ICP Expanding Palliative Medicine into Outpatient Settings, Including Physician Offices

Palliative care often is associated with end-of-life care in the hospital or with hospice. But in reality, palliative care isn’t about death. It’s about helping the patient live the life he or she wants to live while dealing with advancing, serious or chronic illness. Its focus is to provide patients of any age with relief from symptoms and stress.

ICP has begun work to integrate palliative care into the outpatient setting, including the physician’s office, to give physicians and other providers another tool to manage care and potentially keep patients out of the hospital.

Our first step is adding palliative care to the congestive heart failure (CHF) centers at Hartford Hospital, The Hospital of Central Connecticut (HOCC), MidState Medical Center and Windham Hospital. These centers have been established to provide support to CHF patients and their families. The HOCC and Windham clinics have reduced readmissions significantly, and patients have given very positive reviews of both. The Hartford and MidState centers just recently opened and we expect similar positive results. (See ICP News, Volume 3, Number 6, June 2015.)

ICP also will begin integrating palliative care into Hartford HealthCare Medical Group offices, much as we have been working to integrate behavioral health services into primary care practices – to treat our patients more holistically and improve outcomes.

Adding palliative care into outpatient and physician office settings empowers providers to talk to patients about healthcare goals and to make those goals part (Continued on page 2.)
of the care management plan. ICP community care managers are doing this in the practices where they are embedded. When you think about it, it’s natural that palliative care accompanies treatment. When the patient is more involved in healthcare decisions, his or her quality of life is better and outcomes are better.

However, not every physician knows how to deliver palliative care and have those sometimes sensitive conversations with patients.

Because of that, Hartford HealthCare and ICP are working to create programs to train primary care physicians, specialists and advanced practitioners on how to deliver palliative care.

On Sept. 2, ICP will offer “Living with Serious Illness: Integrating Palliative Care into the Outpatient Setting” as the focus of our second annual conference. The conference is geared toward primary care and specialist providers, students, practice and office managers, behavioral health providers, provider organization members, and health system leaders.

Because of the two-year requirement for certification, we don’t have enough palliative care specialists to meet the need. That’s why it’s so important that primary care physicians and other providers be able to feel comfortable having conversations with patients about how patients want to live their lives. Palliative care gives patients and their families the development of a more effective care management plan.

Currently, physicians aren’t reimbursed for the time it takes to deliver palliative care; however, outpatient palliative care is growing and changes in coding to allow for reimbursement may be on the way. And as we continue to move away from fee-for-service payment to payment for value (lower cost, better outcomes), palliative care will play an important role.

According to a report from the Healthcare Intelligence Network (HIN), an increasing number of healthcare organizations are offering palliative care. About 75 percent of healthcare organizations have a palliative care program, which “supports the thesis that a well-timed palliative care consult can enhance the patient experience and foster appropriate use of healthcare resources” – two critical goals in delivering high-quality care while reducing costs.

If you have questions or comments, please contact me at IntegratedCarePartners@hhchealth.org. As always, I look forward to hearing from you. I also welcome suggestions for future newsletter topics.

Sincerely,
Dr. James Cardon
CEO, Integrated Care Partners & Hartford HealthCare Chief Clinical Integration Officer

Registration will begin at 3:15 p.m.

Keynote Speaker:
Dr. David Weissman
Palliative Network of Wisconsin, Palliative Care Education LLC

Who should come?
Primary care and specialist providers, students, practice and office managers, behavioral health providers, provider organization members and health system leaders.

More information to come.
Rising healthcare costs have driven the move to payment reform. You already may have experienced this in your practice. Payment reform often is referred to as moving from "volume to value." The fee-for-service payment model that has dominated medical care for the last century is slowly losing its hold.

Payors are offering multiple new products with new payment models that do not reimburse providers solely on the basis of doing things. Products vary but include:

- Providers themselves accepting full insurance risk for their population of patients or sharing that risk with insurers.
- Providers sharing some savings with insurers if they manage care effectively.
- Providers being paid for reaching particular quality goals.
- A combination of all of the above.

