Reforming Care Beyond Healthcare:
Opportunities & Challenges for True Palliative Care

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Perspectives
- Physician
- Board Member
- Educator
- Consulting / Policy
- Caregiver
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 navigational techniques employed under fee-for-service payment models to define and implement the change pathways 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 institutionally proficient in capturing and using care data to institute whole-person, relationship-based care and create measurement systems that provide timely insights working and why. To make an efficient transition, the Network must collectively employ systems thinking change models that continuously 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

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<tr>
<th></th>
<th>$/Year/Person</th>
<th>$/Year/Group</th>
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<tbody>
<tr>
<td>Average Medicare Member</td>
<td>9,000</td>
<td>450M</td>
</tr>
<tr>
<td>Most Expensive 10%</td>
<td>45,000</td>
<td>250M</td>
</tr>
<tr>
<td>Bottom 90%</td>
<td>5,000</td>
<td>250M</td>
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**Potential Savings with True Palliative Model**

Cost Savings of X%

<table>
<thead>
<tr>
<th>X%</th>
<th>% Savings Across Population</th>
<th>Maximum Shared Savings Under CMS ACO**</th>
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<tbody>
<tr>
<td>20%</td>
<td>10% $45M*</td>
<td>Track 2 $21.6M Track 3 $27M</td>
</tr>
<tr>
<td>10%</td>
<td>5% $22.5M*</td>
<td>Track 2 $8.1M Track 3 $10.5M</td>
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<tr>
<td>0%</td>
<td>0% $0M*</td>
<td>Track 2 $-5.4M Track 3 $-6.5M</td>
</tr>
<tr>
<td>-10%</td>
<td>-10% $-22M*</td>
<td>Track 2 $-18.9M Track 3 $-23.6M</td>
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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

1. Participants will learn ways to identify patients who would benefit from a palliative perspective.

2. Examination of successful patient engagement models specific to palliative care will be explored including appropriate marketing, initial engagement and retention.

Gain an understanding of true palliative care.

Identify palliative appropriate patients.

9/18/2018
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

Discuss key strategies for tracking growth and development of a palliative program
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

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.™
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2. Examination of successful patient engagement models specific to palliative care will be explored including appropriate marketing, initial engagement and retention.

Thank You