Financial Disclosures

Gabby Cornett, MBA, Jacob Graham, MD and Kristy Johnson-Pich, DO have no financial conflicts of interest to disclose.
Home-Based Palliative Care in the South

Gabby Cornett, MBA
Models in HBPC

**Traditional**
- NP driven
- MD & LCSW available
- Home visits: ALF, SNF, residence
- Can also provide care in Hospital or Clinic
- Care provided: symptom and medication management, ACP, goals of care

**Market Demand**
- NP/MD/RN – 6-8 week training
- Primarily provided in SNF
- 90% of visits focused on education and goals of care discussions
- Reduction of hospitalizations, futile medical treatment, and increased quality of life

**Other Models**
Chronic Care Management, Telephonic Palliative Care, Hospital to Community programs reaching patients in SNFs, etc.
Post Acute Discharge Destinations
From Hospital Inpatient Setting

- NoPAC: 49%
- SNF: 22%
- HHA: 20%
- HOS: 4%
- IRF LTCH: 1%

Source: Excel Health, Medicare FFS Home Health patients through Q4 2017. General Acute Care Hospitals. www.excelhealthgroup.com
Providers

According to a 2014 Gallup Poll, 13% of employees worldwide consider themselves to be ‘actively engaged’.

An internal survey of providers show only 8% have completed their own advanced directives.

Turnover in Healthcare can cost up to 20% of the annual salary of the position (excluding MD).

- Do your employees feel they are able to voice their ideas and suggestions?
- Do you solicit feedback from your team?
- Have you set goals for each provider?
- What is the culture of your PC program?
- Are accomplishments recognized?
- Is there a defined structure for each team member?
- Do your providers have Advanced Directives?
- Have you focused your efforts on a particular segment?
Questions, thoughts, ideas?

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References:

• https://homehealthcarenews.com/2018/06/2017-hospice-and-home-health-medicare-utilization-trends/#at_pco=smlwn-1.0&at_si=5bc9a580b41614a5&at_ab=per-2&at_pos=0&at_tot=1
• http://healthliteracymap.unc.edu/
Forrest General Hospital

Dr. Jacob Graham
Forrest General Hospital

• Palliative and Supportive Care Services started August 3, 2015
• Asked to see ~1000 consults (5% of hospital admissions) in first year (saw ~600)
• Added NP July 2016
• Added MD Nov 2016
• ~1500 consults/yr
• ~7% of admissions
• ~40% ICU
• ~25% die in hospital
• ~30% hospice
Institutional buy-in

• Large ICU frequently on diversion:
  – Participation on ICU team rounds
  – “Palliative care is the best thing Forrest General has ever done” – ICU Director (admittedly given to exaggeration at times)

• Forrest General Home Care and Hospice with inpatient hospice unit opened roughly a year after palliative care start date:
  – ~60% of inpatient referrals generated by palliative care
  – Hospice house unexpectedly broke even in first year

• New family medicine residency:
  – Rotation for upper levels
  – Regular didactics on symptom management, communication skills, and ethics (~monthly)
Barriers

• “Aren’t y’all hospice?”
• “He/she isn’t ready for palliative care”
• Never said but sometimes still heard loud and clear...“I don’t want palliative care clouding the picture, holding up discharge, etc.”

• Catch more flies with honey...
Barriers

• From the CFO...“How do I know you’re saving me money?”

  – ~$1700/admission in direct costs for live discharges and
  – ~$4900/admission in direct costs for deaths

• Conservative method used by our team:
  – Navigator question: “Did the plan of care change after consultation with palliative care?”
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<th>Navigator answer</th>
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<th>Liberal</th>
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<tr>
<td></td>
<td>N</td>
<td>$0</td>
<td>$4900</td>
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- **Annual cost savings June 2017 – May 2018:**
  - $1,900,900 by conservative method, $3,453,300 by liberal method
Summary

• Initial successes achieved through:
  – Identifying “pain points”
  – Making palliative care palatable to various consultants who want different things
  – Showing value (cost savings, hospice utilization, positive reviews from clinicians, patients, and families)

• Remaining hurdles:
  – Outpatient palliative care
  – Silos seeking synergy
SOUTHEAST HEALTH
(Formerly Southeast Alabama Medical Center)

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Southeast Health Service Area

Highlights

- Southeast Health has a defined service area based on a 75 mile radius around the main campus.
- It is comprised of 13 counties in Alabama, Florida, and Georgia.
- 311 Beds (Previously 410)
PALLIATIVE CARE INPATIENT CONSULT SERVICE

• History
  • Started in 2014 after 5 years of planning
  • Initiative by 2 Oncology nurses and an Internal Medicine Hospitalist
  • 1.0 FTE Physician, 1.0 FTE RN

• “Buy-in”
  • Busy ICU and now Neuro-ICU, often on Diversion
  • Cost Savings

• Evolution of Program
  • 651 Consults in 1st year with 3.4% penetration
  • FY18 saw 964 consults with 5.2% penetration
  • Now 1.6 FTE Physicians, 1.0 FTE NP
  • Involved in Hospital Hiring 1st Board Certified Chaplain
  • Est. Cost Savings $3,064,628 (per CAPC Impact Calculator based on consult volume, penetration and team FTEs)
CHALLENGES/ OPPORTUNITIES

• Education about Palliative Care
  • Next Closest Palliative Care Service is 115 miles away
  • Totally new concept to our area
  • “Teaching old dogs new tricks”

• Closest Inpatient Hospice Unit is 89 miles
  • Currently working with local Hospice Group to consider adding Unit in our facility
  • Have devised an Inpatient Hospice Policy utilizing “Virtual Beds”

• Nearly the entire C-suite changed with new CEO in 2016
  • System-wide Optimization in 2017
    • Goal of over $30 million in cost reductions
    • Administrative “Champions” for Palliative Care (CNO, CMO)
CAPC 2015 STATE REPORT CARD

• States receiving a D grade (40% or less of hospitals having palliative care) were Alabama, Alaska, Arkansas, Mississippi, New Mexico, Oklahoma, and Wyoming.
Is Being Rural the Barrier?

The States of Rural America

Seven out of ten states have a larger percentage of rural population than the national average.

- More than 50% rural (15 states)
- More rural than U.S. average, 28.8% (19 states)
- Less rural than average, 10% to 28.8% (13 states)
- Less than 10% rural (3 states and D.C.)

Source: U.S. Census
• 90% of hospitals operated by the Catholic Church have palliative care
• Palliative Care in the Deep South = GET A GOOD CHAPLAIN!