Increasing patient and system value with Community-Based Palliative Care

A new model, spanning inpatient and outpatient settings, that features interdisciplinary collaboration and integration of palliative care into the healthcare system, continuity of care across transitions, and longitudinal, individualized support for patients and families.

PALLIATIVE CARE is specialized medical care for people with serious illnesses. It provides patients with relief from the symptoms, pain and stress of a serious illness—whatever the diagnosis.

In the current payment model palliative care is provided ad-hoc; hospice is commonly provided in only the last few days or weeks of life:

In the new model the patient receives integrated community-based palliative care across 6-18 months:

How does community-based care work?

Anchored by a lead organization, that serves as the hub for local partners including hospitals, nursing homes, and assisted living facilities. Care is provided across settings, including patients’ homes, by care teams including: nurses, nurse practitioners, physician assistants, physicians, social workers and chaplains. Together they address psychosocial and spiritual wellbeing as well as relevant non-medical issues (e.g., paying for medications, transportation concerns), as needed.

8,000 patient study enrolled over 3 years: 2015-2016-2017

input data questions we’ll ask what we will do

CLINICAL

Who is eligible?

How to stratify risk?

COST

How much does it really cost?

QUALITY OF LIFE

How do patients value it?

FOCUS GROUPS

Update Medicare fee for service payment

Identify economic break-even point

Consider bundled payment

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LEADERSHIP

Janet Bull, Four Seasons Co-PI, Clinical Core jbull@fourseasonscfl.org

Don Taylor, Duke University Co-PI, Policy Core don.taylor@duke.edu

Four Seasons provides community based palliative care to 4,000 new patients / year in 4 western NC counties.

Duke University Center for Learning Healthcare & Sanford School of Public Policy provide policy and technology leadership

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