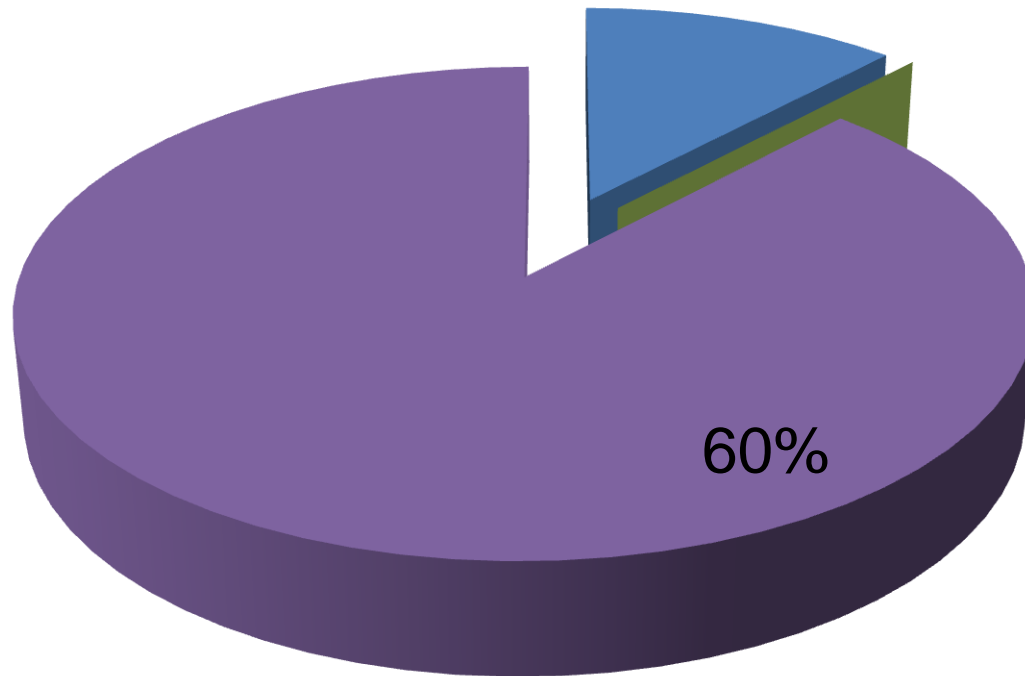
Value

→Quality of Life

→Length of Life

capc Center to Advance Palliative Care

Accountable Care

Alaska: No ACOs or prep activity
Hawaii: 1 private insurer
2 prep activity only

ACO sponsor
- Medicare / Medicaid
- Private insurer
- Both
- Prep activity only

capc Center to Advance Palliative Care
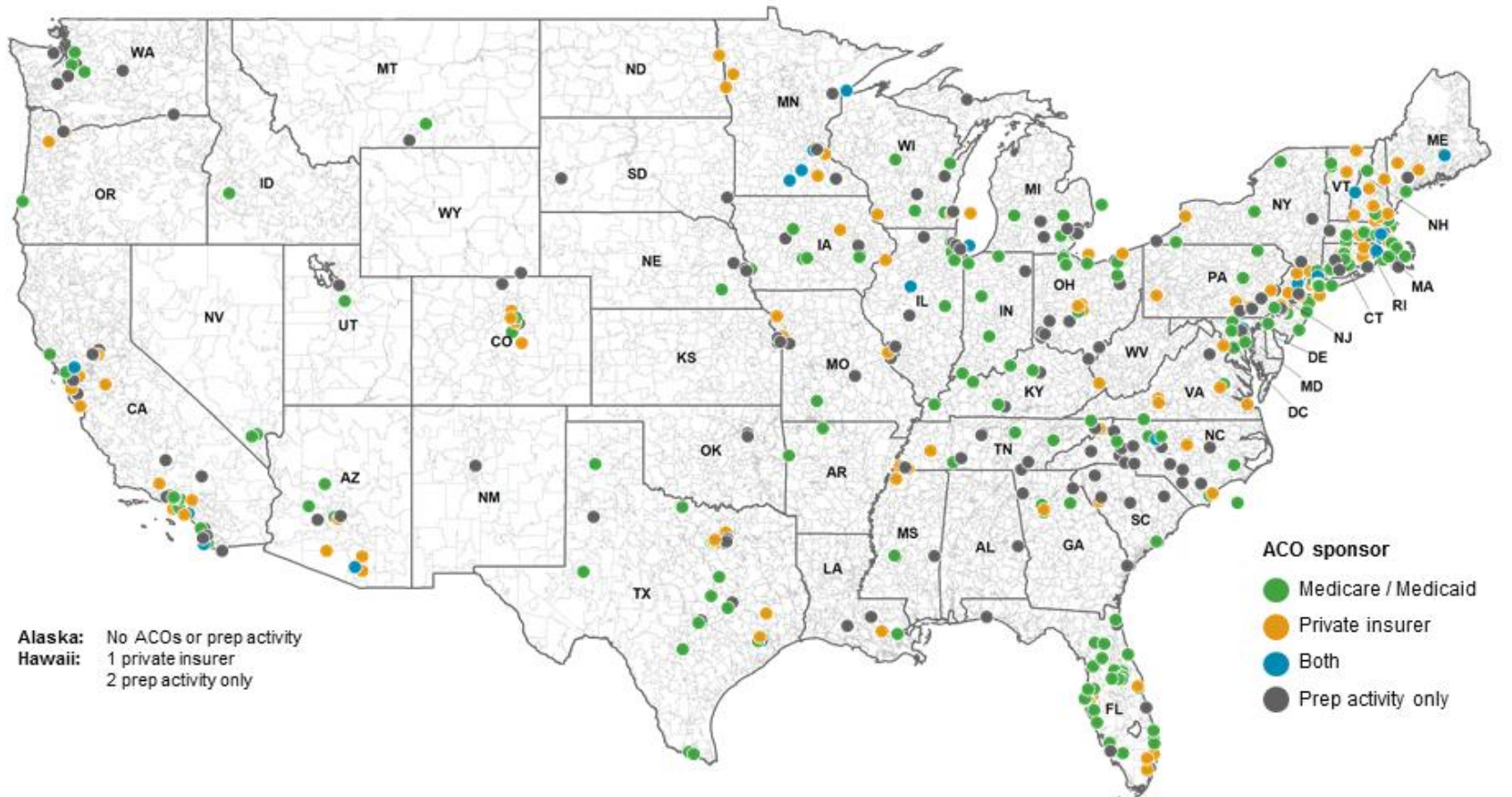
Delivering Value

