Ready Today for The Future of Health Care and Optimal Hospice Care

Aetna Compassionate Care℠ Program

We want you to know®

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End of life care – current state

"There is a great divide separating the kind of care Americans say they want at the end of life and what our culture currently provides.

Surveys show that we want to die at home, free of pain, surrounded by the people we love. But the vast majority of us die in the hospital, alone, and experiencing unnecessary discomfort." ***- Bill Moyers, PBS Commentator***

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- **The ACOVE (Rand) Study identified significant quality and care gaps and opportunities that might be addressed in managing care in Medicare populations**
- **Opportunities to improve care, especially for terminal illness, were clearly demonstrated**

Geriatric Conditions and Quality Scores

Geriatric Conditions and Quality Scores

Condition	% QIs Passed
Malnutrition	47
Pressure Ulcers	41
Dementia	35
Falls and Mobility Disorders	34
Urinary Incontinence	29
End-of-Life Care	9

End of life care – current state

Lack of Knowledge about Care Options:
Unfortunately, discussions with patients and families regarding terminal care and available options happen too late, or not at all.

"Acceptance of one's mortality is a process, not an epiphany." - ***Randall Krakauer, MD, Head of Medicare Medical Management, Aetna***

End of life care – current state

Barriers to Care:

To enter into hospice and receive palliative care, the patient must:

- discontinue curative care, or stop treatment of the illness
- be terminal within life expectancy of six months or less to live

Often there are coverage limits on hospice care that apply to both number of days in hospice and maximum dollar coverage allowance

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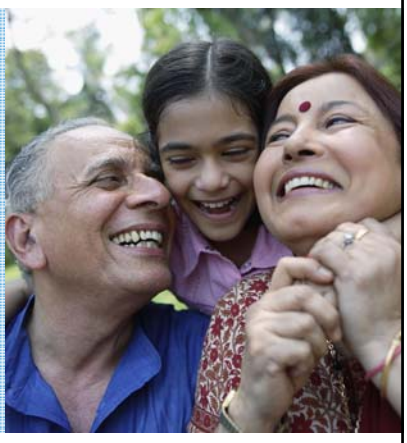
Hospice care philosophy

The focus of hospice is based on the belief that each of us has the right to die pain-free and with dignity, and that our loved ones will receive the support to allow us to do so.

Hospice care provided to patients *and* families includes:

- pain management
- symptom control
- psychosocial support, and
- spiritual care



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Aetna Compassionate Care℠

Goal of the Program:

To provide additional support to terminally ill members and their families, and help them access optimal care.

Aetna Compassionate Care℠ Program addresses barriers to optimal care

This program provides support to terminally ill members and their families, and helps them to access optimal care.

1. Specialized Case Management Services
2. Enhanced Hospice Benefits*
3. Aetna Compassionate Care℠ Website
   www.aetnacompassionatecareprogram.com

*Pilot Program with enhanced hospice benefits (2005)

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1) Case Management Services

- ***Helping members understand options, nurses were trained to***:
  - Assess and manage members' care in a culturally sensitive manner
  - Identify resources to make members as comfortable as possible, addressing pain and other symptoms
  - Help coordinate medical care, benefits and community-based services
  - Inform the member about treatment options, continuity of care, and advanced care planning
  - Provide personal support

The Case Manager's Responsibility In The Management Of The Member With An Advanced Illness

- **Assure that the member and family are aware of the options available .. for now or possibly for later on**
- **Determine the member's willingness to participate**
- **Physical, emotional , spiritual and cultural needs/beliefs**
- **Introduce The Enhanced CM Program Available To Them**
- **Support**
- **Ongoing Monitoring And Assessment**

Case Management

- Case Managers trained and experienced in care and management of terminal illness
- Engage members, family and caregivers and physicians to help initiate discussions on options and planning and present alternatives.
- Provide and facilitate emotional and psychosocial support – culturally sensitive
- Facilitate palliative care and pain relief
- Also support family and caregivers
- Retain in contact as long as we can be helpful

I Don't Understand

- **Establishing a level of understanding is critical at any level of case management for optimal outcomes**
- **Elderly?**
- **Hearing Impaired?**
- **Language Barrier? Cultural Barrier?**
- **Poor Comprehension?**
- **Too upset to talk?**

"I need help to get my life in order.."

