The Quality and Value Proposition for Palliative Care in Home Care

Madeline Jacobs, MPA

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Palliative Care Definition

- Palliative care is specialized medical care for people with serious illness. This type of care is focused on providing relief from the symptoms and stress of a serious illness.
- 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 it can be provided along with curative treatment.

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Interdisciplinary Care

- Palliative care is provided by a specially-trained team of doctors, nurses and other specialists who work together with a patient's other doctors to provide an extra layer of support.

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Our Mission

The **Center to Advance Palliative Care (CAPC)** is a national organization dedicated to increasing the availability of quality palliative care services for people living with serious illness.

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Vision for the Future

ALL patients with serious illness will have access to quality palliative care.

- ➔ All clinicians will have the knowledge and skill to deliver quality palliative care;
- ➔ All health care organizations will have the capacity to provide quality palliative care;
- ➔ All patients and families will know what palliative care is and demand it when needed.

Where are we now?

94%

US Hospital Penetration

5%

76%

Gaps

- South
- For profit
- Small (<50) bed hospitals
- Palliative care for people who are not dying and are not in the hospital

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THE CONTINUUM OF PALLIATIVE CARE

Palliative care can be — and must be — available across all settings, offering an array of services in venues that matter most to patients and families, in ways that ensure smooth transitions between settings.

