



MISSOURI HOSPICE
& *Palliative Care*
Association

Midwest Conference on Palliative & End of Life Care
Palliative Care Pre-Conference
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Reforming Care Beyond Healthcare:
Opportunities & Challenges for True
Palliative Care

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Perspectives

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FOR HEALTH POLICY & CLINICAL PRACTICE
GEISEL SCHOOL OF MEDICINE AT DARTMOUTH

Cohort study with a select number of thought-leading providers organization to participate in an invitation-only "PAC cohort" that aims to define the acute and post-acute provider competencies required for success under value-based payment models and how acute and post-acute provider organizations can effectively collaborate to collectively achieve the aims of value-based care for the local population.

Subtext

Issue: Creating a health and social care system that reliably delivers high-value outcomes in a financially sustainable manner for seriously-ill populations is a key challenge of our time. It is clear, healthcare leaders cannot use the same navigation techniques employed under fee-for-service payment models to define and implement the change pathway to optimizing care and outcomes for these populations. Given the increasing accountability for downside risk of attributed lives, to confidently chart the path forward it is critical every system and their partners become mutually proficient in capturing and using new data to institute whole-person, relationship-based care and create measurement systems that provide timely insights describing what is working and why. To make an efficient transition, the Network must collectively employ systems-thinking change models that simultaneously mitigate immediate challenges, create new technology and care capabilities, and align the workforce and care network partners with new performance expectations.

Subtext of Subtext

Mitigating risk.

Understanding Risk

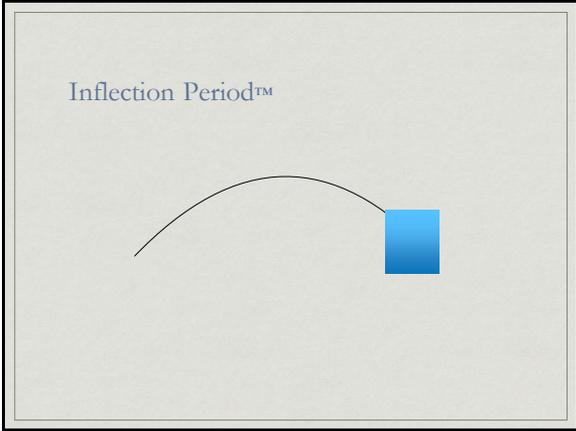
Physicians are typically responsible for **patient risk**.

Understanding Risk

Payers are generally concerned with **financial risk**.

Understanding Risk

Unfortunate dynamic results that payers attempt to control physician behavior.



Potential Savings with True Palliative Model

Plan with 50,000 Enrollees

	\$/Year/Person	\$/Year/Group
Average Medicare Member	9,000	450M
Most Expensive 10%	45,000	250M
Bottom 90%	5,000	250M

Potential Savings with True Palliative Model

Cost Savings of X%

X%	% Savings Across Population	-or-	Maximun Shared Savings Under CMS ACO**	
			Track 2	Track 3
20%	10%	\$45M*	Track 2	\$21.6M
			Track 3	\$27M
10%	5%	\$22.5M*	Track 2	\$8.1M
			Track 3	\$10.M
0%	0%	\$0M*	Track 2	\$-5.4M
			Track 3	\$-6.8M
-10%	-10%	\$-22M*	Track 2	\$-18.9M
			Track 3	\$-23.6M

Palliative Care for the Patient

This session is aimed at defining a true palliative care model, its relationship to hospice, acute and non acute care, serious disease and population health management.

In addition, it will examine the identification, engagement and retention of appropriate individuals within a palliative framework.

Objective

Gain an understanding of true palliative care.

Objective

Identify palliative appropriate patients.

Objective

Patient engagement: A successful vernacular.

Questions

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How to Make Palliative Care Work

This session is aimed at describing key developmental strategies of a successfully integrated delivery system for true palliative care and hospice within the SERPA- ACO Partners.

Objective

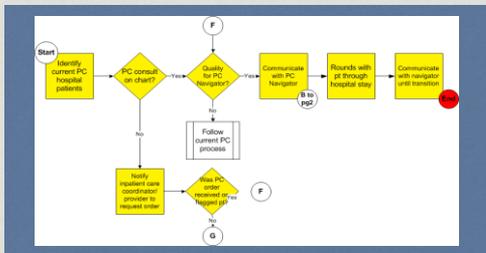
Participants will gain an understanding of the formation and utilization of a true palliative care model and hospice within an integrated delivery system

Opportunities



Advanced Care Collaborative

Inpatient Palliative Care RN



Objective

Understand the impact of expanding palliative and hospice services across the care continuum

Patient Story

72 year old female: DM, Hypertension, CAD, CVA, Dysphagia, Aspiration Pneumonia, COPD, Atrial Fibrillation, Respiratory Failure

Patient Story

Prior to Palliative Care 2009 - 2011
• 27 Hospitalizations
• 2 ED visits

Inpatient Palliative Care 2012
• 7 Hospitalizations
• 5 ED visits

Comprehensive Palliative Care 2013 - 2016
• 4 Hospitalizations
• 3 ED Visits

Objective

Future of ACO models, reimbursement, regulatory and accreditation perspectives

Questions

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Palliative Care...

*A different voice in healthcare...
so patients can find their own.™*