Member Presentations: Using PCQN Data to Enhance PC Programs & Improve Care

October 6, 2017
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UCLA

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Partnership HealthPlan of California
Using PCQN Data to Enhance PC Programs & Improve Care

October 6, 2017
Value Added Services
Supporting the Treatment Process

1. Pain and symptom management
2. Psychological, emotional and spiritual support
3. Goals of care alignment
4. Care coordination
MAKING THE CASE FOR ADDITIONAL RESOURCES
Increasing Inpatient Consult Requests

Patient Seen

Hoag Mem H Presbyterian

Mean 284

240 215 231 237 250 270 329 332 361 365 386 419

Quarterly Volume

Report Data Last Updated on Sep 19, 2017 at 15:05 Excludes patients with pending, unknown, or n/a status for chosen variable.
Steady Outpatient Growth

Report Data Last Updated on Sep 19, 2017 at 15:05
Excludes patients with pending, unknown, or n/a status for chosen variable.
# Margin Improvement Resulting from Early Identification of PC Patients (1/1/13 through 8/14/14)

<table>
<thead>
<tr>
<th></th>
<th>Early Palliative Care</th>
<th>Later Palliative Care</th>
<th>Difference (Early-Later)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average total costs/case</td>
<td>$11,886</td>
<td>$38,639</td>
<td></td>
</tr>
<tr>
<td>Average net revenue/case</td>
<td>$10,896</td>
<td>$28,327</td>
<td></td>
</tr>
<tr>
<td>Average net margin/case</td>
<td>($990)</td>
<td>($10,312)</td>
<td></td>
</tr>
<tr>
<td>Contribution to net margin/case</td>
<td></td>
<td>$9,322</td>
<td></td>
</tr>
<tr>
<td># Matched Cases</td>
<td>647</td>
<td>629</td>
<td></td>
</tr>
<tr>
<td>Percent died in Hospital</td>
<td>27.35%</td>
<td>32.93%</td>
<td></td>
</tr>
<tr>
<td>Percent discharged to hospice</td>
<td>35.24%</td>
<td>32.69%</td>
<td></td>
</tr>
<tr>
<td>Average number of days before PCS consultation</td>
<td>0.5</td>
<td>7.0</td>
<td></td>
</tr>
<tr>
<td>Average number of days after PCS consultation</td>
<td>3.0</td>
<td>3.0</td>
<td></td>
</tr>
<tr>
<td>Average LOS/patient</td>
<td>3.0</td>
<td>10.0</td>
<td></td>
</tr>
<tr>
<td>Saved Bed Days/patient</td>
<td></td>
<td>6.9</td>
<td></td>
</tr>
<tr>
<td>Average # ICU Bed Days/patient</td>
<td>2.0</td>
<td>6.0</td>
<td></td>
</tr>
<tr>
<td>Saved ICU Bed Days/patient</td>
<td></td>
<td>4.3</td>
<td></td>
</tr>
<tr>
<td>Average variable direct costs/case</td>
<td>$5,435.00</td>
<td>$18,002.00</td>
<td></td>
</tr>
<tr>
<td>Avoided variable direct costs/case</td>
<td>$12,567</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Metrics of Interest

<table>
<thead>
<tr>
<th>Quality Metrics</th>
<th>CY 12</th>
<th>CY 13</th>
<th>CY14</th>
<th>CY15</th>
<th>CY16 (Jan-July)</th>
<th>PCQN Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time from Admit to Consult</td>
<td>4.51</td>
<td>5.2</td>
<td>5.6</td>
<td>4.3</td>
<td>4.1</td>
<td>5.4</td>
</tr>
<tr>
<td>Time from Consult to DC</td>
<td>3.2</td>
<td>4.3</td>
<td>4.8</td>
<td>4.4</td>
<td>4.9</td>
<td>6.2</td>
</tr>
<tr>
<td>% Dc'd to Hospice</td>
<td>33%</td>
<td>52%</td>
<td>48%</td>
<td>42%</td>
<td>38%</td>
<td>33%</td>
</tr>
<tr>
<td>% Death in Hospital</td>
<td>28%</td>
<td>29%</td>
<td>27%</td>
<td>26%</td>
<td>20%</td>
<td>22%</td>
</tr>
</tbody>
</table>
DRIVING CHANGE IN CULTURE
ED Referrals help reduce LOS

PCQN Adult Inpatient Cross-Tabulation Report

Earliest discharge date in range for Hoag Mem H Presbyterian: 01/01/2017; Latest discharge date in range for Hoag Mem H Presbyterian: 06/30/2017

Hoag Mem H Presbyterian - Date Range = 01/01/2017 to 06/30/2017; Patient Type = &subTypeTwo

