

# Caring for Frail Older Adults in an ACO: The Role of Palliative Care

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**“The future is here now. It’s just not very evenly distributed”\***

- Roughly 40% of all Medicare beneficiaries are already in risk models as of 2014.**
- Medicare Advantage >28%
- ACO models >12%

\*William Gibson, quoted in *The Economist* , 2003

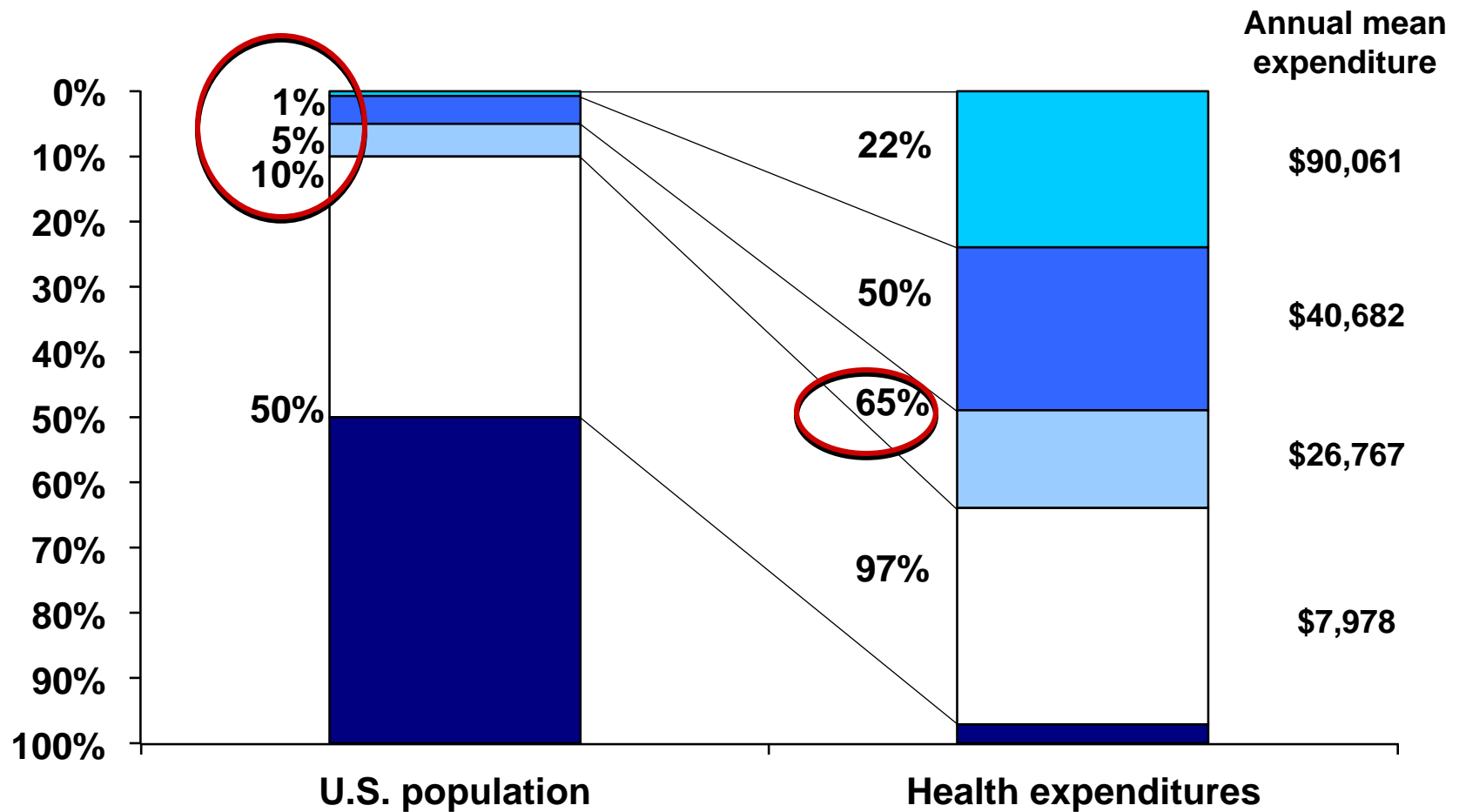
# Objectives

- Addressing the Need...What's the Problem?
- What is Palliative Care? How Can it Help?
- Payers Leading Change

# Concentration of Risk:

## Sickest 10 Percent Account for 65 Percent of Expenses

Distribution of health expenditures for the U.S. population,  
by magnitude of expenditure, 2009



# My patient: Mr. B

- An 88 year old man with mild dementia admitted via the ED for management of back pain due to spinal stenosis and arthritis.
- Pain is 8/10 on admission, for which he is taking 5 gm of acetaminophen/day.
- **Admitted 3 times in 2 months for pain (2x), weight loss+falls, and altered mental status due to constipation.**
- His family (83 year old wife) is overwhelmed.



