

Demonstrating Outcomes of Palliative Medicine at the System Level

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Objectives

- Review the concept of Palliative Care and its benefits
- Share models for measuring operational outcomes
- Articulate the impact of Palliative Care on outcomes for a Healthcare System

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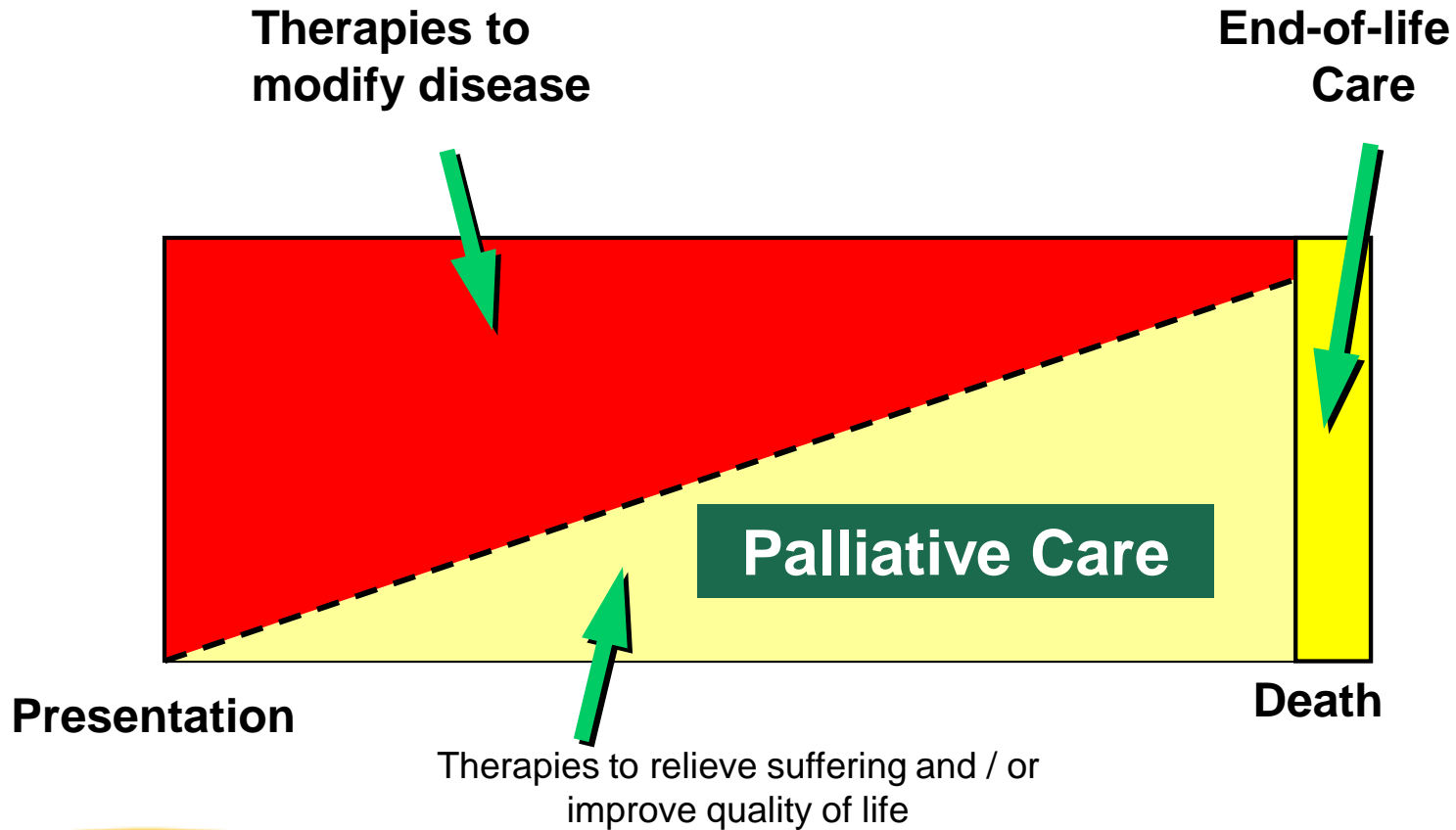
The Palliative Care Patient



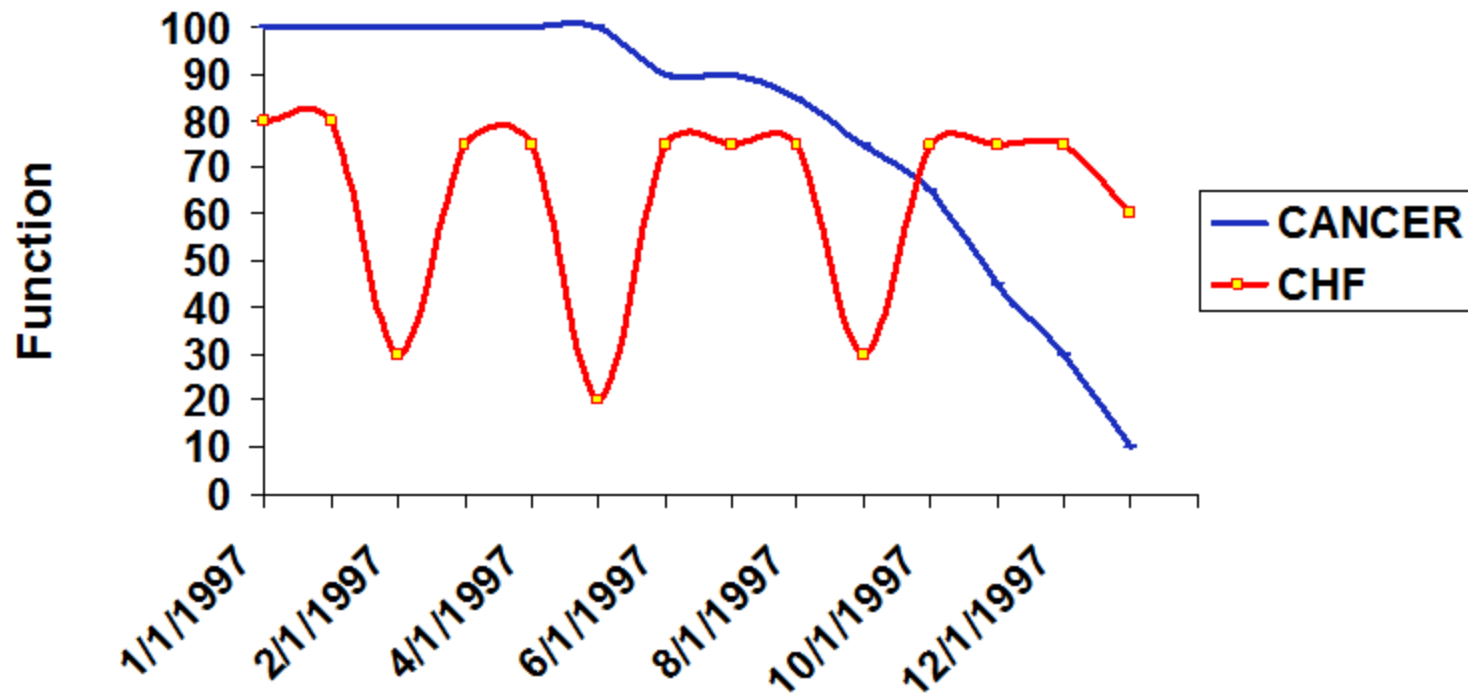
Case Scenario

- 45 year old patient presents to the Emergency Room with severe abdominal pain
- Patient gives history of progressive and significant weight loss over last 3 months
- CT scan of the abdomen shows multiple liver masses

When do you call Palliative Care?



