

Palliative Care Futurist

Planning Beyond the Crisis

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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.”*

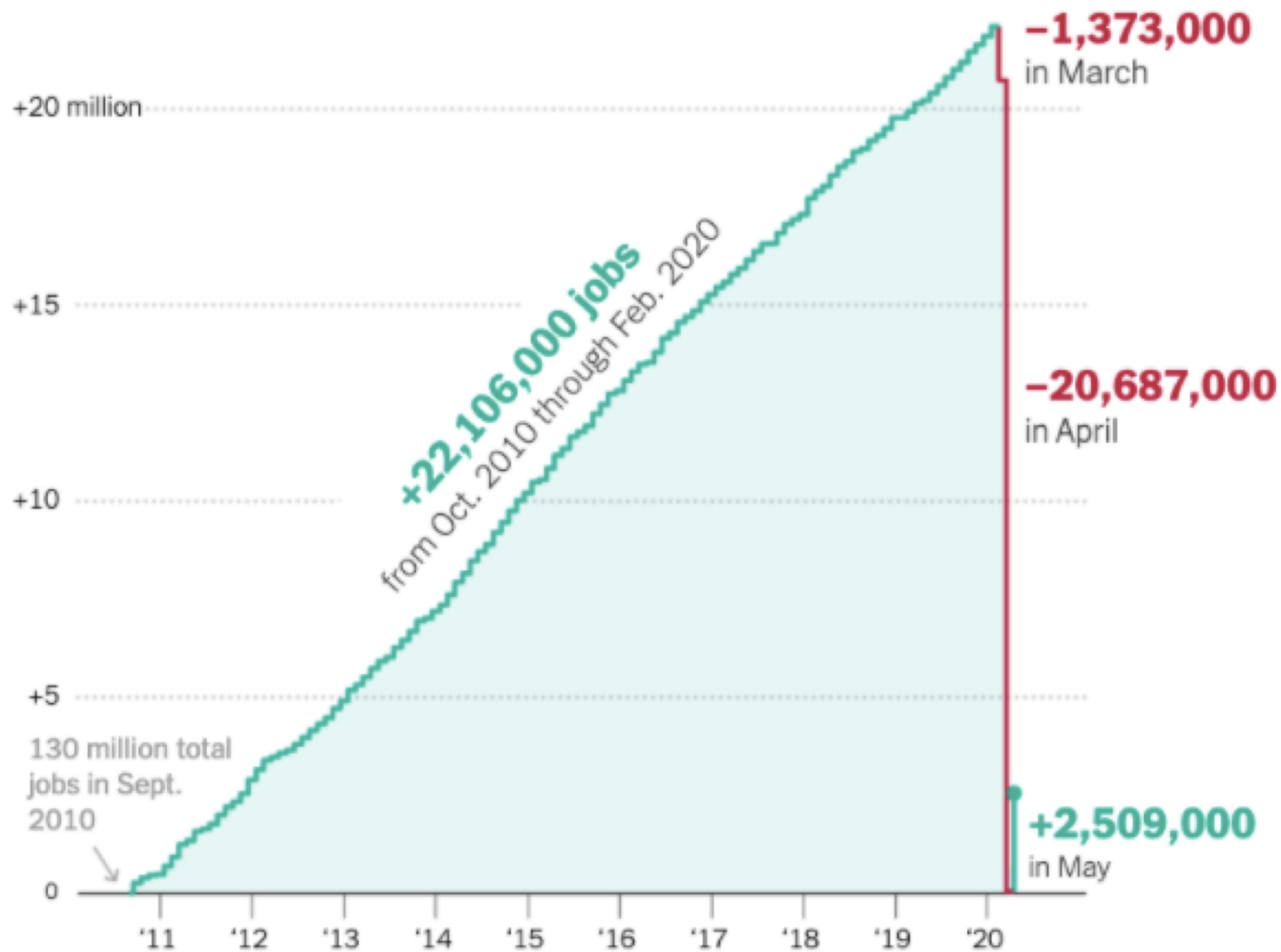
Question for Audience

**WHAT'S ONE WORD THAT DESCRIBES
HOW YOU ARE FEELING RIGHT NOW?**

Please provide your answer in the Chat box

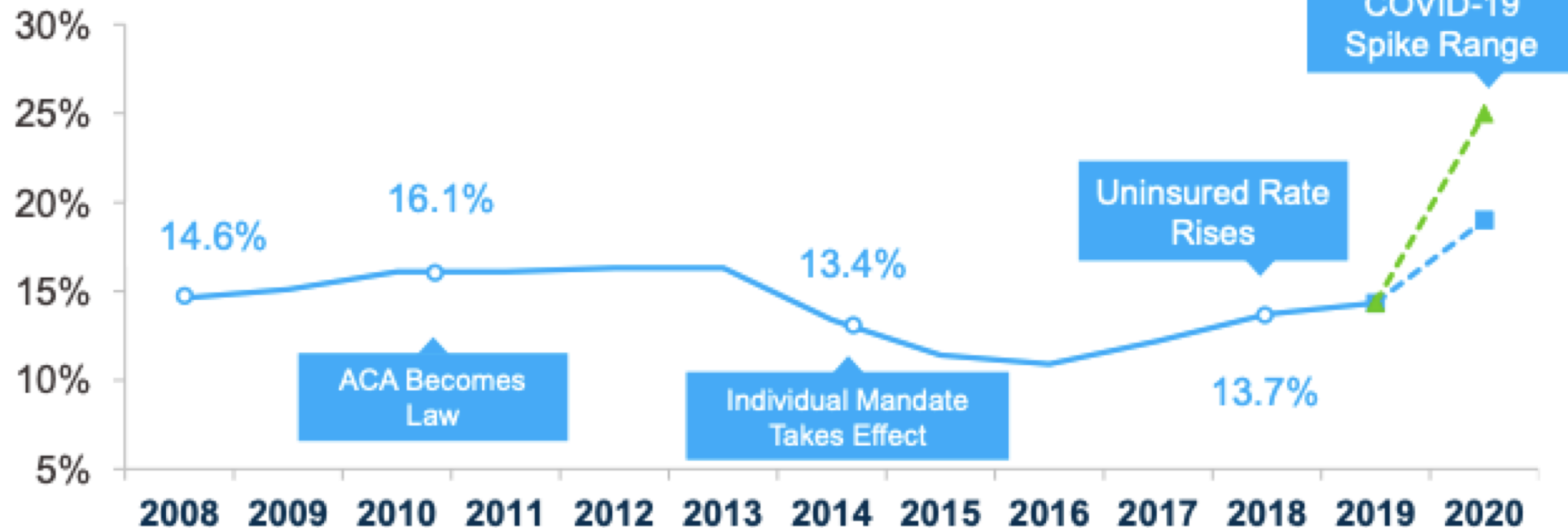
COVID-19 Pandemic

- >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



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

Layoffs and Losses: COVID-19 Leaves U.S. Hospitals in Financial Crisis

May 6, 2020

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The Coronavirus Crisis

SUBSCRIBE TO CORONAVIRUS DAILY

As Hospitals Lose Revenue, More Than A Million Health Care Workers Lose Jobs

May 8, 2020 · 5:04 AM ET

Heard on [Morning Edition](#)

266 hospitals furloughing workers in response to COVID-19

Alia Paavola - Tuesday, April 7th, 2020 [Print](#) | [Email](#)

