

Serious Illness Strategies for Health Plans and ACOS

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Center to
Advance
Palliative Care™

capc

February 14, 2018

Join us for upcoming CAPC events

→ Other Upcoming Webinars:

- **Diffusing Innovation: Lessons from Palliative Care (Open to Non-Members):**
 - Tuesday, March 6, 2018 | 1:00 PM ET

→ Upcoming **Improving Team Effectiveness** Series Events:

- **Role Clarity for a Highly Effective Interdisciplinary Team:**
 - Thursday, March 22, 2018 | 3:00 PM ET

→ Virtual Office Hours:

- **Pediatric Palliative Care with Sarah Friebert, MD**
 - February 20 2018 at 4:00 pm ET
- **Palliative Care Models in the Community with John Morris, MD, FAAHPM**
 - February 21, 2018 at 2:00 pm ET
- **Measurement for Community-based Palliative Care with J. Brian Cassel, PhD**
 - February 26, 2018 at 12:00 pm ET

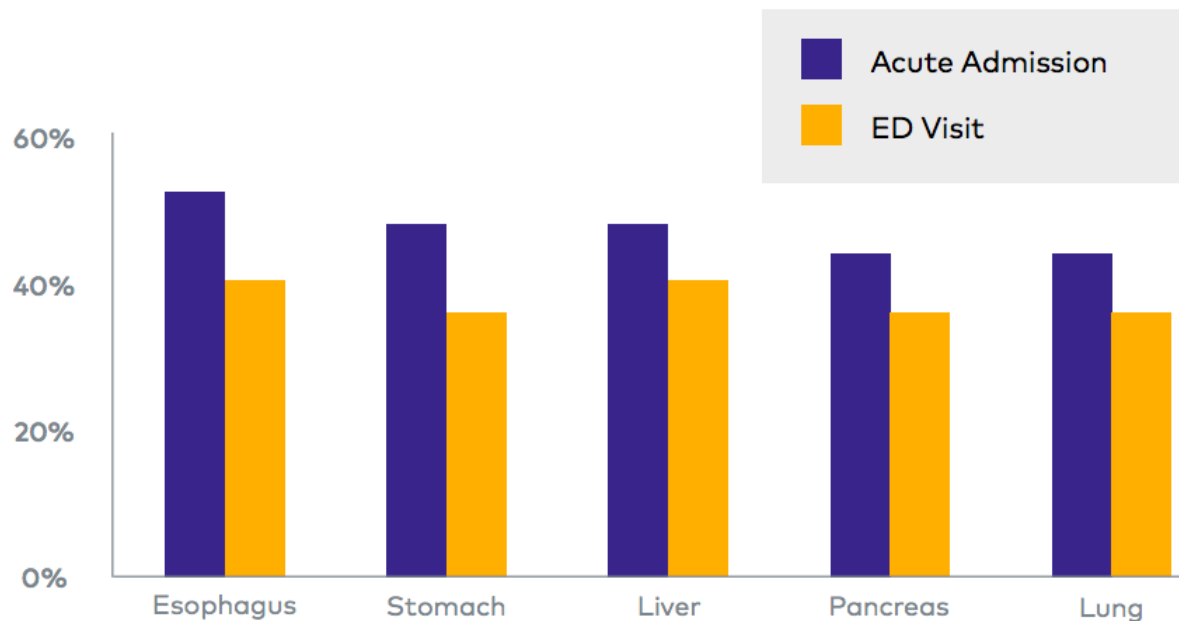
Objectives

- Articulate six proven strategies to improve the quality and value of care delivery for the seriously ill population
- Understand how to modify case management to serve this unique population
- Consider new benefits and services that help members avoid unnecessary emergency department visits and hospitalizations

Understanding serious illness

Individuals with serious illness – such as cancer, advanced heart disease, and dementia – face heightened risk of crisis hospitalization and preventable spending.

