Innovation and Hospice: Moving the Mission Forward

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Who am I?

• CareFirst is a small to medium sized, independent, not for profit hospice provider covering Chemung, Steuben and Schuyler Counties in the Southern Tier of New York
• Innovation Department launched in 2016
  – In the works for years
• I have filled many direct, administrative and management roles
• If we can do this, so can you!!
What will we cover?

• Recognizing challenges
  – Why do we have to innovate?

• Recognizing opportunities
  – What can we do?

• Taking advantage of opportunities
  – How do we do it?
Affirming life through extraordinary, compassionate support and care for the seriously ill and grieving

Any effort that can move this mission forward is within our scope of care

Not just hospice!
Why is Innovation Needed?

- **Challenges are out there!**
  - Increased competition – home care, nursing facilities, specialty centers, hospitals, curative treatment plans, doing nothing
  - Changes to the Certificate of Need – hospices become competitive
  - Lower lengths of stay – affecting census and effectiveness
  - Reimbursement changes – lower reimbursement on top of unfunded mandates
  - DSRIP – coalitions and partnerships are building and will exclude those who are not onboard
  - Changes to healthcare – locally, state-wide and nationally
What can we do about it?

• Opportunities are out there!
  – Leveraging hospice to meet the needs of our healthcare partners – applying hospice in creative ways
  – Leveraging our skill sets to meet the needs of our healthcare partners – case management, palliative medicine, interdisciplinary practice, mental health care
  – Seizing palliative care – the demand for and recognition of the power of palliative care is increasing
  – Building coalitions and partnerships – providers and payers are looking to build partnerships and care continuums
  – Value based purchasing – we already work on a capitated, value based foundation
  – Consolidation and shared services – between hospices
What can we do about it?

Recognize the opportunity within each challenge!

Must be open to new ways of doing things

Innovation
How can we do that?

• Taking advantage of opportunities
  – Diversify – new product lines, new skill sets, find the needs and meet them
  – Innovate – find ways to get paid for what value you already have, find ways of doing things you already do in new ways
  – Partner – build coalitions and shared services with other hospices
  – Partner – build relationships and service lines with other healthcare providers
How can we do that?

- **Diversify**
  - **Within hospice**
    - Diagnostic specialized hospice programs
      - LifeBeat – cardiac specific hospice program
      - Breath – respiratory specific hospice program
      - Living with Dementia – dementia specific hospice program
  - **Outside of hospice**
    - Palliative Care
      - Thrive – community palliative care program
      - Inpatient Palliative Care – palliative care within local hospital
      - Palliative Care in Patient Centered Medical Homes – palliative care based in the primary care setting
How can we do that?

• Innovate
  – Care Transitions
    • Coleman Model to reduce hospital readmissions
  – Palliative Care Transitions
    • Multi-tiered service options to reduce hospital readmissions through a combination of coaching and chronic disease management
  – Mental Health Counseling
    • Billing through contract with a mental health provider to access reimbursement for grief counseling and to provide primary mental health care
How can we do that?

• Partner with other hospices
  – Coalitions and collaboratives
    • HPCANYS, Upstate NY Hospice Alliance, NHPCO, NCHPP and many others
  – Shared services
    • Combine tasks that we all have to do to build effectiveness, efficiency and cost savings
  – Shared efforts
    • Group negotiations with health systems and payers
    • Advocacy
    • Quality assurance, metric building and research
How can we do that?

- Partner with other healthcare providers
  - Coalitions and collaboratives
    - DSRIP
    - Care Continuum Coalition of Chemung and Steuben
    - Direct contracts and sub-contracts
    - Internal, system improvement work groups
  - Advocacy and research
    - Utilization analysis across the healthcare continuum
    - Research into screens and work flows to establish palliative care as part of the standard of care
How can we do that?

• But how?
  – Do the research
  – Gather the data
  – Find the needs
  – Be involved
  – Get to the table
  – Develop the relationships
  – Write the business plans!!
  – Be the experts!!!
  – Stay aware
  – Prove your point
  – Continue to change
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