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

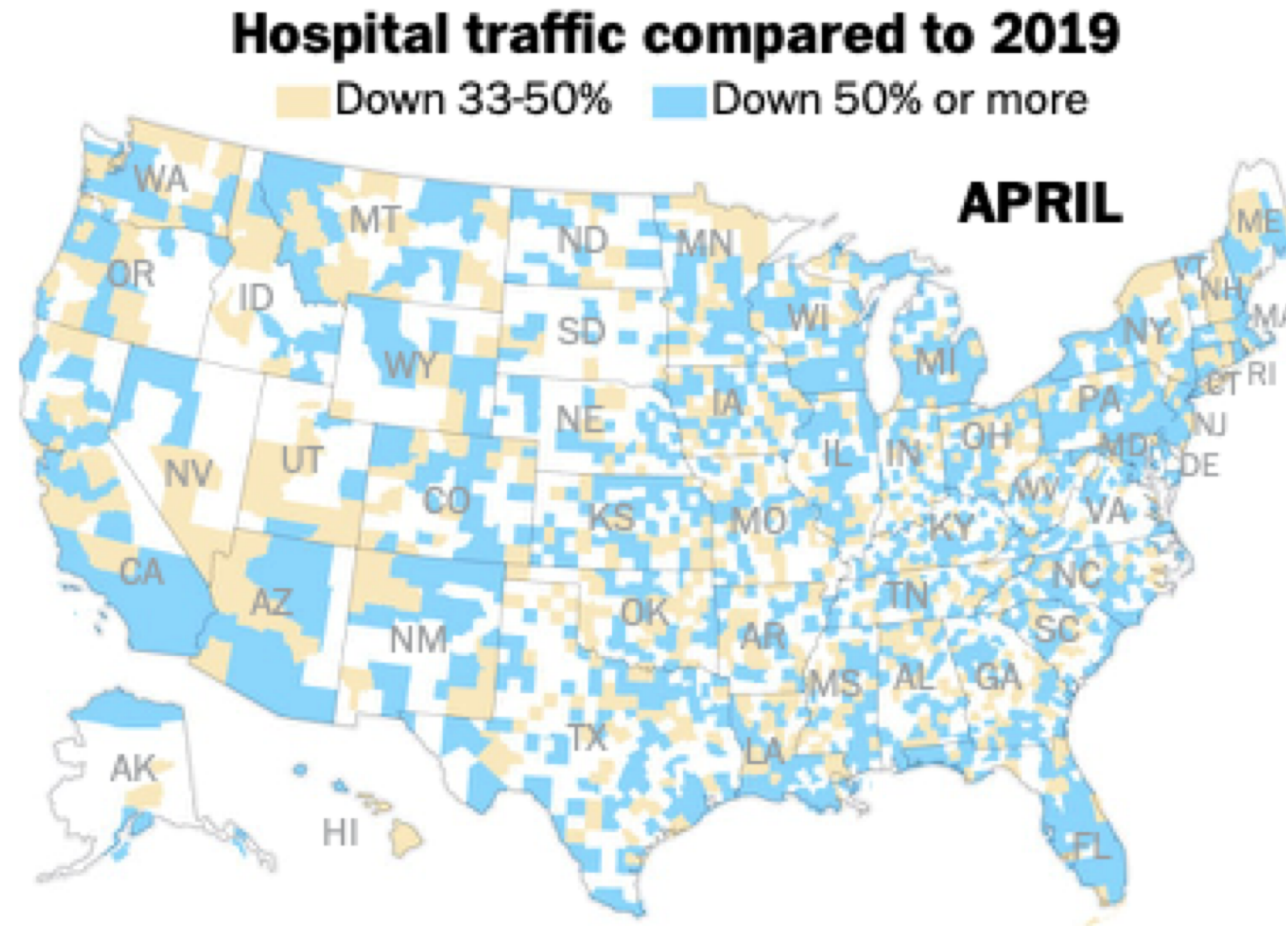
The industry used to be recession-proof. Not anymore. The postponement of elective procedures has crushed the bottom line.

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



Polling Question

**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...



Glimmer Of Hope is a photograph by Vincent Cherib which was uploaded on March 4th, 2018.