Disease Management Continuum

Clinical Integration

Hospice

Palliative Care

Medical Home

Screening/Prevention

Population Care Management

Disease Management System

Quality Indicators and Metrics

capc — Center to Advance Palliative Care
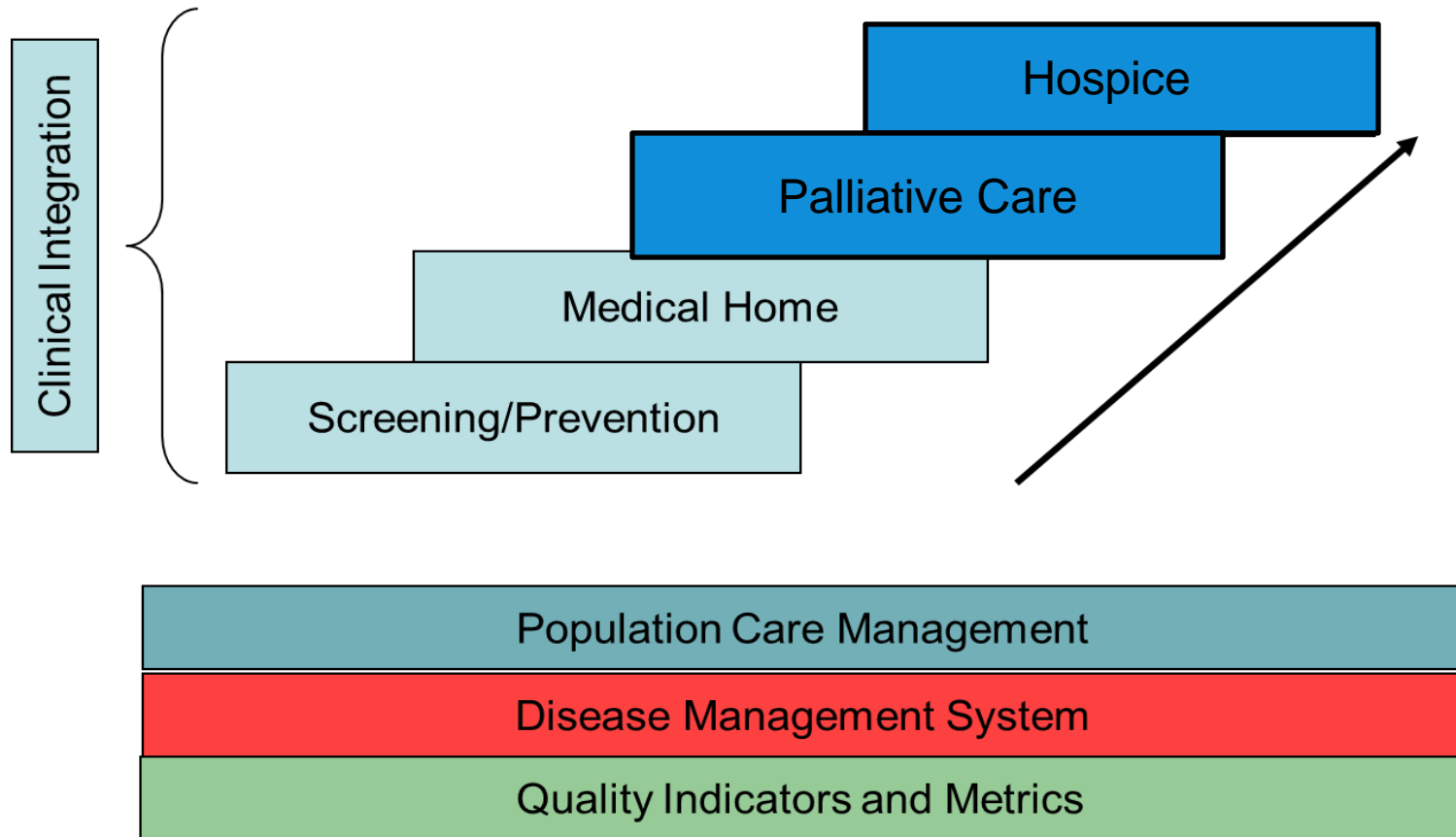
Financial Risk Arrangements

Risk primarily carried by **insurer**		Shared risk		Risk primarily carried by **provider**

← **Financial Risk Sharing Spectrum** →

Fee for Service (FFS)	FFS with Pay for Performance	Bundled Payments	Accountable Care Organization	Capitation or Integrated Delivery Sys
	Readmissions	Heart Procedures	Medicare Population	All Enrolled Members

