The challenges of tracking performance outcomes in a home-based palliative care program

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Introductions

• Who are you?
• Why are you here?
• What do you hope to learn?
What is good home-based palliative care?

- Patient and family-centered
- Psychosocial
- Spiritual Care
- Symptom management
- Holistic
- Team-based

Any age, any stage of illness
History of Care Choices

- Planning began in 2011
- Program based upon the Kaiser Permanente model
- Supported by Ellis medicine for 3 year pilot program
- Focus on clinical care, physician education and community conversations on advanced care planning
Bringing Palliative Care Home

Care Choices

The Care Choices Program is a specialized program for the coordination of healthcare services in the homecare setting for persons with very serious illnesses. Under the direction of your doctor, we help you manage your pain and symptoms to allow you to live peacefully in the comfort of your home.

Managed by the Visiting Nurse Service of Northeastern New York, the interdisciplinary team will work with you...with a patient-centered focus to establish and maintain your goals of care during this stage of your life.

When you or a loved one has advanced illnesses, it is often a time of change and adjustment. We provide support to ease fears that come with advanced chronic illnesses.

Who is it For?

- End of Life Care
- Chronic Illness Management
- Symptom Management
- Pain Management
- Hospice Care

Contact Us

518.382.7932
Care Choices Program Focus

- Symptom management
- Coordination of care
- Care for the psychosocial and spiritual needs of the patient and family
- Advanced care planning
- After care follow up for 90 days
Nurses, Nurse Case Manager, LPN
Medical director
Social worker
On-call support
Chaplain
PT, OT, R, D, ST as needed
Home health aide
Care Choices-Year 1

- March 2014-March 2015
- N=123 (74 Women; 49 Men)
- Mean Age: 79 (48-102)
- Top Primary Diagnoses: Cardiovascular, Cancer and Respiratory
- Median LOS was 113 Days (currently 134)

- Average daily census ~80
- Counties: Schenectady, Saratoga and Albany
Measures

Satisfaction (after 30 and 90 days)
• Reid-Gundlach Satisfaction Survey

Quality of Life (after 30 and 90 days)
• Edmonton Symptom Survey

Emergency Room Visits and In-Patient Stays
• Pre vs. Post Care Choices enrollment
Satisfaction Over Time

Survey Scores 0=Not Satisfied 5=Very Satisfied

Answer Questions N=27
Helpful Explanation N=24
Unique Individual N=23
Available to Help N=24
Understands Needs N=24
Received Information N=23
Recommends Services N=26
Overall Satisfaction N=27
Information Helpful N=23

Reid-Gundlach Survey Questions

Time 1
Time 2

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VNS VISITING NURSE SERVICE
UNION COLLEGE

Serving 8 Southern Counties

Founded 1795
Quality of Life

Quality of Life (Edmonton Symptom Assessment Survey) at T1 and T2
(0=best; 10 worst)
Hospitalizations (Inpatient, ER)
Care Choices-Year 1

Good news
• Good quality outcomes
  – Good symptom management
  – High satisfaction
  – Reduction in hospitalizations
• We learned a lot, and published findings:

Bad news
• Restricted glimpses of patient care (felt good enough to answer phone…).
• Day-to-day management?
• Just counted hospitalizations (LOS?. Costs?)
• Sustainability:
  – Reimbursements not tied outcomes
  – Labor intensive assessments

Major Questions for Year 2

1. Are the patient’s symptoms well managed on an ongoing basis?
2. How successful is Care Choices in reducing hospitalizations?
Care Choices-Year 2

- Jan 2016-June 2016
- N=102 (60 women; 42 men)
- Focus on pain and dyspnea (EMR Allscripts)
- Hospitalizations (ER, IP)
Question 1

1. Are the patient’s symptoms well managed on an ongoing basis?

a. How Often do patients experience these symptoms?
b. How Severe are these symptoms?
EMR: Visual Analog Scale

Focus on Pain and Dyspnea
(Majority of patients had cardiopulmonary diagnoses)
What Would You Do?

The Situation:
- New Palliative Care program run through a CHHA
- Avg. Daily Census ~ 80 patients
- Avg. LOS on Program ~ 3 months
- EMR Allscripts has sections including: clinical scales (w/ actual and desired scores), physical exam & assessments, clinical note, etc.

1. How Often do patients experience symptoms?
2. How Severe are these symptoms?

Are the patient’s symptoms well managed on an ongoing basis?
Patient-Perceived Outcomes

• Emphasis from the National Quality Foundation (NQF)
  – In December met to determine performance measures
  – Widely agreed that patient-perceived outcomes gauge whether the care actually made life better for the patient
    • BUT… Hard to tie to reimbursements
  – Challenges:
    1. Subjectivity of patient experience
    2. Relationship between outcomes and quality of care
    3. Comorbid chronic conditions affecting the same outcome

Roadblock: Missing EMR Data

- Missing Clinical Scales Data
  - Actual Scores $\rightarrow$ Missing 0’s especially
  - Desired Scores
- Results
  - Mean Dyspnea Scale Score = 1.13
  - Nuanced and inconclusive
Dyspnea Documentation Over Time

Percentage of Visits w/ Dyspnea Documented

Term

Fall 2015  Winter 2016  Spring 2016  Fall 2016
A New Perspective on Symptom Management

Patient Symptom Trajectory

Blue Dots = Actual Symptom Score
Orange Dots = Desired Symptom Score
<table>
<thead>
<tr>
<th>Metric</th>
<th>Definition</th>
<th>Q1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Symptom Management</strong></td>
<td>Percentage of Visits Where “Actual Symptom Score” is At or Below “Desired Score”</td>
<td>Pain: 78%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dyspnea: 97%</td>
</tr>
<tr>
<td><strong>Symptom Improvement</strong></td>
<td>Percentage visits where the “Actual symptom score” was higher than “Desired score”, and the next visit’s “Actual symptom score” was lower</td>
<td>Pain: 75%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dyspnea: 100%</td>
</tr>
<tr>
<td><strong>Average Score (Desired)</strong></td>
<td>Average of all patients’ average scale scores across their visits</td>
<td>Pain: 1.80 (1.69)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dyspnea: 0.38 (1.08)</td>
</tr>
</tbody>
</table>
1. How successful is Care Choices in reducing hospitalizations?

- 57% decline hospitalizations
- 75% decline hospital LOS
Care Choices-Year 2

**Good news**

- Reduced hospitalizations
- Improved documentation
- Developed process for tracking of symptoms (management and improvement)
  - Shows value of care
  - Can be used for QI decision-making
  - Can be used in a high-touch/low-touch model of care distribution

**Bad news**

- The outcomes that we attained were *not* tied to reimbursements.
CHHA is not structured with palliative care in mind, which may lead to challenges with financial sustainability

- Medicare reimbursement-episodic payment
- Low case mix index-drives reimbursement
- Expensive model with a lot of non-revenue producing expenses
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Palliative Home Care Wish list

- Continuous
  - Avoid discharges
  - Involve hospice
- Holistic
- Capitated
- Rebranded?
  - Advanced Illness Management (AIM)
- Individualized Care
- Standardized Assessment of Outcomes
  - Data analytics staff