Prognostication Challenge



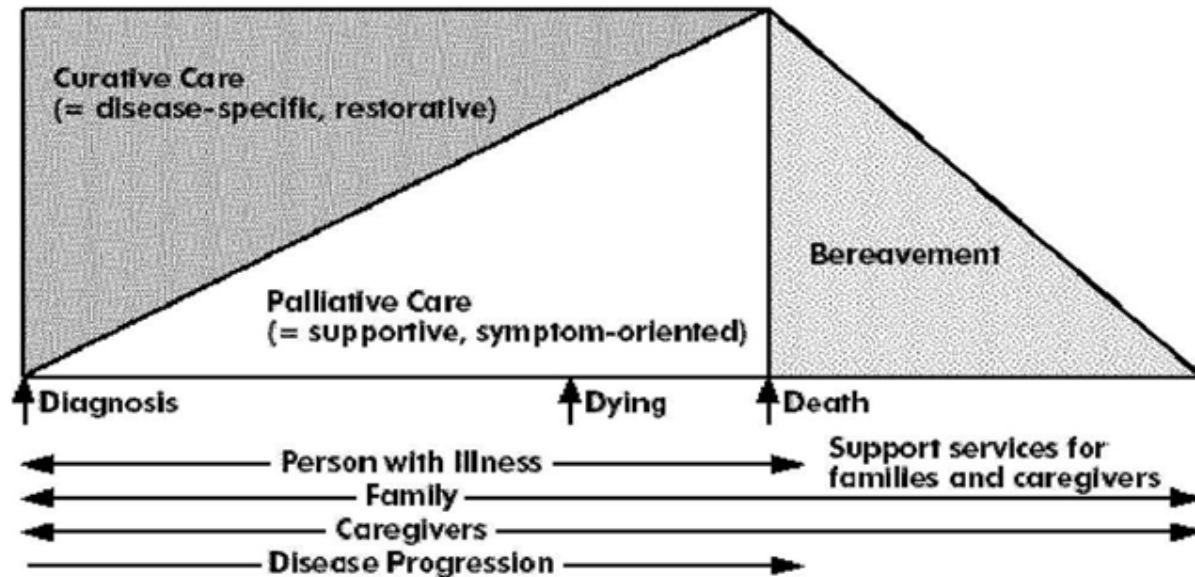
CONCEPT AND BENEFITS

WHO definition of Palliative Care

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness.....

is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

WHO model of Palliative Care



Center to Advance Palliative Care

Palliative care is provided by an interdisciplinary team and offered in conjunction with all other appropriate forms of medical treatment.

It is appropriate at any point in a serious illness and can be provided at the same time as treatment that is meant to cure.

National Quality Forum Definition

Palliative care refers to 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 facilitating patient autonomy, access to information, and choice.

Additional Benefits

- Equal or better survival
- Higher patient satisfaction
- Improved prognostic awareness
- Less cost to patients, families, and society