The common thread in these new products is the emphasis on controlling costs by managing utilization, and at the same time, ensuring high-quality care by managing populations of patients.

It’s difficult to face these challenges alone. Practices have responded by moving into employed models of care or joining integrated networks of independent physicians who come together to create services and provide support.

To receive maximum reimbursement in this new world, practices must have data and support to manage patients with chronic disease and care management resources for the sickest and neediest patients to prevent unnecessary use of expensive and scarce resources.

This is where ICP comes in. ICP provides access to:

- New, value-based payor contracts.
- Highly trained, nationally certified case managers – including nurses, social workers and health coaches – to help you manage patients and prevent unnecessary hospital readmissions.
- Behavioral health providers embedded in primary care practices to help with the behavioral overlays often seen in severely ill patients.
- PharmDs, who can help manage patients on complex, multiple-drug regimens.
- High-powered data analytics needed to manage patient populations in order to qualify for shared savings under new payor contracts.

For specialists, ICP offers continuing access to populations of patients as more and more networks move to keep patients within their systems.

For those interested, ICP has the capital to assist practices in effectively implementing the Epic electronic health record (EHR). Although an EHR is not required for ICP membership, it can make the work of managing chronic disease and utilization much easier.

In the next few articles, I will discuss:

- Payment reform, including the Affordable Care Act (ACA), Medicare Shared Savings Programs (MSSP), and the repeal of the Sustainable Growth Rate (SGR) formula.
- How our new value-based contracts are structured.
- What services are available to your practice and how to access and effectively utilize these services.

If you wish to “read ahead,” here are two articles about the implications of the SGR repeal.


Please feel free to contact me or anyone in ICP management with any questions you may have. (Michael.Pinnolis@hhchealth.org)
News You Can Use

‘Care Everywhere’ Shares Records
To take another step in improving care coordination and patient outcomes, Hartford HealthCare will allow patients’ electronic medical records to be viewed by authorized clinicians at other hospitals in the state, and vice versa, including Yale-New Haven Health System, St. Francis Care and Connecticut Children’s Medical Center. All of the organizations use the Epic electronic health record (EHR) and will use a feature called “Care Everywhere” to give healthcare providers secure, electronic access to medical information they might not have otherwise.

Securely shared health information can help providers make important medical decisions and avoid unnecessary testing. According to Epic, the most widely used EHR in the United States, "Care Everywhere helps ensure that patients’ health data follows them wherever they receive care — whether it’s for a planned transition of care such as referrals or for an unplanned transition such as visits to the emergency department.”

Medical Group Hires Consultant for Specialty Practices
Hartford HealthCare Medical Group, an ICP member, has hired Sagacious Consultants to perform workflow analysis for the specialty practices to enable the practices to more easily transition from paper or legacy systems to the Epic electronic health record. The company has extensive experience working with Epic. CareConnect will take the lessons learned from the consultations and apply the knowledge to future implementations.

Consumers Skipping Care Due to Costs, Deductibles
More than one-quarter of U.S. residents enrolled in individual market health coverage in 2014 skipped needed medical care because of cost, according to a Families USA report.

The report’s authors used an Urban Institute data sample of 1,229 non-elderly U.S. adults with incomes above 138 percent of the federal poverty level. The sample included individuals who had purchased coverage through an (ACA) exchange, as well as individuals who had purchased coverage directly from an insurer.

The report found that of the 25.2 percent of U.S. residents with individual coverage who skipped necessary care because of cost:

- 15% skipped tests or follow-up care;
- 14% went without prescription medications; and
- 12% did not get medical care.

Families USA Executive Director Ron Pollack said high-deductible plans are a "key culprit as to why people have been unable to afford medical care despite having year-round coverage." The report defined "high deductibles" as $1,500 or more per person. According to the report:

- More than 50% of adults had deductibles of $1,500 or greater; and
- About 30% had "exceedingly high deductibles" of at least $3,000.

Email us at integratedcarepartners@hhchealth.org
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