FIGURE 1: Percent of Six-Month Oncology Episodes with at Least One Admission or ED Visit

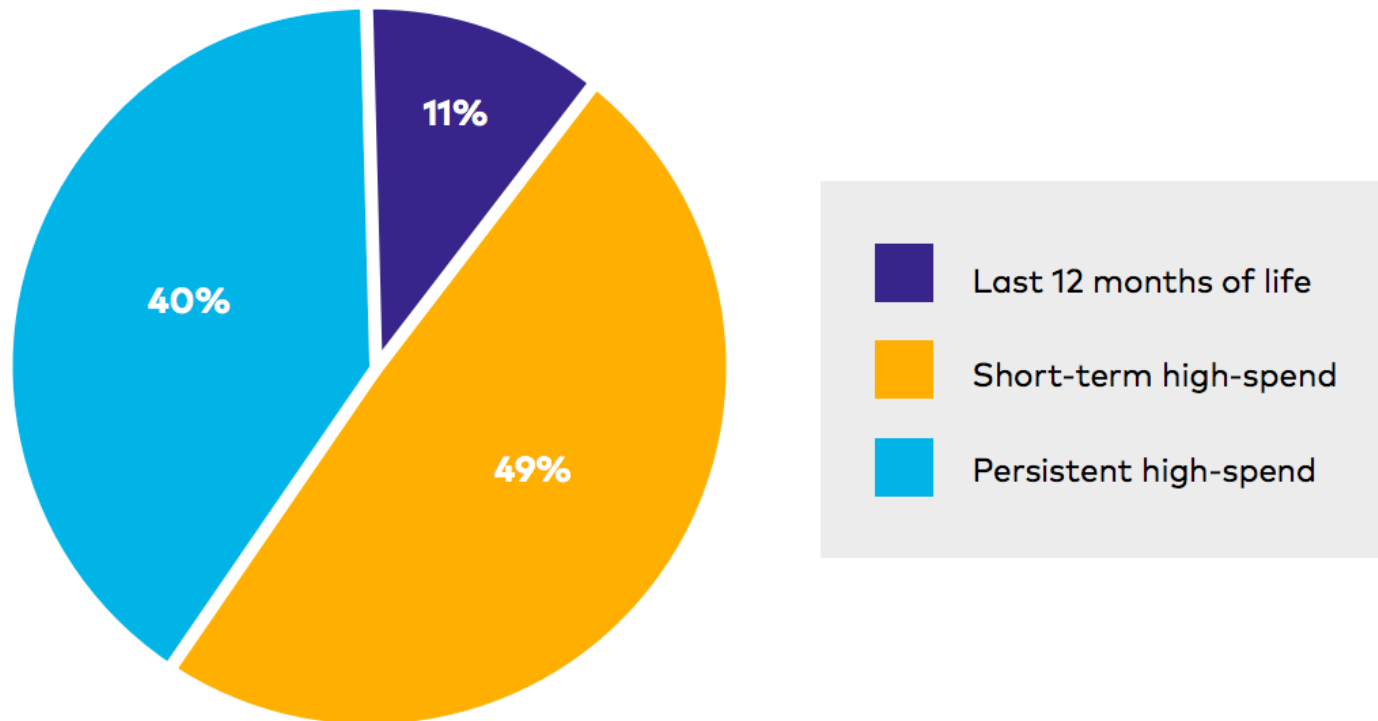


Source: Price, K and A Dahl. "Data-Driven Success Under the Oncology Care Model." *Am J Manag Care*, (June 2016).

The opportunity: persistent high-spend

Of the top 5% of health care utilizers in the United States, only 11% are in their last year of life, with a full 40% facing year after year of high utilization.

FIGURE 2: Costliest 5% of Patients in the United States



The good news: health plans and ACO's are implementing solutions



At the core are the principles and practices of palliative care

- Palliative care is specialized medical care for people with **serious illness**.
- It focuses on providing patients with **relief** from the symptoms, pain, and stress of a serious illness—**whatever the diagnosis or stage of the disease**.
- The goal is to **improve quality of life** for both the patient and the family.
- It is appropriate at any age and at any stage in a serious illness and **is provided along with regular disease treatment**.