Parikh RB et al. N Engl J Med. 2013 Dec 12;369(24):2347-51

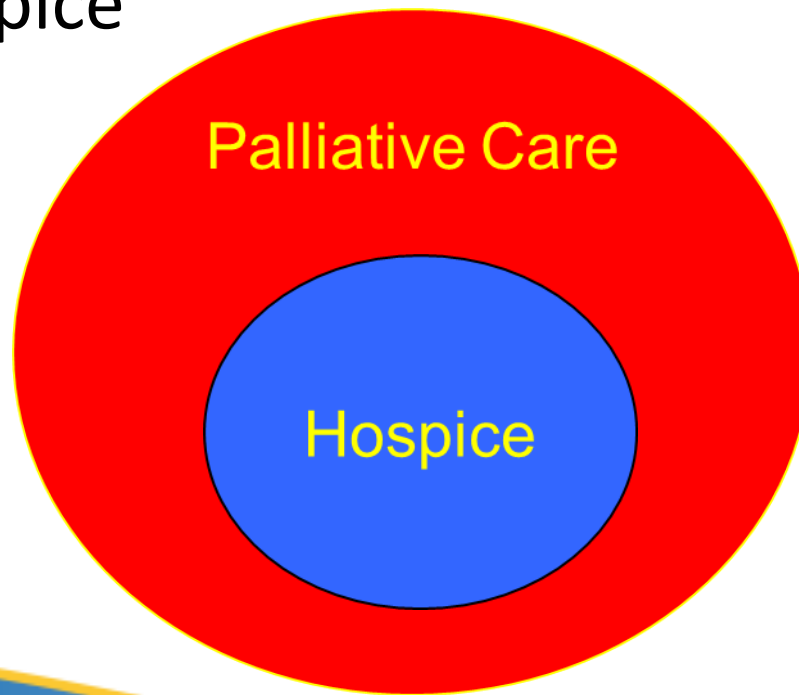
PALLIATIVE CARE AND HOSPICE

Palliative Care and Hospice

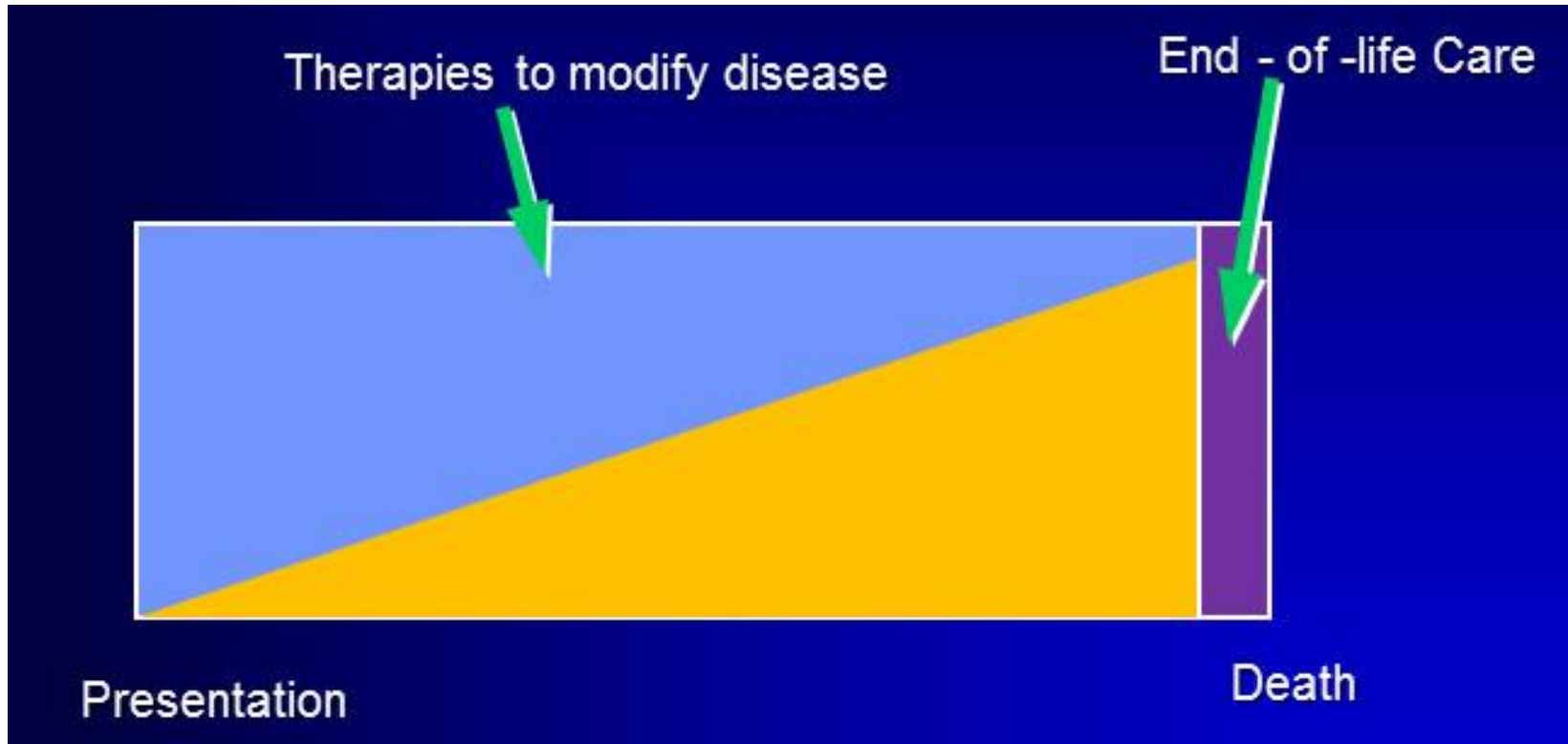
Palliative Care is not Hospice

Palliative Care and Hospice

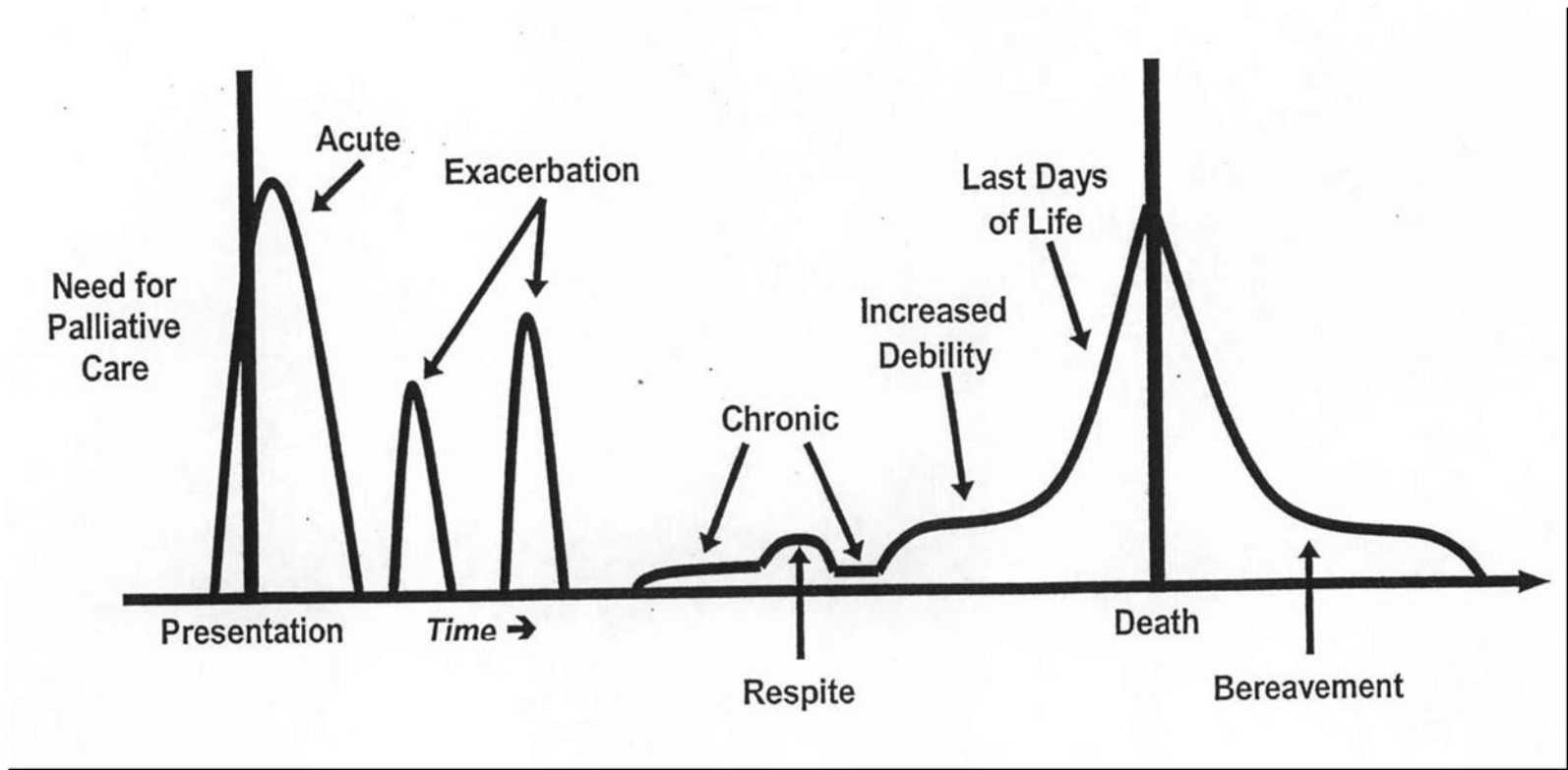
All Hospice Care is Palliative, all Palliative Care is not Hospice



Traditional Model: Comfort or Cure

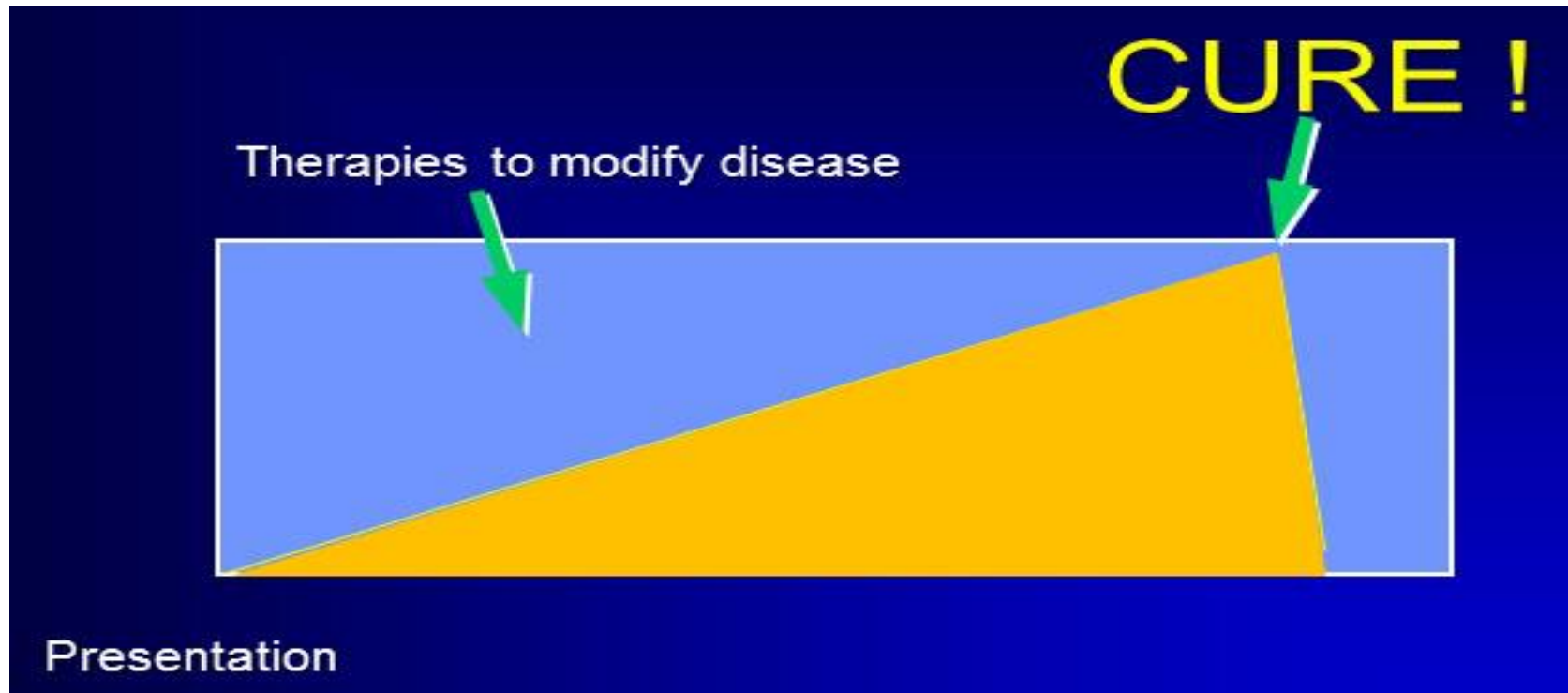


Suggested Need of Palliative Care



With permission from: Frank D. Ferris, MD, OhioHealth

Comfort and Cure Model



Bharadwaj P et al. J Palliat Med. 2011 Oct; 14(10) : 1091-3

IMPACT ANALYSIS: OUTCOMES

Mary Ann Liebert, Inc.  publishers

 Email to a
Colleague

HIGH-IMPACT ARTICLES

Journal of Palliative Medicine

FREE ACCESS through March 24, 2016.