FILLING THE GAP

POINT OF CRISIS

HOSPITAL PALLIATIVE CARE

COMMUNITY-BASED PALLIATIVE CARE

OFFICE

HOME

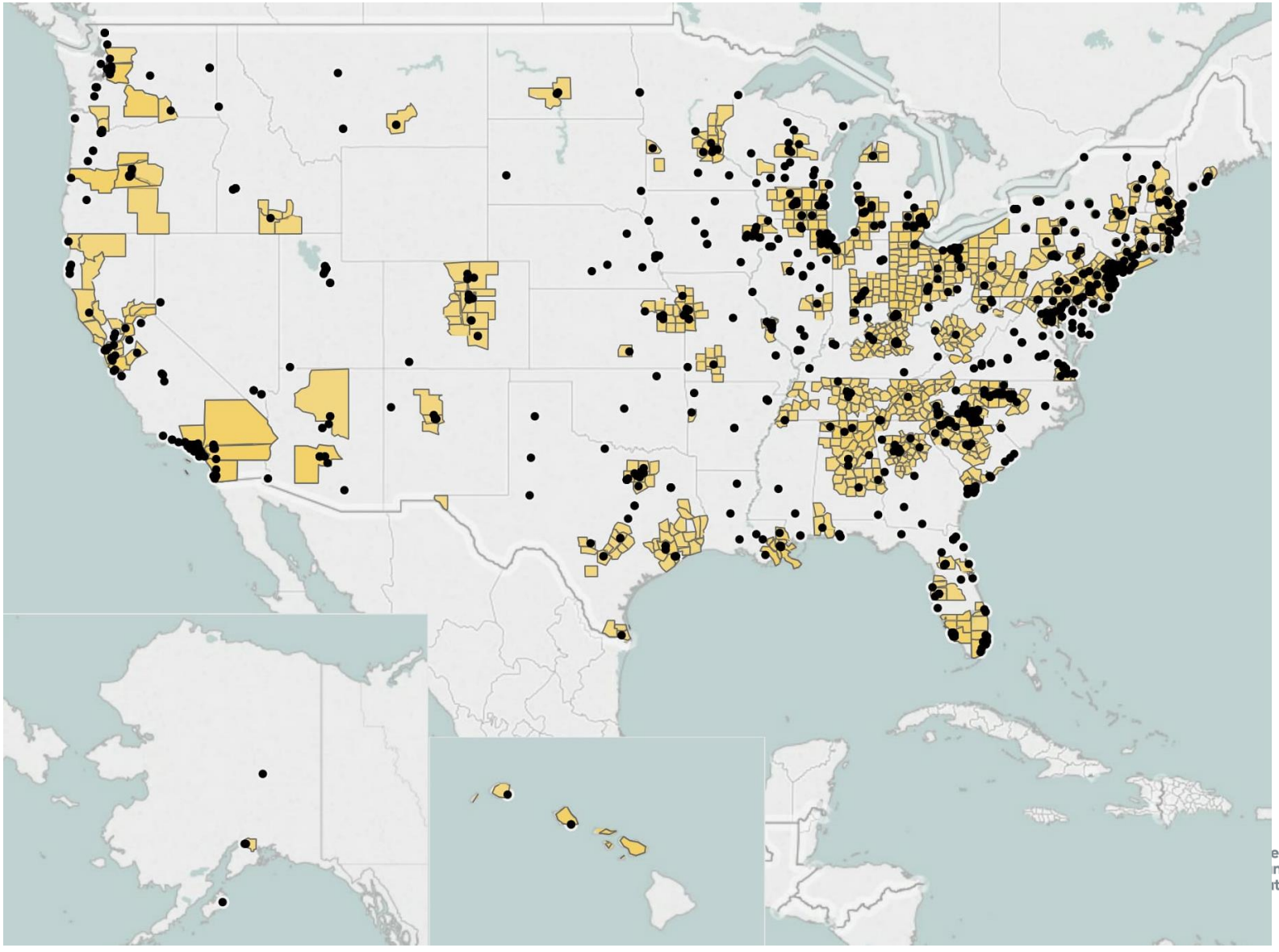
INSTITUTIONAL

END-OF-LIFE

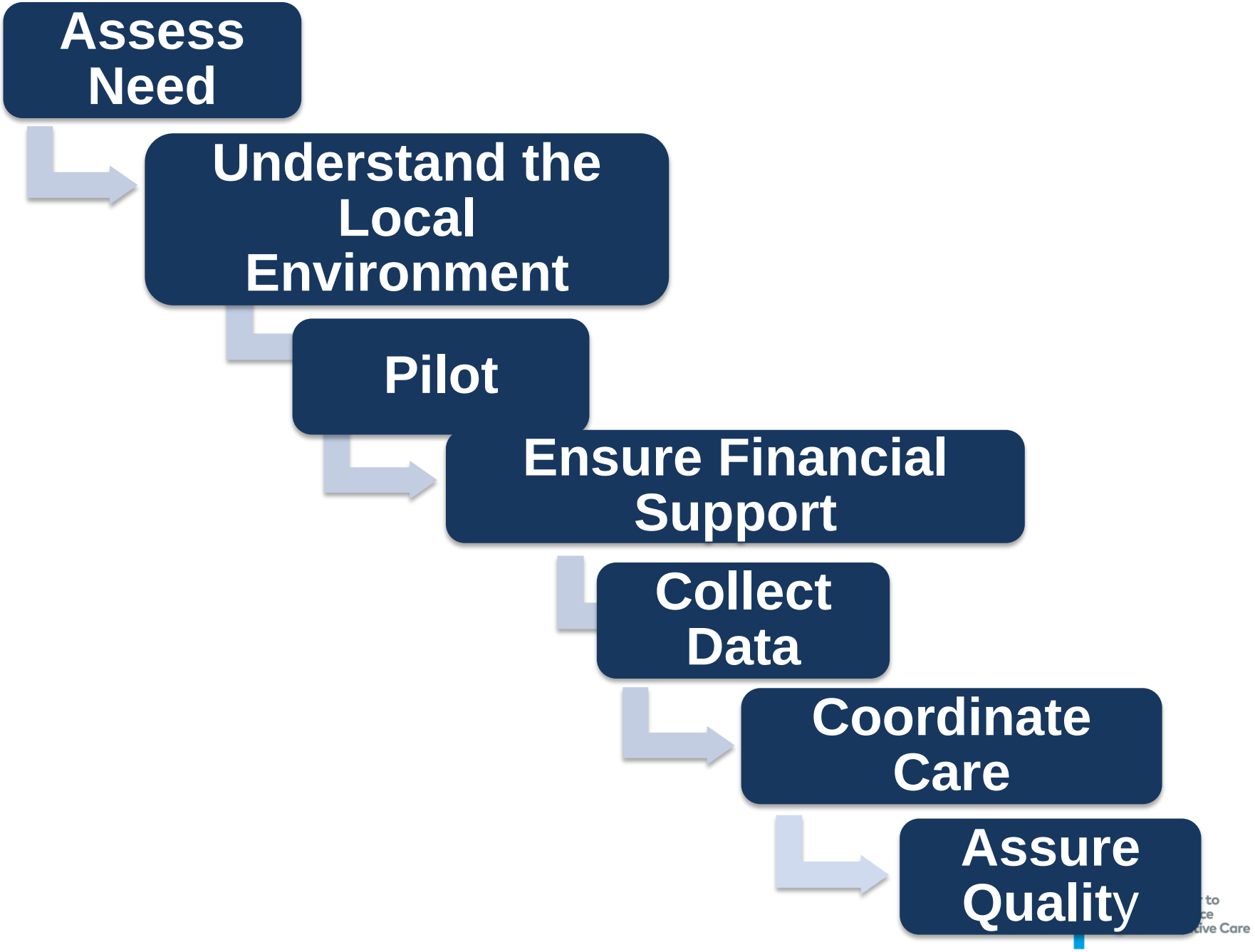
HOSPICE

Mapping
COMMUNITY
PALLIATIVE CARE

Preliminary Results: U.S. Community Palliative Care



What's different about community palliative care?

