Objectives

1. Acknowledge what we have been - and are still - going through related to the COVID-19 pandemic;
2. Name the realities we expect to face in coming months and years;
3. Learn about what the palliative care field is experiencing;
4. Get practical tips for planning forward and leading at a time of uncertainty: “Influence the future by focusing on what is under your control.”
WHAT’S ONE WORD THAT DESCRIBES HOW YOU ARE FEELING RIGHT NOW?

Please provide your answer in the Chat box
COVID-19 Pandemic

- >118,000 deaths in the US https://www.worldometers.info/coronavirus/country/us/
- Impact is highly geographically variable
- Disproportionate harm to African Americans and people of color
- Unemployment rate >16%, 22 million job losses https://www.washingtonpost.com/business/2020/06/05/may-2020-jobs-report-misclassification-error/
- US relies on employment-based insurance >>> more uninsured
- Federal government can deficit spend, states cannot
- While health systems are re-opening, people are avoiding healthcare organizations and usual sources of income are reduced
+22,106,000 jobs from Oct. 2010 through Feb. 2020

-1,373,000 in March

-20,687,000 in April

130 million total jobs in Sept. 2010

+2,509,000 in May
Focus on Healthcare Security Accelerated by COVID-19

The Uninsured Rate, Non-Elderly Adults, 2008–2020

At 25% unemployment, projections range up to 40M uninsured

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266 hospitals furloughing workers in response to COVID-19

Alia Paavola - Tuesday, April 7th, 2020

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Why 1.4 Million Health Jobs Have Been Lost During a Huge Health Crisis

The industry used to be recession-proof. Not anymore. The postponement of elective procedures has crushed the bottom line.

A new projection finds the virus costing the U.S. economy $7.9 trillion. Poor countries face debt crises.

The Congressional Budget Office projected on Monday that the pandemic would inflict a devastating long-term blow on the United States economy, costing $7.9 trillion over the next decade.
Hospital visits way down in April
Avalere Health 2020

Hospital traffic compared to 2019
Down 33-50%  Down 50% or more

APRIL

[Map showing hospital traffic across the United States, with states marked as down 33-50% or down 50% or more.]

CAPC Center to Advance Palliative Care
Among these options, what do you think is top priority for your leaders right now? Pick one.

A. Workforce wellbeing
B. Racism and inequity
C. Industry disruption by large employers
D. Finances
A GLIMMER OF HOPE...
Hospital job losses shrink in May, a positive sign for recovery

The U.S. healthcare industry is seeing a recovery from the pandemic, with job losses shrinking in May compared to April. The economic growth is occurring in the midst of demand for hospital services.

5 hospitals bringing back furloughed employees

Kelly Gooch - 20 hours ago

The jobs data highlights the precarious position of hospital workers during the pandemic and suggests it might see a V-shaped recovery marked by a sharp decline and a rapid bounce back, Shehata said.
IMPLICATIONS FOR PALLIATIVE CARE
CAPC National Survey on Impact of COVID-19 on Palliative Care Teams

- Sent to 1,498 organizations on 5/6 and 5/19
- 239 respondents (16% response rate)
- Organizational home
  - Hospital 66%
  - Hospice 17%
## Service Settings

<table>
<thead>
<tr>
<th>Setting</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>81%</td>
</tr>
<tr>
<td>Office/Clinic</td>
<td>49%</td>
</tr>
<tr>
<td>Home</td>
<td>46%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>26%</td>
</tr>
<tr>
<td>Assisted Living Facility</td>
<td>25%</td>
</tr>
<tr>
<td>Impact Category</td>
<td>Percentage</td>
</tr>
<tr>
<td>-------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Major decrease</td>
<td>17%</td>
</tr>
<tr>
<td>Decrease</td>
<td>26%</td>
</tr>
<tr>
<td>No change</td>
<td>19%</td>
</tr>
<tr>
<td>Increase</td>
<td>22%</td>
</tr>
<tr>
<td>Major increase</td>
<td>17%</td>
</tr>
</tbody>
</table>

Total decrease: 43%

Total increase: 39%
Team Roles During Pandemic

- Telepalliative care: 76%
- Organizational planning: 69%
- Goals of care supports: 67%
- Training colleagues: 65%
- Well-being of colleagues: 60%
- Increased ICU presence: 46%
- Home telepalliative care: 32%
- Increased ED presence: 25%
- Hotline for colleagues: 8%
The ED is Very Important to Your Hospital

“From an economic standpoint, EDs are the financial engine of many hospitals, generating substantial revenue by serving outpatients who are treated and released, as well as the inpatients who are admitted to hospitals through their EDs.”