# Mr. B

- Mr. B: *“Don’t take me to the hospital! Please!”*
- Mrs. B: *“He hates being in the hospital, but what could I do? The pain was terrible and I couldn’t reach the doctor. I couldn’t even move him myself, so I called the ambulance. It was the only thing I could do.”*



Modified from and with thanks to Dave Casarett

# Before and After

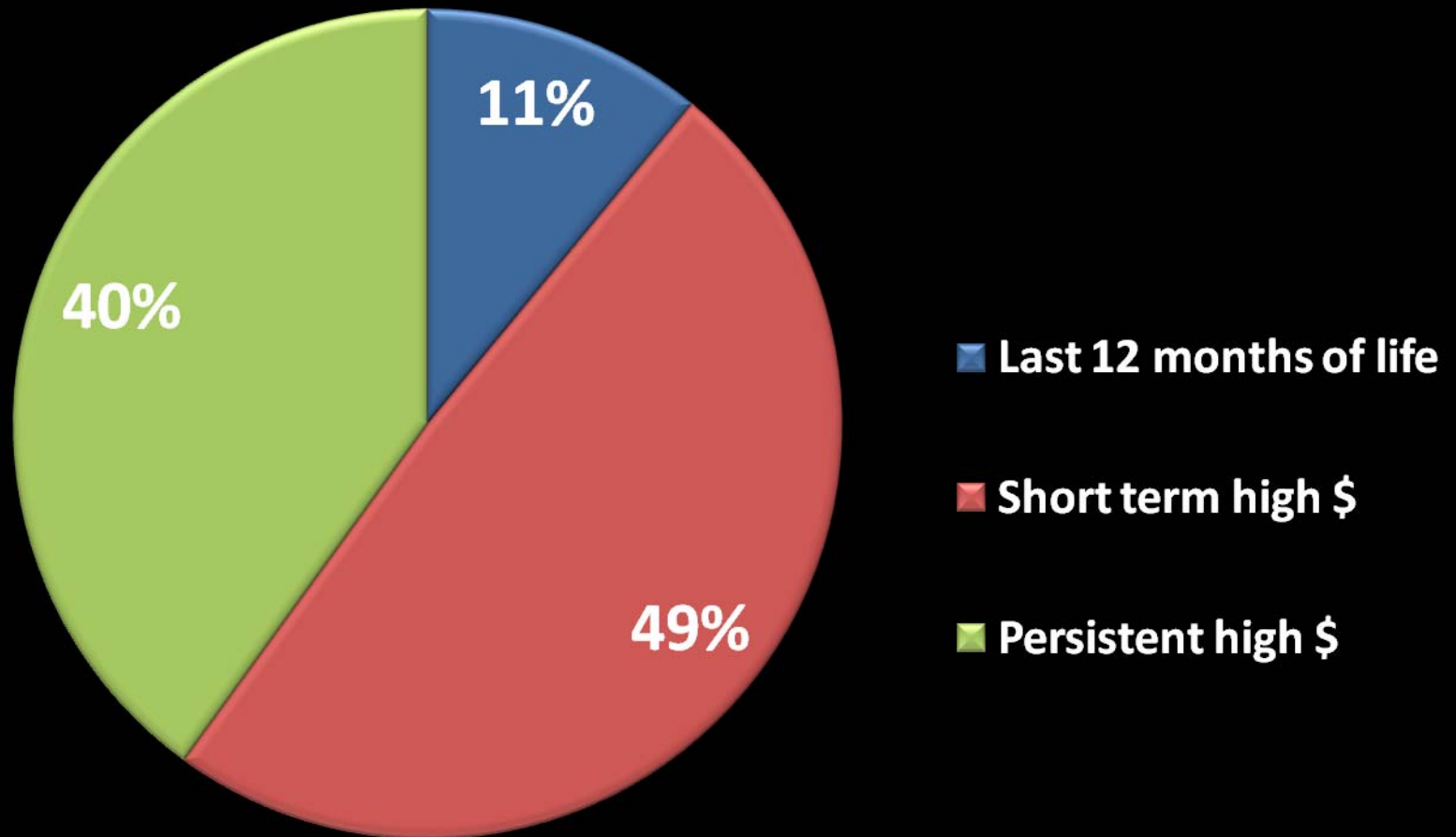
## Usual Care

- 4 911 calls in a 3 month period, leading to
- 4 ED visits and
- 3 hospitalizations, leading to
- Hospital acquired infection
- Functional decline
- Family caregiver distress, increased vulnerability to illness

## Palliative Care

- Housecalls referral
- Pain management
- 24/7 phone coverage
- Meals on Wheels
- Friendly visitor program
- Support for caregiver
- No 911 calls, ED visits, or hospitalizations in 18 months

# Costliest 5% of Patients





# So...

We have high acute care spending in patients like Mr. B with multiple chronic conditions, functional and/or cognitive impairment, frailty, disabling pain, and high caregiver burden because of misaligned \$ incentives and absence of reliable community based support.

