2019 Hub Scorecard: Progress on Improving Care for People with Serious Illness

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**Serious Illness
Quality Alignment
HUB**

Where We Stand in 2019

- Current status of access to palliative care and accountability systems

- Recent progress, including Hub project accomplishments

- Discussion

CURRENT STATUS

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Estimated Need

- At least 12M adults and 400K children are living with a serious illness that impacts their function

- That number will grow as the population continues to age

Sources: Commonwealth Fund August 2016; National Academies Press 2003

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Palliative care addresses the whole-person needs of people living with serious illness.

- Specialized care for people w/ serious illness
  - ○ Relief of symptoms, stress – and communication
  - ○ Delivered by an interdisciplinary team Continuous, coordinated, care
  - ○ Improves care quality
- Based on need, not prognosis
- Accompanies life-prolonging and curative treatments
- **Goal: Improved quality of life for patient and family**

time expertise support coordination

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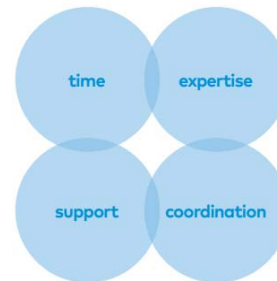
Palliative care improves quality and lowers cost.

Numerous studies have found that palliative care:

- Reduces **symptoms** and **pain**
- Improves **quality of life**
- Reduces unnecessary **emergency department visits**, **hospitalizations**, and time spent in the **intensive care unit**
- Overall **cost savings**

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Access to Palliative Care: 72% of US hospitals report palliative care teams
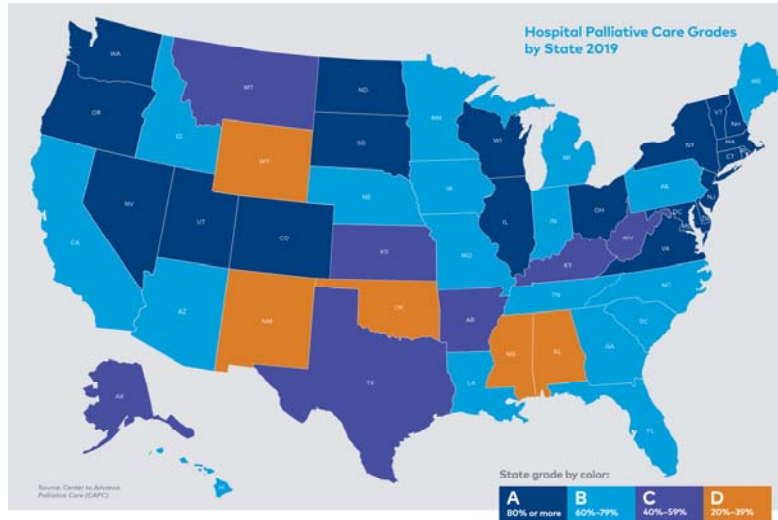
Source: CAPC State by State Report Card 2019

Significant Variation in Access

No palliative care services in:

- 41% of hospitals in the South
- 65% of for profit hospitals
- 38% of small hospitals
- 40% of public hospitals
- 60% of sole community provider hospitals
- 83% of rural hospitals

Source: CAPC State by State Report Card 2019

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Variation in Adherence to Guidelines*

Recommendation	Adult Programs	Pediatric Programs
24/7 Availability to Patient	46%	59%
Team Wellness Plan	57%	69%
Social Worker on Team	69%	67%
(At least 1) Specialty Certified Clinician	84%	85%

* Among hospitals reporting to the National Palliative Care Registry™

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Access to Community-Based Palliative Care: Roughly 1,000 programs have been identified

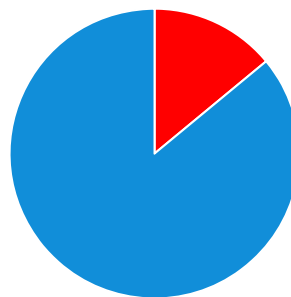Over 1,500 counties have some in-home palliative care presence

Serious Illness Quality Alignment Hub   capc.org/hub
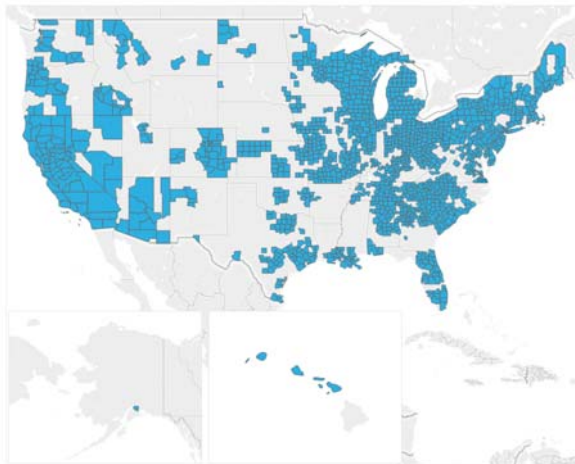
Very Low Use of Accountability Levers

Hospitals with Advanced Certification for Palliative Care

States with non-Hospice Palliative Care Defined in Regulation
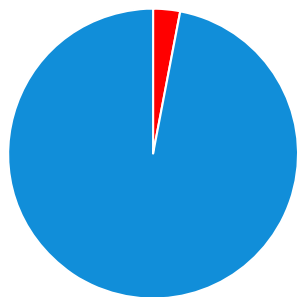
■ Have Certification   ■ Do Not Have Certification

■ Have Definition   ■ Do Not Have Definition

Source: Accountability Committee 12/18

Source: NASHP National Review 12/18

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Low Use of Accountability Levers (cont'd)

Despite aligned incentives, few ACOs are focusing on improving the care of people with serious illness

Percent of ACOs implementing various types of serious illness identification or care strategies, 2018