- **Advance Directives**
  - **Living Will**
  - **Durable Power of Attorney**
  - **National Hospice and Palliative Care Organization**
  - **ACCP site**

Compassionate Care Feedback: cm note

Wife stated member passed away with Hospice. Much emotional support given to spouse. She talked about what a wonderful life they had together, their children, all of the people's lives that he touched - they were married 49 years last Thursday and each year he would give her a piece of jewelry. On Tuesday when she walked into his room he had a gift and card laying on his chest, a beautiful ring that he had their daughter purchase. She was happy he gave it to her on Tuesday - on Thursday he was not alert. She stated through his business he touched many peoples lives, and they all somehow knew he was sick, and he has received many flowers, meals, fruit, cakes, - she stated her lawn had become overgrown and the landscaper came and cleaned up the entire property, planted over 50 mums, placed cornstalks and pumpkins all around. She said she is so grateful for the outpouring of love. Also stated that Hospice was wonderful, as well as everyone at the doctors office, and everyone here at Aetna. She tells all of her friends that "when you are part of Aetna, you have a lifeline."

Encouraged her to call CM with any issues or concerns.

Closed to case mgmt.

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Matched Study Cohorts

	Enhanced Benefits Group			Commercial CM Group			Medicare CM Group		
	Study Group	Control Group	p-value	Study Group	Control Group	p-value	Study Group	Control Group	p-value
N	387	387		3,491	3,491		447	447	
Mean Age	59.47	59.04	0.45	56.52	56.87	0.127	77.14	77.36	0.659
Comorbidity Risk Score	18.19	17.76	0.558	19.79	19.65	0.582	24.83	24.17	0.418
% Female	61.50%	55.80%	0.109	49.70%	48.10%	0.188	44.50%	44.50%	1
Health Plan Pharmacy Benefit	18.10%	18.10%	1	62.40%	62.40%	1	100%	100%	1
% with Cancer as Terminal Condition	74.40%	74.40%	1	80.70%	80.70%	1	57.50%	57.50%	1

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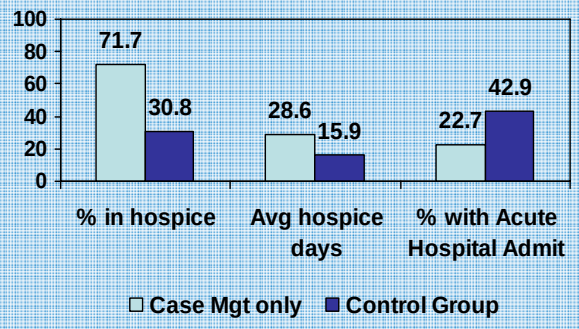
Results

	Enhanced Benefits Group		Commercial CM Group		Medicare CM Group	
	Study Group	Control Group	Study Group	Control Group	Study Group	Control Group
N	387	387	3,491	3,491	447	447
Average Number of Days in CM Program	42.3	--	39.6	--	56.7	--
Percentage Using Hospice/Respite	69.80%	27.90%	71.70%	30.80%	62.90%	N/A
Mean days between first hospice claim and death	36.7	21.4	28.6	15.9	N/A	N/A
Hospice Inpatient Days / 1000 members	1,819	744	2,027	654	N/A	N/A
Hospice Outpatient Days / 1000 members	16,501	4,090	13,297	3,753	N/A	N/A
Percent of members with Acute Inpatient Stay	16.80%	40.30%	22.70%	42.90%	30.00%	88.40%
Average Length of Acute Inpatient Stay	6.19	7.06	6.54	5.97	7.28	8.26
Percent of members with Emergency Visit	9.80%	15.20%	9.70%	14.40%	8.50%	32.90%
Percent of members with ICU Stay	9.60%	23.00%	11.70%	19.90%	14.80%	50.60%
Acute Inpatient Days / 1000 members	1,504	4,106	2,438	3,882	3,389	19,148
Emergency Visits / 1000 members	96	230	137	197	107	474
ICU Days / 1000 members	863	2,576	1,455	2,173	1,996	13,906

Results

Commercial Case Management Group



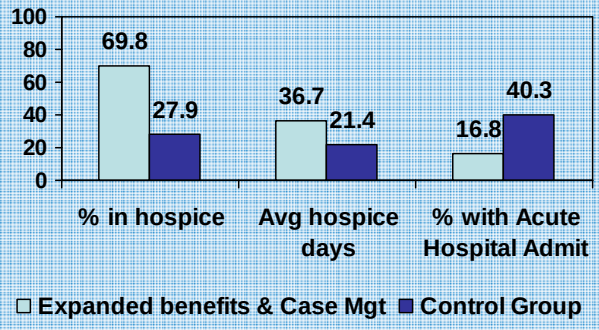
Commercial Members

p<.0001 for each comparison

Source: Evaluation of Aetna Compassionate Care Program, Aetna Inc., Aetna Health Analytics, September 2007, internal document.