***What are we doing about it?***

# What is 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**.

# Palliative Care is Delivered Concurrent with Disease Treatment

## Disease-Directed Therapies



# What is the impact of palliative care on quality and costs?

THE NEW ENGLAND JOURNAL OF MEDICINE

## ORIGINAL ARTICLE

### Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer

Jennifer S. Temel, M.D., Joseph A. Greer, Ph.D., Alona Muzikansky, M.A., Emily R. Gallagher, R.N., Sonal Admane, M.B., B.S., M.P.H., Vicki A. Jackson, M.D., M.P.H., Constance M. Dahlin, A.P.N., Craig D. Blinderman, M.D., Juliet Jacobsen, M.D., William F. Pirl, M.D., M.P.H., J. Andrew Billings, M.D., and Thomas J. Lynch, M.D.

## ABSTRACT

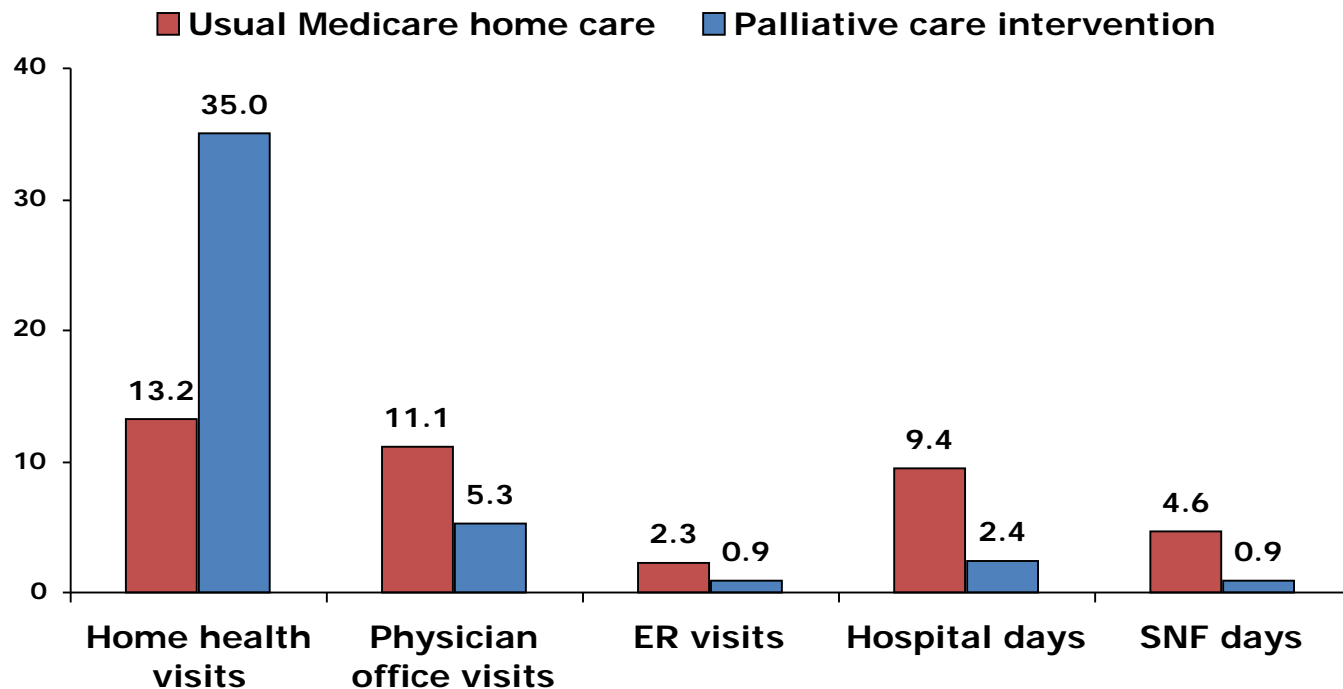
#### BACKGROUND

Patients with metastatic non–small-cell lung cancer have a substantial symptom burden and may receive aggressive care at the end of life. We examined the effect of introducing palliative care early after diagnosis on patient-reported outcomes

From Massachusetts General Hospital, Boston (J.S.T., J.A.G., A.M., E.R.G., V.A.J., C.M.D., J.J., W.F.P., J.A.B.); the State University of New York, Buffalo (S.A.); Adult

# Palliative Care at Home for the Chronically Ill

Improves Quality, Markedly Reduces Cost RCT of Service Use Among Heart Failure, Chronic Obstructive Pulmonary Disease, or Cancer Patients While Enrolled in a Home Palliative Care Intervention or Receiving Usual Home Care, 1999–2000.