June 05, 2020 09:20 AM

Hospital job losses shrink in May, a positive sign for recovery

TARA BANNOW



The U.S. healthcare industry is seeing an upswing after having lost jobs during the pandemic taking place in the aftermath of the

5 hospitals bringing back furloughed employees

Kelly Gooch - 20 hours ago [Print](#) | [Email](#)



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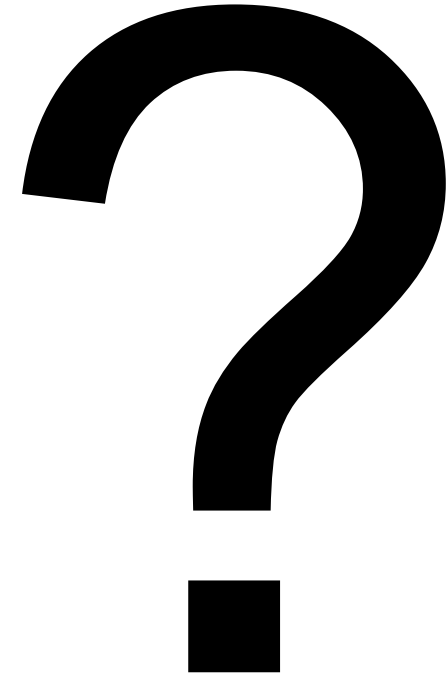
Tweet



Share 0

The jobs data highlights a recovery, suggesting it might see a 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

Hospital	81%
Office/Clinic	49%
Home	46%
Nursing Home	26%
Assisted Living Facility	25%

COVID Impact on Consult Numbers

Major decrease:	17%	}	43%
Decrease:	26%		

No change:	19%
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Increase:	22%	}	39%
Major increase:	17%		

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.”

<https://www.chcf.org/blog/hospital-ed-visits-in-california-five-other-states-bounce-back-but-remain-well-below-pre-pandemic-levels/#.XuezaPwtRXQ.twitter>

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

1	Telemedicine sustainability:	53%
2	Burnout on team:	52%
3	Financial viability of service line:	42%

Optimists and Pessimists

“Palliative care will always be needed.”

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



Image Source: Clip Art Library

“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

Now?