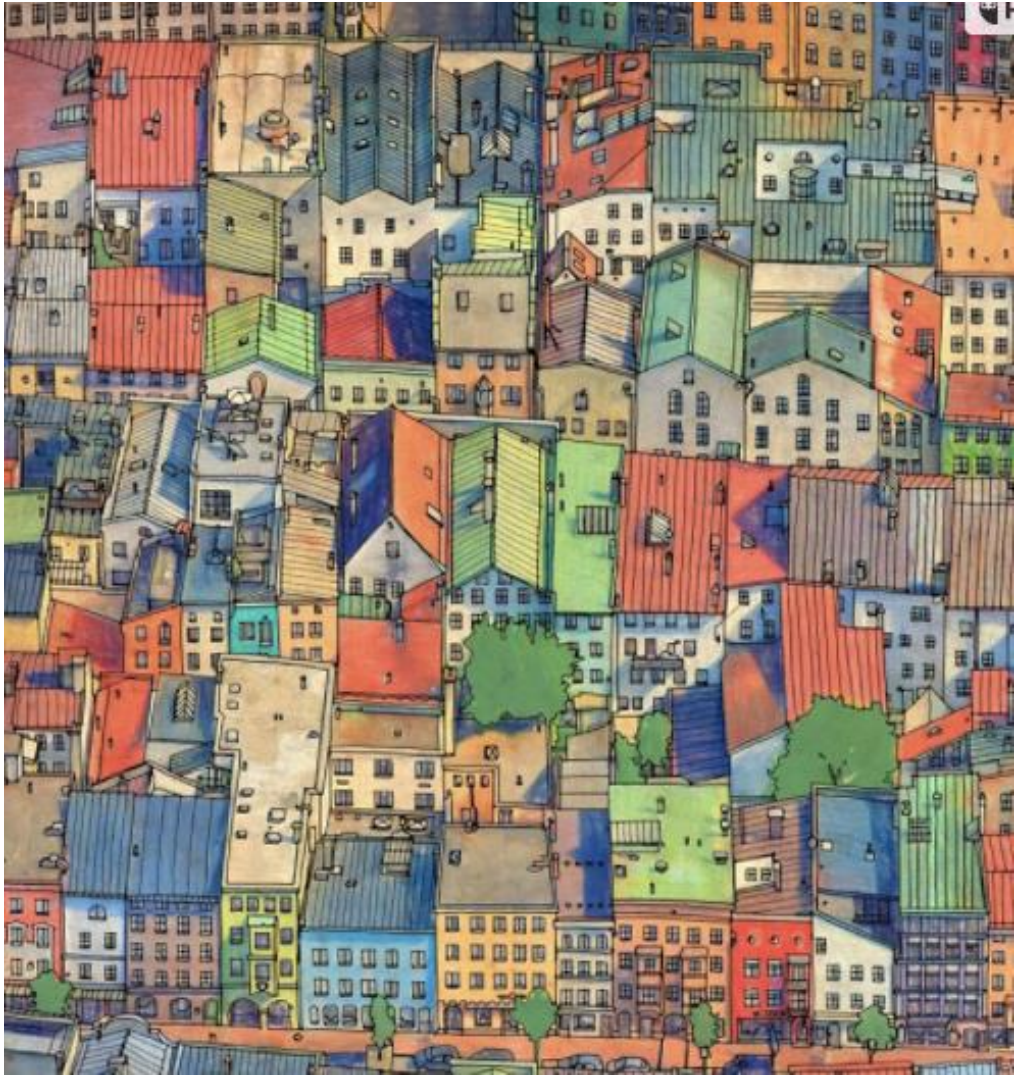

Assess Need
Understand the Local Environment
Pilot
Ensure Financial Support
Collect Data
Coordinate Care
Assure Quality

1. Assess need

Lessons from the Field: Matching program design to stakeholder priorities ensures support.

"A formal needs assessment …included a **quest to understand our [high need high cost] patient population**...This information influenced where community-based palliative care services were located."

Nancy Guinn, MD
Presbyterian Healthcare
Medical Director
Presbyterian Home and Transition Services



2. Understand the local environment

Lessons from the Field: A sustainable program requires partners

"The design of our program **reflects a recognition of assets and strengths in our community**. The pieces were all there, but we needed to put the puzzle together."

Linda Healy, MSN, FNP, GNP, ACHPN
Motion Picture and Television Fund (MPTF)
Program Director
