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

Diane E. Meier, MD
Center to Advance Palliative Care

www.capc.org  www.getpalliativecare.org
diane.meier@mssm.edu
Icahn School of Medicine at Mount Sinai
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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

Source: Agency for Healthcare Research and Quality analysis of 2009 Medical Expenditure Panel Survey.
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

- 40%: Last 12 months of life
- 11%: Short term high $
- 49%: Persistent high $
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

Diagnosis  Palliative Care  Death and Bereavement
What is the impact of palliative care on quality and costs?

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


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.
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.
“[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.”


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

Innovative Payer Toolkit

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

Figure 4
Among Medicare enrollees in the top spending quintile, nearly half have chronic conditions and functional limitations

Distribution of enrollees, by groups of enrollees

<table>
<thead>
<tr>
<th>Group</th>
<th>All Enrollees</th>
<th>Top 20% of Medicare Spenders</th>
<th>Top 5% of Medicare Spenders</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Enrollees</td>
<td>15%</td>
<td>46%</td>
<td>61%</td>
</tr>
<tr>
<td>Chronic conditions &amp;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>functional limitations</td>
<td>48%</td>
<td>41%</td>
<td>32%</td>
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<tr>
<td>3 or more chronic conditions</td>
<td></td>
<td>12%</td>
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</tr>
<tr>
<td>only</td>
<td></td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>1-2 chronic conditions only</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No chronic conditions</td>
<td></td>
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</tr>
</tbody>
</table>


Dementia Drives Utilization

Prospective Cohort of community dwelling older adults

<table>
<thead>
<tr>
<th></th>
<th>Dementia</th>
<th>No Dementia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare SNF use</td>
<td>44.7%</td>
<td>11.4%</td>
</tr>
<tr>
<td>Medicaid NH use</td>
<td>21%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Hospital use</td>
<td>76.2%</td>
<td>51.2%</td>
</tr>
<tr>
<td>Home health use</td>
<td>55.7%</td>
<td>27.3%</td>
</tr>
<tr>
<td>Transitions</td>
<td>11.2</td>
<td>3.8</td>
</tr>
</tbody>
</table>

Callahan et al. JAGS 2012;60:813-20.
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.

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 1/3rd 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

Outcomes: Total Cost of Care

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
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.

Bring quality of life and care together for the millions facing cancer.
Resources

• [www.capc.org/payertoolkit](www.capc.org/payertoolkit)
• [www.capc.org/accountable-care-organizations](www.capc.org/accountable-care-organizations)