Tele-Palliative Care

- Dramatically easier for, and valued by, patients. Enables efficient and broad access for clinic, HbPC, follow up, continuity, NHs, ALFs, home care, office practices
- Clinicians like it too- marked increase in capacity/FTE
- Key question for the future: will we see continued parity with face-to-face payment and site of care flexibilities?
- Many organizations are lobbying CMS and Congress for their continuation.
## The Top Three Concerns for Program Leaders Now

<table>
<thead>
<tr>
<th>Concern</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telemedicine sustainability</td>
<td>53%</td>
</tr>
<tr>
<td>Burnout on team</td>
<td>52%</td>
</tr>
<tr>
<td>Financial viability of service line</td>
<td>42%</td>
</tr>
</tbody>
</table>
Optimists and Pessimists

“Palliative care will always be needed.”

“Not concerned. COVID-19 increased our value.”

“Our census dropped nearly to zero as admissions fell.”

“Our system is running at 50% of capacity and normal revenue. You can’t cost-avoid to profitability. Palliative care is an easy target for budget cuts in hard times.”
Are you worried about your future financial viability?

4 weeks ago

NO 68%

YES 32%

Now?
SHOULD WE BE WORRIED?
Current Sources of Financial Support for Palliative Care Teams in the U.S.

- Organizational Subsidies from health systems, hospitals, hospices: 67%
- Fee-for-service billing: 30%
- Other: 3%
- Grants: 1%

Data sources: CAPC National Palliative Care Registry
PLANNING FORWARD: PRACTICAL AND STRATEGIC STEPS FOR SUSTAINING YOUR PROGRAM
Palliative Care Team Leadership Challenge in the COVID Era

A lot of this is under your control:

Plan and hope for the best
(while getting prepared for the worst).

Maximize your programs’ sustainability
What Is Under Your Control?

Demonstrating stewardship

➔ Expense side: Accountability for operational efficiencies, highest and best use of precious human resources

➔ Revenue side: Maximize FFS billing, seek alternative payment/income sources
Sustainability: Back to 4 Basics

1. Stakeholder alignment
2. Financing (revenue)
3. Operational efficiency (expense)
4. Team health
Flawless Basics: Stakeholder Alignment

**Who?**
C-Suite, colleagues (all, but especially ED, CCM, and Surgery)

**What?**
What do they need, what are they worried about?

**How?**
Talk to them, bring data on your value, be responsive

**When?**
Now

Case studies: Lehigh Valley, Mount Sinai (ED and CCM)
Flawless Basics: Financing

- Fee-for-Service billing- most of us are leaving a lot of money on the table
- Telemedicine services are billable and can provide access beyond our existing patients (NH, ALF, home care)
- Alternative payment sources
Capitation Is Becoming the Dominant Form of Medicare

Medicare Advantage Growth Projections:

Recent Earnings Confirm Growth Projections; Show Robust 2019 to 2020 Enrollment Growth:

- Anthem 17%
- Cigna: 15%
- Humana: 12%
- CVS Health: 11%
- United: 8%

An increase in early retirement due to economic downturn may bolster MA enrollment further, especially in areas of the country with high MA penetration.
Managed Care Also Playing a Larger Role in Medicaid

Proportion Medicaid LTSS Institutional vs HCBS

<table>
<thead>
<tr>
<th>Year</th>
<th>Institutional</th>
<th>HCBS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>27%</td>
<td>73%</td>
</tr>
<tr>
<td>2016</td>
<td>57%</td>
<td>43%</td>
</tr>
</tbody>
</table>

Medicaid Managed LTSS Expenditures In Billion Of Dollars, FY 2008 – 2016

- 2008: $5
- 2009: $7
- 2010: $7
- 2011: $8
- 2012: $10
- 2013: $15
- 2014: $23
- 2015: $32
- 2016: $39

In 2016, Medicaid spent $167m on LTSS, 30% of total Medicaid spending

... Although States are carving out the drug benefit to access rebates and standardize benefits
COVID-19 Will Shape Environment for Next Decade

Recession and COVID-19 are re-shaping the healthcare environment heading into the 2020 election – for consumers and commercial stakeholders.

Government payers increasingly favor health plans and integrated systems as shift to value accelerates through COVID-19.