Read now:

Making the Case for Palliative Care at the System Level: Outcomes Data

Parag Bharadwaj, Karen M. Helfen, Leo J. Deleon, Douglas M. Thompson, Jennifer R. Ward, John Patterson, Sriram Yennurajalingam, Joe B. Kim, Kathie S. Zimbro, J. Brian Cassel, and Aaron D. Bleznak [Read Now](#)

Using Nurse Ratings of Physician Communication in the ICU To Identify Potential Targets for Interventions To Improve End-of-Life Care



Methods and Pitfalls

- Identifying patients: V66.7/Z51.5
- Timing of intervention is crucial
- Cost analysis
- What do you want to measure?

Sentara Healthcare: Outcomes Data

- Sentara Community Hospital Data
- System wide Single DRG – Matched Pair Study
- System Financial Impact
- Sentara Community Hospital ICU Pilot
- Palliative Care and Hospice

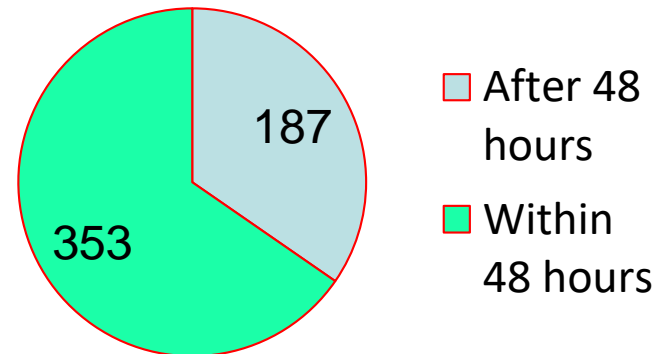
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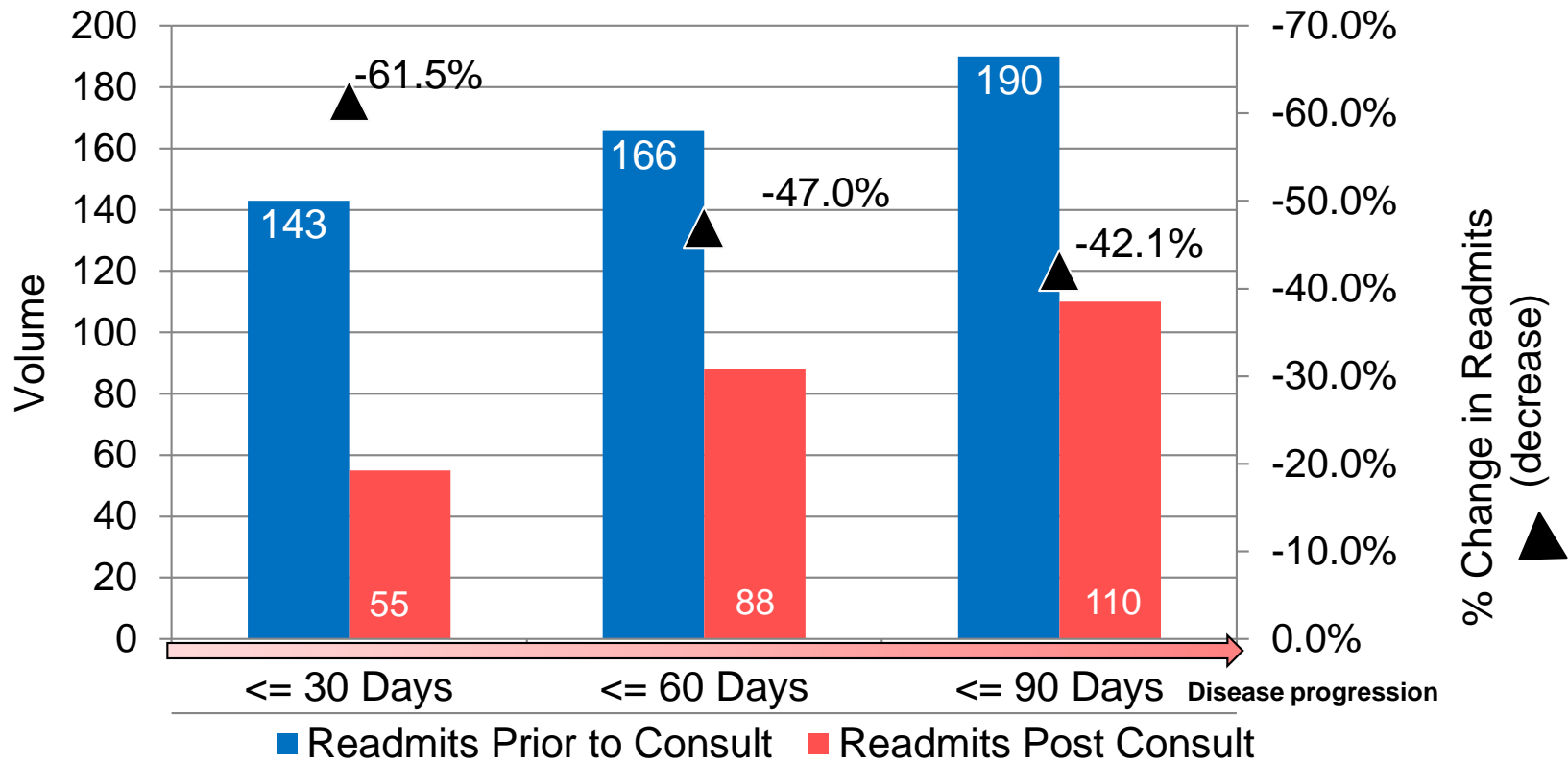
Sentara Community Hospital Outcomes Data

- Program launched November 2012
- Kept manual log of patients
- High volume, stable program
- Annual data sample: Nov '12 – Oct '13
- N=540

