Palliative Care: A Solution for Hospitals of the Future to Improve Patient Experience, Outcomes and Reduce Costs

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- SJH Inpatient Consult Program
  - SJH Main
  - SJH East

- BH Lex Inpatient Consult Program

- BH Corbin Inpatient Consult Program

- Home-Based Primary Care
  - Fayette
  - Jessamine

- Baptist Health Medical Group Palliative Clinic

- Long-Term Care Consult Program
  - Fayette
  - Jessamine
  - NKY

- Home-Based Palliative Care
  - Fayette
  - Jessamine

Funding Sources
Patient Billings – 52% / Partners – 48%

Support Staff
Physician Practice Manager
Biller
Assistant Biller
Consider the Facts

• America’s hospitals are being filled with seriously ill, frail adults. By 2030 the number of individuals age 85 and older is expected to double to 8.5 million.

• Most people facing serious illness will end up at the hospital at some point in their illness.

• Hospital executives are increasingly concerned with the experience of care, costs of care, and satisfaction with care for this population.
What do Seriously Ill Individuals Want and Expect from Hospitals?

- Expert pain and symptom control
- Time with physicians and other members of the medical team
- Clear and effective communication about disease progression
- Control over their health care
- Education about what to expect
- Support for emotional and spiritual distress
- Safe transitions
What is Palliative Care?

Palliative care is the medical subspecialty focused on providing relief from the symptoms, pain and stress of serious illness.

*The Case for Hospital Palliative Care*, Center to Advance Palliative Care, 2014.
Palliative Care

You're Sick. It's Serious.
Palliative Care
The prevalence of palliative care in U.S. hospitals with 50 or more beds has increased 157.1% over the past 11 years. In 2000, less than one-quarter of these hospitals (658) had a palliative care program, compared with more than two-thirds (1,692) in 2011. If current trends continue, by 2014, eight in ten U.S. hospitals with 50 or more beds will have a palliative care program.
Growth of Palliative Care

A Rising Trend

61% of hospitals with more than 50 beds reported a palliative care team in 2012.

Source: America's Care of Serious Illness: A State-by-State Report Card on Access to Palliative Care in Our Nation's Hospitals. Center to Advance Palliative Care, October 5, 2011.
Did you know?

U.S. News & World Report includes the presence of palliative care services in its evaluation criteria.

Palliative care is recognized as a core component of quality through The Joint Commission’s Advanced Certification in Palliative Care.
Palliative Care Growth

Palliative Care Service Penetration

Palliative care service penetration is the percentage of annual hospital admissions seen by the palliative care team. Over the past 7 years, palliative care penetration has increased by 78%. In 2015, on average, 4.8% of all hospital admissions received palliative care.

How We Work: Trends and Insights in Hospital Palliative Care, Center to Advance Palliative Care, 2017.
Growth of Palliative Care

How We Work: Trends and Insights in Hospital Palliative Care, Center to Advance Palliative Care, 2017.
Palliative Care’s Triple Win for Hospitals

- **Patient**
  - Time
  - Expertise
  - Support
  - Coordination

- **Physician**
  Extra layer of support for seriously ill, complex patients

- **Hospital**
  - Reduction in cost for “outlier patients”
    - Reduction in ED/ICU utilization
    - Reduction in unnecessary or unwanted tests and pharmaceuticals
  - Improved satisfaction with care
  - Enhanced

*The Case for Hospital Palliative Care*, Center to Advance Palliative Care, 2014.
Cost-Savings Associated With Palliative Care Programs

On average, palliative care consultation is associated with

reductions of $1,700 per admission for live discharges and

reductions of $4,900 per admission for patients who died in the hospital.

How We Work: Trends and Insights in Hospital Palliative Care, Center to Advance Palliative Care, 2017.
Cost-Savings Associated With Palliative Care Programs

This means savings of more than

$1.3 million for a 300-bed community hospital

and more than

$2.5 million for the average academic medical center.


How We Work: Trends and Insights in Hospital Palliative Care, Center to Advance Palliative Care, 2017.
Implementing a Hospital Palliative Care Team

• Center to Advance Palliative Care (www.capc.org)
• Form an interdisciplinary planning committee of key stakeholders
• Internal needs assessment
• Review the literature on palliative care
• Develop a business plan

The Case for Hospital Palliative Care, Center to Advance Palliative Care, 2014.
# The Value Proposition of CBPC

<table>
<thead>
<tr>
<th>Patients and Families</th>
<th>Payers</th>
<th>Hospitals and Health Systems</th>
<th>Providers</th>
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<tbody>
<tr>
<td>• Improved QOL</td>
<td>• Reduced utilization and aggregate costs</td>
<td>• Improved clinical outcomes</td>
<td>• Improved clinical outcomes</td>
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<tr>
<td>• Improved satisfaction</td>
<td>• Greater member satisfaction</td>
<td>• Reduced readmissions</td>
<td>• Added layer of support for sickest patients</td>
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<tr>
<td>• Fewer symptom crises</td>
<td>• Improved clinical outcomes</td>
<td>• Designations (e.g. National Cancer Institute)</td>
<td>• Difficult conversations around prognosis &amp; goals of care</td>
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<td>• Less caregiver stress/exhaustion</td>
<td>• Care in lower cost settings</td>
<td>• Health system loyalty</td>
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<td>• Reduction in non-beneficial utilization: Fewer 911 calls, ED visits, hospitalizations</td>
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<td>• Improved care coordination</td>
<td>• Population Health</td>
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<td>• Increased ACP</td>
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<tr>
<td>• Improved survival</td>
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<tr>
<td>• Timely access to hospice care</td>
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Thank you