capc Center to Advance Palliative Care

Avoiding Risk is Antithetical to Care

➔Contractual only

➔Legal and financial at top

➔Patient not part of equation

➔No mechanism of care delivery

capc | Center to Advance Palliative Care
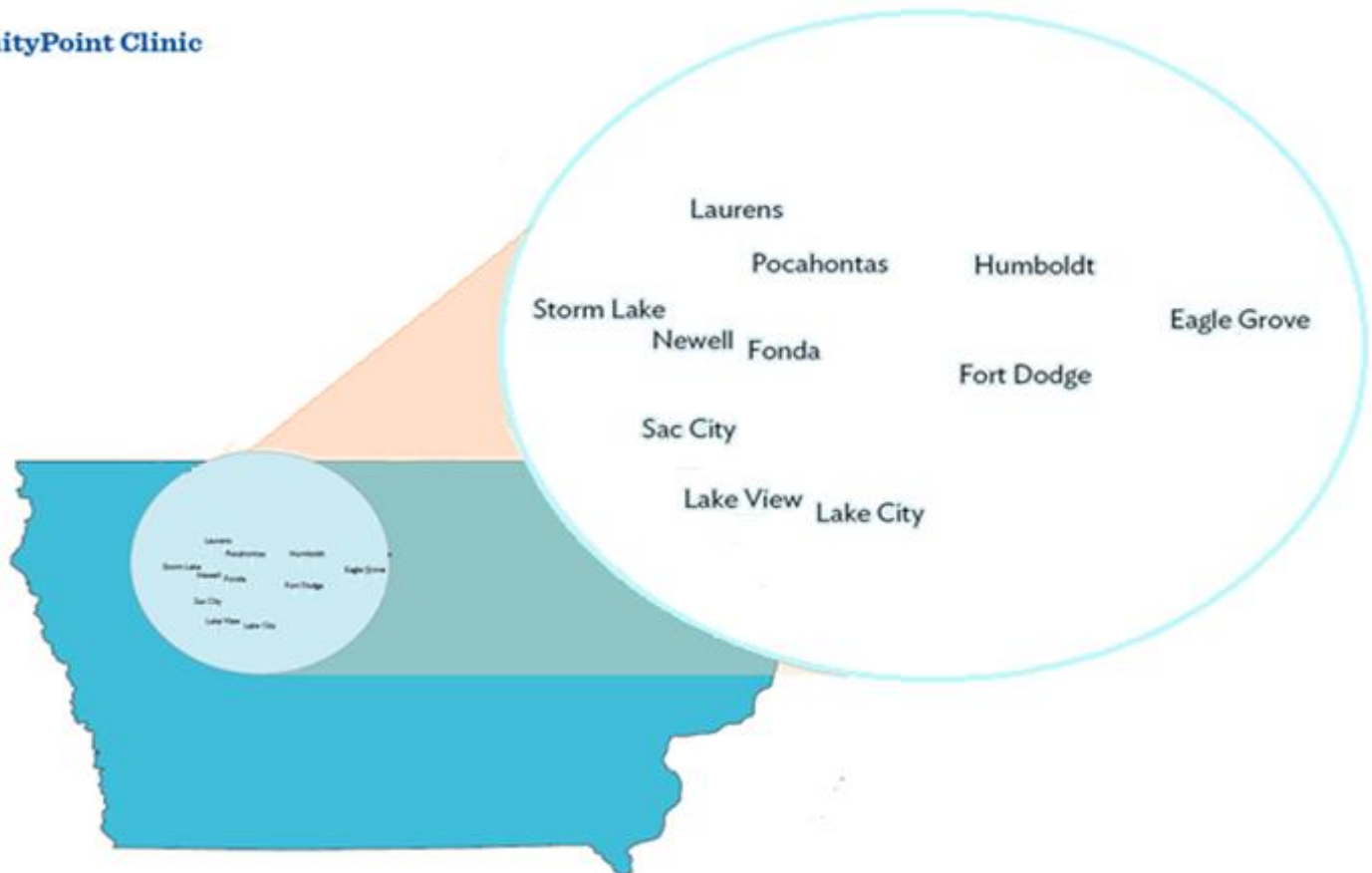
Pioneer ACO Service Area

UnityPoint Clinic

■ **UnityPoint Clinic**

Family Medicine Locations:
- Eagle Grove
- Fonda
- Fort Dodge (4)
- Humboldt
- Lake View
- Laurens
- Newell
- Pocahontas
- Sac City
- Storm Lake (2)

04_2013

Pioneer ACO

- → Midwest Region: Iowa
- → 8-County Area: Rural
- → Population of 120,000
- → 10,000+ Pioneer Lives

- → 8 Primary Care & 10 Specialty Clinics
- → 40 Primary Care Physicians & 25 Specialists
- → 5 Critical Access Hospitals
- → 2 Dialysis Units
- → Homecare coverage in all regions

capc Center to Advance Palliative Care
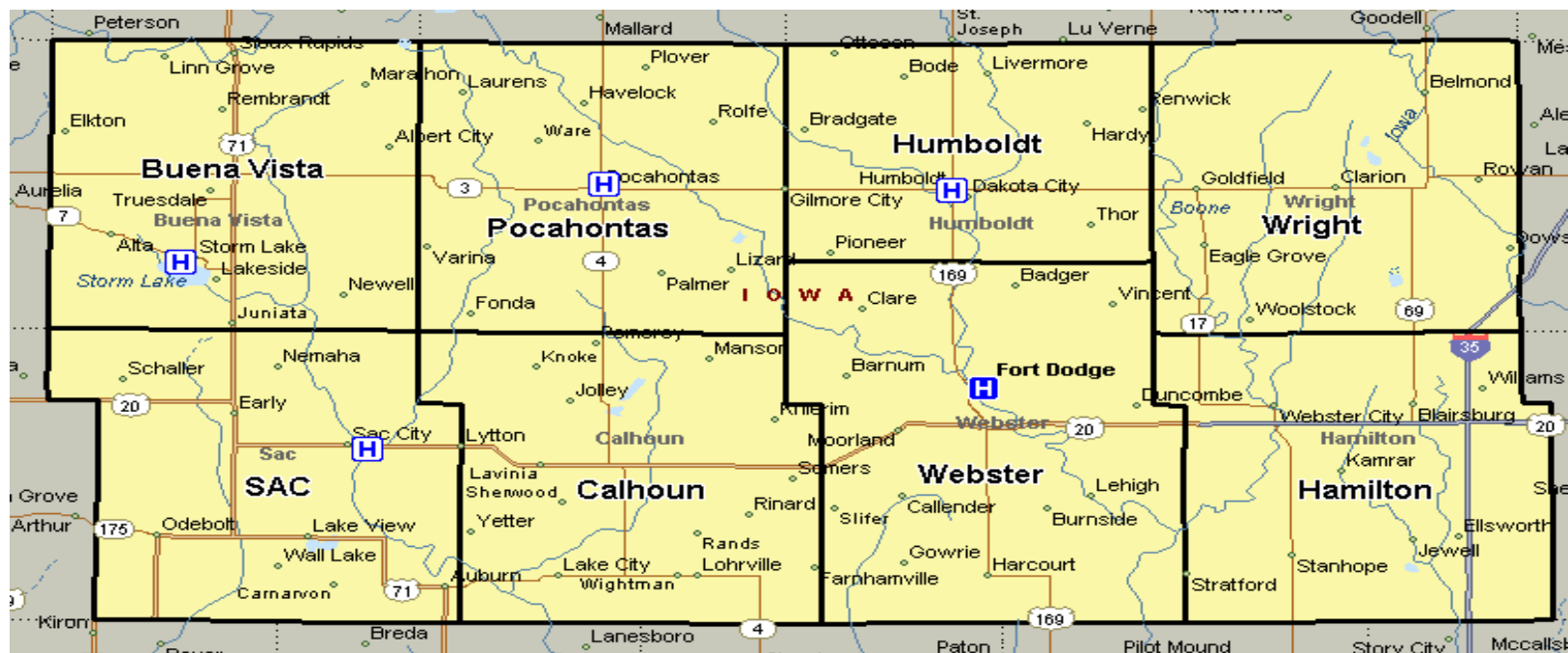
Our Community