Palliative Care
patients



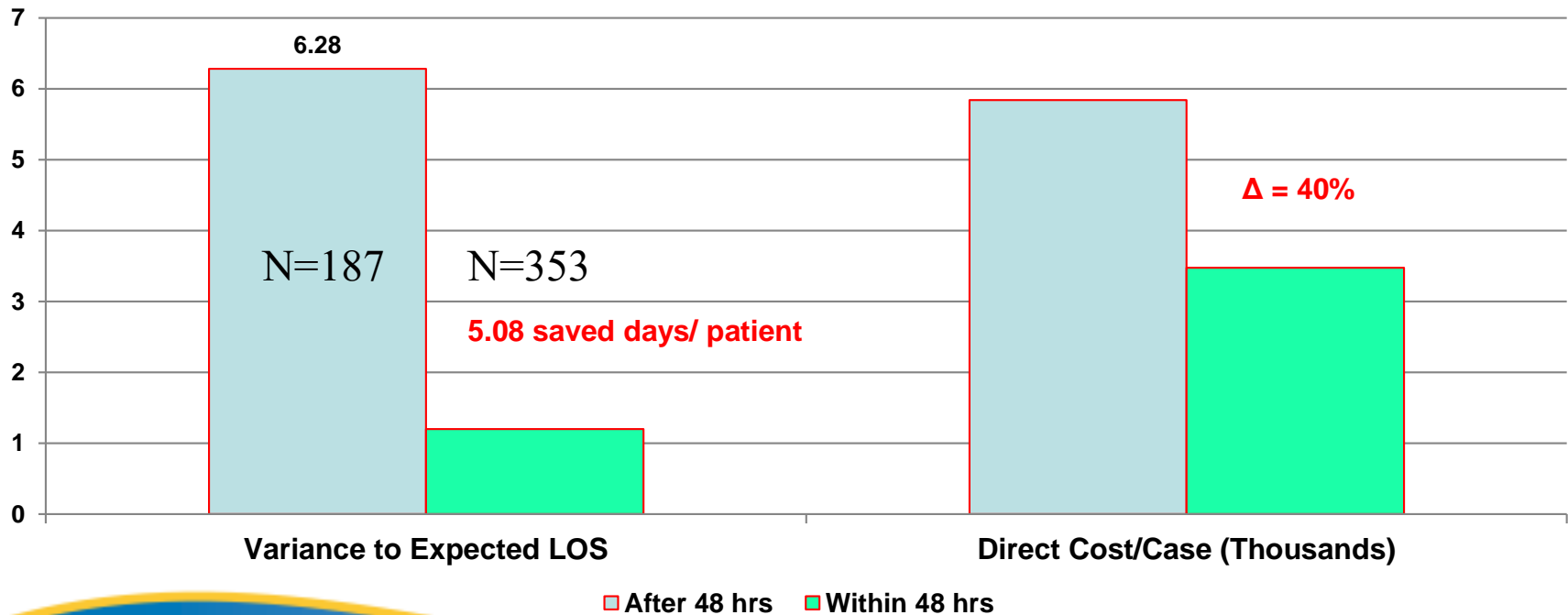
Benefit of Palliative Care Consults on Readmissions



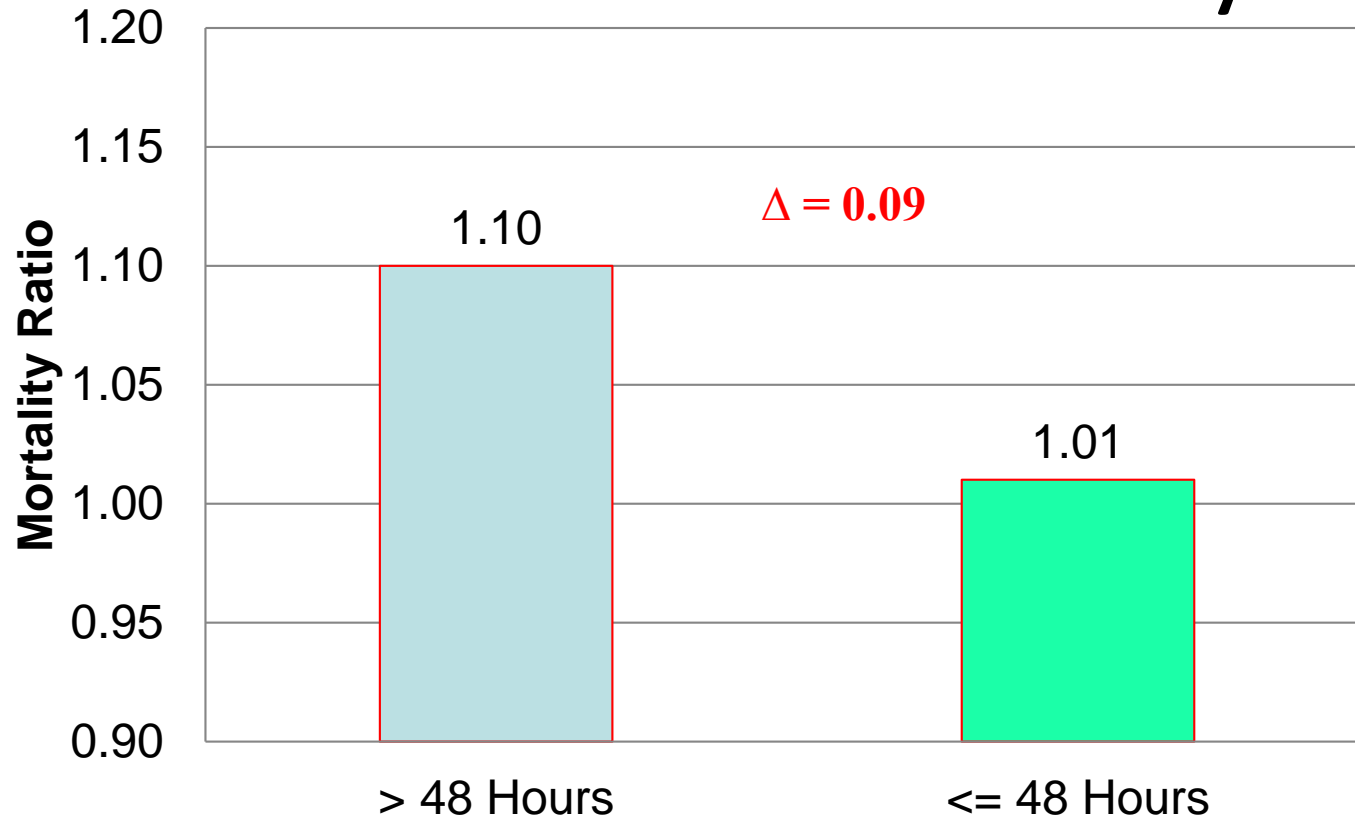
Excludes patients who died or were discharged on Hospice

Benefits of Early Palliative Care Consult on LOS and Cost

Variance to Expected Length of Stay and CMI Adjusted Direct Cost/Case



Benefit of Palliative Care Consults on Mortality



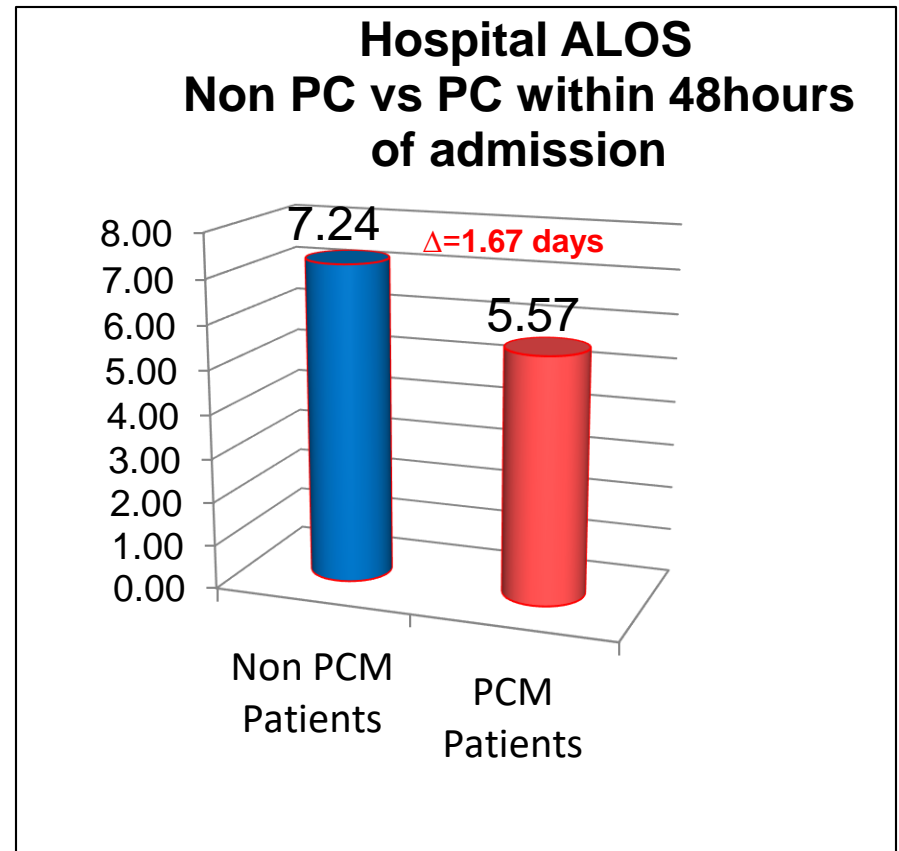
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Benefit of Palliative Care Consults:

System MS DRG 871-Septicemia or Severe Sepsis

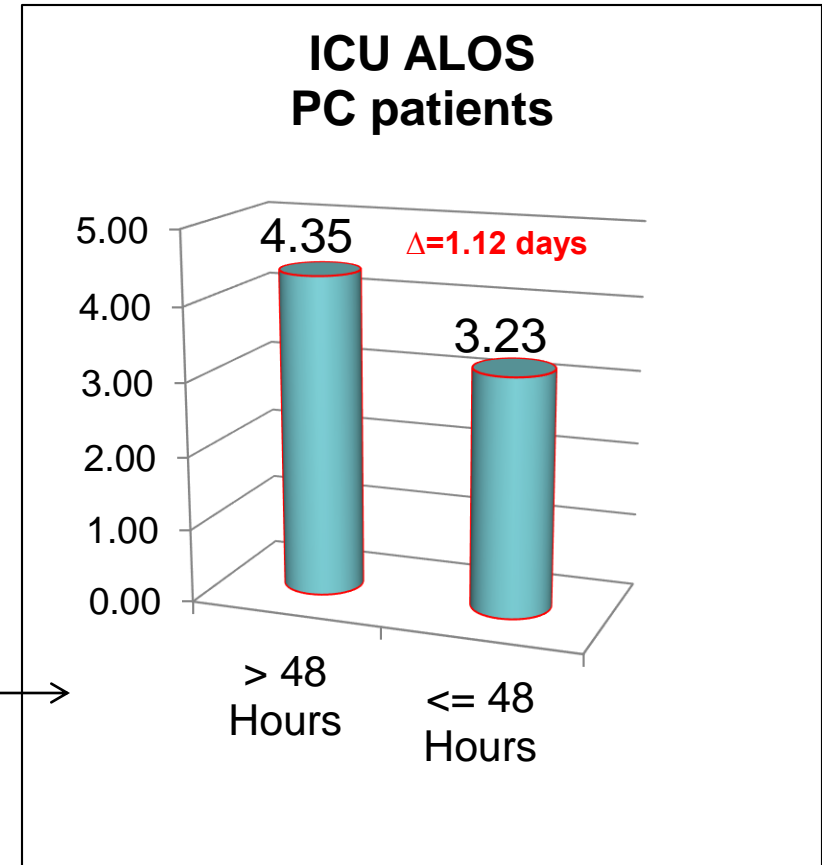
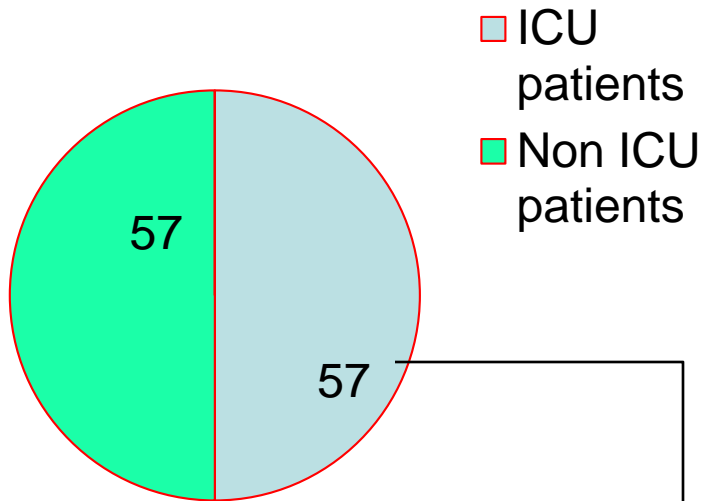
- Modified Matched Pair study:
 - MS DRG 871 – Septicemia or Severe Sepsis w/o MV 96+ w MCC
 - Patients matched using “like” severity results calculated by Truven, Care Discovery
 - All Hampton Roads Hospitals, June – November 2013
 - N=114



Benefit of Early Palliative Care Consults on ICU LOS:

System MS DRG 871-Septicemia or Severe Sepsis

MS DRG 871



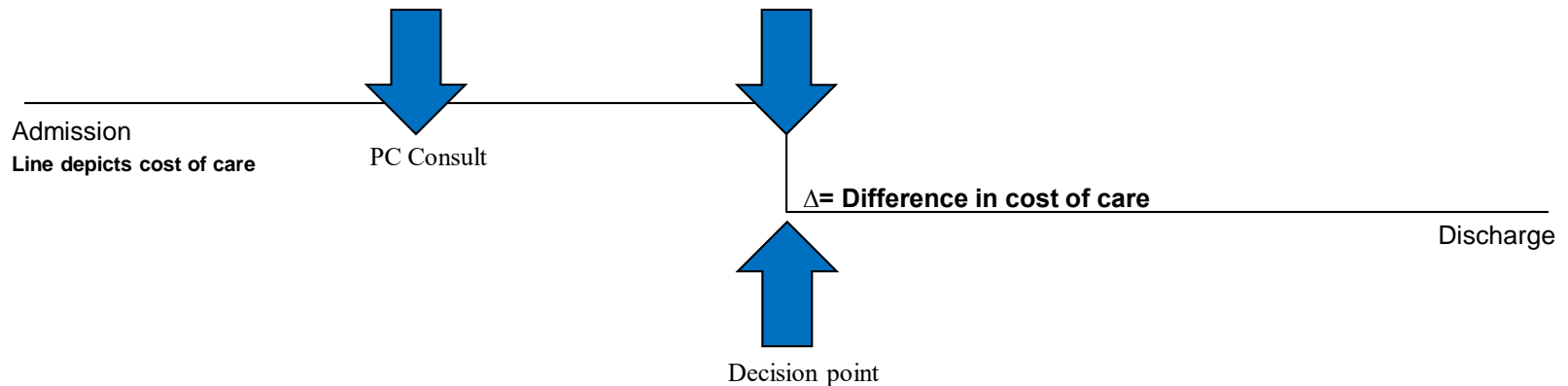
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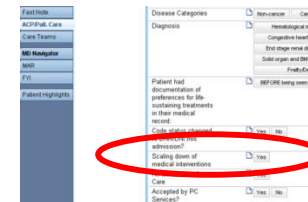
Financial Impact of Palliative Care Consults:

Patient/Family Directed Care Plan Change Methodology

Transition from aggressive to a less aggressive treatment plan due to PC intervention during hospitalization



Scale down button used in real time by PC provider on PC Navigator developed in EPIC



Financial Impact of Palliative Care Consults:

Patient/Family Directed Care Plan Change Methodology

- Data from Nov-Dec 2013
- 168 patients
- Change in cost calculated pre and post scaling down

