PC in the Safety Net: Developing specialist services and leveraging community resources

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Roadmap

- Landscape for seriously ill Medi-Cal patients
  - Past
  - Present
  - Future
- Illustrate opportunities for collaboration
  - Partnership: Health Network & SF Health Plan
  - San Francisco Palliative Care Task Force

What is the landscape like for seriously ill Medi-Cal members?

Common needs and concerns for patients like Ms. O

- Symptom management
- Advance care planning
- Assistance with activities of daily living
- Psychosocial support

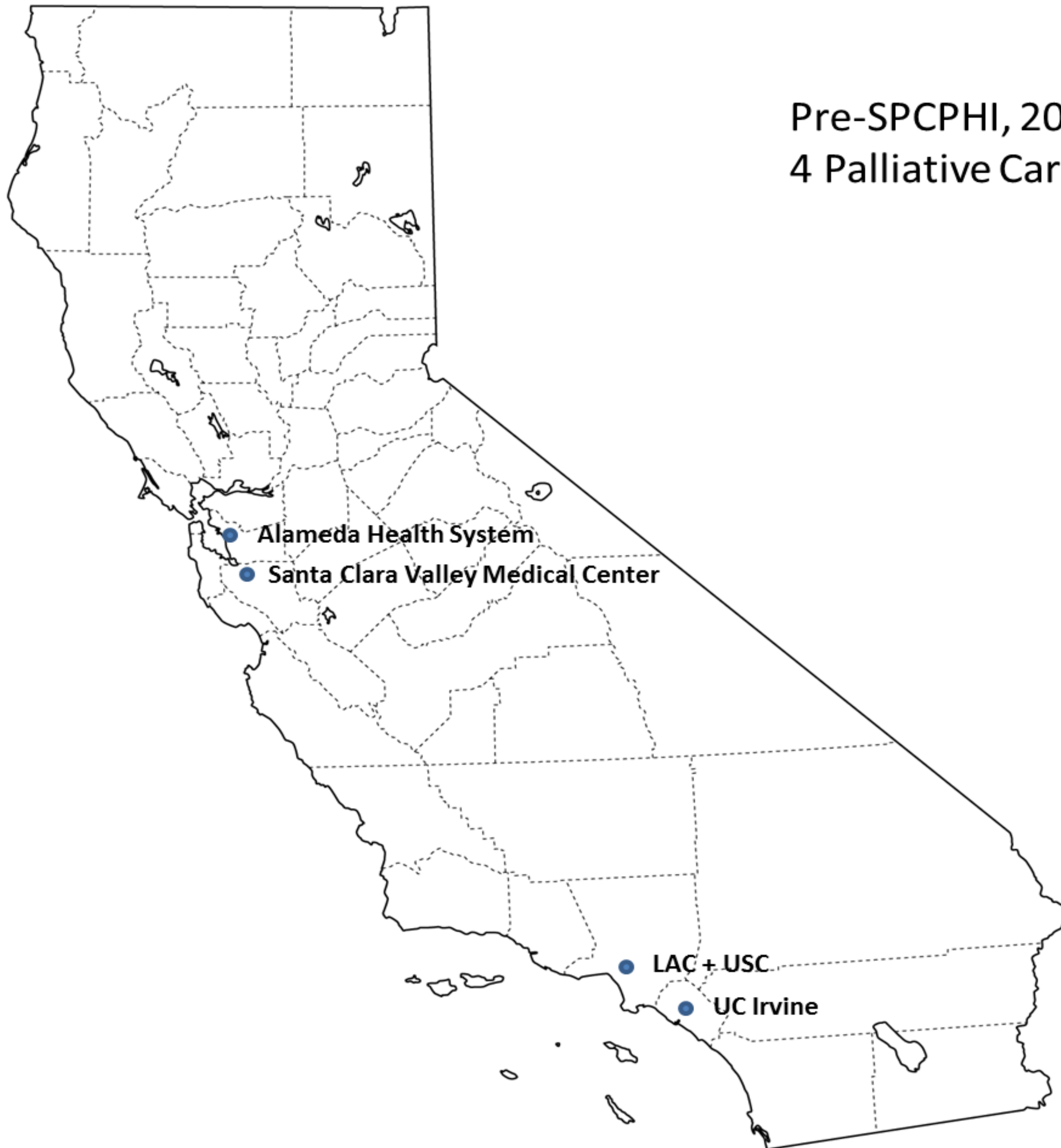
Typical resources to support Ms. O

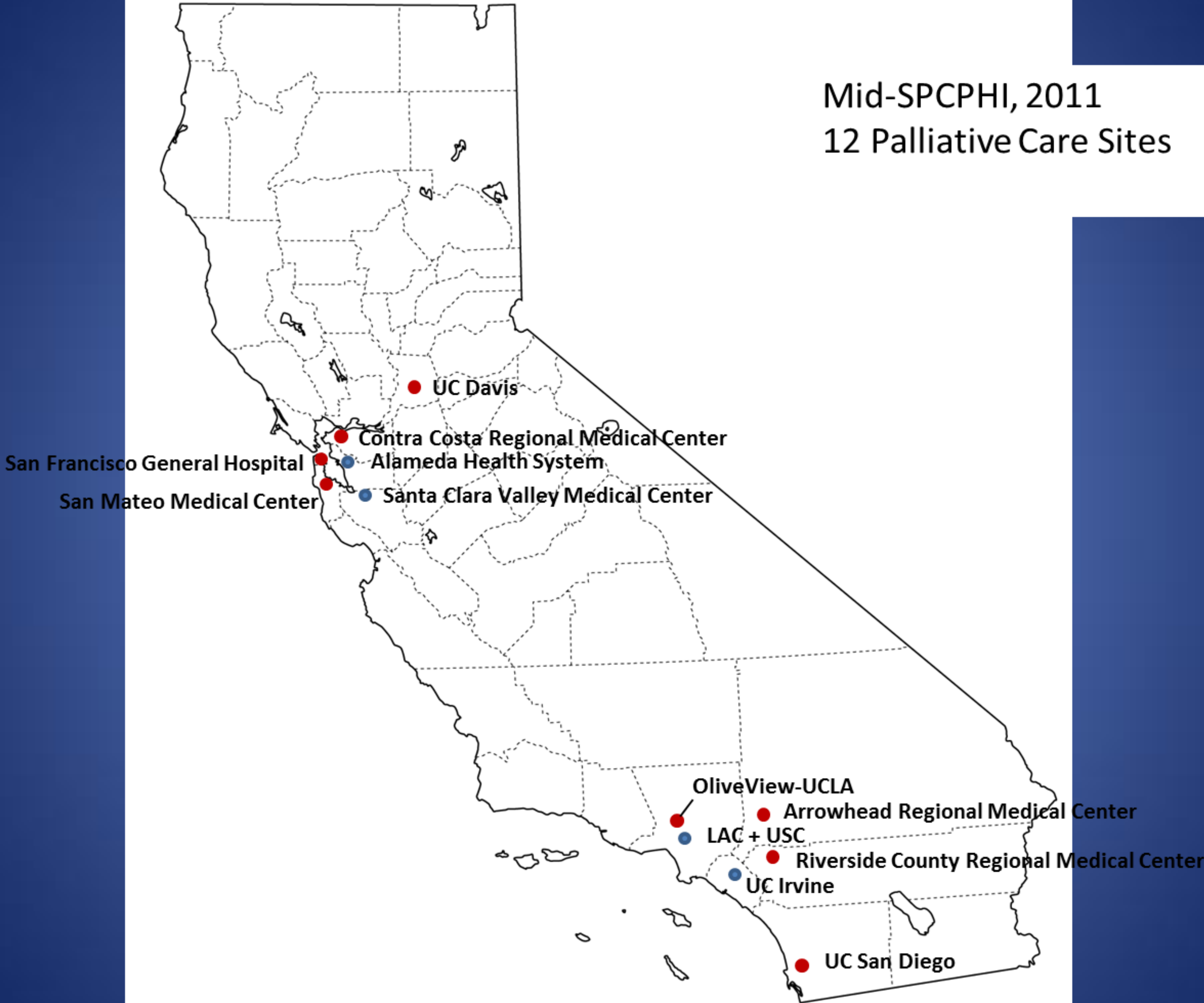
- Caring physicians
- (Limited) social work support
- Short-term home health services
- IHSS

Providers have excellent intentions but run into many barriers in coordinating care in current system

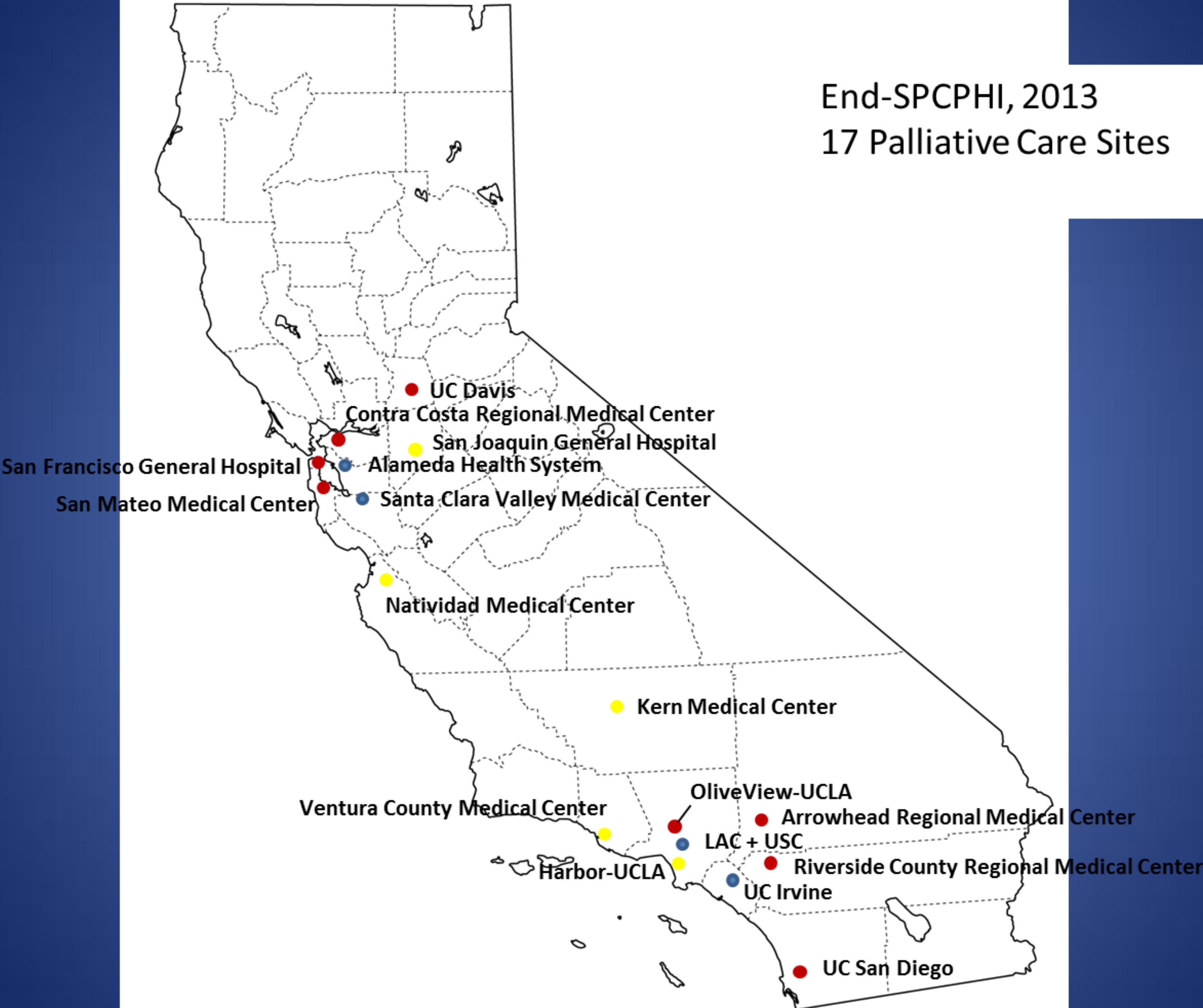
What support would be available to Ms. O while she is in the hospital?