KP Study Brumley, R.D. et al. JAGS 2007

# Patients and Families Want This Care

**Once informed**, consumers are extremely positive about palliative care and want access to this care if they need it:

- ✓ 95% of respondents agree that it is important that patients with serious illness and their families be educated about palliative care.
- ✓ 92% of respondents say they would be likely to consider palliative care for a loved one if they had a serious illness.
- ✓ 92% of respondents say it is important that palliative care services be made available for patients with serious illness and their families.

# Mind the Gap

- **ED, hospital**
- Home, no support, call 911
- **ED, hospital**
- Home, no support, call 911
- **ED, hospital, ICU**
- Home, no support, call 911
- **ED, hospital, ICU...**
- Maybe Hospice

# Payers Are Doing Something About It: Bringing the Care Home

# Highmark Introduces Advanced Illness Services Program

Beginning Jan. 1, 2011, Highmark will offer the Advanced Illness Services (AIS) program as part of its Medicare Advantage plans. The program will provide 100 percent coverage for as many as 10 outpatient care visits by AIS network hospice and/or palliative care providers to promote quality of care for members with progressive, life-limiting illness.



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## QUALITY UPDATE

## RURAL PALLIATIVE CARE EMERGING AS A HEALTH CARE PRIORITY



**Aetna Compassionate Care SM Program**

## Health & Wellness

## Products & Services

[How the Program Works](#) | [Support for You](#) | [Important Documents](#) | [End of Life Care](#)



### Compassion and Support at the End of Life



## Patients & Families

[CLICK HERE](#)

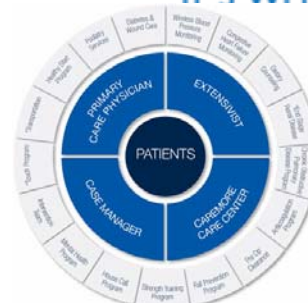
# Excellus

## Public Service Announcements on End-of-Life Care Earn Bronze Telly



# CAREMORE

It's what we do.™







*“[Reading case managers’ notes] dramatically illustrates the need for assistance, the too common absence of such assistance, and the almost desperate gratitude this engenders. We have dedicated ourselves to providing this help.”*

Randall Krakauer, MD. *Invictus: Increasing Patient Choice in Advanced Illness and End-of-Life Care. Frontiers of Health Services Management.* Spring 2011.

*“If there is an opportunity to impact at the intersection of quality and cost, this is the mother lode.”*

Randall Krakauer, MD; Director of Medical Strategy, Aetna. *Wall Street Journal*, February 23, 2014.

# Innovative Payer Toolkit

[www.capc.org/payertoolkit](http://www.capc.org/payertoolkit)