Financial Impact of System Patient/Family Directed Care Plan Change

ROI (system): 1.5 times the cost

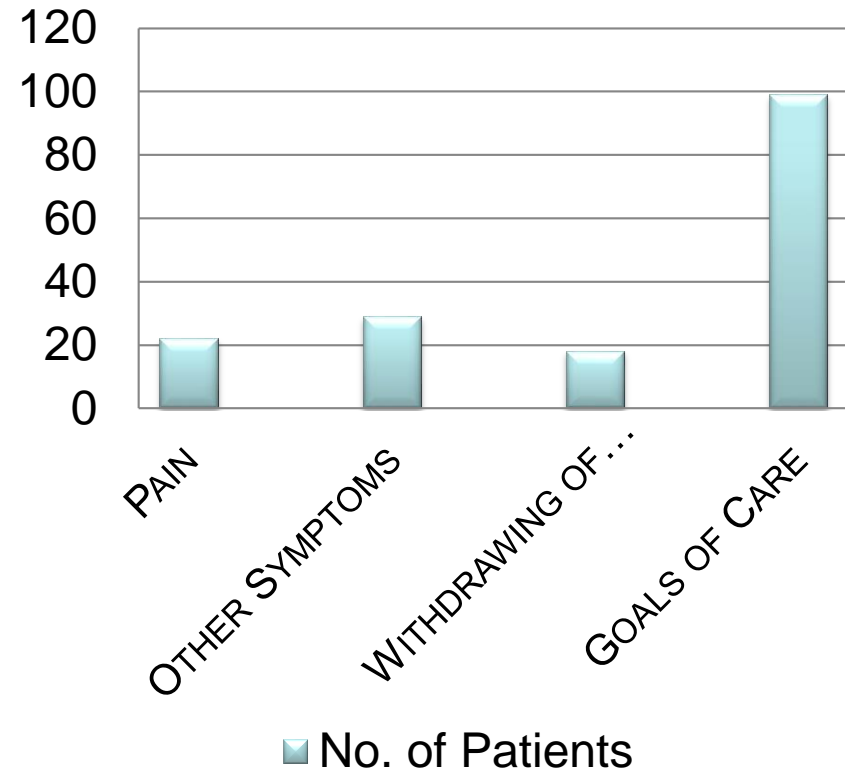
Annualized data extrapolated from Nov – Dec 2013

Sentara Healthcare: Outcomes Data

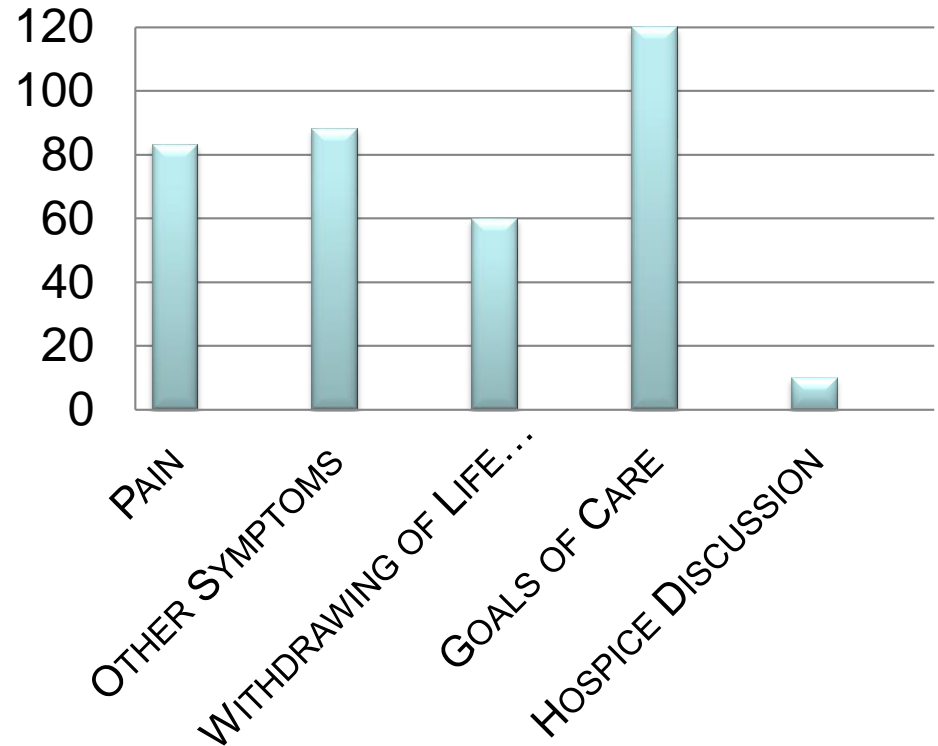
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- **Sentara Community Hospital ICU Pilot**
- Palliative Care and Hospice

ICU Palliative Care Pilot

Reasons for Initial Consult Jan-Apr 2014



Actual Intervention Jan-Apr 2014



Benefit of ICU Palliative Care Pilot

Patient/Family Directed Care Plan Change
Methodology Annualized Cost Savings:

Positive Financial Impact

Annualized saved ICU Days⁺

315

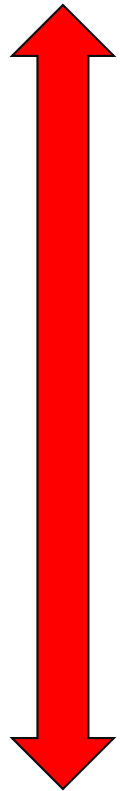
*Extrapolated from Jan – April 2014

+Obtained in collaboration with Care Coordination

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IMPACT: Higher Quality AND Lower Costs



Quality

- 15% of PC patients were discharged on Hospice
- 69.3% of all patients discharged on hospice were referred by PC

“Palliative Care is the Solution to Bending the Cost Curve”