Pre-SPCPHI, 2007
4 Palliative Care Sites




Mid-SPCPHI, 2011
12 Palliative Care Sites
UC Davis
Contra Costa Regional Medical Center
San Francisco General Hospital
Alameda Health System
San Mateo Medical Center
Santa Clara Valley Medical Center
OliveView-UCLA
Arrowhead Regional Medical Center
LAC + USC
Riverside County Regional Medical Center
UC Irvine
UC San Diego

End-SPCPHI, 2013
17 Palliative Care Sites



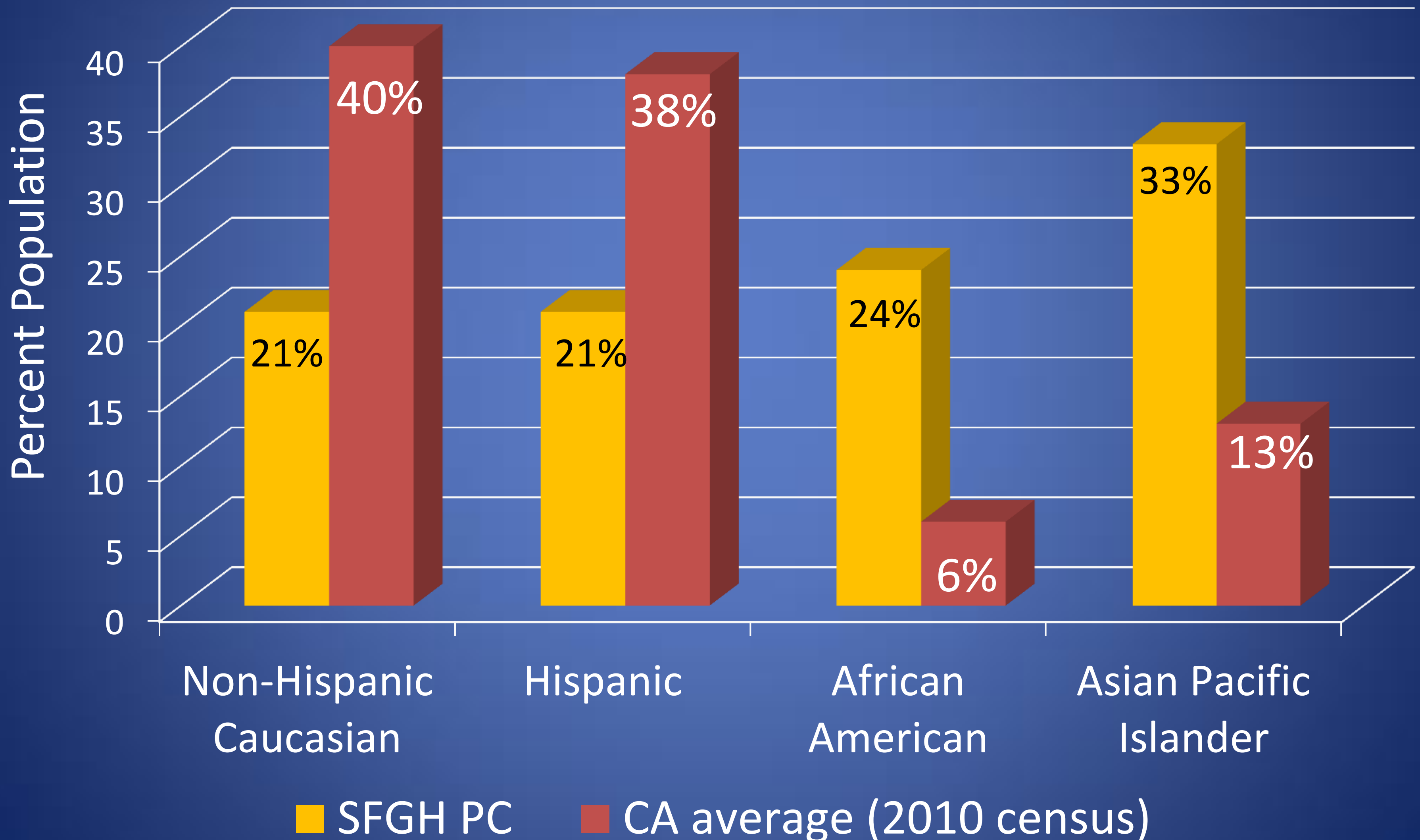
Supportive & Palliative Care Team

Included on team:
Physician, RN, social worker, chaplains

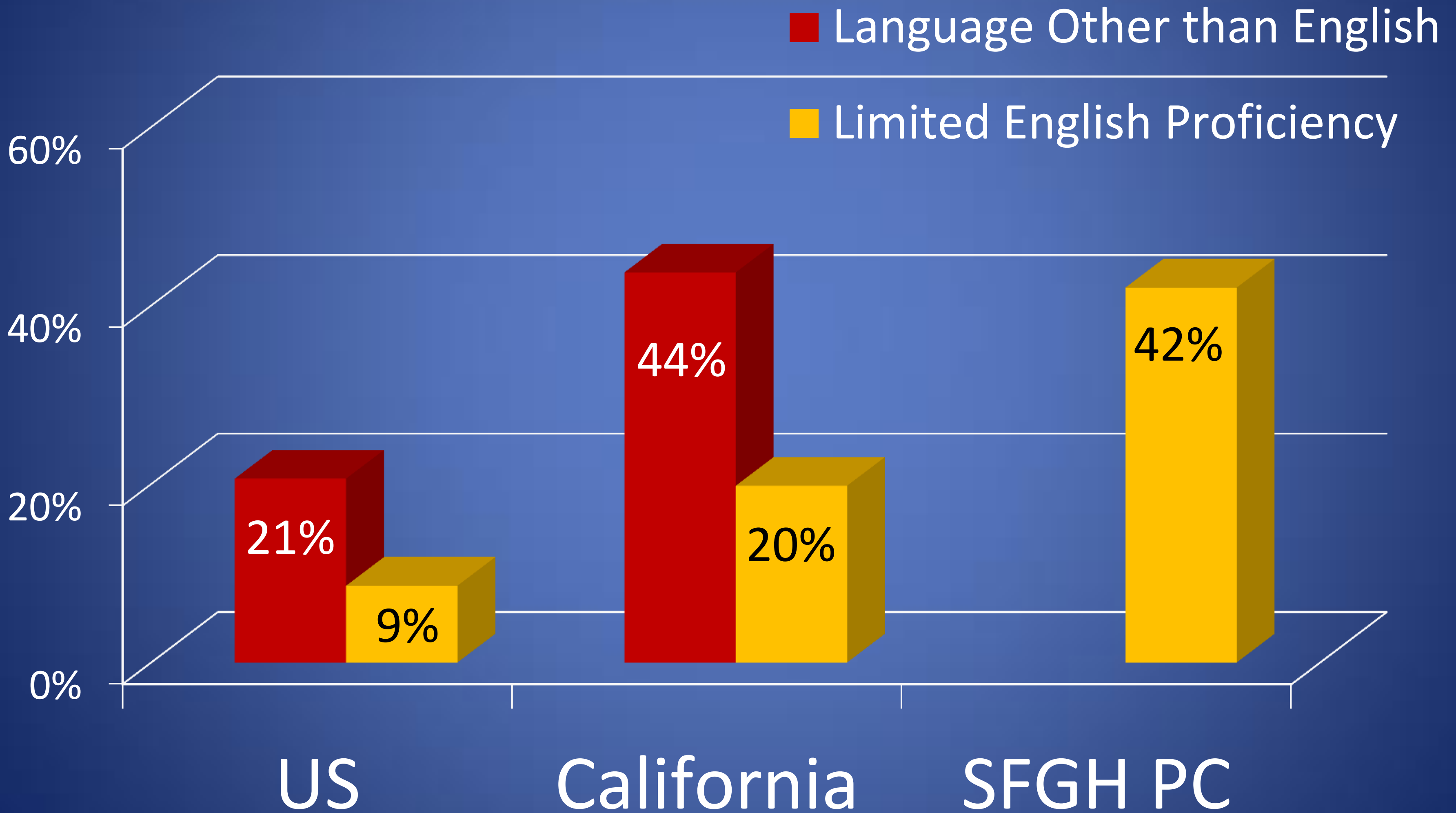
SFGH Palliative Care Service

- Launched Dec 2009
- Interdisciplinary, expert consultation, available hospital-wide, 24/7 phone support
- Support for patients and family
- Support for staff
- Participation in educational & quality improvement initiatives
- Steady increase in consultation requests

Who are our patients?



Communication Barriers



2010 US Census

Who are our patients?

