CALIFORNIA HEALTHCARE FOUNDATION

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.

Source: National Consensus Project for Quality Palliative Care, *Clinical Practice Guidelines for Quality Palliative Care*, Third Edition (2013)

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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.

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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

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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

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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 6

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

1. Temel JS, et al. *N Engl J Med* 2010
2. Greer JA et al *J Clin Oncol* 2012.

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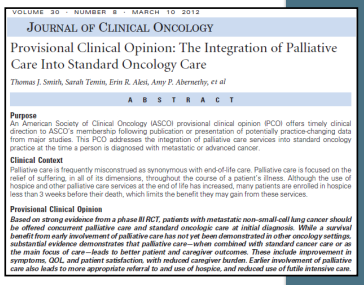
Guidelines / Recommendations

For Oncologists – Professional guidance

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



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Provisional Clinical Opinion: The Integration of Palliative Care Into Standard Oncology Care

Thomas J. Smith, Sarah Temin, Erin R. Alesi, Amy P. Abernethy, et al

ABSTRACT

Purpose

An American Society of Clinical Oncology (ASCO) provisional clinical opinion (PCO) offers timely clinical direction to ASCO's membership following publication or presentation of potentially practice-changing data from major studies. This PCO addresses the integration of palliative care services into standard oncology practice at the time a person is diagnosed with metastatic or advanced cancer.

Clinical Context

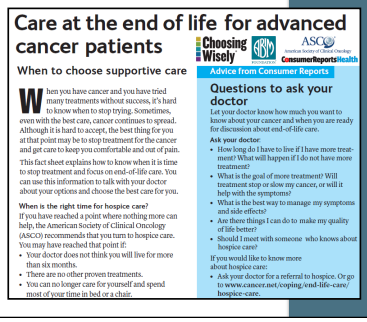
Palliative care is frequently misconstrued as synonymous with end-of-life care. Palliative care is focused on the relief of suffering, in all of its dimensions, throughout the course of a patient's illness. Although the use of hospice and other palliative care services at the end of life has increased, many patients are enrolled in hospice less than 3 weeks before their death, which limits the benefit they may gain from these services.

Provisional Clinical Opinion

Based on strong evidence from a phase III RCT, patients with metastatic non-small-cell lung cancer should be offered concurrent palliative care and standard oncologic care at initial diagnosis. While a survival benefit from early involvement of palliative care has not yet been demonstrated in other oncology settings, substantial evidence demonstrates that palliative care—when combined with standard cancer care or as the main focus of care—leads to better patient and caregiver outcomes. These include improvement in symptoms, QOL, and patient satisfaction, with reduced caregiver burden. Earlier involvement of palliative care also leads to more appropriate referral to and use of hospice, and reduced use of futile intensive care.

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.



Care at the end of life for advanced cancer patients

Choosing Wisely · ASCO · ConsumerReportsHealth

When to choose supportive care

When you have cancer and you have tried many treatments without success, it's hard to know when to stop trying. Sometimes, even with the best care, cancer continues to spread. Although it is hard to accept, the best thing for you at that point may be to stop treatment for the cancer and get care to keep you comfortable and out of pain.

This fact sheet explains how to know when it is time to stop treatment and focus on end-of-life care. You can use this information to talk with your doctor about your options and choose the best care for you.

When is the right time for hospice care?

If you have reached a point where nothing more can help, the American Society of Clinical Oncology (ASCO) recommends that you turn to hospice care. You may have reached that point if:

- Your doctor does not think you will live for more than six months.
- There are no other proven treatments.
- You can no longer care for yourself and spend most of your time in bed or a chair.

Advice from Consumer Reports

Questions to ask your doctor

Let your doctor know how much you want to know about your cancer and when you are ready for discussion about end-of-life care.

Ask your doctor:

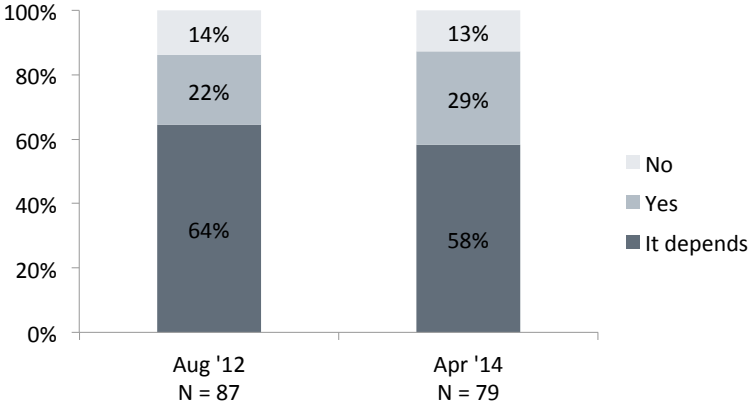
- How long do I have to live if I have more treatment? What will happen if I do not have more treatment?
- What is the goal of more treatment? Will treatment stop or slow my cancer, or will it help with the symptoms?
- What is the best way to manage my symptoms and side effects?
- Are there things I can do to make my quality of life better?
- Should I meet with someone who knows about hospice care?

If you would like to know more about hospice care:

- Ask your doctor for a referral to hospice. Or go to www.cancer.net/coping/end-life-care/hospice-care.

Survey of Oncologists

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



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

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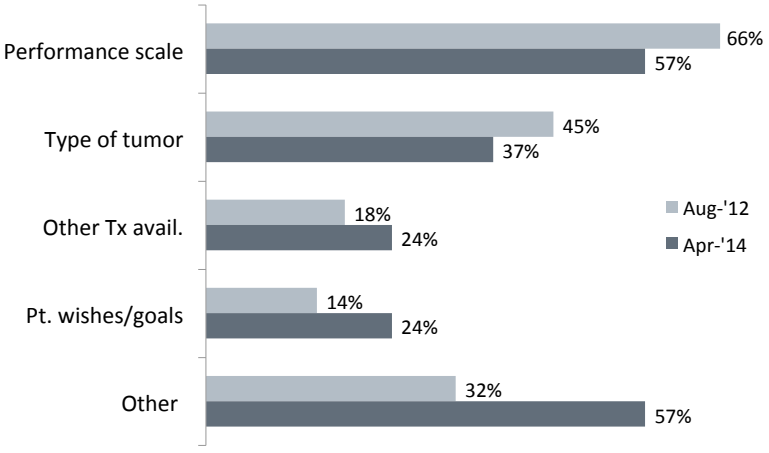
It depends on . . .



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

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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

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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

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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

- A Better Benefit: Health Plans Try New Approaches to End-of-Life Care. http://www.chcf.org/publications/2013/04/better-benefit-health-plans
  - The National Business Group on Health and the Center to Advance Palliative Care will release a toolkit for insurers in June 2014.

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California Payers and Community PC

	Anthem Blue Cross	Blue Shield of CA	Health Net	Aetna	United Healthcare
Enhanced Case Management: discussion of goals & options, pain/other symptom management, ACP, referrals to community resources		Piloting	In place	In place	In place
Liberalized Hospice Benefit: allows for concurrent disease-focused care in commercial population	In place		In place	In place	In place
Home-based PC: services from interdisciplinary PC team, concurrent with curative care		Considering	Considering		Piloting

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

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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

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Challenge

Reimbursement:

- Interdisciplinary team palliative care
- Home and community service

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