Cost

Nov 2013- Jan 2014

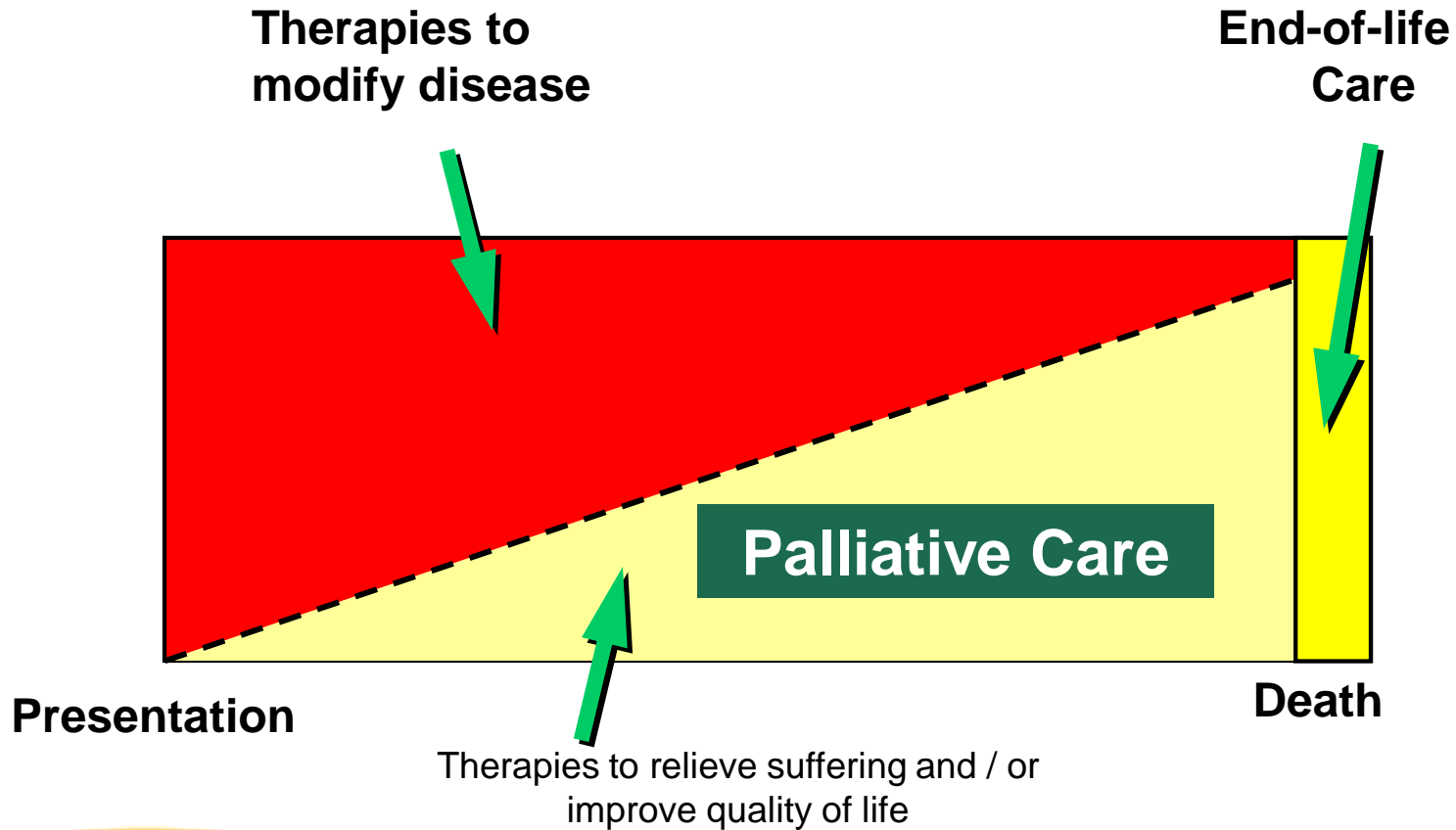
Conclusions

- Early PC has a positive impact on inpatient LOS, readmission rate, mortality rate and cost of care
- Savings at system level exceeds cost and PC improves quality of care
- Evidence that a PC ICU model can reduce ICU LOS and reduce cost
- PC increases referrals to hospice

Case Scenario

- 45 year old patient presents to the Emergency Room with severe abdominal pain
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Palliative Care at New England Quality Care Alliance and Tufts Medical Center

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Assistant Professor of Medicine, Tufts University School of Medicine

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NEQCA

New England Quality Care Alliance

Affiliated with **Tufts** Medical
Center

Treating the FutureSM

Who is NEQCA?

We are a partnership of community and academic physicians dedicated to providing comprehensive, innovative, high quality, and affordable health care that brings value to their patients and the community, and expands the teaching and research mission of Tufts Medical Center and Floating Hospital for Children.

Physician-led network
of more than 1,700
members across
eastern Massachusetts

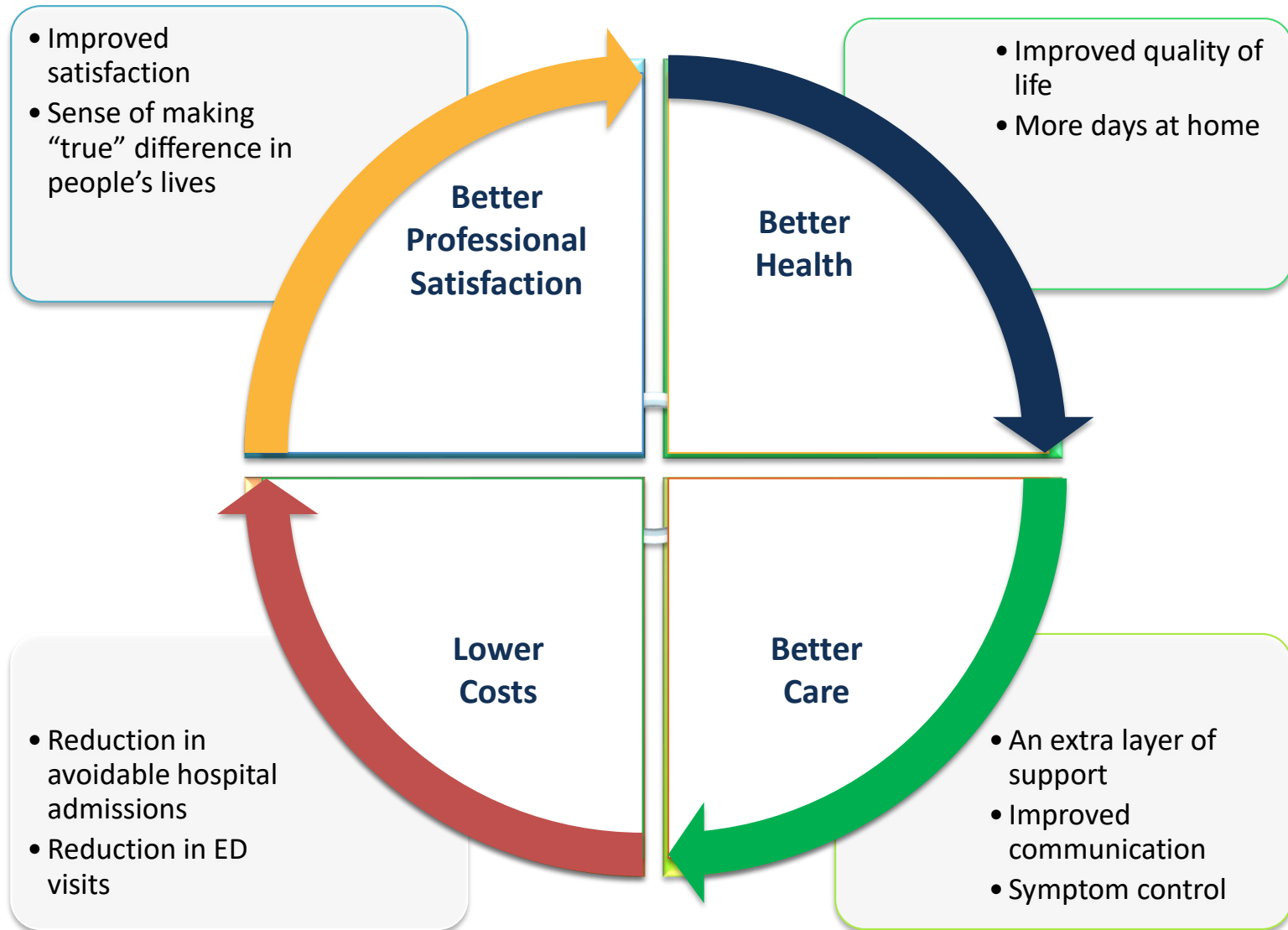
Supports a broad range
of independent
physician practices
through 13 Local Care
Organizations

Develops and
implements innovative
programs and services
that make it easier for
physicians to succeed

Programs to Support the Quadruple Aim



Palliative Care: The Quadruple Aim



Growing role of Specialists for NEQCA's Quadruple Aim Dashboard

CLINICAL SATISFACTION

- Improved satisfaction
- Sense of making “true” difference in people’s lives

PATIENT EXPERIENCE

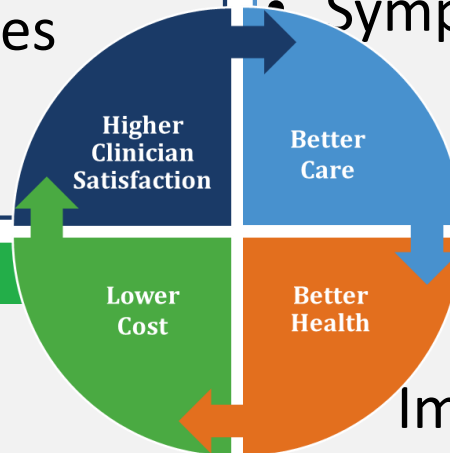
- An extra layer of support
- Improved communication
- Symptom control

AFFORDABILITY

- Reduction in avoidable unnecessary utilization

QUALITY

- Improved quality of life
More days at home



Pushing Palliative Care Upstream at NEQCA/TMC

Hospital-based

- Provided by an inpatient team: MD, NP, RN, SW

Outpatient Clinic

- Currently same as Hospital based team

Community-based

- Provided via partnership with high quality hospice and palliative care providers

Questions