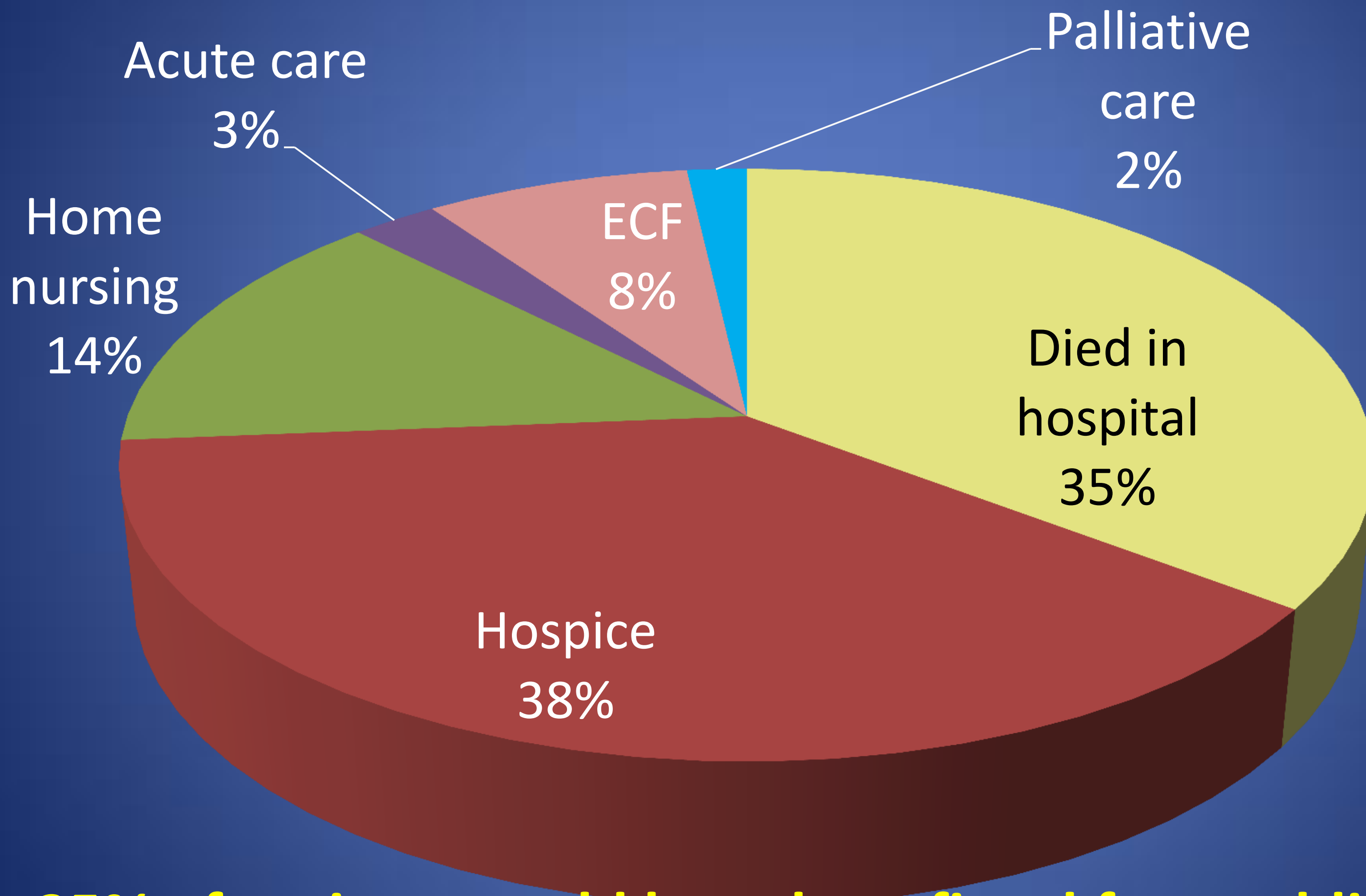
- >20% marginally housed or homeless
- Medical Conditions
  - Cancer (40%)
  - Devastating brain injuries (14%)
- 10% unbefriended

(no surrogate/caregiver)

What do we do for our patients?

- Help clarify wishes/goals (62%)
- Manage distressing symptoms
  - Pain (22%)
  - Shortness of breath, Nausea, other (20%)
- Hospice discussion/referral (23%)
- Counseling/support for patient, family (18%)

What happens to our patients?



25% of patients could have benefitted from additional community-based palliative care

What about patients we're NOT seeing?

- "Too soon"
  - Diagnosis not confirmed
  - New diagnoses
  - Still seeking life-prolonging treatments
- Providers have difficulty prognosticating