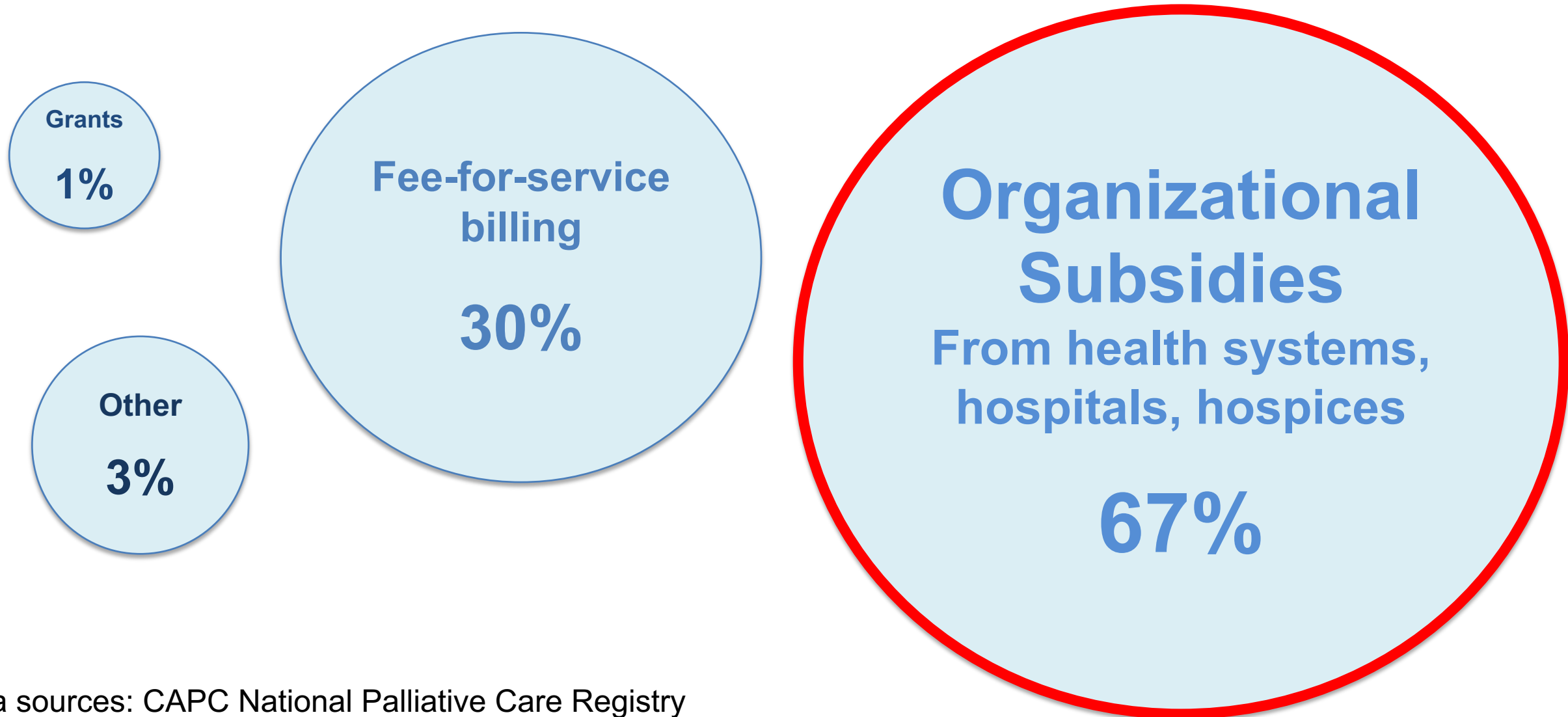
NO 68%

YES 32%



SHOULD WE BE WORRIED?

Current Sources of Financial Support for Palliative Care Teams in the U.S.