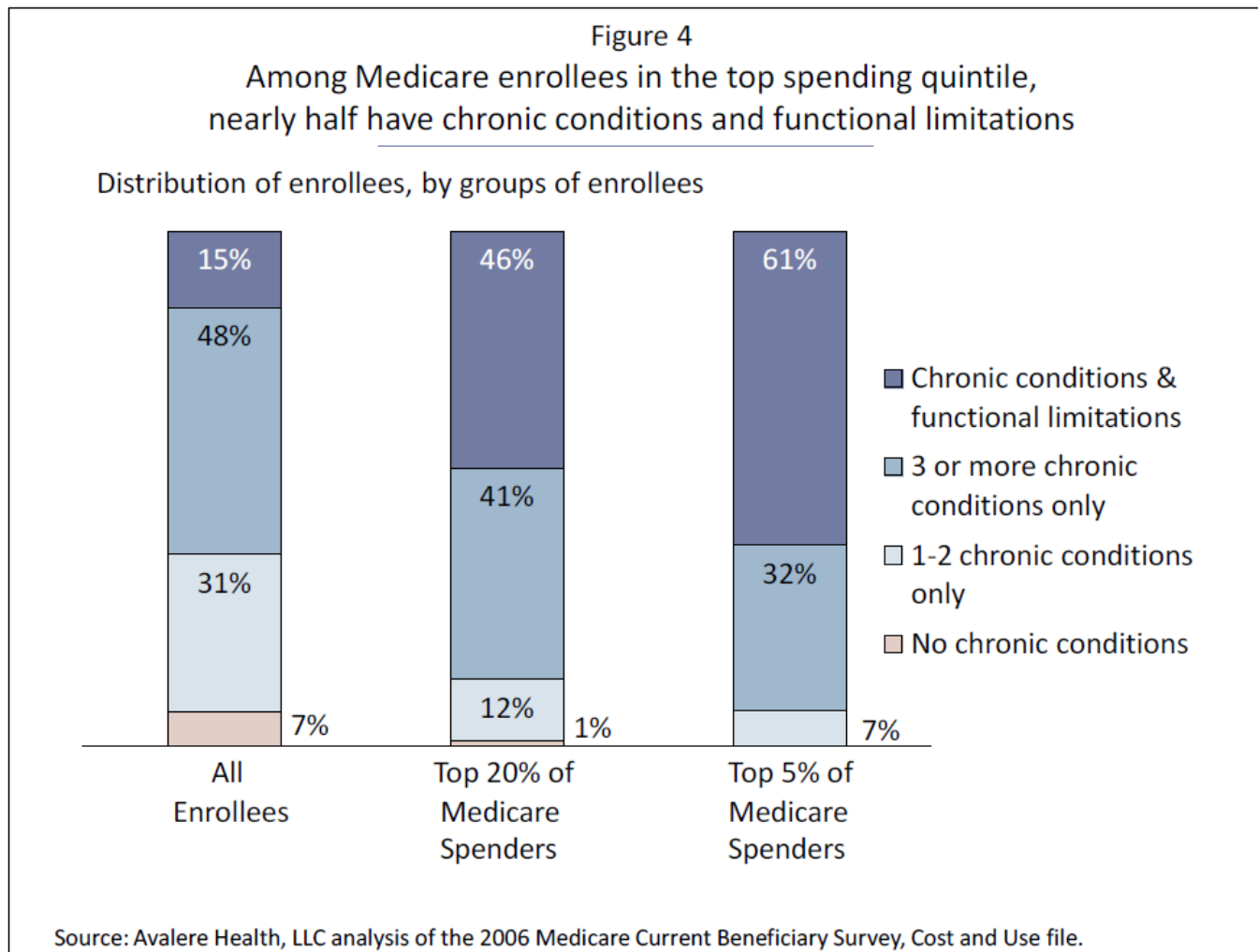


- What is palliative care?
- Why is it important?
- **Predictors of success**
- Payer strategies
- Case studies
- Checklists
- Resources

# Concentration of Risk

- Functional Limitation
- Dementia
- Frailty
- Serious illness(es)
- Symptom distress
- Caregiver exhaustion

# Most of Costliest 5% have Functional Limitations



# Dementia Drives Utilization

Prospective  
Cohort of  
community  
dwelling older  
adults

Callahan et al. JAGS 2012;  
20.

	Dementia	No Dementia
Medicare SNF use	44.7%	11.4%
Medicaid NH use	21%	1.4%
Hospital use	76.2%	51.2%
Home health use	55.7%	27.3%
Transitions	11.2	3.8