78 Million Baby Boomers Are Reaching Their 65th Birthday At The Rate Of 10,000 Per Day For The Next 20 years

	Population for States by Age Group: July 1, 2009							
	Selected Age Group							
	50+	**55+**	**60+**	**65+**	**70+**	**75+**	**80+**	**85+**
United States Total (50 states + DC)	31.3%	24.2%	18.0%	12.9%	9.1%	6.1%	3.7%	1.8%
Iowa	33.8%	26.6%	20.0%	14.8%	10.8%	7.6%	4.8%	2.5%
Iowa - Ranked	9	7	8	5		5		3

capc Center to Advance Palliative Care

Population Demographics

Risk and Chronic Conditions for 6,744 Beneficiaries

Condition	# of Patients	% of Total
High Risk and Priority Risk	1,709	25.3
Diabetes	1,725	25.6
Congestive heart Failure (CHF)	244	3.6
Coronary Artery Disease (CAD)	1,115	16.5
Chronic Obstructive Pulmonary Disease (COPD)	510	7.5

Patients with Claims over $100K = 26 (*$3.56M*)

capc Center to Advance Palliative Care

True Palliative Care

→ What is it?

capc · Center to Advance Palliative Care

Timeline

0.5 FTE Outpatient / Ambulatory ARNP
1.0 FTE Outpatient RN

RN & SW — Prelim Engagement

MD & RN — Inpt Consult 2 x week

Ambulatory Clinic / Outpatient Services

Δ 1.0 FTE ARNP

1.0 FTE Clinic RN

Inpt Consult Full Time

24/7 On-Call

2nd MD, 2nd Clinic RN

Cancer Center
ED
LTC Clinic
Critical Access Clinic

Telemed
EMS

Oct

Jan

Feb

March

May

June

2011

2012

2013

2014

capc — Center to Advance Palliative Care

Where we are now

2nd 1.0 FTE ARNP

Second Team
1.0 FTE ARNP
1.0 FTE RN
1.0 FTE LISW

June

2015
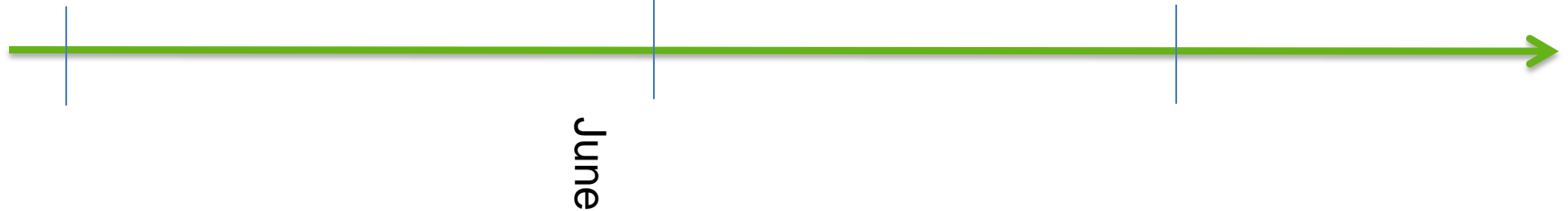
Current Palliative Care Services

Telemedicine

Inpatient Consult Service

Care Facility Clinics

Community Clinics

EMS

Cancer Center

Outpatient Clinic

Provider Home Visits

24/7 on-call access

Emergency Department

capc Center to Advance Palliative Care

Upstream Thinking

DECIDING   ACTING

Evaluating

| Information About The Incident |
| Information About Resources |
| Information About Hazards & Safety |

Gathering & Thinking → Objectives → Plan → Controlling / Communicating → Outcome

"Incident Command Model"

capc
Center to Advance Palliative Care

Patient Story

72 year old female: DM, Hypertension, CAD, CVA, Dysphagia, Aspiratory pneumonia, COPD, Atrial Fib, Respiratory Failure