Personalized Care Support

The Regence Palliative Care Program

Peggy Maguire

Senior Vice President

*Corporate Accountability
and Performance*

Lee Spears

Program Director

Personalized Care Support



Regence

Oregon and Utah



Regence

Idaho and select counties of Washington



Our Enterprise Palliative Care Focus



2009



Echo Health
Ventures

2011



Health Plans
(Regence, BridgeSpan,
Asuris)

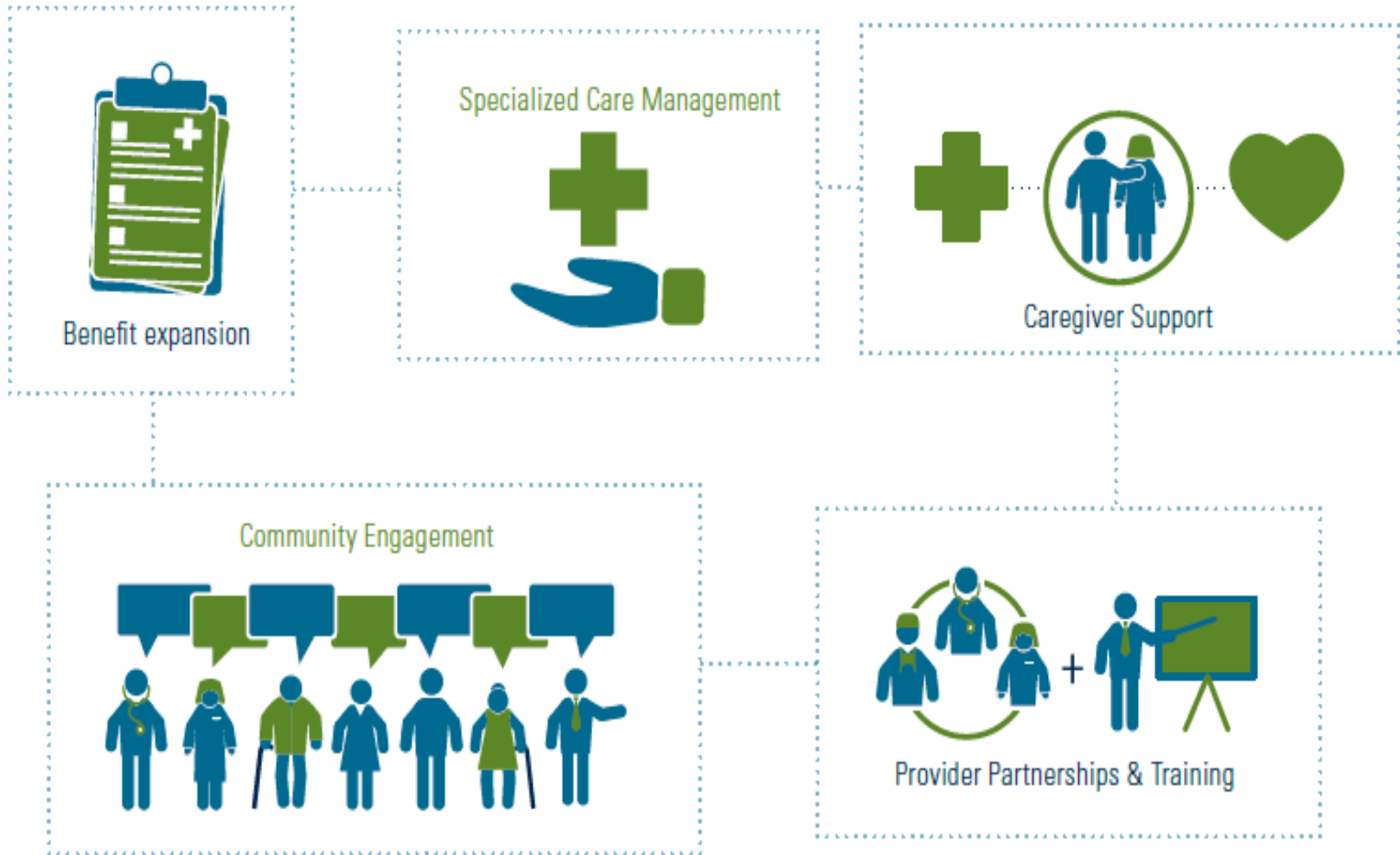
2014



Community & Provider
Focus



The Work of the Health Plan (the Personalized Care Support Program)



