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

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Where We Stand in 2019

• Current status of access to palliative care and accountability systems
• Recent progress, including Hub project accomplishments
• Discussion
CURRENT STATUS

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

- Specialized care for people with 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

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**
Access to Palliative Care: 72% of US hospitals report palliative care teams

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
Variation in Adherence to Guidelines*

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Adult Programs</th>
<th>Pediatric Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>24/7 Availability to Patient</td>
<td>46%</td>
<td>59%</td>
</tr>
<tr>
<td>Team Wellness Plan</td>
<td>57%</td>
<td>69%</td>
</tr>
<tr>
<td>Social Worker on Team</td>
<td>69%</td>
<td>67%</td>
</tr>
<tr>
<td>(At least 1) Specialty Certified Clinician</td>
<td>84%</td>
<td>85%</td>
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* Among hospitals reporting to the National Palliative Care Registry™

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

Over 1,500 counties have some in-home palliative care presence
Very Low Use of Accountability Levers

Hospitals with Advanced Certification for Palliative Care

- Have Certification
- Do Not Have Certification

States with non-Hospice Palliative Care Defined in Regulation

- Have Definition
- Do Not Have Definition

Source: Accountability Committee 12/18
Source: NASHP National Review 12/18

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

Source: Duke-Margolis Analysis 2019
Public and Professional Awareness

**IMPRESSION OF PALLIATIVE CARE AMONG DIFFERENT AUDIENCES**

<table>
<thead>
<tr>
<th>Age 25+</th>
<th>Age 65+</th>
<th>Patients</th>
<th>Caregivers</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>62</td>
<td>59</td>
<td>57</td>
<td>82</td>
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Percentage that gave a score of 80-100

<table>
<thead>
<tr>
<th>Clinician Training</th>
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<tr>
<td># States with CME Requirements, by Type</td>
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Scores: 0-very unfavorable; 50-neutral; 100-very favorable
RECENT PROGRESS

Medicare Advantage flexibility is expanding access to palliative care benefits

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)

Key projects contribute missing pieces of the puzzle

- Proactive Identification
- New Quality Measures
- Clinical Practice Guidelines
- ACO Best Practices
- Purchasers and State Resources
- APMs
- Policy Recommendations
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

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
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**