<u>Prior to Palliative Care</u> 2009 - 2011

➔ 27 Hospitalizations

➔ 2 ED visits

<u>Inpatient Palliative Care</u> 2012

➔ 7 Hospitalizations

➔ 5 ED visits

capc Center to Advance Palliative Care

Patient Story

Comprehensive Palliative Care 2013 - Present

➔4 Hospitalizations

➔3 ED Visits

capc Center to Advance Palliative Care

Results

Rolling Readmission Rate = 6.53% for patients seen in Outpatient

Rolling 12 Month All Cause Readmit Rate
Sept 2011 - Feb 2014
Source: UnityPoint Health Internal EHR
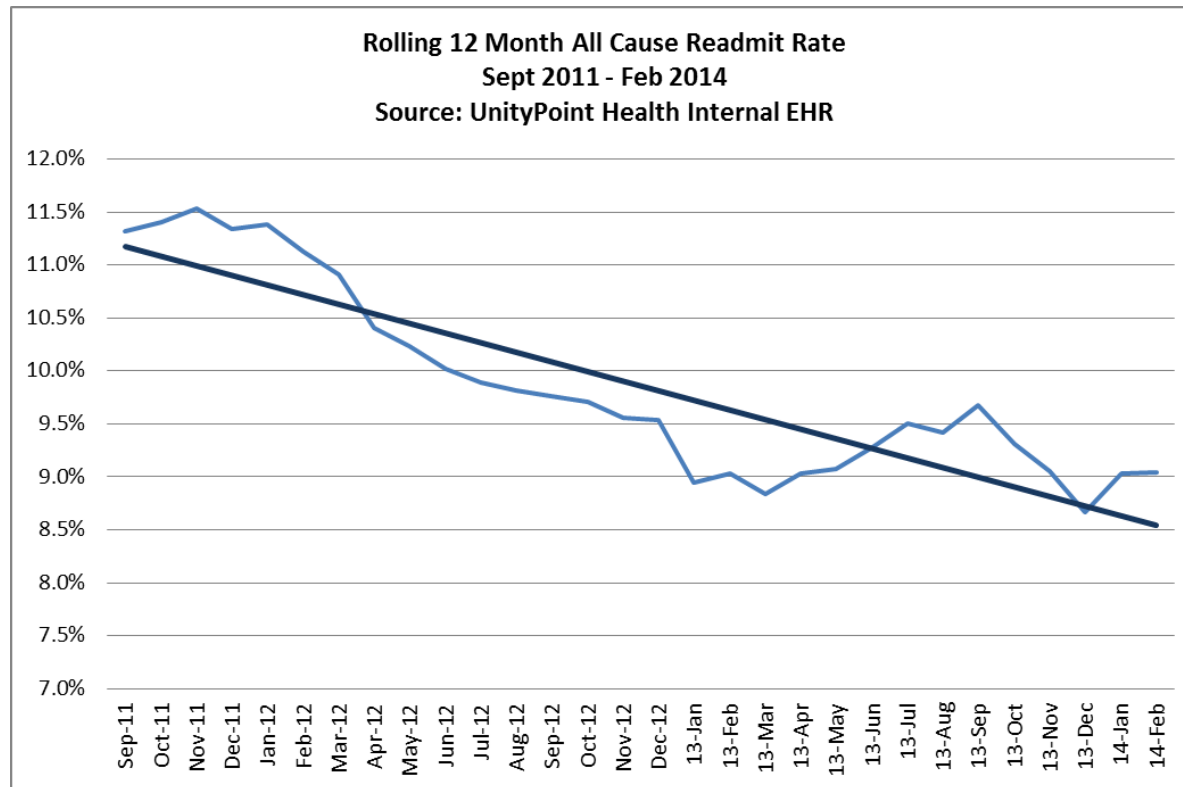
Results

Measure	Results
% of Zero Admissions	90%
Reduction in 30-Day Readmissions	40%
Days Hospitalized Per Consult	1.79
IPPC Consultation Rate	27%

capc Center to Advance Palliative Care

Results

70% reduction per capita expenditures

capc Center to Advance Palliative Care

Results

![Press Ganey]	2013 Overall Patient Satisfaction Mean Score
Trinity Palliative Care	**95**
All Sites	**89**

UnityPoint Clinic

Congratulations to
Palliative Care

as the Press Ganey Patient Satisfaction top scorer
for the UnityPoint Clinic – Fort Dodge Division

Quarter 3, July-September 2013

Thank You to the Palliative Care patients for
responding with your opinion on the Press Ganey survey.

capc Center to Advance Palliative Care

Metrics

→ Data is needed to prove the palliative case

→ Compare "apples to apples"

→ Identify gaps, opportunities

→ Enhance fiscal conversations
  – Cost avoidance / resource allocation / ???