Results

Commercial Enhanced Benefits Pilot Group



p<.0001 for each comparison

Source: Evaluation of Aetna Compassionate Care Program, Aetna Inc., Aetna Health Analytics, September 2007, internal document.

PERSPECTIVE: QUALITY

PERSPECTIVE

Opportunities To Improve The Quality Of Care For Advanced Illness

An Aetna pilot program shows how it can be done.

by Randall Krakauer, Claire M. Spettell, Lonny Reisman, and Marcia J. Wade

ABSTRACT: Many studies describe a sizable chasm between the care Americans consider optimal for advanced illness and what we actually experience. Aggressive or curative measures may be pursued to the exclusion of comfort, pain relief, and psychosocial support. We briefly describe a care management program that gives people culturally sensitive supportive information, to make informed choices and obtain palliative services in a timely manner. In the sample population, more members chose hospice care; acute care utilization declined. It is possible to assist Americans with advanced illness and remove barriers to selecting hospice care, if that is their choice, without adverse financial impact. [Health Aff (Millwood). 2009;28(5):1357–59; 10.1377/hlthaff.28.5.1357]

A LANDMARK STUDY by RAND Health in 2000, Assessing Care of Vulnerable Elders (ACOVE), described a sizable chasm between the type of care Americans consider optimal for advanced illness and what we actually experience.[1] Too often, aggressive or curative measures are pursued to the exclusion of palliative care with its focuses on comfort, pain relief, and psychosocial support. Changing this approach will require conversations about choices and options beginning early in the course of advanced illness. Now, these conversations begin late or not at all.

Hospice election rates have been increasing for two decades.[2] By electing hospice, patients are opting for care that emphasizes comfort and social support, as opposed to heroic medical efforts to "cure" disease in spite of limited potential benefit. Although the increase in patients benefiting from hospice support is encouraging, there is room for improvement. Too often, the choice of hospice does not occur until the last few days or hours of life, long after the patient would have benefited from this type of care. Opportunities for improving the quality of care for advanced illness include better coordination of care, better training for physicians and health care providers in the care of terminal illness, requirements that patients be offered hospice and palliative care consultation, and requirements that advance directives be recorded and adhered to.

Although all of these endeavors are valuable, improved care management may be one of the best ways to reach people early with culturally sensitive supportive information and access to palliative services. In a relatively

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Results of our three-year study of program participants show:

- **Significant increase in hospice use**
  - The proportion of members using hospice increased dramatically -- to 71% for Commercial members and 77% for Medicare members. In addition, the average number of days in hospice nearly doubled.
- **Significant decreases in acute/critical care utilization**
  - There were 82% fewer acute hospitalization days (Medicare) and considerable reductions in emergency room visits for all program participants. ICU stays also showed dramatic (88% - Medicare) reductions.

Summary

The **specialized case management** had a critical impact on the care sought by the participant -- members were ***more aware*** of the care options available to them and many more sought hospice care.

The **enhanced benefits** allowed pilot participants not only to seek optimal care, but also to take full advantage of it.

Next Steps

- Continue to support and train our nurse case managers so that end-of-life case management remains a core proficiency.
- Offer expanded hospice benefits on a broader basis to plan sponsors who are looking to offer a "value-based" benefit plan design.
- Support Health Care Reform to liberalize Medicare Hospice.
- This program enables Aetna to continue to take a position in helping our members, and to influence the industry's approach to palliative care and care at the end of life. Demonstration that such dramatic improvement in quality is possible creates a public policy imperative that such programs as Aetna's be more broadly adopted.

Aetna Compassionate Care℠ Program
- feedback

"(Family Caregiver) was happy that he was able to die at home with hospice services because this is what he wanted. He died comfortable with his family." - *Family Caregiver of ACCP Member*

"You make the unbearable a little more bearable. God Bless you. You are credits to your profession." – *Widower of ACCP Member*

"I hope you guys keep the program because I think others would find it beneficial also. The nurses that I dealt with helped me with several different issues and, without them, I would have had a lot more trouble." - *Family Caregiver of ACCP Member*

Appendix

- The ACCP program (specialized case management and ACCP member website) is made available to all Aetna customers as part of our standard plan offering.
- The enhanced hospice benefit package will become the standard offering for all Traditional system-based plans *for self-insured and fully-insured new business in the Select, Key and National Account, Government and Labor segments only.* .