Palliative Care and Geriatric Services

3. Pilot the program

Lessons from the field: Pilot because it is better to make small mistakes instead of large ones.

“Start small enough to be successful.”

Linda Healy, MSN, FNP, GNP, ACHPN
MPTF
Program Director
Palliative Care and Geriatric Services

4. Ensure financial support

Lessons from the Field: An inadequately funded program cannot last.

"We developed a formal business plan to request resources, developed pro formas that predicted a decrease in ED/hospital utilization. This resulted in a 'green light.' **Presbyterian's finances and priorities shape the program."**

Nancy Guinn, MD
Presbyterian Healthcare
Medical Director
Presbyterian Home and Transition Services

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5. Collect program data

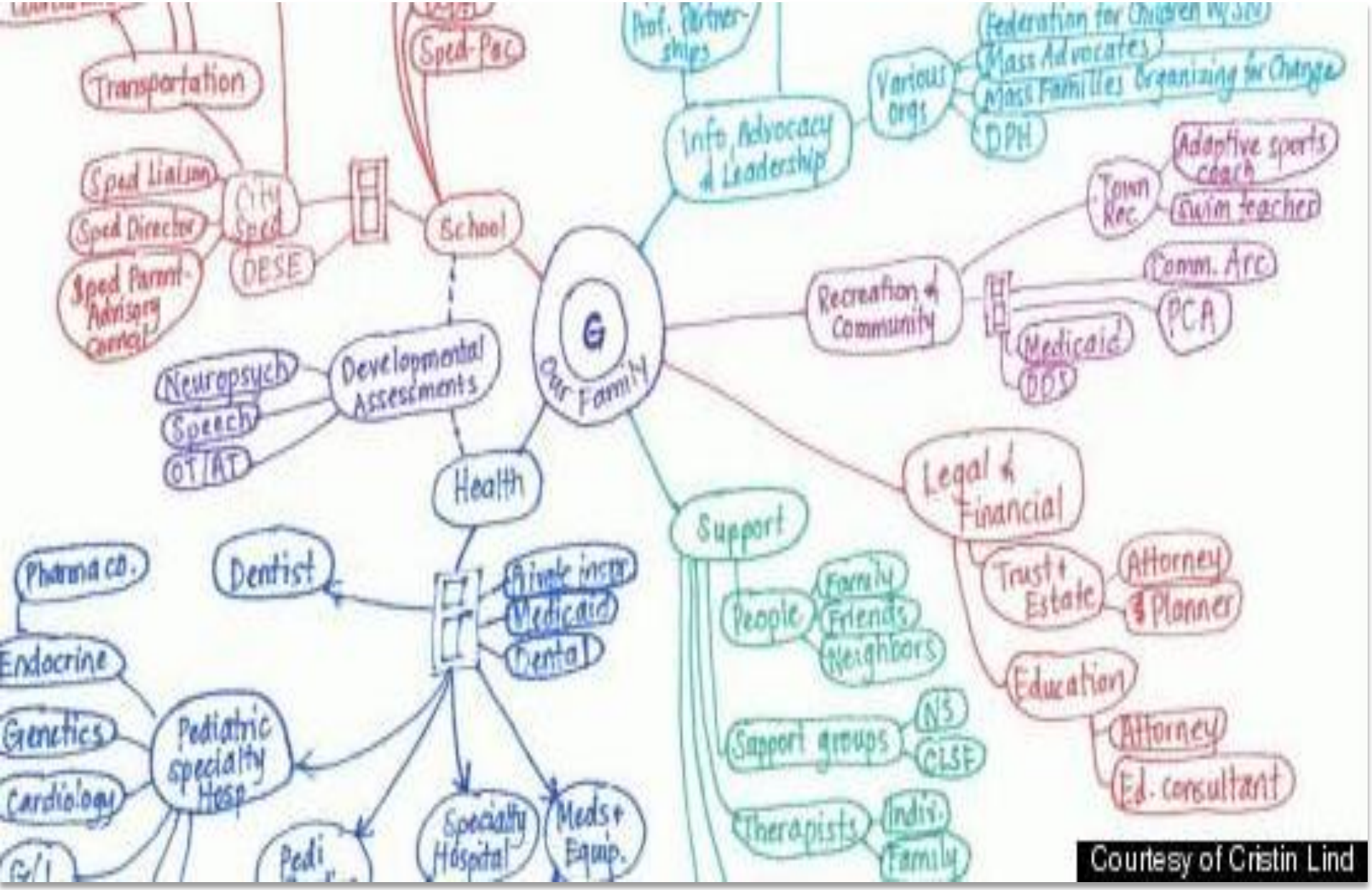
Lessons from the Field: If you're not measuring it, you can't prove it or improve it.