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

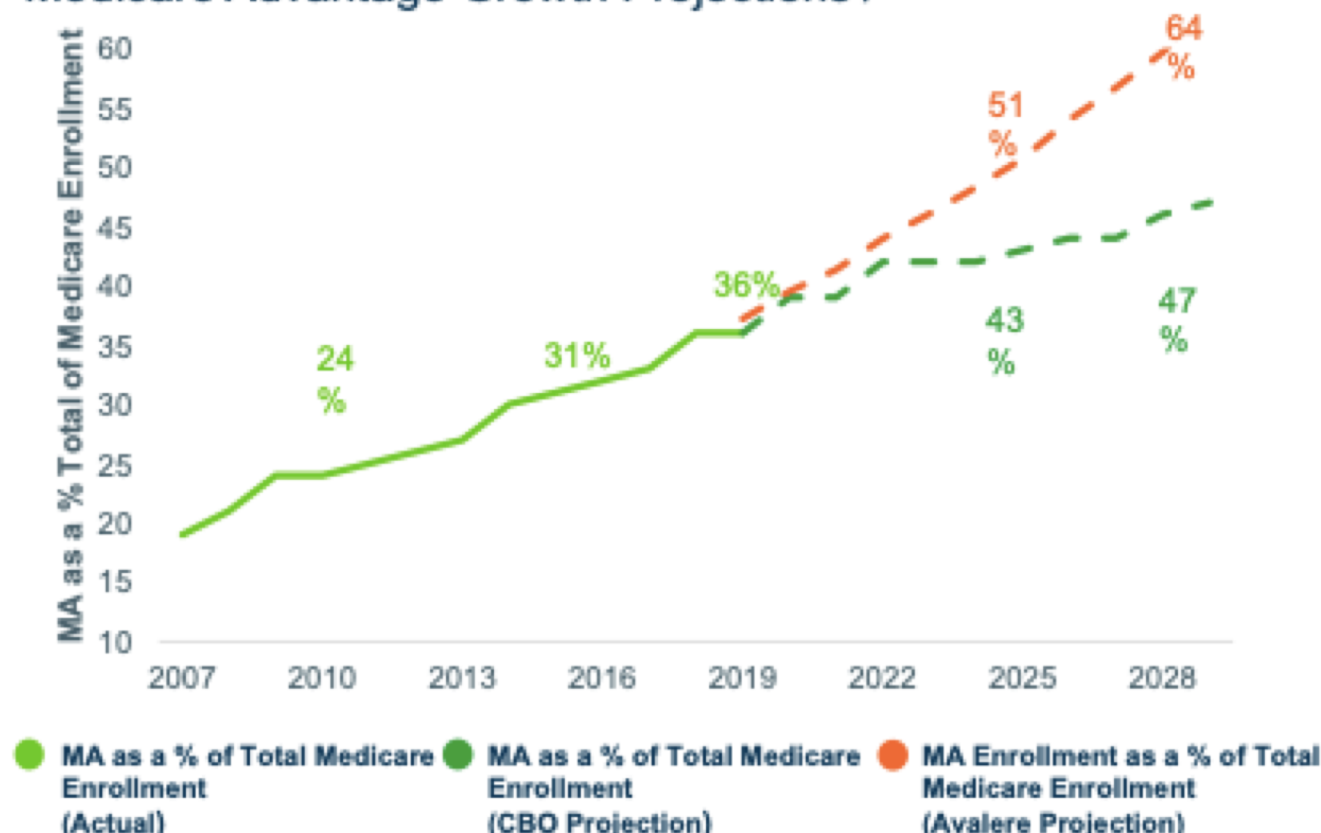
Case studies: Lehigh Valley, Mount Sinai (ED and CCM)