PCS: Proactive Identification

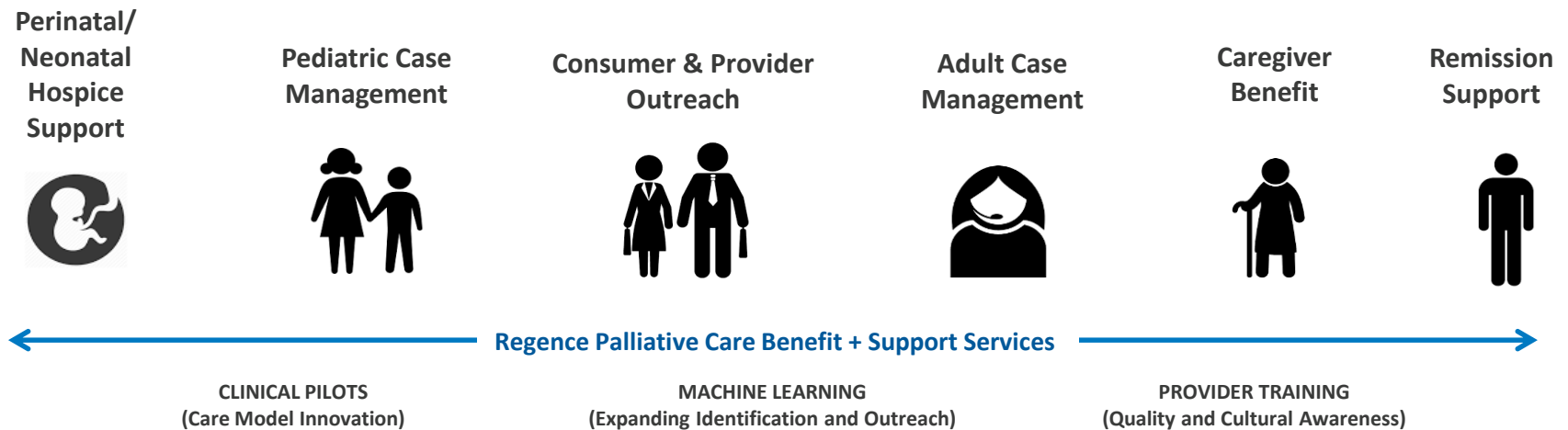
- Regence is in partnership with GNS Healthcare to build and use its robust and dynamic machine learning algorithms in the identification of members who might benefit from palliative care (across diseases, lines of business, and all products)
- Regence continues to mine its own data and develop companion predictive models targeting specific diagnoses and disease states for critical outreach

PCS: Engagement and Assessment

- Through Palliative Care Case Management, Regence tracks/measures:
 - Timely outreach to members and resulting enrollment in case management
 - Completion of an advance care plan
 - Episodic quality indicators around being listened to and building confidence
 - Satisfaction with care

PCS: Benefit and Services

Our mission is to provide palliative care services to anyone who might benefit from them in whatever setting they prefer.



Our benefits and services support the entire spectrum of palliative care needs, from birth to natural end.

PCS: Network Strength

- We review our provider network for percentage of hospitals with a palliative care team
- We track growth in the number of our community health contracts
- Regence has launched a consumer and provider outreach arm that works internally and externally to address support and training needs
- Regence tracks a number of metrics around the delivery of care (e.g., hospital readmissions, emergency room visits in last 30 days of life, LOS of inpatient stays in last 30 days of life, chemotherapy in last 30 days of life) to develop a broad picture of palliative care treatment in our 4-state footprint

PCS: Additional Work

- We continue to focus on the burden of caregivers through our benefit and services
- In 2016, we launched a palliative care employee resource group to address the needs of seriously ill employees and employees serving as caregivers to loved ones
- Regence has implemented a provider grief initiative to acknowledge feelings of loss and convey gratitude (from both family and staff)

PCS: Lessons Learned

- Operational readiness does not equal network readiness; groom your champions
- Bring your consumer partners in early
- Update your risk management conversations