  - Heart failure
  - Emphysema/chronic bronchitis
  - Dementia
  - AIDS

What happened to Ms. O?

- Continued with life-prolonging treatments
- Limited, short-term home nursing
- Fragmented care across health systems

What will she do if she gets short of breath at home?

Planning Ahead: Better Care for Patients Like Ms. O

- More support (patients, families)
- Attention to symptom management
- Advance planning
  - Clarifying goals and wishes
  - Urgent/Emergent issues
- Proactive identification of patients at high risk
  - Distress
  - Discomfort
  - Unwanted/unnecessary care

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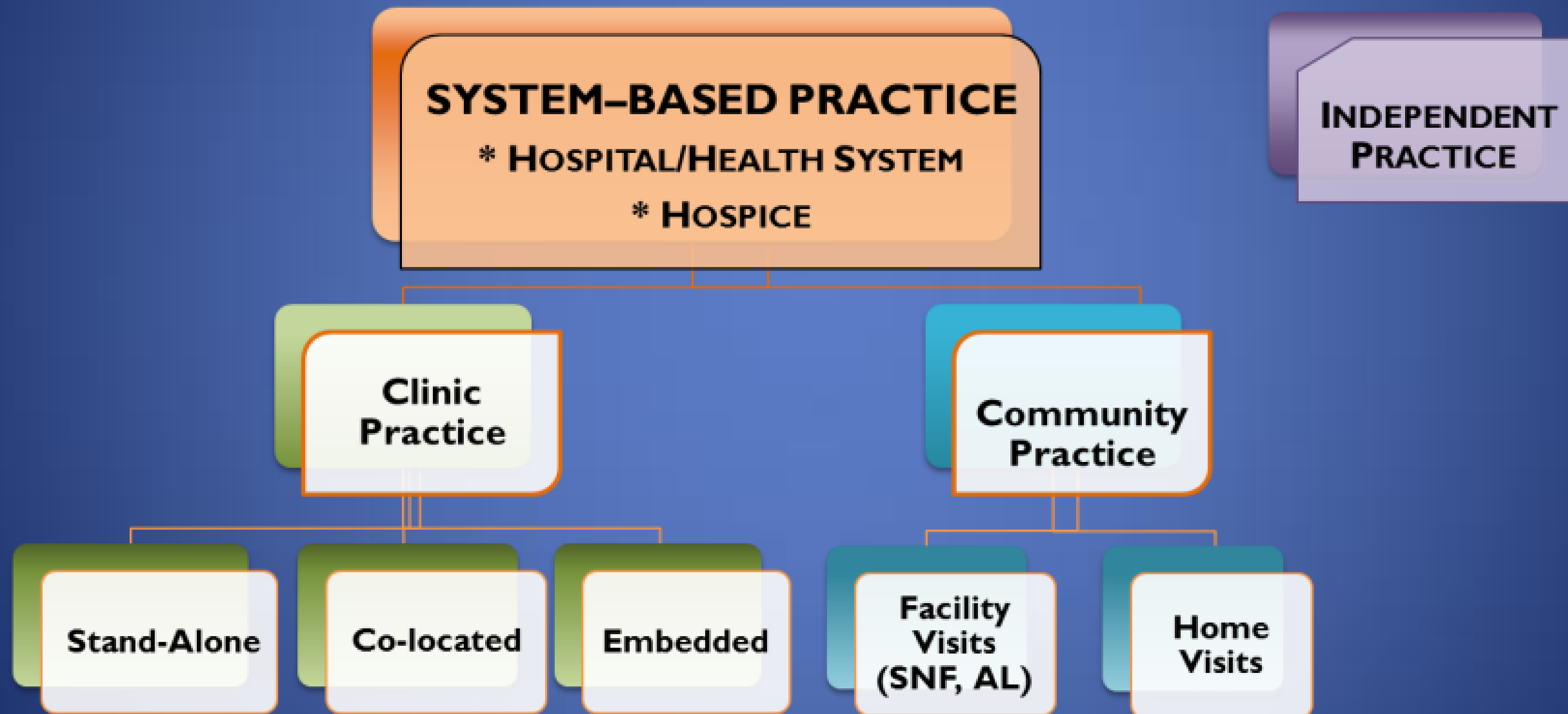
Planning Ahead: Community-Based Palliative Care