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 /



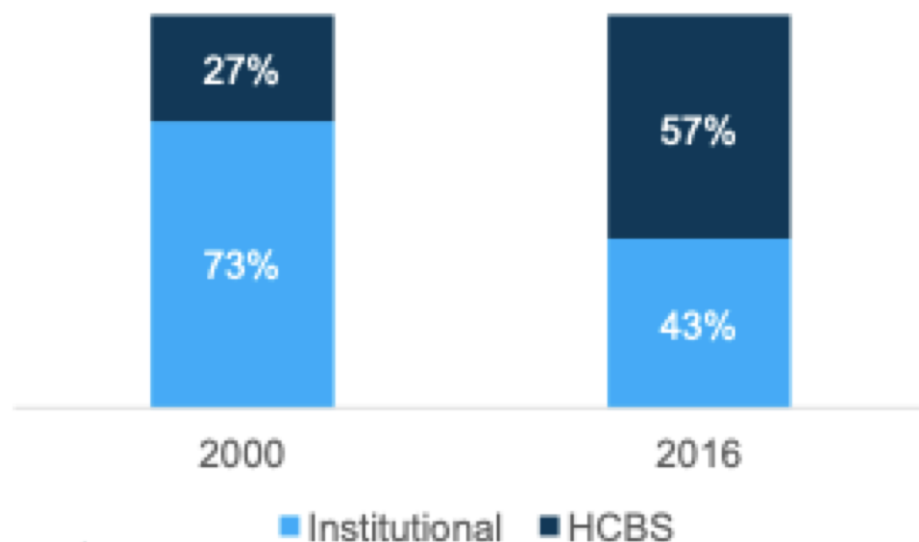
Recent Earnings Confirm Growth Projections; Show Robust 2019 to 2020 Enrollment Growth:

- 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



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

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



... 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:

<https://www.capc.org/toolkits/capc-payment-accelerator-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/](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

Sections

Covid or No Covid, It's Important to
Plan

Subscriptions

Sections

The Washington Post
Democracy Dies in Darkness

NEW YORK

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 Tiefenthäler 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

June 5, 2020

 NEJM
CatalystInnovations in
Care Delivery

the COVID-19

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ARTICLE

A Beacon for Dark Times: Palliative Care Support During the Coronavirus Pandemic

Jihae Lee, MD¹; L

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.

Specialist

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May 7, 2020

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Ambereen K. Me

By Claire K. Ankuda, MD, MPH, Christopher D. Woodrell, MD, Diane E. Meier, MD, R. Sean Morrison, MD & Emily Chai, MD et al.

am MBChB,

» Author Affilia

JAMA Oncol. Pu

emic

May 12, 2020

 apc Center to
Advance
Palliative Care

The Future of Palliative Care: In the COVID Era and Beyond

The New York Times

Hospitals, Health Care Sector Reel From COVID-19 Damage

By The Associated Press

VS.



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