Elements of the Serious Illness Framework

The impact of integrating palliative care continues to be demonstrated

AETNA MEDICARE ADVANTAGE COMPASSIONATE CARE PROGRAM

81% decrease in acute care days

86% decrease in ICU days

HIGH member satisfaction

82% hospice election rate

\$12.6K in savings per person

NO patient complaints in ten years

PROHEALTH ACCOUNTABLE CARE ORGANIZATION SUPPORTIVE CARE PROGRAM

37% decrease in hospital admission rate

20% decrease in ED visit rate

HIGH patient satisfaction

34% increase in hospice enrollment

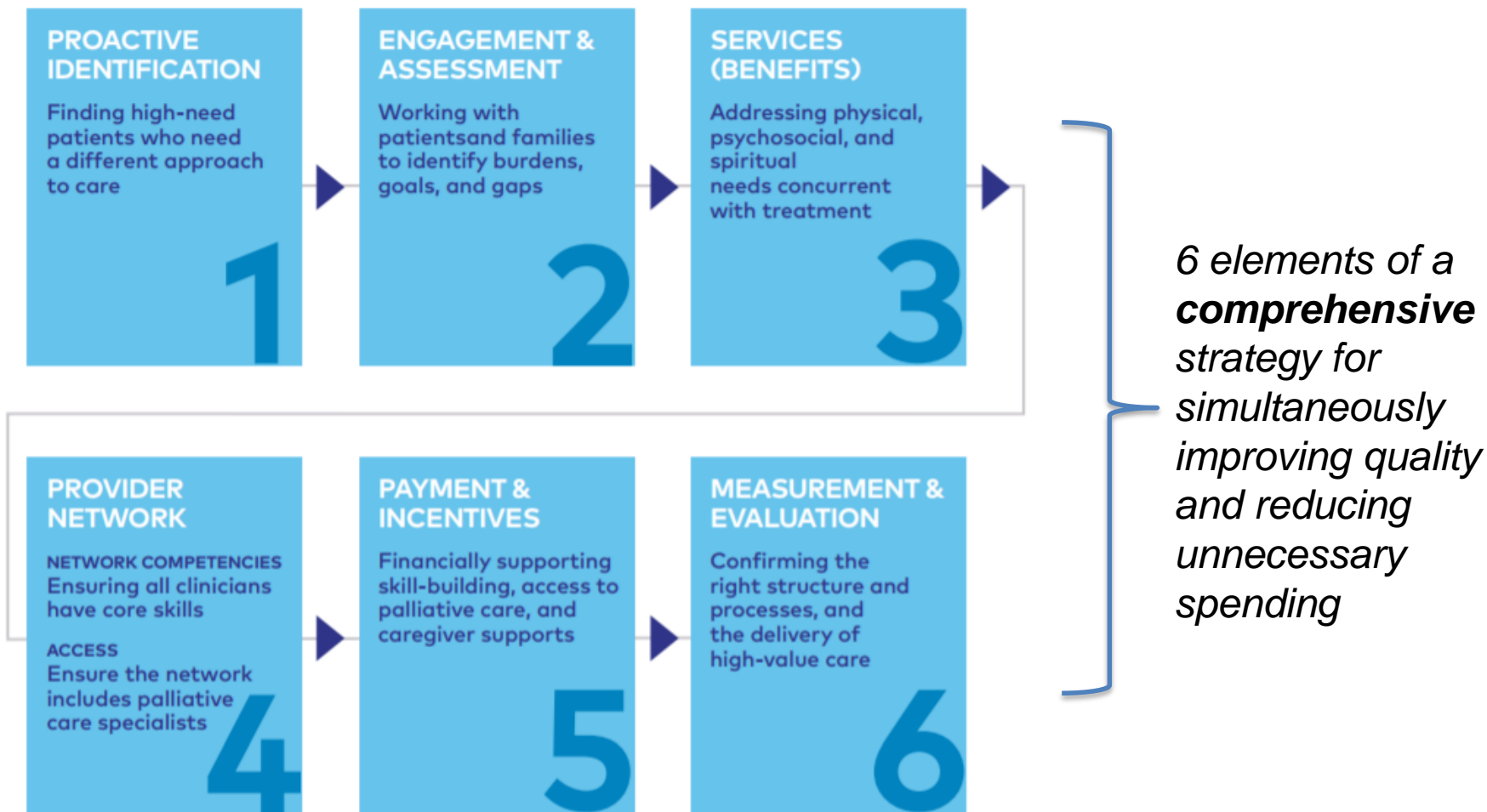
\$12K in savings per person

90%+ net promoter score

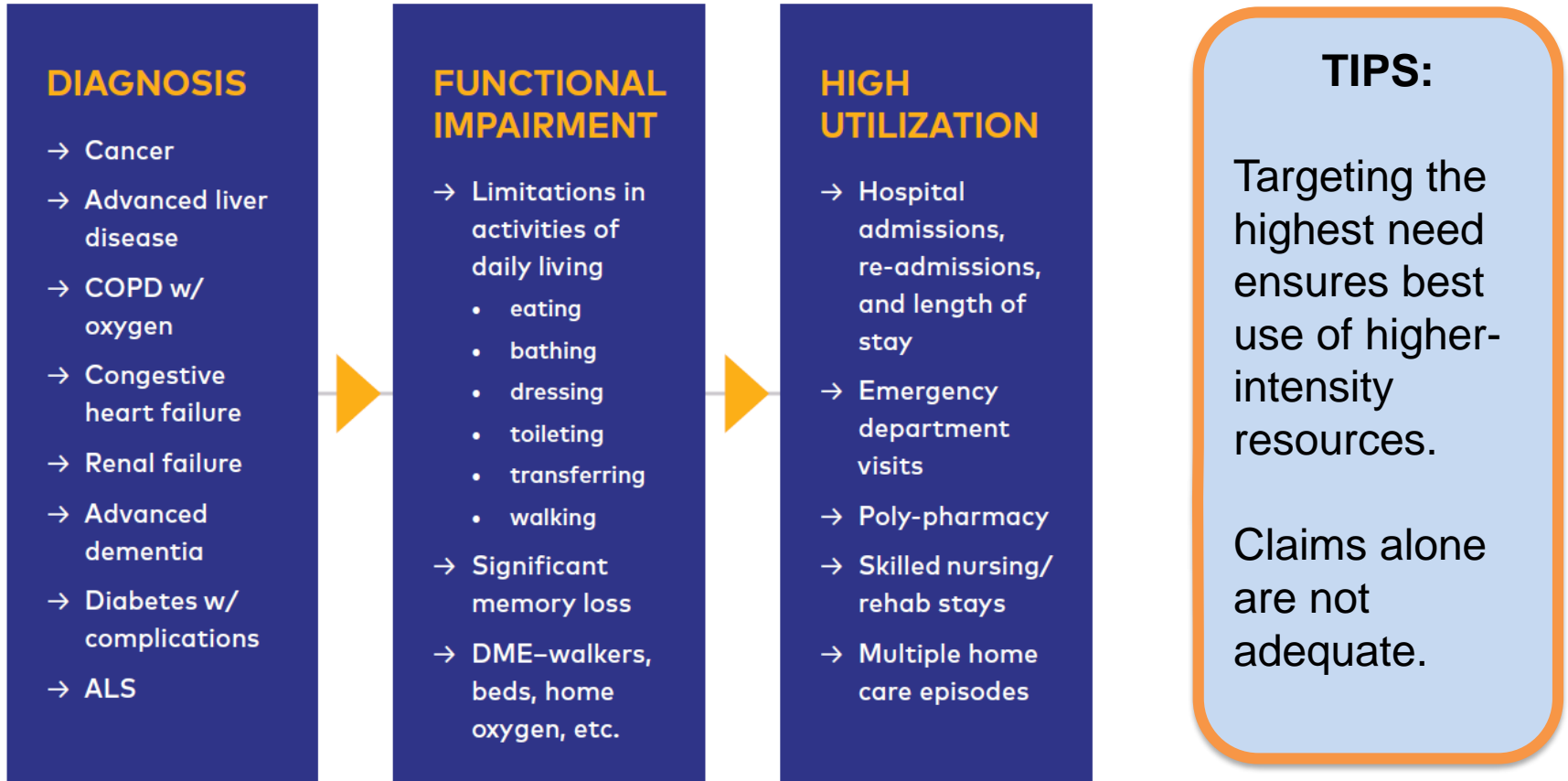
Other results:

- ✓ Reduced admissions, ED, and ICU use
- ✓ Improved quality of life and survival in lung cancer patients
- ✓ Reduced care giver burden

This framework provides a planning and implementation structure



1: Proactive Identification



2: Engagement and Assessment

SERIOUS ILLNESS ASSESSMENT DOMAINS

- Pain and symptom burden
- Psychological issues, including worry, stress, anxiety, and depression
- Caregiver burden and capacity
- Social, financial, and practical issues that interfere with effective care
- Spiritual concerns

TIPS:

Hiring and training of care managers is critical.

“Don’t ask what’s the matter with me; ask what matters to me!”

3: Services (Benefits)

An effective assessment identifies needed services:

24/7 and timely clinical response

for pain and symptom exacerbations

Caregiver training, support, and counseling

to equip families for the responsibilities placed on them

Assistance with activities of daily living,

such as personal care supports

Access to social and spiritual supports,

which can incorporate benefit changes and/or referral to high-quality resources in the community

TIPS:

Review coverage, co-payment designs, and pre-authorization policies, including for practical supports

A separate “palliative care benefit” may not necessarily be needed

Example: In 2019 Medicare Advantage plans can cover home adaptation and personal assistance for select enrollees

4: Provider Network

Not all seriously ill patients need specialty palliative care services. But all clinicians should have the core palliative care skills to support the range of needs.

LOW PALLIATIVE NEED

Usual care with treating clinicians capable of effective communication and symptom management. Specialty palliative care consult(s) as needed.

MEDIUM PALLIATIVE NEED

Treating clinicians regularly collaborate with specialty palliative care team, especially for intractable symptoms or complex family communications.

HIGH PALLIATIVE NEED

Ongoing and active management by specialty palliative care team. The degree of palliative care team responsibility depends on patient need and treating clinician preference.

TIPS:

Identify and partner with specialty-level palliative care programs in your region.

Ensure primary care practices, care managers, and all network clinicians caring for the most complex have training.

5: Payment and Incentives

Best practice examples of value-based and alternative payment models for serious illness include:

- Additional "care management fees" to support psychosocial supports and/or infrastructure enhancements
- Direct salary support for palliative care specialists, including physicians, advance practice nurses, social workers, and chaplains
- Monthly case rates for a defined set of specialty palliative care services
- Shared savings, with shared risk if viable for the providers
- Enhanced fee-for-service rates for palliative care specialists or practices
- Flexibility to pilot innovative care interventions

TIPS:

There is a range of payment models – adopt the one(s) that best support the medical, psychosocial, and practical needs of the population.

6: Measurement and Evaluation

Aligning measures to organizational goals, across several dimensions, will support a more sustainable and wide reaching impact.

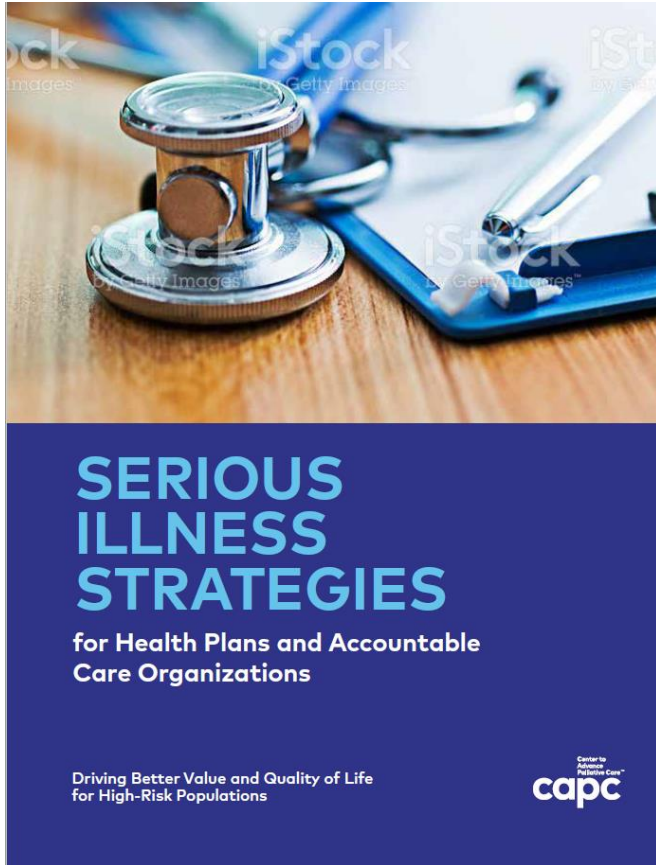


TIPS:

Beware of unintended consequences of well-intentioned measures in the seriously ill population.