Excludes patients with pending or non-applicable status for chosen variables

<table>
<thead>
<tr>
<th>Referring Location</th>
<th>N (w/ LOS)</th>
<th>Mean (Days)</th>
<th>Median (Days)</th>
<th>Min (Days)</th>
<th>Max (Days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Locations Not Selected</td>
<td>538</td>
<td>8.3</td>
<td>7.0</td>
<td>2</td>
<td>34</td>
</tr>
<tr>
<td>Critical Care</td>
<td>191</td>
<td>10.4</td>
<td>8.0</td>
<td>2</td>
<td>50</td>
</tr>
<tr>
<td>Emergency Dept</td>
<td>130</td>
<td>5.5</td>
<td>5.0</td>
<td>2</td>
<td>19</td>
</tr>
<tr>
<td>All</td>
<td>659</td>
<td>8.3</td>
<td>7.0</td>
<td>2</td>
<td>50</td>
</tr>
</tbody>
</table>

ANOVA: F = 0.0  p-value = 0.7267
ED Referral Patterns Shifting

<table>
<thead>
<tr>
<th>Hoag CY 17 (thru June)</th>
<th>Hoag CY 16</th>
<th>PCQN Collaborative CY 17 (thru June)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.4%</td>
<td>9.5%</td>
<td>5.9%</td>
</tr>
</tbody>
</table>
HIGHLIGHTING QUALITY OF CARE
Pain Improvement QI Project

First to Second Assessment Pain Improvement - Moderate to Severe Symptoms Only

07/01/2015 - 03/31/2016

Report Data Last Updated on Jun 9, 2016 at 09:05 Excludes patients with non-applicable status for chosen variable. Excludes members with N < 5
QI Project
Started
June 2015
QI Project
Started
June 2016

Report Data Last Updated on Sep 20, 2017 at 11:05 Excludes patients with pending, unknown, or n/a status for chosen variable.
SHARING THE OUTCOMES
(QUICKLY AND EASILY)
Primary Care ACP Initiative

Referral Source at First Recorded Visit

Hoag Mem H Presbyterian

<table>
<thead>
<tr>
<th>Month of First Patient Visit</th>
<th>Jan '17</th>
<th>Feb '17</th>
<th>Mar '17</th>
<th>Apr '17</th>
<th>May '17</th>
<th>Jun '17</th>
<th>Jul '17</th>
<th>Aug '17</th>
<th>Sep '17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Volume</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Report Data Last Updated on Sep 20, 2017 at 13:05 Excludes patients with pending, unknown, or n/a status for chosen variable.

Primary Care Initiative Launched
Team Member Involved - Social Worker

Hoag Mem H Presbyterian

<table>
<thead>
<tr>
<th>Month</th>
<th>Visit Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan '17</td>
<td>29</td>
</tr>
<tr>
<td>Feb '17</td>
<td>33</td>
</tr>
<tr>
<td>Mar '17</td>
<td>42</td>
</tr>
<tr>
<td>Apr '17</td>
<td>51</td>
</tr>
<tr>
<td>May '17</td>
<td>31</td>
</tr>
<tr>
<td>Jun '17</td>
<td>57</td>
</tr>
<tr>
<td>Jul '17</td>
<td>61</td>
</tr>
<tr>
<td>Aug '17</td>
<td>82</td>
</tr>
<tr>
<td>Sep '17</td>
<td>28</td>
</tr>
</tbody>
</table>

Mean: 46

Visit Volume:

Report Data Last Updated on Sep 20, 2017 at 13:05 Excludes patients with pending, unknown, or n/a status for chosen variable.
Examining Gaps

Screened at Least Once - Spiritual Needs
01/01/2013 - 09/20/2017

PCQN Percent: 73.4

Report Data Last Updated on Sep 20, 2017 at 13:05 Excludes patients with non-applicable status for chosen variable. Excludes members with N < 5
PCQN QI Call
Improving Anxiety Management In Palliative Care
PCQN Data in Feb 2017
Anxiety Assessed at First Encounter

Percent of Encounters Screened for Anxiety at First Symptom Assessment
09/01/2016 - 02/16/2017

Report Data Last Updated on Feb 16, 2017 at 17:05 Excludes patients with first assessment anxiety scores of 9. Excludes members with N < 5
Patient Reported Symptom Improvement in Anxiety

First to Second Assessment Anxiety Improvement - Moderate to Severe Symptoms Only
09/01/2016 - 02/16/2017

Report Data Last Updated on Feb 16, 2017 at 17:05 Excludes patients with non-applicable status for chosen variable. Excludes members with N < 5
UCLA Palliative Template