Opportunities

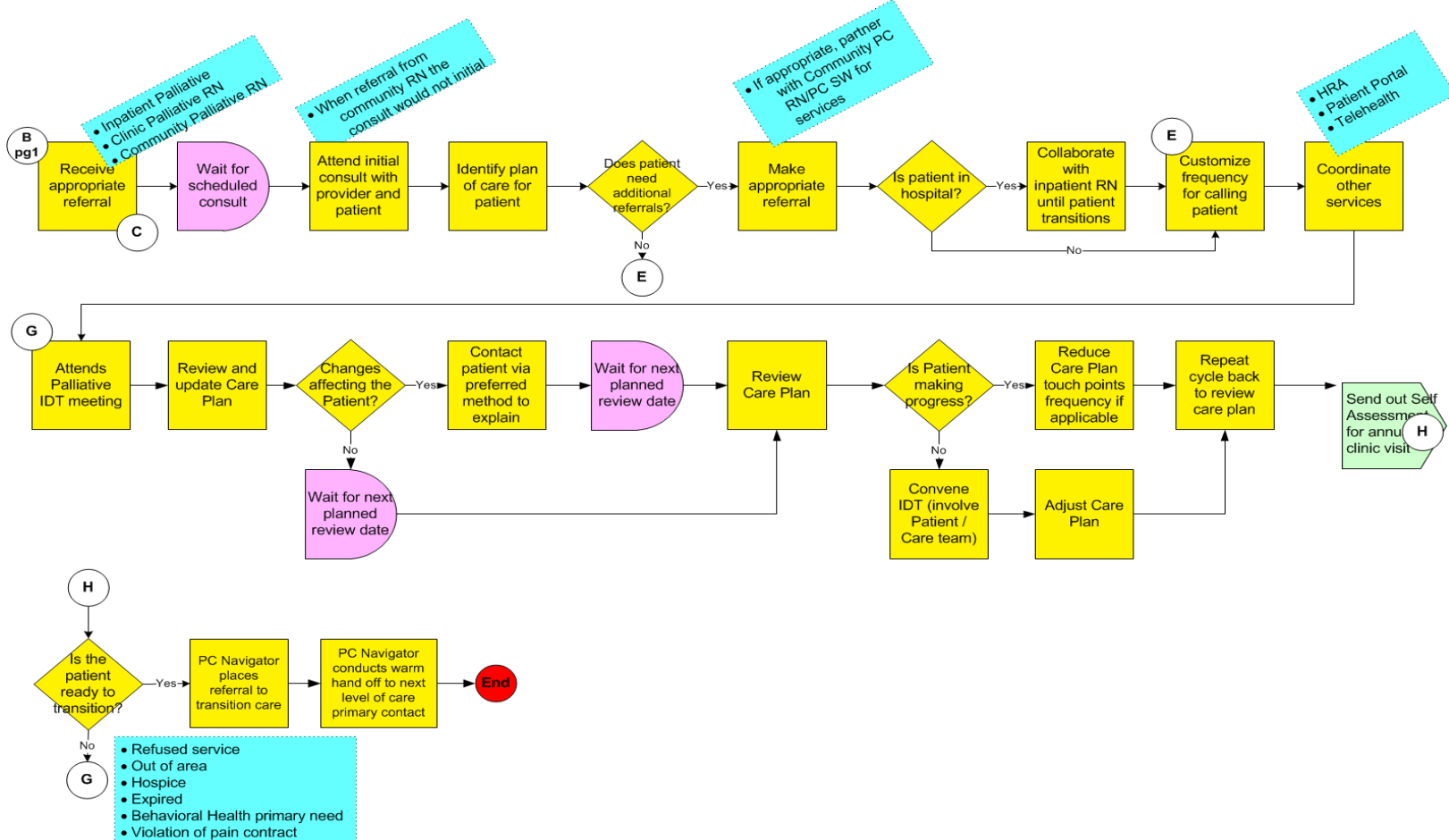Palliative Care &
Advanced Care Collaborative
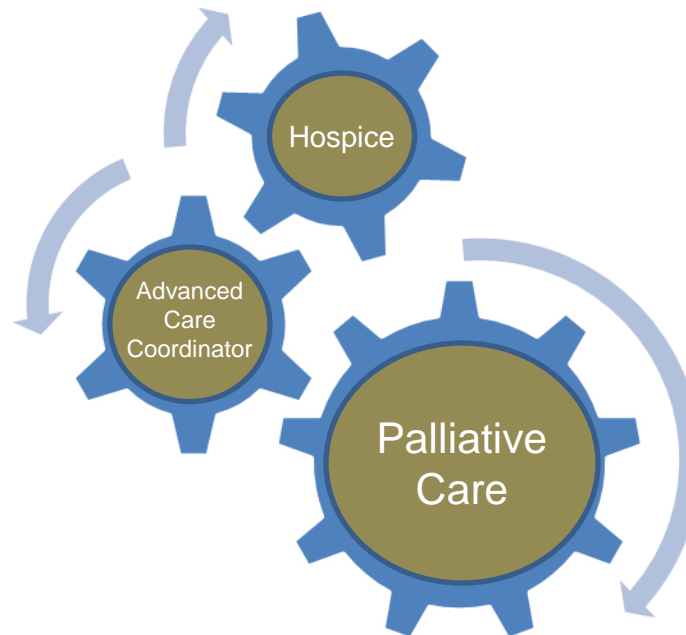
Advanced Care Collaborative