"We gathered way too much data and then had trouble understanding its applicability. We regrouped and concentrated on **metrics that mattered to our organization**."

Linda Healy, MPTF
Program Director
Palliative Care and
Geriatric Services

6. Coordinate Care

Care coordination



Courtesy of Cristin Lind

7. Assure Quality

National Consensus Project for Quality Palliative Care

http://www.nationalcoalitionhpc.org/ncp-guidelines-2013/
https://www.nationalcoalitionhpc.org/wp-content/uploads/2017/04/NCP-Overview-and-Scope-8.23.17-1.pdf

- Builds national consensus among stakeholders concerning *essential* elements of quality palliative care through an open, inclusive process
- Creates and disseminates evidence-based clinical practice guidelines to guide expansion of high quality palliative care

Many CBPC programs are *unaware* of NCP Clinical Practice Guidelines

More information at www.nationalcoalitionhpc.org/ncp

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Eight Essential Domains of Quality Palliative Care [NCP 3rd Ed]

1. Structures and Processes
2. Physical
3. Psychological and Psychiatric
4. Social and Practical
5. Spiritual, Religious and Existential
6. Cultural
7. Care at the End of Life
8. Ethical & Legal

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National Consensus Project 2017 - 2018

17 Leadership Organizations, 100's of others

National Pediatric Hospice and Palliative Care Collaboration

NCP Guidelines, upcoming 4th edition

Goal: Develop & disseminate national practice guidelines to improve access to quality palliative care for *all people with serious illness, regardless of setting*, diagnosis, prognosis, or age. Deliberate focus on community settings.

Plan: Build on the success and strategies of 3rd Edition (2013); Start with the current eight domains; add other domains as warranted.

Publication: July 2018

Putting NCP Guidelines into Practice

Structures and Processes of Care:

- ✓ Interdisciplinary team
- ✓ Teams supported through education and training… and through team meetings
- ✓ **24/7 availability**

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Putting NCP Guidelines into Practice

BUILD ON WHAT'S THERE!

SHARE & COLLABORATE!