# Pain and Symptoms

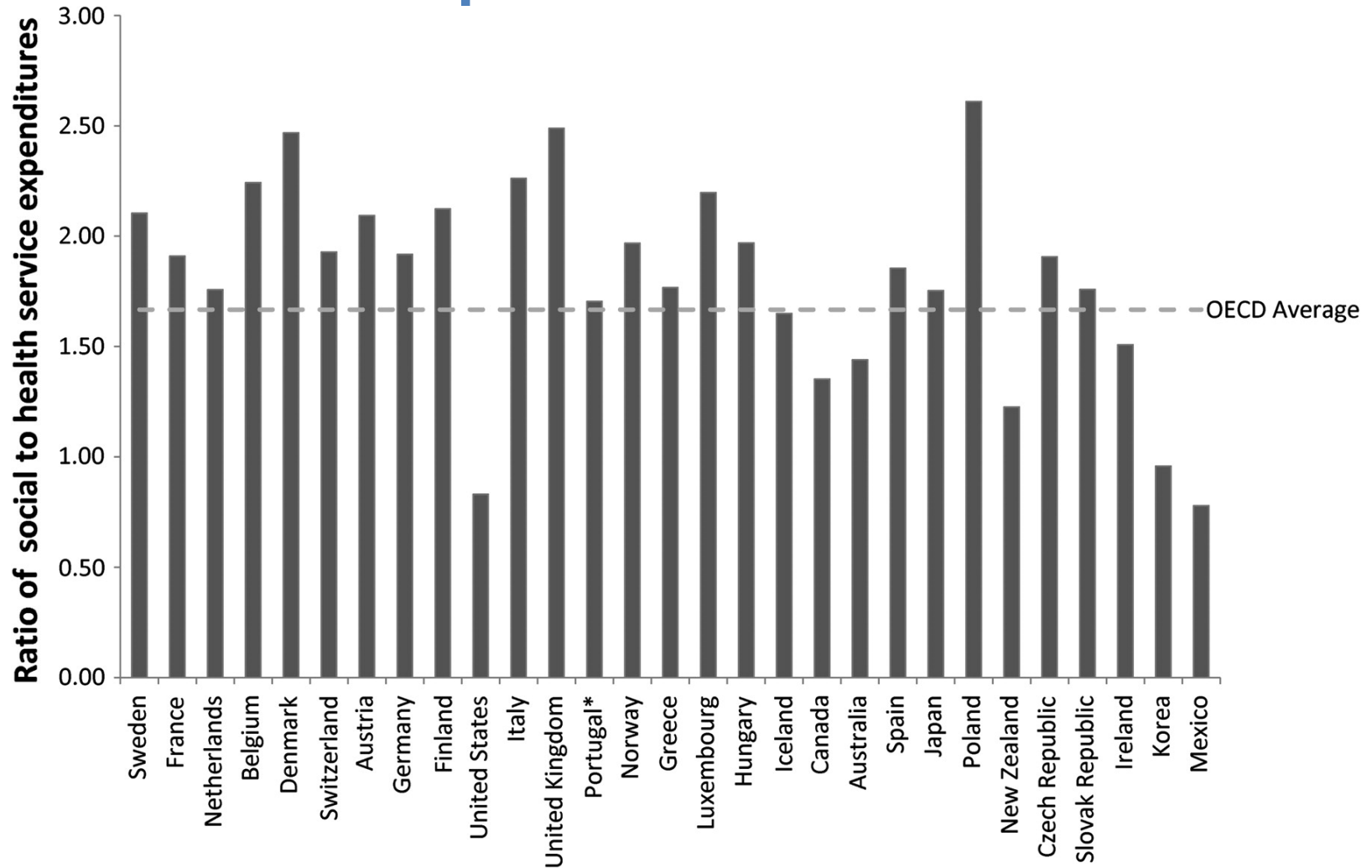
Disabling pain and other symptoms reduce independence and quality of life.

HRS- representative sample of 4703 community dwelling older adults 1994-2006

Pain of moderate or greater severity that is "often troubling" is reported by 46% of older adults ... and is worst among those with *arthritis*.

**Why do we have so much acute care spending in patients like Mr. B with multiple chronic conditions, functional and/or cognitive impairment, pain, and frailty?**

# Low Ratio of Social to Health Services Expenditures in U.S.



Bradley E H et al. BMJ Qual Saf 2011;20:826-831



# Home and Community Based Services are High Value

- Improves quality: People want to stay home.
- Reduces cost: Based on 25 State reports, costs of Home and Community Based LTC Services less than 1/3<sup>rd</sup> the cost of Nursing Home care.

# Exemplars of ACO-Palliative Care Integration

- Sharp HealthCare in California
- UnityPoint Health System in Iowa
- Banner Health System
- OSF System in Illinois
- Partners Health System in Massachusetts
- @HOMe program in Michigan

# Sharp Model: Four Evidence-Based Pillars

- 1. *Targeting***
- 2. *In-home*** patient and family assessment, education about disease process, medication reconciliation, diet, activity, what to expect, what to do in a crisis.
- 3. *Caregiver assessment and practical/social support, 24/7 access***
- 4. *Goals of care discussion(s)***, completion of documents to EHR, *single source of truth*

# Home Care Management Model

## Care Management Team

RN, MSW, MD and Spiritual Care

## Active Phase

Home visits and care coordination 4-6 weeks

RN averages 6 visits; MSW 1-2 visits,

## Maintenance Phase

Regular phone communication/coordination, visits as needed; 24/7 access; preparing for the future... eventually hand off to hospice