Routine identification of seriously ill population | Advanced care planning services | Providing 24/7 clinical response for seriously ill patients | Hospital-based palliative care | Community-based palliative care

■ Widely implemented   ■ Partially implemented

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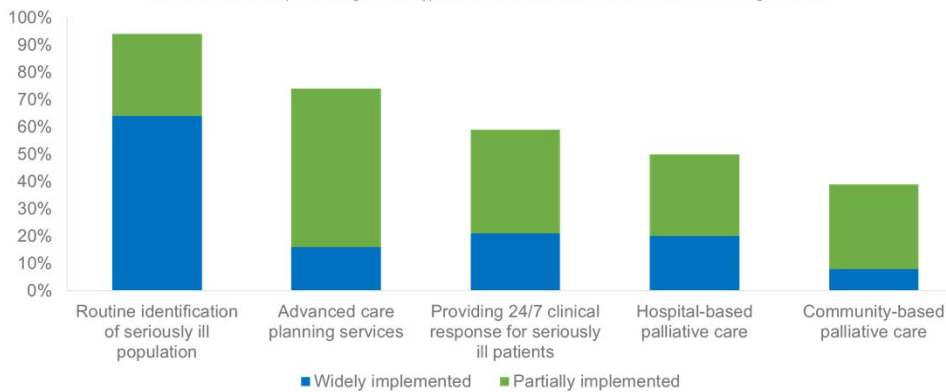
Source: Duke-Margolis Analysis 2019

Public and Professional Awareness

IMPRESSION OF PALLIATIVE CARE AMONG DIFFERENT AUDIENCES

	Age 25+	Age 65+	Patients	Caregivers	Physicians
Average	60	62	59	57	82
Percentage that gave a score of 80-100	19%	21%	29%	24%	72%

Scores: 0-very unfavorable; 50-neutral; 100-very favorable

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Clinician Training

States with CME Requirements, by Type

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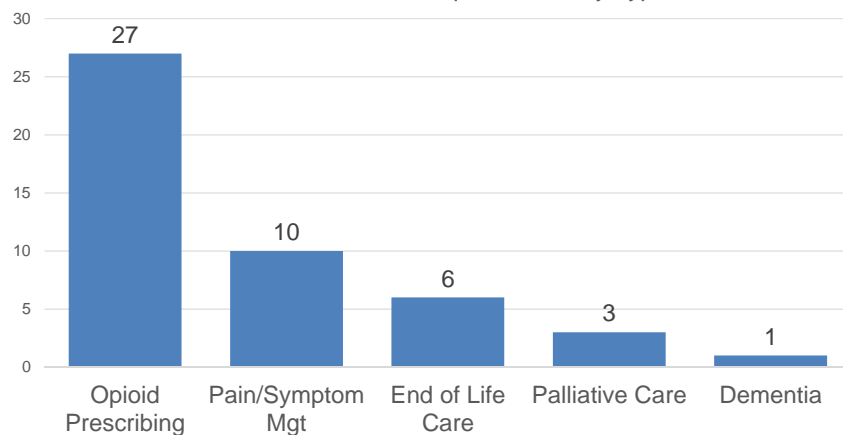
RECENT PROGRESS

Medicare Advantage flexibility is expanding access to palliative care benefits

Palliative Care Benefit
0 — 1
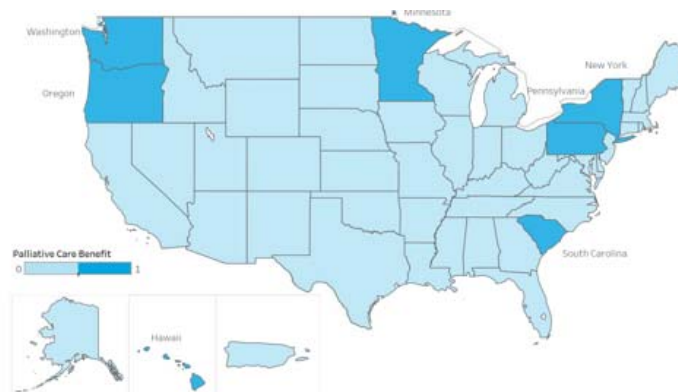
37 plans in 7 states offer palliative care; nearly 400 offer caregiver benefits

New Medicare Alternative Payment Model for Beneficiaries with Serious Illness

Primary Care First

Foster Independence. Reward Outcomes.

Seriously Ill Population (SIP) Payment Model Option

Center for Medicare & Medicaid Innovation (CMMI)

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Key projects contribute missing pieces of the puzzle

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New resources exist, thanks to the efforts of folks in this room

- The 4th Edition of the National Consensus Project's Clinical Practice Guidelines for Quality Palliative Care, applicable to all settings and all clinicians

- A toolkit to help purchasers understand the need for palliative care, and demand capabilities from their health plans, vendors, and ACOs

- 12 case studies of ACO-driven programs that improve care for people with serious illness

- An approach based on ICD-10 codes that can be used to identify a population living with serious illness

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New resources exist, thanks to the efforts of folks in this room (cont'd)

- A public-facing directory of community-based programs serving people living with serious illness

- Formation of a new registry organization to consolidate palliative care program and patient-level data

- Policy recommendations to advance access to community-based supports, as well as policy recommendations specific to improving workforce capabilities and availability

- An inventory of all existing state regulation and legislation that supports access to quality palliative care

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Targeted efforts to improve quality measures and measurement

- New patient experience survey questions specific to the population with serious illness

- New patient-reported measures for potential use in certification programs

- Two new measures for outpatient clinic setting

- Exclusion criteria to help identify the population with serious illness

- Tools to enable patient-provider co-assessment and joint treatment planning

- Coalitions working with CMMI on quality measures for SIP

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