Carefully consider the unique circumstances of a seriously ill population.

Download the full publication



Serious Illness Strategies for Health Plans and ACOs

[www.capc.org/payers/
strategies/](http://www.capc.org/payers/strategies/)

*Thank you to the many contributors including
CAPC's Multi-Payer Workgroup participants.*

Additional CAPC resources for health plans and ACOs

Payment Primer

What to Know
about Payment for
Palliative Care
Delivery

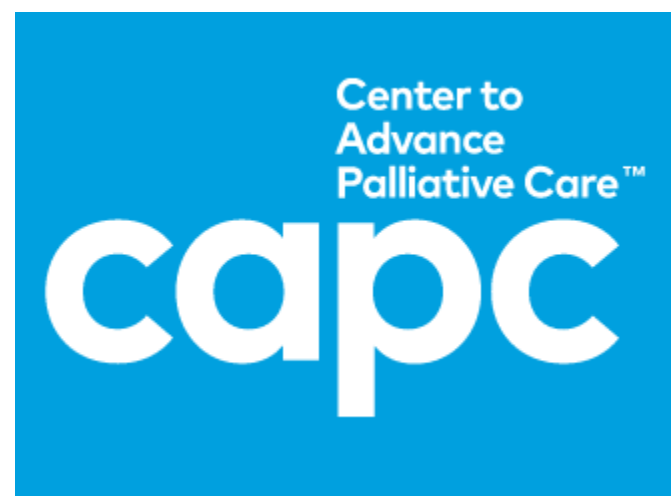


Payment Glossary of Terms

Visit www.capc.org
to learn more!

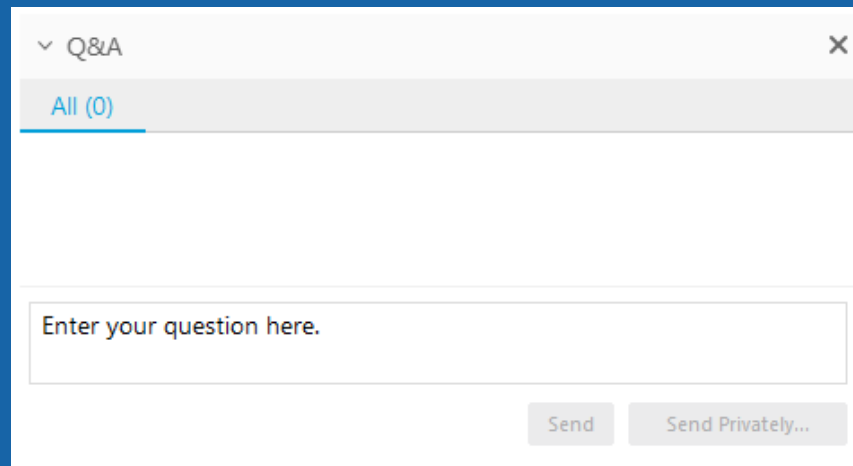
Learn more about CAPC's offerings

- Online education in communication and symptom assessment/management for case managers
- Access to proven resources to build palliative care programs
- Call-in access to experts
- Opportunity to exchange ideas and lessons learned with others working to improve care



Questions?

Please type your question into the questions pane on your WebEx control panel.



The image shows a screenshot of the WebEx Q&A interface. At the top, there is a header with a dropdown arrow and the text "Q&A" and a close button "X". Below the header is a tab labeled "All (0)". The main area is a large empty text input field with the placeholder text "Enter your question here.". At the bottom right of the input field, there are two buttons: "Send" and "Send Privately...".

Thank you!