# Palliative Care Management

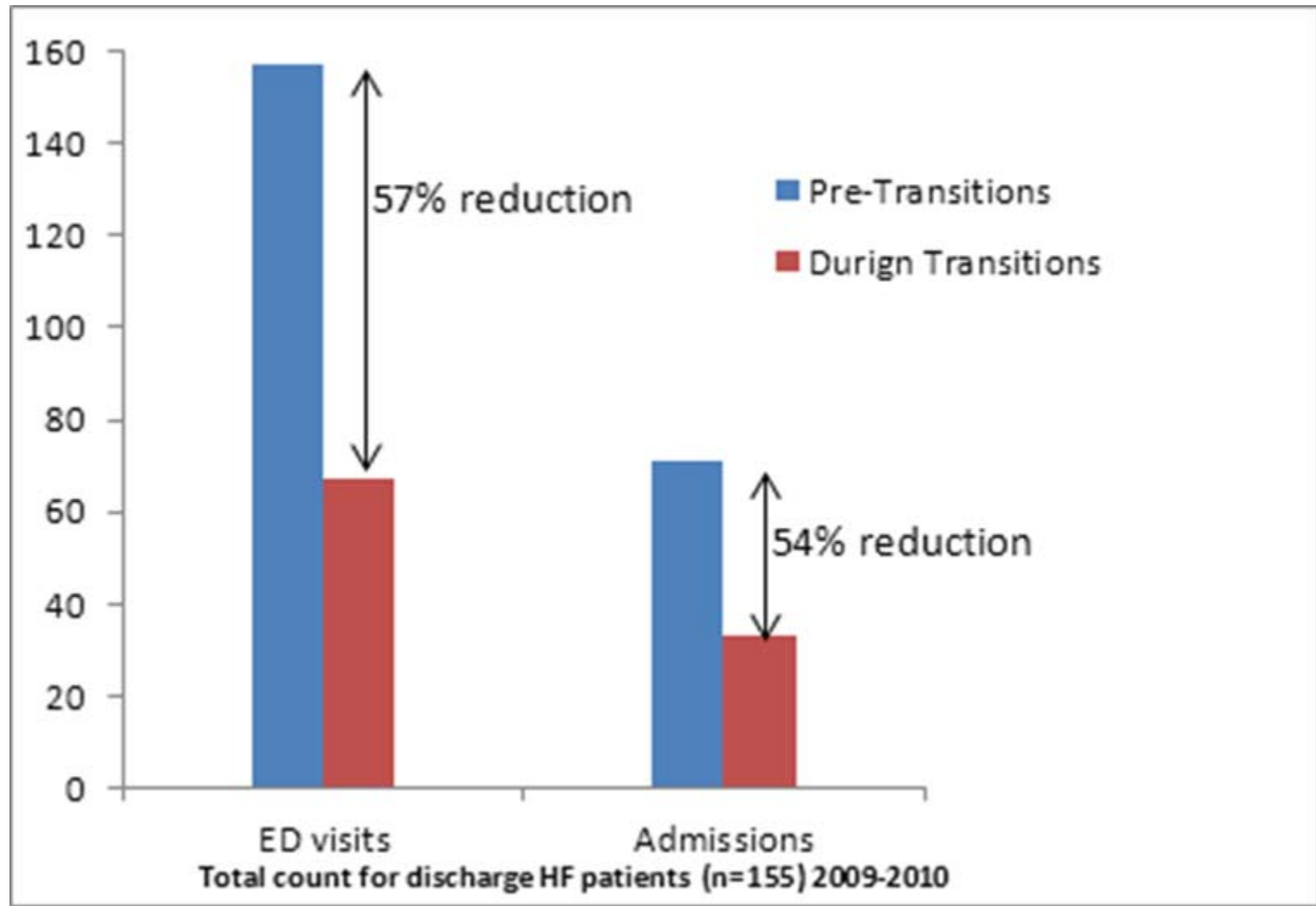
- Bimonthly team conference
- Regular communication with Medical Group Case Managers (=key stakeholder) regarding patient's progress/condition
- Smooth, coordinated and seamless handoff to next appropriate program
  - Hospice, or
  - If patient condition improves, refer back to Medical Group Chronic Care Management

# Performance Indicators

- Number of hospitalizations/ED visits
- Documentation of advance care plan
- LOS in hospice
- Patient/family satisfaction
- System cost savings net of program costs