Telehealth, HCIT, payer services, SDOH, provider consolidation, labor flexibilities, capacity maintenance, supply chain control are durable changes.

Political agendas of both parties will help stakeholders adapt but will also expect participation and monitor profitability of COVID-19 offerings.
Examples of Palliative Care Programs Successfully Contracting With Health Plans and ACOs

**Medicare Advantage**
- Nathan Adelson Hospice – United Healthcare (Nevada)
- Hospice & Palliative Care Buffalo (HomeConnections) – Univera and also BCBS Western NY (Buffalo)
- Northwell Health At Home – HealthFirst (Long Island)

**Medicaid Managed Care**
- US Medical Management – Buckeye Health Plan/Centene (Ohio)
- Kara Health – Molina (California)

**Commercial**
- Care Dimensions – BCBS Massachusetts
- MedStar – BCBS Maryland (CareFirst)

**ACO Contracts**
- Transitions LifeCare - UNC (North Carolina)
- Progressive Home Health & Hospice – CHI Health Partners (Omaha)
CAPC Toolkits on Alternative Payment

Financing a Palliative Care Program:
https://www.capc.org/toolkits/funding-a-palliative-care-program/

Value-Based Payment: Building a Financially Sustainable Palliative Care Service:
Flawless Basics: Coding and Billing

Meet regularly with coders and billers

Conduct regular audits

- Encounters/day; RVUs/encounter; use of both time based and E/M billing and coding
- Documentation templates that support good coding and billing
- EHR macros to support ACP, time-based billing, prolonged service codes, non face-to-face billing, medical decision-making
CAPC Billing Toolkit

https://www.capc.org/toolkits/optimizing-billing-practices/
Flawless Basics: Operational Efficiency

Team Effectiveness

➔ **Identifying** the right patient at right time
➔ **Staffing** models and role clarity: quick tips
➔ **Using** telehealth
➔ **Rounding efficiency**
➔ **Training**
➔ **Regular reporting** on performance and impact
Flawless Basics: Team Health and Emotional PPE

Mental illness construct is wrong
- Stigma, the ‘Band of brothers’ culture, clinicians fear being mislabeled as having individual psychopathology

Normalize a 3-pronged approach
- Peer support
- Routine team health debriefs, listening and responding
- Change the work culture/context to diminish burnout and distress, normalization of being human – don’t come to work when sick; use your vacation days; staff accordingly

CAPC Toolkits contain resources addressing:
- Resilience, team health, stress mitigation, moral distress, grief, and opportunities to come together to discuss (Virtual Office Hours)
Impact of palliative care in the COVID Era

WE HAVE A LOT TO BE PROUD OF
Palliative Care: Essential Services During COVID-19

A Family Rallied on 2 Continents as a Loved One Fought Covid-19

Family members gathered on conference calls to send her messages of courage, and prayed together for a miracle.

By Sheri Fink, Ainara Tiefenthaler and Victor J. Blue

As an oncologist, I have to help my patients negotiate a new set of dangers.
Patient Voices

“Thanks for never letting me feel isolated and in the dark through this very dark time in our lives.”

"It made us feel loved. I know that my hospital and its staff really cares for us!" "Thank you for doing the work to find out what I wanted."
PALLIATIVE CARE STEPS UP

Image Source: Clip Art Library
A Beacon for Dark Times: Palliative Care Support During the Coronavirus Pandemic

A team at the Icahn School of Medicine at Mount Sinai in New York City quickly designed, deployed, and revised in real time an innovative telephonic support line to meet the palliative care needs of clinicians and patients during the Covid-19 surge.

By Claire K. Ankuda, MD, MPH, Christopher D. Woodrell, MD, Diane E. Meier, MD, R. Sean Morrison, MD & Emily Chai, MDet al.
A pandemic is a cause and powerful amplifier of suffering, through physical illness and death, through stresses and anxieties, and through financial and social instability. Alleviation of that suffering, in all its forms, needs to be a key part of the response.
We Have Your Back: New Resources

Step-by-step planning for sustainability:
Step 1- assess impact of pandemic on your numbers, relationships, income
Step 2- meet with your stakeholders
Step 3- assess and improve fee-for-service billing, including telemedicine
Step 4- assess and improve operational efficiency
Step 5- consider alternative payment sources
Step 6- assess and improve team health
Planning Forward: Tools for Right Now

https://www.capc.org/toolkits/planning-forward-covid-era/