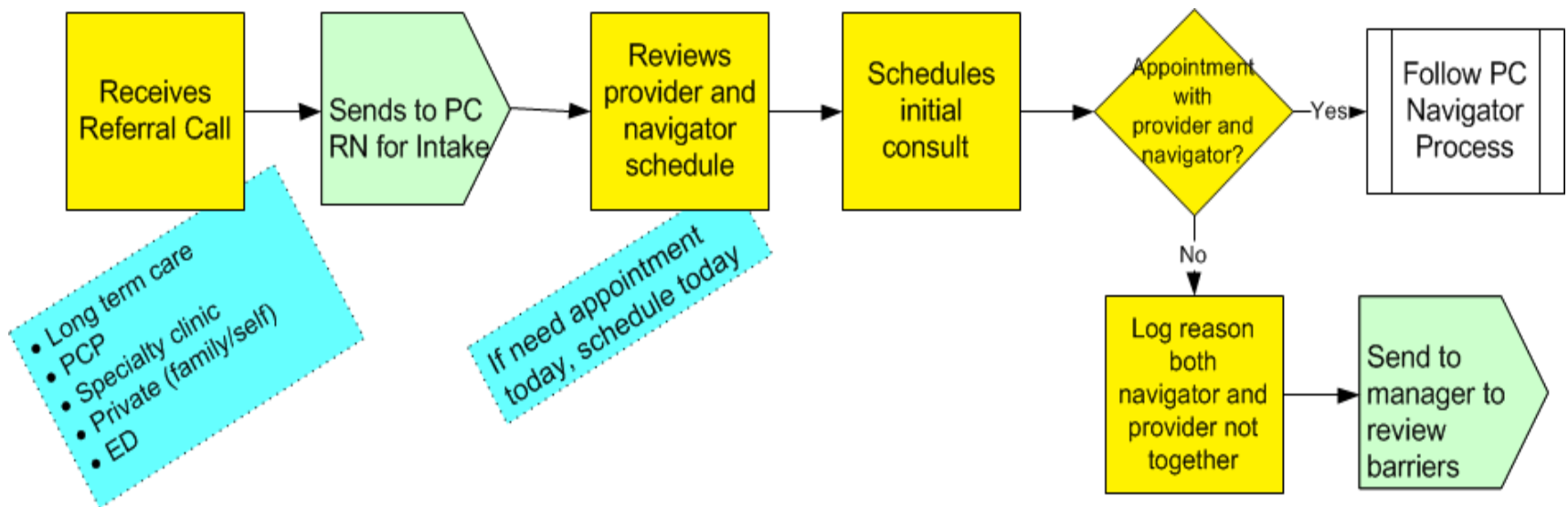## Inpatient Palliative Care RN
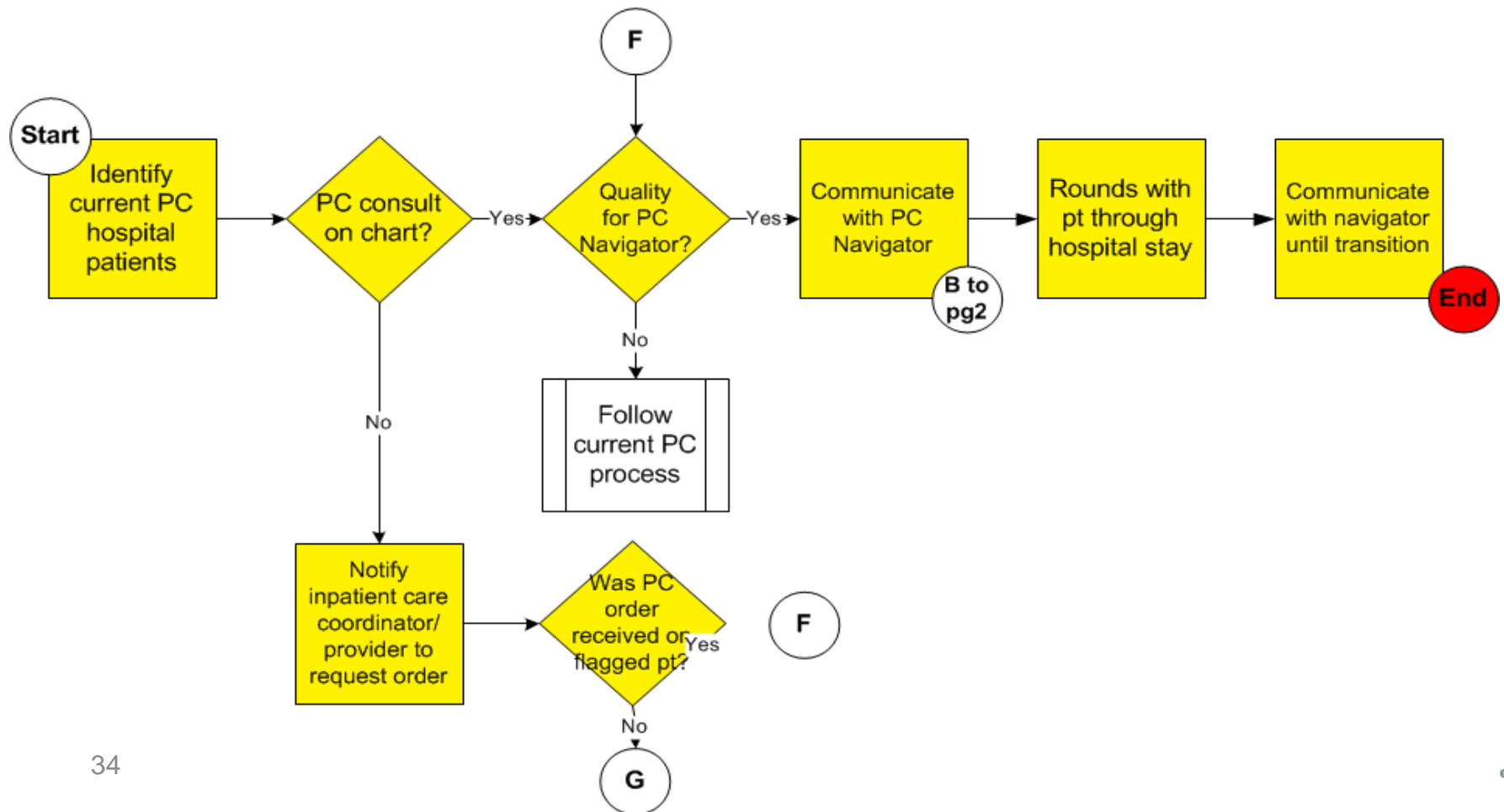
Advanced Care Collaborative

