The Role of Payers and Payment Reform in Promoting Palliative Care

May 15, 2014

Palliative Care

... patient and family-centered care that optimizes quality of life by anticipating preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and, to facilitate patient autonomy, access to information, and choice.

Characteristics of Palliative Care

• Care provided and coordinated by an interdisciplinary team;
• Patients, families, palliative and non-palliative health care providers collaborate and communicate about care needs;
• Services are available concurrently with or independent of curative or life-prolonging care;
• Patient and family hopes for peace and dignity are supported throughout illness, during the dying process, and after death.

Delivery System for Palliative Care

• Hospital-based consulting services:
  ▪ Rapid growth in past 10 years
  ▪ In 66% of hospitals >50 beds *
• Community-based (non-acute) care:
  ▪ Growing availability but not quantified
    ○ Clinic
    ○ Home
    ○ Nursing home

* Center to Advance Palliative Care – 2012 A State-by-State Report Card on Access to Palliative Care in Our Nation’s Hospitals [http://www.capc.org/reportcard/topten]
Who benefits from palliative care?

“Would you be surprised if your patient were to die within the next 12 months?”

- Individuals with serious illness, such as:
  - Heart failure with frequent hospitalization
  - Chronic obstructive pulmonary disease
  - End stage renal disease
  - Dementia
  - Frailty, weight loss, functional decline
  - Cancer with metastasis

Cancer Care as an Example

Metastatic cancers have a predictable progression, with a clear terminal phase.

- YET -- For Medicare FFS patients with poor prognosis cancers, all of whom died:
  - 60% hospitalized in the last month of life; 25% in the ICU
  - 30% died in the hospital
  - Only 54% ever used hospice with a median of 8 days (at least a month is recommended).

Morden et. al. *Health Affairs* 2012
Palliative Care in Oncology

Early palliative care improves **quality of life and survival**¹

- RCT of 151 patients with non-small cell lung cancer; 107 (86%) completed assessments.
- Patients had a better quality of life and fewer depressive symptoms
- Median survival was 2.7 months longer

Patients were **less likely** to receive **chemotherapy** in the last 60 days of life.²

- Half the odds of receiving chemotherapy
- Longer interval between the last dose of intravenous chemotherapy and death
- Higher enrollment in hospice care for longer than 1 week


Guidelines / Recommendations

For Oncologists – Professional guidance

Since 2012 ASCO has recommended that patients with metastatic or advanced cancer be offered palliative care, concurrent with standard treatment.

For Consumers – Choosing Widely

Patients with cancer that cannot be cured should talk with their doctors and learn more about palliative and hospice care while they are still relatively well.
### Survey of Oncologists

If a patient has metastasis of a solid cancer tumor after 3 rounds of chemo, would you refer to palliative care?

**Chart:**
- **Aug '12**:
  - No: 64%
  - Yes: 14%
  - It depends: 22%

- **Apr '14**:
  - No: 58%
  - Yes: 13%
  - It depends: 29%

*Source: Truth on Call survey of oncologists in US via text message*

### It depends on . . .

- **Performance scale**: 66%
- **Type of tumor**: 45%
- **Other Tx avail.**: 18%
- **Pt. wishes/goals**: 14%
- **Other**: 32%

*Note: Total of all categories exceeds 100% because respondents could cite multiple reasons.*

*Source: Truth on Call survey of oncologists in US via text message*
How does palliative care help?

- Expert communication on prognosis, treatment choices
- Advance care planning
- Expert pain and symptom management
- Multidisciplinary evaluation with psychosocial and spiritual assessment and treatment
- Awareness and sensitivity to cultural/religious issues
- Help with transitions to home, nursing home, hospice

Community Impact – A System Leader

Gunderson Health System, LaCrosse WI

- 96% of adults have advance care plans
- System focus for over 30 years
- “Respecting Choices” -- care provided based on preferences

Medicare spending for chronically ill people, last 2 years of life:

- LaCrosse: $47,125
- Washington DC: $75,649
- Boston: $83,603
- Los Angeles: $112,263
Advancing the Triple Aim

- Palliative care improves outcomes, consumer experience and decision-making, and lowers costs of care
- Aetna saved $55 million among its Medicare Advantage patients in 2012
  - Or an average of $12,600 for each patient who participated
- Health insurers are developing innovative palliative care benefit designs and program models
  - The National Business Group on Health and the Center to Advance Palliative Care will release a toolkit for insurers in June 2014.

### California Payers and Community PC

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<td>referrals to community resources</td>
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<td>allows for concurrent disease-focused care in commercial population</td>
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<td><strong>Home-based PC:</strong></td>
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California HealthCare Foundation, “A Better Benefit: Health Plans Try New Approaches to End-Of-Life Care” April 2013 (Research conducted Touchstone Consulting), [www.chcf.org](http://www.chcf.org)
Payment Reform and Palliative Care

- Accountable Care Organizations – Sharp Health, San Diego CA
- Bundled Payment – UnitedHealth
- The Medicare Hospice Benefit Demonstration 2014
  - Allow Medicare beneficiaries at up to 30 sites to receive palliative and curative care concurrently

Challenge

Reimbursement:
- Interdisciplinary team palliative care
- Home and community service