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Putting NCP Guidelines into Practice

Ethical & Legal Aspects of Care

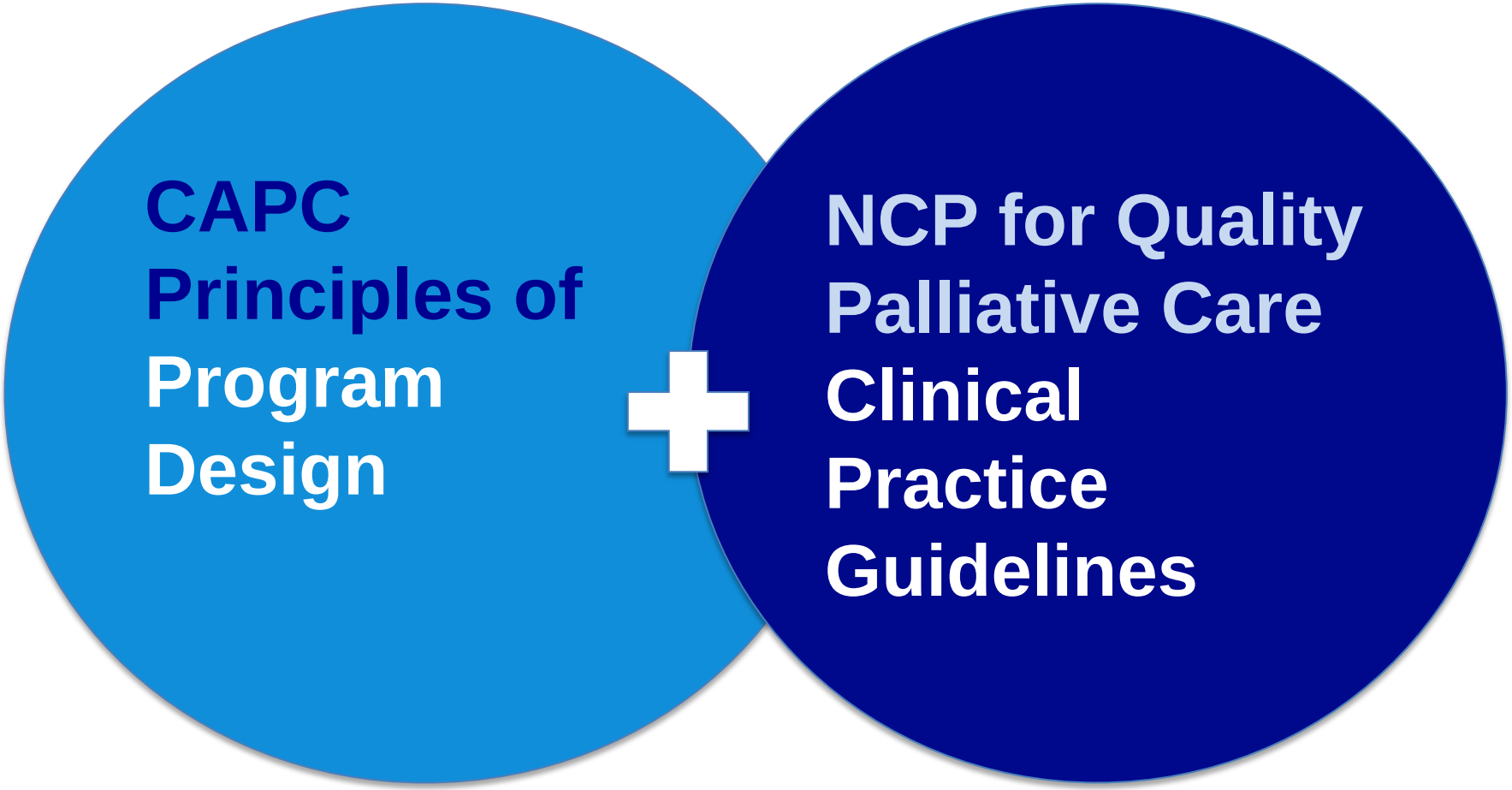
Understanding what's most Important.