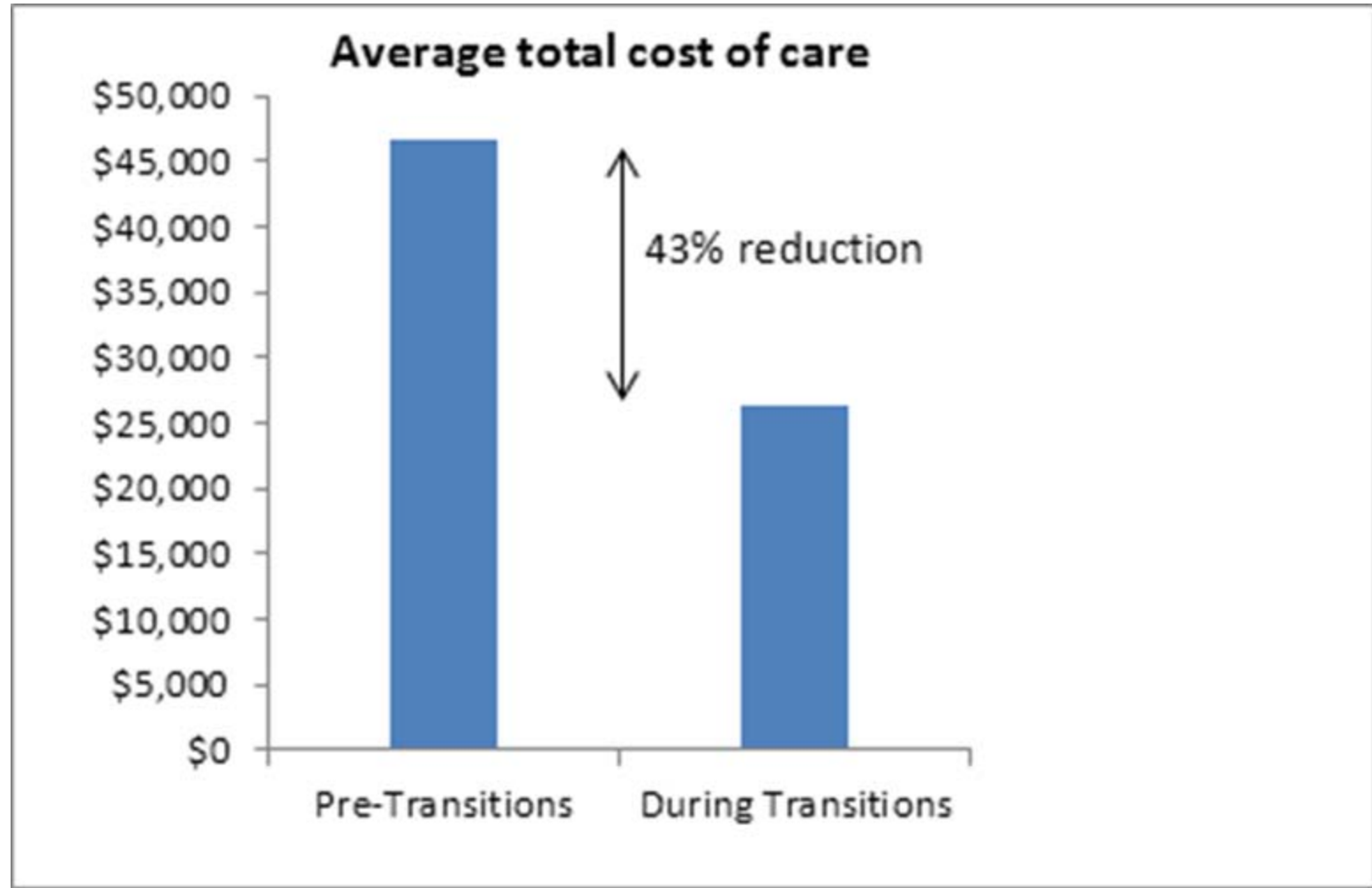
# Outcomes: Hospital + ED Utilization

Hoefer D et al. JCOM 2013;20:408-18.



# Outcomes: Total Cost of Care

Hoefer D et al. JCOM 2013;20:408-18.





# Advising Your ACO

Assure inclusion of the model characteristics consistently linked to success in studies:

1. Targeting
2. Goal setting
3. Family caregiver and social supports
4. Pain and symptom management
5. Flexible “dosing”
6. 24/7 *meaningful* response



# chemotherapy

Palliative care sees the person beyond the cancer treatment. It gives the patient control. It brings trained specialists together with doctors and nurses in a team-based approach to manage pain and other symptoms, explain treatment options, and improve quality of life during serious illness. Palliative care is all about treating the patient as well as the disease. It's a big shift in focus for health care delivery—and it works.



Support palliative care legislation (H.R. 1339, S. 641 & H.R. 1666).  
Bring quality of life and care together for the millions facing cancer.

# Resources

- [www.capc.org/payertoolkit](http://www.capc.org/payertoolkit)
- [www.capc.org/accountable-care-organizations](http://www.capc.org/accountable-care-organizations)
- Health Affairs on ACO/palliative care integration:  
<http://healthaffairs.org/blog/2014/02/19/care-delivery-and-coordination-in-the-accountable-care-environment/>