It’s Their Dinner…..Let them Choose”

Palliative Care and the New Menu of Options for Patients with Serious Illness

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Let’s Face the Facts

- Hospital Readmissions:
  - 1 in 5 elderly patients ends up back in the hospital within 30 days
  - Estimated average cost of a readmission for a Medicare patients is $13,800.00
  - CMS: “readmissions one of the leading problems facing the US health care system” – penalties for hospitals with high rates
  - HF is the most common cause (25%) for 30 day readmission rate.

Let’s Face the Facts

Cancer Readmissions:

- Patients with cancer diagnosis more likely to be readmitted if there are financial burdens, caregiver difficulties or if patients live alone
- Among readmitted, 48% were readmitted within 1 -2 days post discharge
- Reports indicate that readmissions for cancer patients discharged from medical services are as high as 27%

***overall readmission usually unavoidable, however research suggests that services to help at home not sufficient to address needs.

Let’s Face the Facts

The Boomer Effect:

- 1 in 5 Americans will be over 65 in 2030
- February 2019 Forbes: “ baby boomers to push health care spending to 6 Trillion dollars by 2027”
- Living longer, sicker
- Baby Boomers are consumers….how’s your data compare?
- Information, Options and Control
- Prefer to be home? Maybe….

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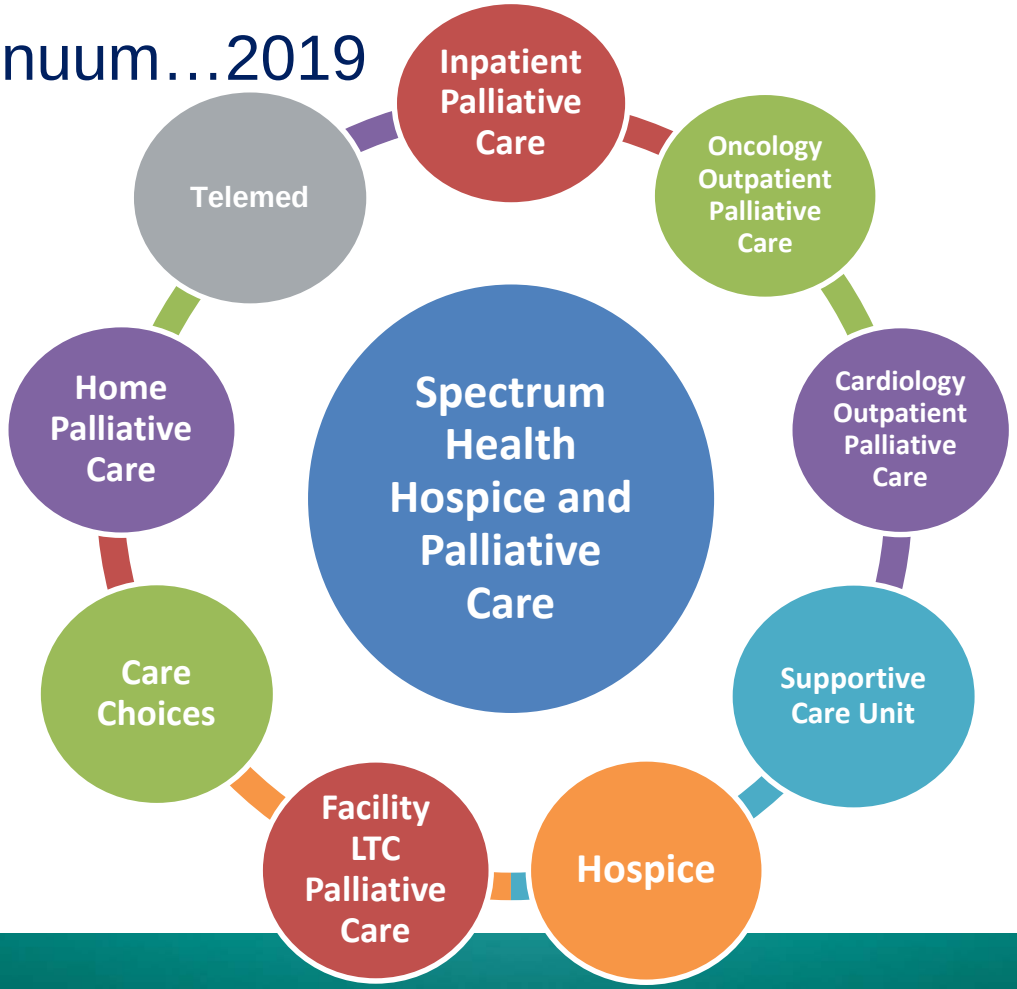
…the impact of palliative care and the new menu of options available to patients with serious illness