PALLIATIVE CARE INITIAL CONSULT
Reason for Consult: [Reasons:28763]
Primary Diagnosis leading to Consult: [Primary Diagnosis:28764]

HISTORY OF PRESENT ILLNESS
***

A family meeting was held today: [YesNo:270000003]
Symptom Assessment
Pain: [Severity:28766:"patient was not assessed"]
Anxiety: [Severity:28766:"patient was not assessed"]
Nausea: [Severity:28766:"patient was not assessed"]
Dyspnea: [Severity:28766:"patient was not assessed"]
Stool Occurrence: 1 within past 24 hours
3 Pillars of Quality Improvement

- Education
- System
- Feedback
Many Etiologies of Anxiety in Palliative Patients

# How Patient’s Communicate Emotions

<table>
<thead>
<tr>
<th>Primary emotion</th>
<th>Count n=114(^a) (%)</th>
<th>Words used by patients (n=114)(^a)</th>
<th>Quotation examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anxiety</strong></td>
<td>52 (46)</td>
<td>Concern (17)</td>
<td>My concern … was that the tumor had gotten “larger.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Worried (16)</td>
<td>“I worry about that.” (headaches)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nervous (10)</td>
<td>“I was a little nervous this past week with (my stomach) hurting more.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Anxiety (5)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stress (4)</td>
<td></td>
</tr>
<tr>
<td><strong>Fear</strong></td>
<td>29 (25)</td>
<td>Scared (17)</td>
<td>“I had a couple of chest pains that scared me a little.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Afraid (4)</td>
<td>“I’m afraid of falling or something.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Panic (4)</td>
<td>“That’s one thing I have as a big fear.” (that treatment will make her sick)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fear (3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Alarm</td>
<td></td>
</tr>
<tr>
<td><strong>Depression</strong></td>
<td>14 (12)</td>
<td>Depressed (11)</td>
<td>“I do that when I get depressed—I eat.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Discouraged (2)</td>
<td>“You can’t go around to your family acting like you’re super-depressed…”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Despondent</td>
<td>“I’m quite discouraged.” (about losing weight)</td>
</tr>
<tr>
<td><strong>Anger</strong></td>
<td>10 (9)</td>
<td>Frustrating (3)</td>
<td>“That was so frustrating to me.” (feeling tired on chemotherapy)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Annoying (2)</td>
<td>“This (leg swelling) is the most annoying part.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mad (2)</td>
<td>“That makes me mad.” (spending all his money on treatments)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Aggravates</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Angry, Drives me nuts</td>
<td></td>
</tr>
</tbody>
</table>

Anxiety Screening Recommendations by Dr. Scott Irwin

PHQ-4 for Anxiety and Depression

<table>
<thead>
<tr>
<th>Over the past few weeks have you been bothered by these problems?</th>
<th>Not at all</th>
<th>Several days</th>
<th>More days than not</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling nervous, anxious, or on edge</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Not being able to stop or control worrying</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

If positive, then recommend GAD-7 to evaluate for anxiety disorder
Two Question Anxiety Screen

- **Current level of anxiety** (Goal to normalize, and not be accusatory)
  - “How anxious have you felt this week?” (Mitchell AJ, 2007)

- If 1st is positive, then assess if patient has anxiety disorder
  - “Is this anxiety typical for you?”
  - “Is this anxiety unusual for you?”
  - “Did you have anxiety prior to the diagnosis?”
Initial Quality Improvement Plan

**Education**
- Didactics
- Discussion with Palliative team about Anxiety Screening/Treatment

**System**
- Standardized screening w/ Palliative Social Work

**Feedback**
- PCQN Data (initial screen, improvement in anxiety)
PCQN Data in Aug 2017
Decrease in Anxiety Assessed at 1st Visit

Percent of Encounters Screened for Anxiety at First Symptom Assessment
08/23/2017 - 08/23/2017

Earliest discharge date in range for Santa Monica UCLA: 06/23/2017; Latest discharge date in range for Santa Monica UCLA: 08/22/2017

Improvement in Anxiety Management

First to Second Assessment Anxiety Improvement - Moderate to Severe Symptoms Only
08/23/2017 - 08/23/2017

% of Patients with Moderate to Severe Symptoms at First Assessment

PCQN Percent: 77.7

PCQN Members Sorted by Percentage. Santa Monica UCLA in Red

Report Data Last Updated on Aug 23, 2017 at 15:05. Excludes patients with non-applicable status for chosen variable. Excludes members with N < 5
Next Steps

Plan → Do → Study → Act → Plan

Do

Study

Act
3 Pillars of Quality Improvement

Education
- Didactics
- Discussion with Palliative team about Anxiety Screening/Treatment
- Group Consensus on Anxiety Screening/Treatment