Serious Illness Conversation Guide

CONVERSATION FLOW

1. **Set up the conversation**
   - Introduce purpose
   - Prepare for future decisions
   - Ask permission
2. **Assess understanding and preferences**
3. **Share prognosis**
   - Share prognosis
   - Frame as a "wish…worry", "hope…worry" statement
   - Allow silence, explore emotion
4. **Explore key topics**
   - Goals
   - Fears and worries
   - Sources of strength
   - Critical abilities
   - Tradeoffs
   - Family
5. **Close the conversation**
   - Summarize
   - Make a recommendation
   - Check in with patient
   - Affirm commitment
6. **Document your conversation**

Program Design + Clinical Practice Guidelines => Access to Quality Palliative Care



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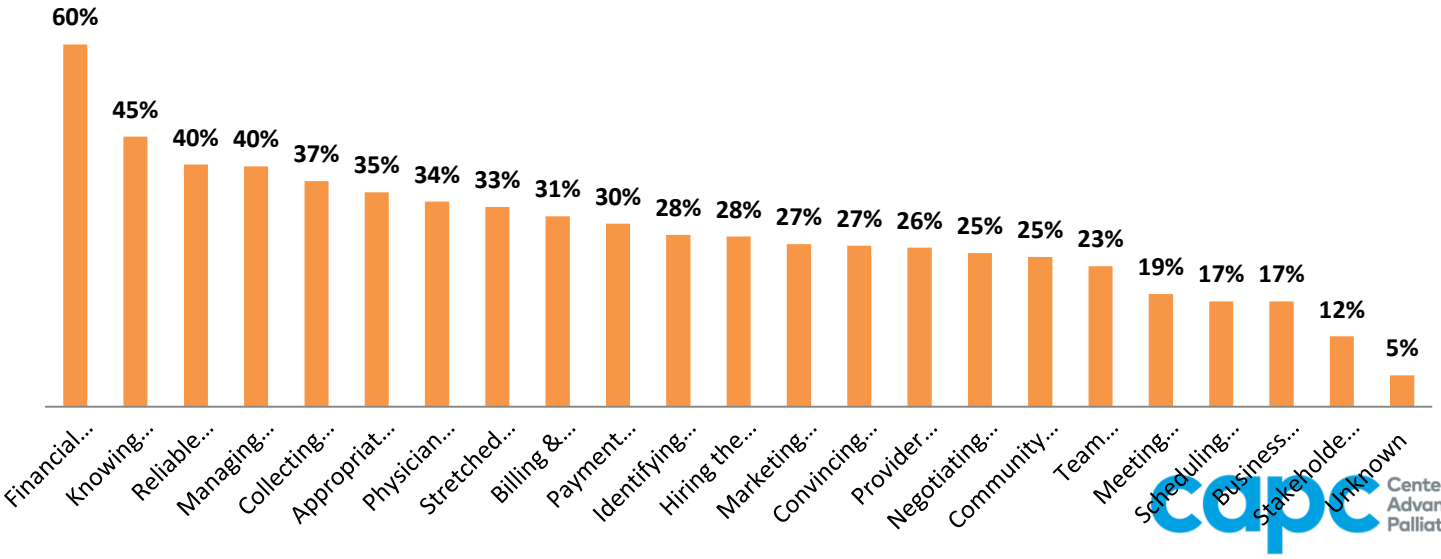
Top 5 Challenges

Data/Measurement	82%
Financing	60%
24/7 availability	40%
Growth	40%
Appropriate referrals	35%



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Value = Opportunity

"Value is the new economy, and measurement is going to be the new currency." Craig McKassan, chief financial offer of Premier.

Quality Palliative Care Adds Value to Payers

- The Provision of High Quality Palliative Care to Seriously Ill Patients Positively Impacts
  - Quality
  - Satisfaction
  - Cost

Quality Measures Related to Home Care

- Medicare Advantage
  - Medicare Plan Compare Star Ratings
  - Health Care Effectiveness Data and Information Set (HEDIS)
  - Health Outcomes Survey (HOS)
  - NCQA Plan Ratings

Financial Impact of Palliative Care

- Reducing Costs by Preventing Crises, Exacerbations and Unnecessary Emergency Department and Hospital Visits
  - Solutions for the small fraction of population that accounts for majority of spending.

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Our Palliative Care Community…

The world is full of suffering. But it is full also of the overcoming of it.

Helen Keller *Optimism* 1903

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Q&A

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Thank you!

Maddy Jacobs, MPA
Member Relationship Manager
Madeline.jacobs@mssm.edu
(212) 824-9558

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