Slide courtesy Center to Advance Palliative Care

Dreaming Big:
Efficient, High-quality Services

- Flexible options for community palliative care
  - Clinic-based services
  - Home-based services
  - Case management/telephone support
- System for providing appropriate services to the patients who need them most

How do we identify patients in need?

Ways to identify patients

- Clinician-dependent
  - Referrals from inpatient palliative care team
  - Referrals from outpatient providers
- Automatic "triggers"
  - Specified diagnoses
  - Screening tools
- Payer data
  - Utilization patterns

Forecasting need for community-based palliative care in SF

- Cancer patients
  - High proportion of patients referred to inpatient PC
  - High symptom burden
  - Easier to prognosticate
  - Partnership with oncology
  - Many studies demonstrate benefits of early PC

What impact could "early" PC have on cancer patients in our system?

SFGH Study: Utilization Patterns of Cancer Patients

- Retrospective analysis of cancer patients who died over 3-year period
- Data sources
  - Tumor registry
  - Finance/quality management departments
  - Palliative care database
- Examined care utilization patterns in last 6 months of life

SFGH Study: Utilization Patterns of Cancer Patients

- 403 patients died in 3-year period
- Heavy inpatient utilization
  - In last 6 months
    - 76% of patients were admitted to SFGH
    - 39% had multiple admissions (avg. 1.9 admissions)
  - In last month of life
    - 47% of patients visited the SFGH Emergency Dept.
    - 45% of patients were admitted to SFGH
    - 21% had multiple admissions
    - 16% were admitted to the ICU
  - 1/3 of patients died in hospital

SFGH Study: Impact of Inpatient Palliative Care

- Inpatient palliative care reaches many patients, but too late
  - Cared for 44% of the entire decedent population and 58% of those who were hospitalized
  - Median of 22.5 days between first inpatient PC contact and death
  - In 60% of cases the initial contact with the PC team took place in the final month of life

SFGH Study: Predicting Impact of Early PC

- Greatest impact when contact with patients is at least 3 months prior to death
  - Symptom management
  - Clarification of goals of treatment, goals of care
  - Advance care planning
- Outpatient PC programs for cancer patients have shown 40% reduction in ED visits, hospitalizations for patients seen early

SFGH Study Conclusion: We Can Make an Impact!

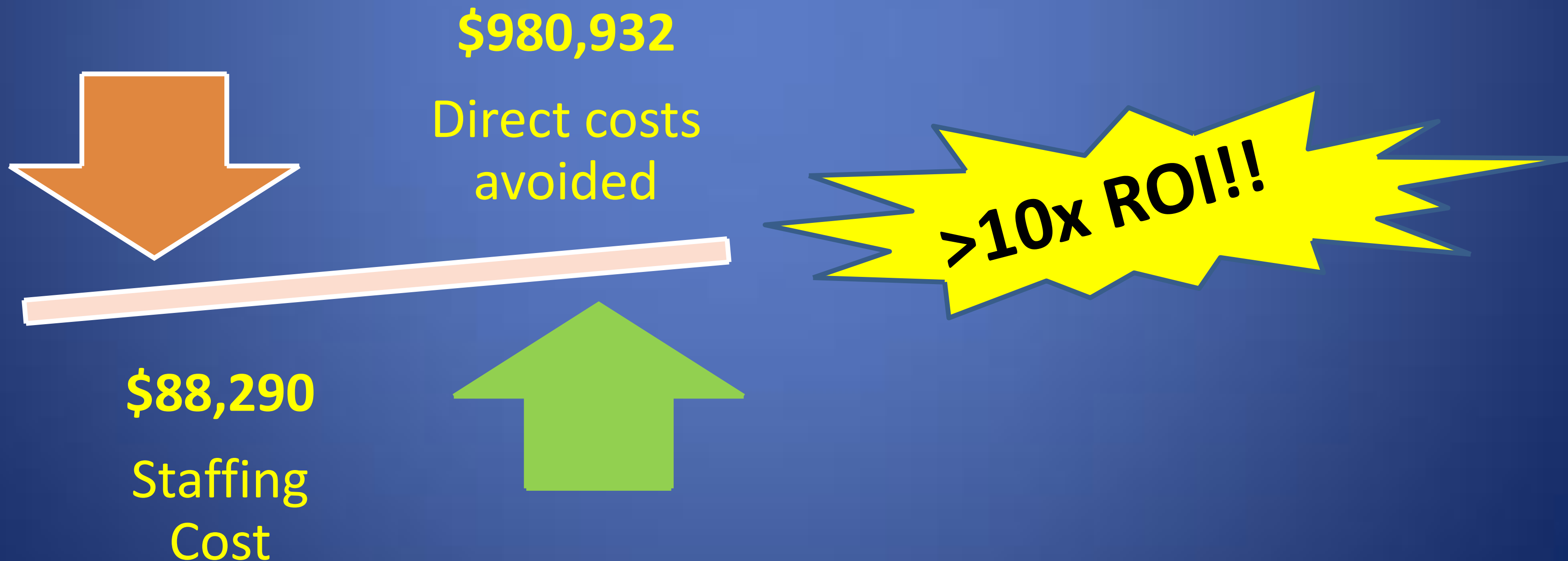
- About 1/3 of SFGH patients who die of cancer present early enough (>3 months prior to death) to be referred to an OP PC clinic
- Based on analysis, OP PC clinic could expect to make an impact on 50 patients/year