System
- Standardized screening w/ Palliative Social Work
- Standardized screening w/ all of Palliative Team

Feedback
- PCQN Data (initial screen, improvement in anxiety)
- Effectiveness of individual treatments
• PCQN Data (initial screen, improvement in anxiety)
  • Initial Screen separated into suspected etiology:

- **Predisposing factors**
  - History of anxiety or trauma
  - Avoidant coping style
  - Social isolation
  - Life roles (e.g., caregiver)

- **Cancer-related fears**
  - Situational (treatments, procedures, etc.)
  - Existential (uncertain disease course, suffering, death)

- **Disease & treatment factors**
  - Medication side effects, metabolic disorders, CNS metastasis, cardiac and pulmonary symptoms, substance withdrawal

- **Comorbid symptom burden**
  - Pain, fatigue, dyspnea, insomnia, depression

• Improvement in Anxiety, separated by interventions attempted
  • Medication (Benzo, SSRI)
  • Non-Medication Intervention (CBT, Guided Imagery, Counseling)
  • Communication of Health Information (Prognosis, Hospital plan)
Community Palliative Care Pilot Expansion Program

Scott Endsley, M.D.
Associate Medical Director, Quality Health Services
October 2017
County Organized Health System
14 Northern California Counties
570,000 health plan members
Partners in Palliative Care
Initial Pilot - Timeline

Initial Pilot Begins
- September 1, 2015

End of Initial Pilot
- February 29, 2016
Partners in Palliative Care
Initial Pilot - Eligibility Requirements

- Medi-Cal (no Medicare)
- Life expectancy less than 2 years
- Advanced Stage of Disease
- Any of six (6) diagnoses’
  - CHF
  - COPD
  - Liver Disease
  - Stage IV Cancer
  - Dementia
  - Frailty Syndrome
OUTCOMES

• Positive member/patient experience

• No evidence that the palliative care program increased the overall cost of care

• Evidence that the program decreased hospital use and costs

• Evidence that the program reduces the cost of overall care (even when including the cost of the program)
Partners in Palliative Care
Pilot Expansion
General Criteria:

- Hospitalizations or ED visits in the late stage of illness
- Two years or less to live
- Intolerant or declines further therapy
- Willing to do advanced care planning

Covered Diagnoses:

- Cancer
- Cirrhosis
- Congestive Heart Failure
- COPD
<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>Stage III or IV</td>
</tr>
<tr>
<td></td>
<td>Failed 2 lines of chemotherapy or PPS score &lt;70</td>
</tr>
<tr>
<td>CHF</td>
<td>Hospitalized in last 6 mo. or NYHA III or IV</td>
</tr>
<tr>
<td></td>
<td>LVEF &lt; 30% or significant co-morbidities</td>
</tr>
<tr>
<td>COPD</td>
<td>FEV1 &lt; 35% and oxygen &lt; 3L, or 24 hour oxygen of 3L or more</td>
</tr>
<tr>
<td>End Stage Liver Disease</td>
<td>MELD &gt; 19 or</td>
</tr>
<tr>
<td></td>
<td>Albumin &lt; 3.0 and INR&gt; 1.3 and complications</td>
</tr>
</tbody>
</table>
Partners in Palliative Care
Expanded Pilot - Timeline

- **Initial Pilot Start**: September 2015
- **Initial Pilot Ends**: February 2016
- **Pilot Expansion Begins**: March 2016
- **Pilot Expansion Continues**: Current Date
- **Benefit Implementation**: January 2018
Partners in Palliative Care
Provider Sites

Collabria Care

Hospice Services of Lake County

Yolo Care
A PALLIATIVE PROGRAM

Medical Home Care Professionals, Inc.

Resolution Care
Partners in Palliative Care
Required Services

- Initial assessment
- Pain/symptom management
- Advance care planning
- POLST form completion
- Acute management plan
- Assess caregiver support needs
- Warm hand-offs for hospital and to hospice
- Case management
- 24/7 telephone support
Partners in Palliative Care
ROLE of PCQN

- Monthly documentation
  - Visit preliminaries
  - Process, outcomes, services
  - Symptoms
  - Dates of visits
  - Disenrollment data

Partnership pays the participation fees for PCQN for all sites!
Partners in Palliative Care
Payment Methodology

- Global payment q 14 days

- Quality Bonus
  - $200 PMPM for submission of POLST and Use of PCQN
  - $200 PMPM if no ED or hospitalizations in month
Partners in Palliative Care
Benefit of PCQN for PHC Pilot Expansion Program

- Standardization of data collection
- Reportable metrics
- Efficiency of auditing
- Improvement network experience
Questions?