Objectives:

- Understand the continuum of palliative services and critical components to this model
- Describe the impact of the MCCM model and home palliative on patients with serious illness
- Articulate the philosophy and framework of ensuring patient directed care

Hospice and Palliative ……circa 2012

Our new continuum…2019



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Palliative Care Team Evolution

September 2016

- **1 MD's, 4 APP's, 1 Office Manager**

June 2018

- **1 Practice Manager, 2 RN's, 2 PSR's**
- **4 MD's, 12 APP's, 2 MSW's, 1 Chaplain**

Current State

- **1 Practice Manager, 2 RN's, 2 PSR's, 1 LPN, 3 MSW's, 2 Chaplains, 15 APP's, 4 MD's**

We’d like you introduce you to Dave……

Why this worked….

“What if patients near end of life could continue treatment and yet still benefit from the services similar to a hospice model?”

Medicare Care Choices Model and Home Palliative Care

"It's a mixed blessing."

Medicare Care Choices Model

CMS Criteria:

- One of the following primary diagnoses:
  - Cancer
  - CHF
  - COPD
  - HIV-Aids
- Meets Hospice Criteria
- 1 hospitalization in the past year
- 1 visit to PCP or specialists office in the past year
- Straight Medicare and Medicaid (no managed Medicare, private insurance)
- Lives in own home

Medicare Care Choices Model

- Model of Care:
- Palliative Care Physician and Midlevel
- Nurse Navigator
- Customized Menu of services:
  - Social work
  - Home Health Aides
  - Skilled home care
  - Palliative Care consults in home

Chaplain
Homemakers
On call nursing support 24/7
Home visits 24/7

Medicare Care Choices Model

What sets this apart:

- Patient Driven Plan of Care: quality as the patient defines it
- Integration and interface with patients PCP and care team
- Skills, Expertise and Experience:
    - end stage disease care management
    - home care
    - symptom management
    - crisis diversion
- Advance Care Planning Facilitators embedded on the team
- Interdisciplinary holistic care team…..proven effective in supporting patients at end of life

Let’s see the numbers:

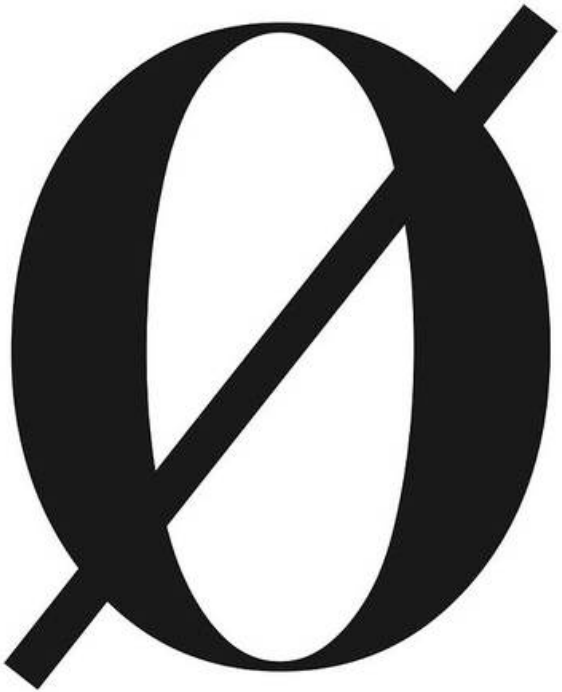
200 patients served

110 average days on service

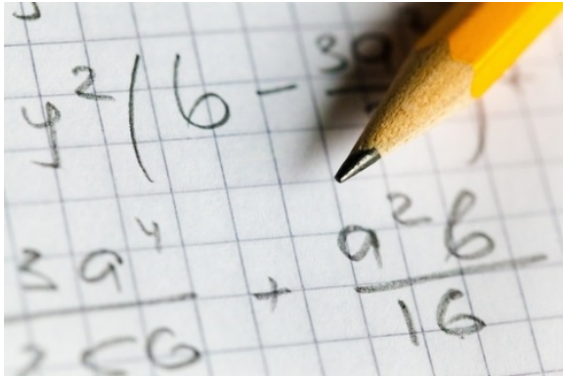
80% Advance Directives complete

60% conversion to hospice

205 direct admits to hospice



Let’s do the math….



	Hospitalizations	Inpatient Days	ED visits	Medicare Expenditures
16 month prior to home palliative	6	89 total of pt days	1	459,082.77
19 months on service with home palliative	1	3 total of pt days	0	16,593.02
SAVINGS				**442,489.75**

Home Palliative / MCCM

But its not just about the math…..

- Keeps patients at home where they want to be
- Provides services where there were previously none
- Allows for timely conversation about options and accurate information
- Superpowers of the hospice team moved further upstream
- Less crises, less patient suffering

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What’s the secret recipe?

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Effective, patient-centered communication is key to quality care. Good communication is both an ethical imperative, necessary for informed consent and effective patient engagement, and a means to avoid errors, improve quality, save money and achieve better health outcomes.”

American Medical Association. The ethical force program: C-CAT Patient-centered communication. [Last accessed on 2013a Oct 30].

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The Three Questions:

1.) What do you understand regarding your disease and treatment options?

2.) What are your hopes, what are your fears?

3.) How can we best develop a plan to align with your goals?

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Emotional IQ

Self Awareness

Self Management

Know how to relax and de-escalate yourself when in a high stress situation

Do your own “homework” if you know there are life experiences you know impact your daily work

Know your own triggers – let your team help

Be good to you – self care is critical to the work we do

Social Awareness

“The ability to understand the emotions, needs, and concerns of another person, pick up on emotional cues, feel comfortable socially, and also recognize the power dynamics in a group or organization.”

ttp://www.helpguide.org/mental/eq5_raising_emotional_intelligence.htm

Relationship Management

Emotional IQ is the foundation to the next most important ingredient:

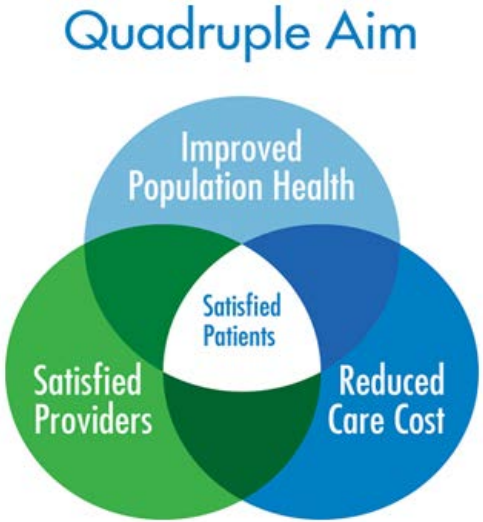
What Best Predicts 30-day Readmissions?

Poor communication

The Importance Of Communication

Empirical Evidence Links Effective Communication to:

- Improved quality of life and experience of care
- Better patient and family coping
- More goal consistent care
- Fewer readmissions and hospitalizations
- Provider satisfaction



It’s Their Dinner…Let Them Choose

Last Two Ingredients:

- Cultural ~~Competency~~…Humility

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Last Two Ingredients:

- Patient Centered Empathy

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Emotional Intelligence

Effective Communication

Cultural Humility

Patient Centered Empathy

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- Are you ready to let your patient direct his/her care?
- Is your team prepared to skillfully ask those three questions?
  - What do you understand about your illness and treatment options
  - What are your hopes and fears
  - How can we best develop a plan to align with your goals?
- Are you working to advance your teams emotional intelligence in order to really hear what matters most to our patients?

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