Expect 40% reduction in inpatient utilization (38 admissions, $25,814 ea.)

Expected cost avoidance: $980,932

SFGH Study: Business Case

- Would only need 0.2 FTE for team to see expected patient volume in 2 half-day clinics/week
- Salary for MD, APRN, SW + 17 % Benefits = $88,290



SFGH Study:
Next Steps

- Submitted business plan to City/County
- Partnering with SF Health Plan
  - Service delivery model
    - Staffing
    - Location
    - Triggers for referral
  - Analysis of utilization patterns for patients with other serious illnesses

Gap analysis: Opportunities to Improve Care

- From SFGH perspective
  - Which patients need PC post-discharge?
  - In what setting(s) would CBPC services have the greatest impact (for which patients)?
  - What are the priorities of our partners, stakeholders?
- From system's and payer's perspective
  - What quality standards should we track?
  - How can we most efficiently use limited resources?
    - Leverage existing resources
    - Add new programs/providers where critical gaps exist

SF Palliative Care Task Force

- Community collaboration, June-Aug 2014
- Supported by CHCF, co-sponsored by:
  - SF Dept of Public Health
  - SF Dept of Aging and Adult Services
- Mix of community and hospital-based providers, social service agencies
- Purpose: "to develop strategic recommendations to meet San Francisco's current and future palliative care needs"

SF Palliative Care Task Force

- 3 main deliverables:
  1) Definitions for palliative care and a palliative care target population;
  2) Inventory of dedicated palliative care services currently available in San Francisco; and
  3) Short- and long-term recommendations aimed at improving access to quality palliative care

SF Palliative Care Task Force: Outcomes

- Successfully produced deliverables over short time-frame, on voluntary basis
- Report written, presented to SF Health Commission, LTC Coordinating Council
- Creation of new workgroup to carry recommendations forward
  - Community education
  - Finance
  - Quality
  - Systems issues, including gap analysis