Palliative Care Navigator

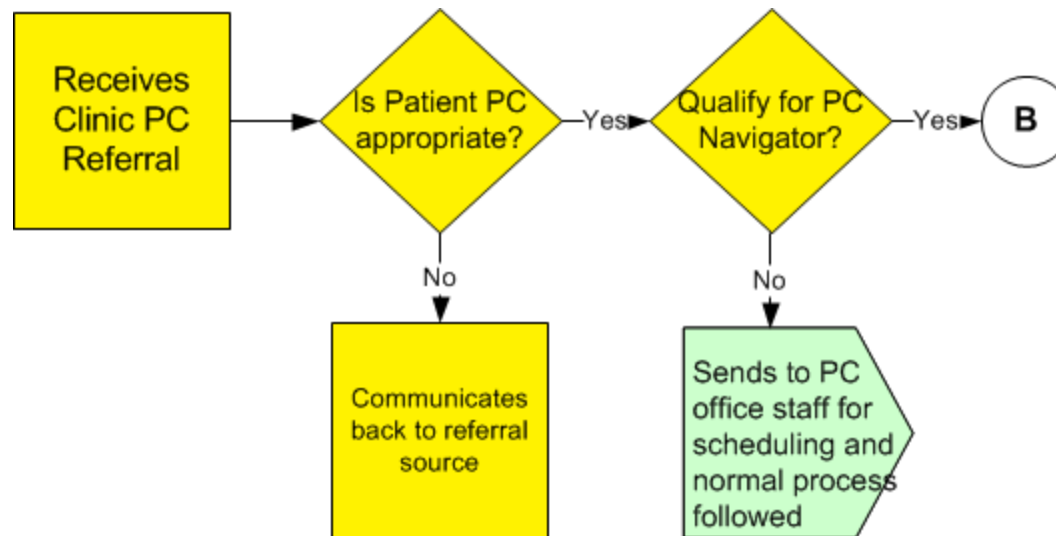# Advanced Care Collaborative

Ambulatory Palliative Care

PC Office Staff
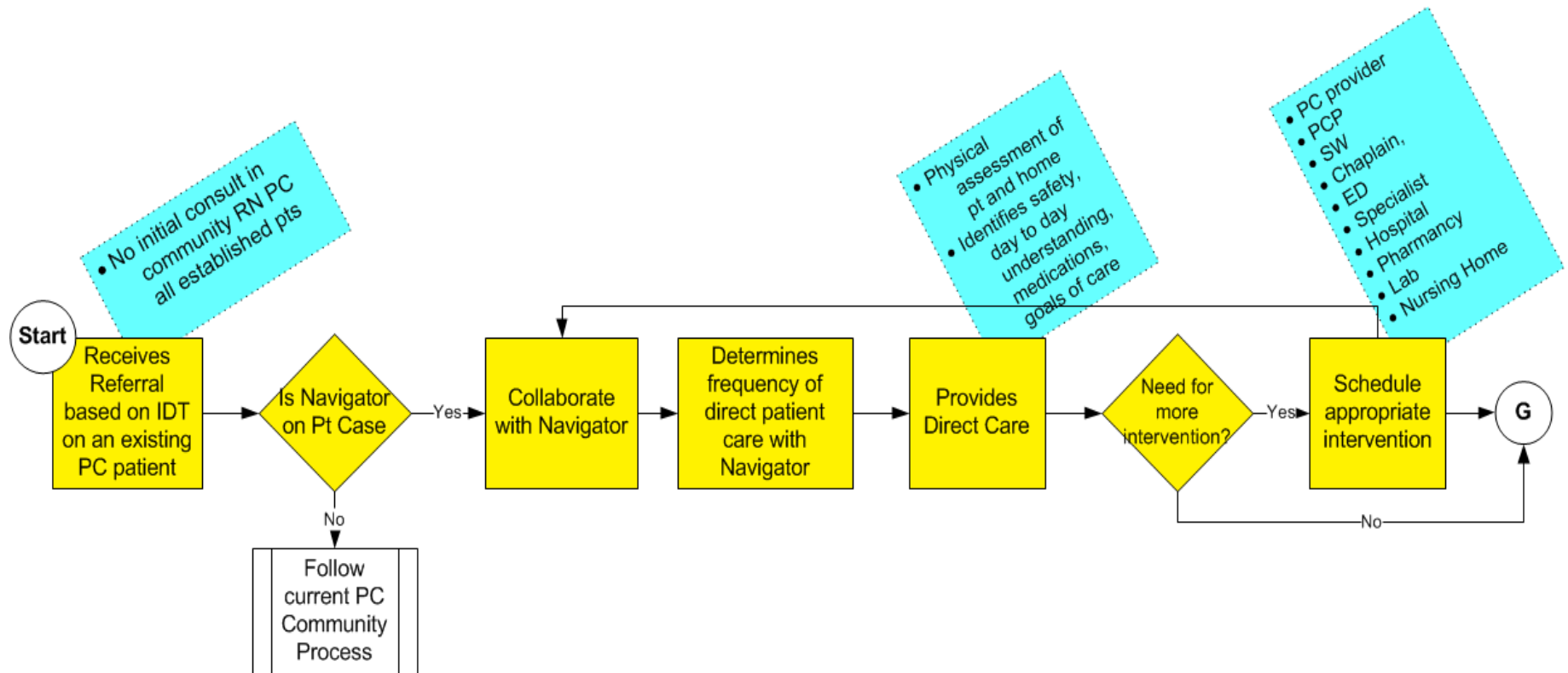
Advanced Care Collaborative

Ambulatory Palliative Care

Clinic PC RN

Advanced Care Collaborative

Community Palliative Care

Opportunities or Obstacles

➔ Boards represent systems as director plenipotentiary

– having full power to take independent action

➔ Importance of clearly defined administrative structure

– lead and support roles

The Solution is…

capc Center to Advance Palliative Care

Understand, Manage & Thrive…

capc — Center to Advance Palliative Care

Paradigm Architecture

It's About Behavior Change

It's About System Design

Data

Human Dilemma Is Complex

Data Towards Accountability

Actionable Data

Predictive Modeling

Ambiguity and Improvisation

→ Meet each patient where they are

→ Meet each participant where they are

→ Meet your system where it is

→ Get comfortable with the "unknown"

→ Embrace the chaos

→ Patient first….the rest will follow

capc Center to Advance Palliative Care

You have no choice if you don't know your options.

Palliative Care. A different voice in healthcare…so patients can find their own. ©

+ transcend medicine

capc Center to Advance Palliative Care

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.
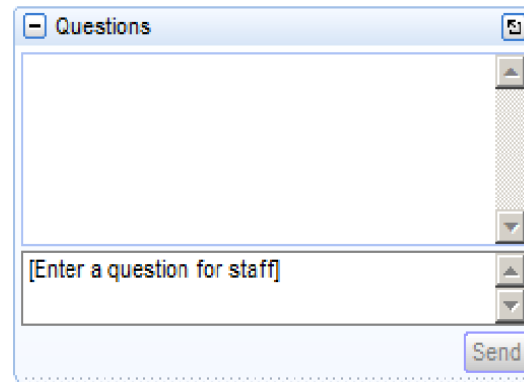
CAPC Events and Webinar Recording

→ For a calendar of CAPC events, including upcoming webinars and office hours, visit

- https://www.capc.org/providers/webinars-and-virtual-office-hours/

→ Today's webinar recording can be found in CAPC Central under '**Community Based Webinars**"

- https://central.capc.org/eco_player.php?id=186