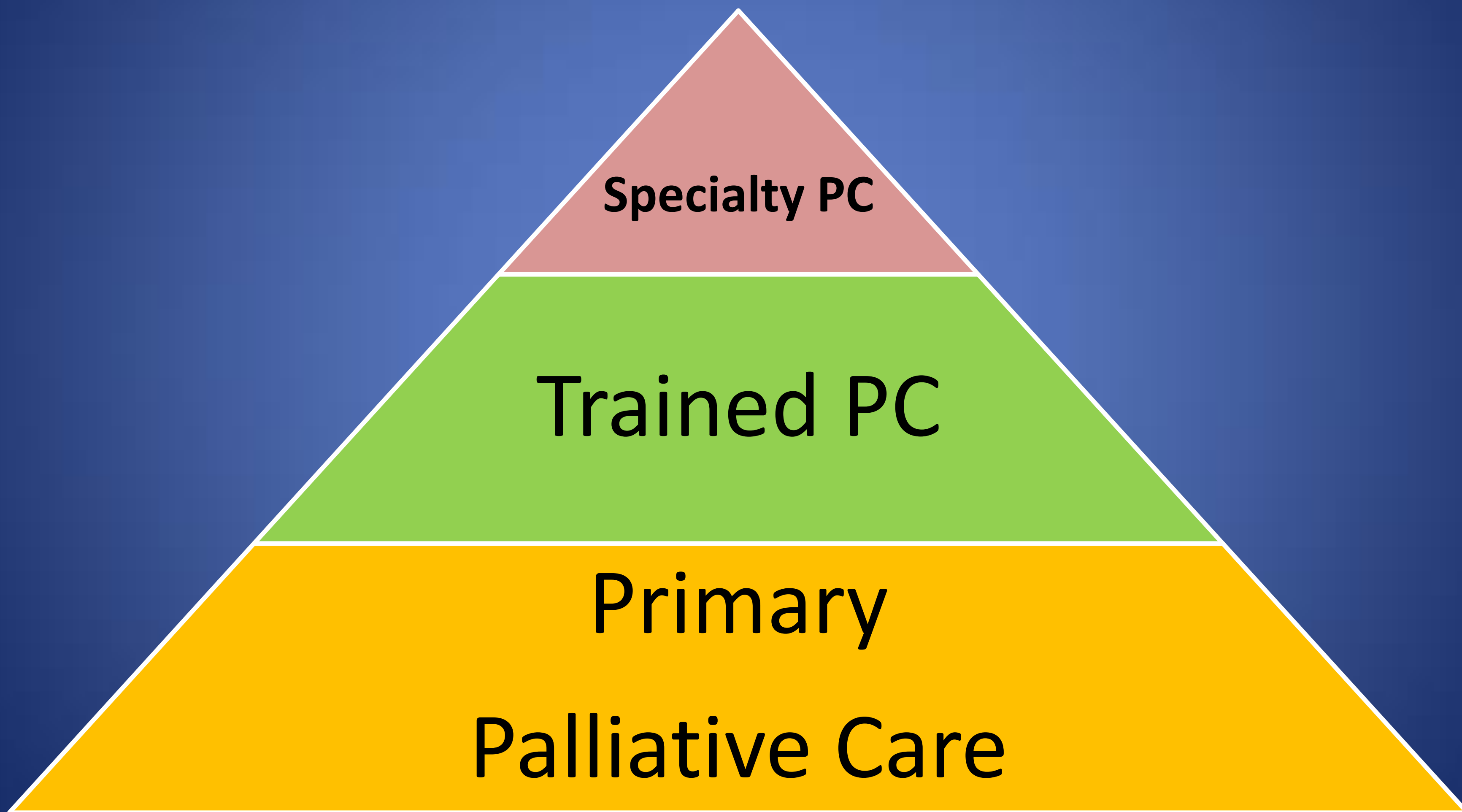
Existing Palliative Care Services

- Ambulatory Care
  - Primary Care
  - Behavioral Health
  - Jail Health
  - Maternal, Child, & Adolescent Health
- Transitions
- SFGH
  - Acute Care
  - SNF
  - Specialty Care
- Laguna Honda Hospital (SNF)

SF Health Network: Next Steps

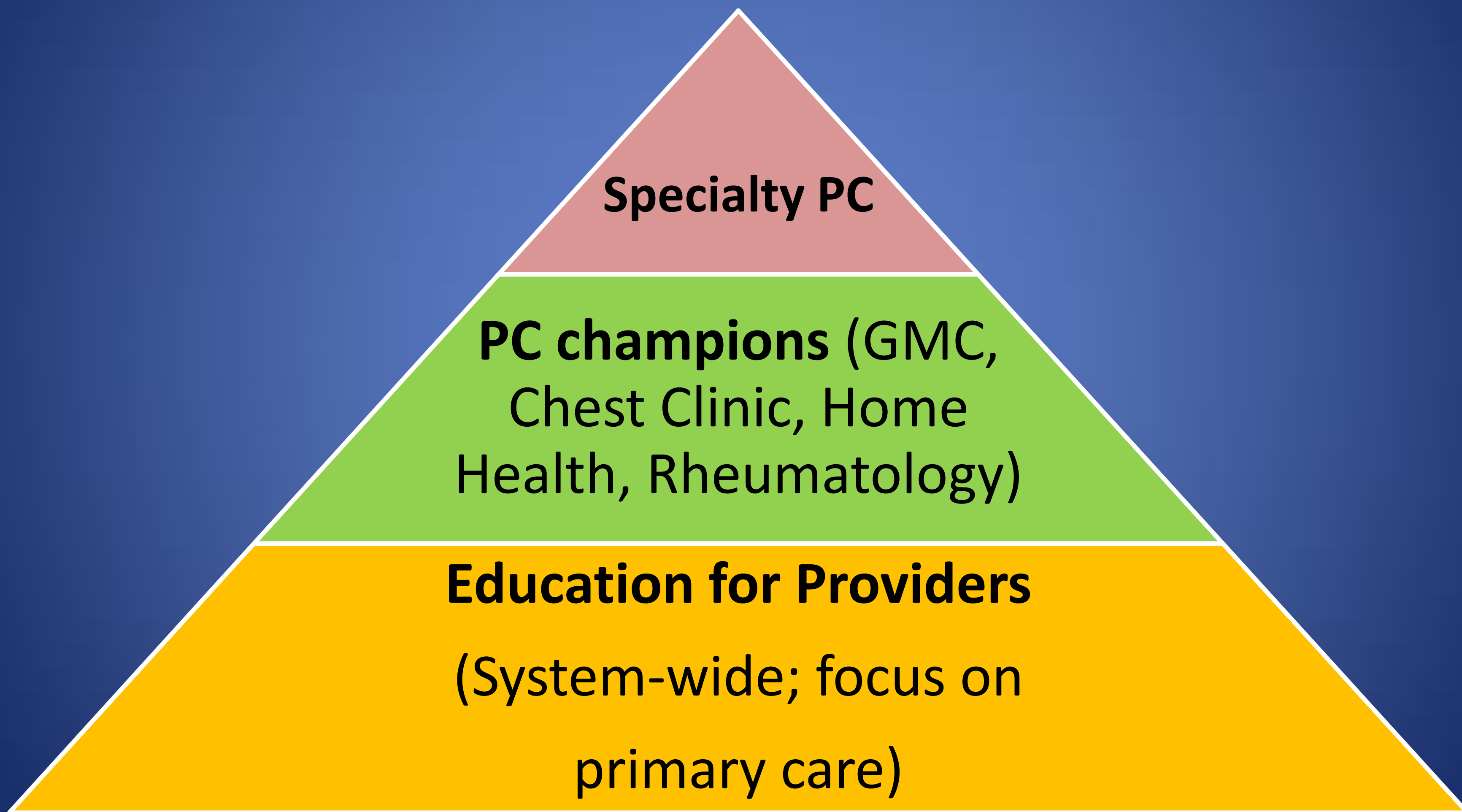
- Piloting community-based PC for cancer patients
- Partnering with SF Health Plan
- Formal needs assessment
- Develop strategic plan for improving care

Strategic, Efficient Approach to Palliative Care Delivery



Strategic, Efficient Approach to Palliative Care Delivery

Strategic, Efficient Approach to Palliative Care Delivery: Ms. O



Take-Home Messages

- Tremendous need
  - Uncontrolled symptoms, distress
  - Heavy inpatient utilization as members approach end of life
- Tremendous opportunities
  - Early PC delivery improves outcomes
  - Early PC is feasible in resource-limited systems
  - Natural partnerships between public health systems and managed care payers

THANK YOU

Juliet Wood, *Arbol de la Vida*