Medicare Care Choices Model

Laura Patel, MD
Chief Medical Officer
Transitions LifeCare
Raleigh, NC

Disclosures

- None
- Restrictions on data per CMS
- Opinions are my own

Transitions LifeCare℠

Founded as Hospice of Wake County • 1979

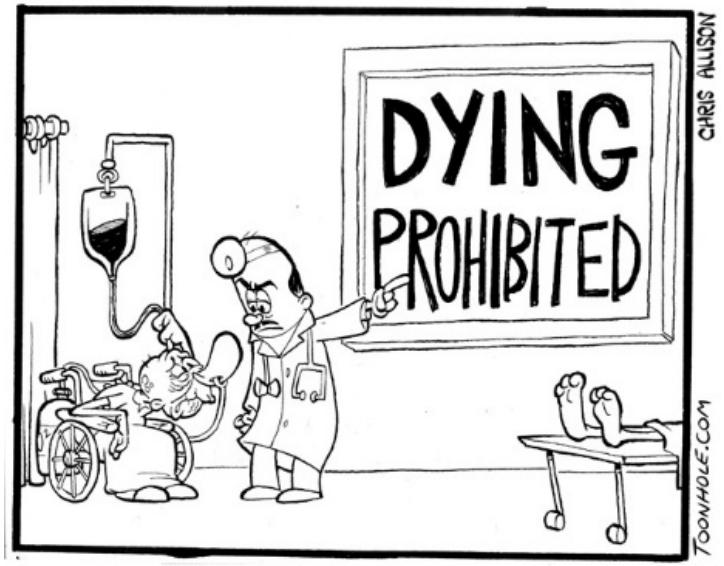
Background

- Hospice utilization is up overall, less people are dying in hospitals Teno et al JAMA 2013
- Median length of stay on hospice still short (17.4 days) NHPCO 2014
- 35% of patients receive hospice care <1 week
- 50% receive for <2 weeks

Transitions LifeCare℠
Founded as Hospice of Wake County • 1979

Common Barriers to Hospice

- Desire to pursue “curative” or disease directed treatment
- Patient or family not wanting to “give up”
- Communication and prognostication



Transition LifeCare

Founded as Hospice of Wake County • 1979

Background

- April 2014 announced the Medicare Care Choices Model (MCCM)
- As part of the Affordable Care Act
  - Center for Medicare and Medicaid Innovation testing innovative payment and service delivery models

Transitions LifeCare℠
Founded as Hospice of Wake County • 1979

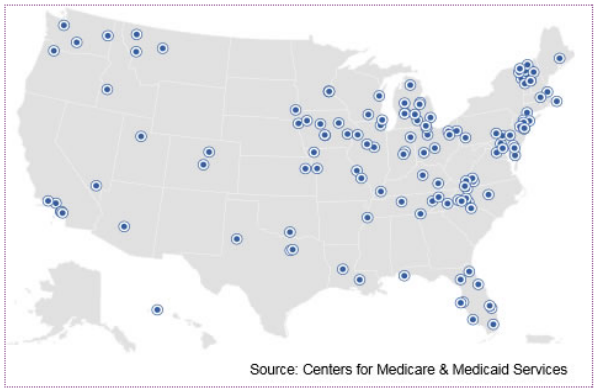
What are they testing?

- Hospice eligible patients can receive supportive hospice services AND disease-directed treatments (concurrent care)

- Medicare will be evaluating access to hospice, overall Medicare expenditures, and quality of life/satisfaction scores

Transitions LifeCare℠
Founded as Hospice of Wake County • 1979

Background (cont)



There are 141 hospices participating in the Medicare Care Choices Model. (List)
To view an interactive map of this model, visit the Where Innovation is Happening page.

- Original plan- 30 hospices, 3 yr
- Significant interest
  - 2 phases
  - 141 total hospices
  - Mixture of Rural, urban, For-profit, Not-for profit hospices
- First cohort- enrollment Jan 1st 2016
- 2nd cohort- Jan 2018
- 5 year pilot

Transitions LifeCare℠
Founded as Hospice of Wake County • 1979

Eligibility Criteria

- Hospice eligible (6 month or less prognosis)
- Diagnosis: CHF, COPD, Cancer, HIV/AIDS
- Medicare and Dually eligible beneficiaries
  - Primary Medicare Part A; Enrolled in Part B
  - No Medicare Advantage, Managed Care, Program for All-Inclusive Care of the Elderly in last 2 years
  - No hospice in last 30 days
- Must live in a traditional home (no SNF/ALF)
- One hospital encounter in the past 12 months, including ER visits or Observation status; 3 office visits in past 12 months

Transitions℠ LifeCare

Founded as Hospice of Wake County • 1979

WHAT

Services are provided?

- Care coordination
- Shared decision making
- Symptom management
- Nursing Aide services (in some cases)
- In home respite by Volunteers
- 24/7, 365 access to Nurses

Team:
Attending MD
Hospice MD
RN
SW
Aide
Chaplain
Bereavement
Volunteer (respite)

Hospices receive a Per Beneficiary Per Month Payment (PBPM)

- $400 PBPM
- $200 if enrolled for less than 15 calendar days

Transitions LifeCare℠
Founded as Hospice of Wake County • 1979

WHAT
is NOT covered by MCCM?

- Services paid for by Part A, B and/or D (i.e. Not paid for by the hospice)
  - PT/OT
  - Speech
  - Medications
  - Durable medical equipment & supplies
  - Ambulance transport
  - Hospitalization

Per Diem for Hospice care
- Routine LOC- $190/day 1-60; $150 day 61+
- Respite LOC- $171/day
- GIP LOC- $734/day
- Continuous Care- $964/day

Transitions LifeCare℠
Founded as Hospice of Wake County • 1979

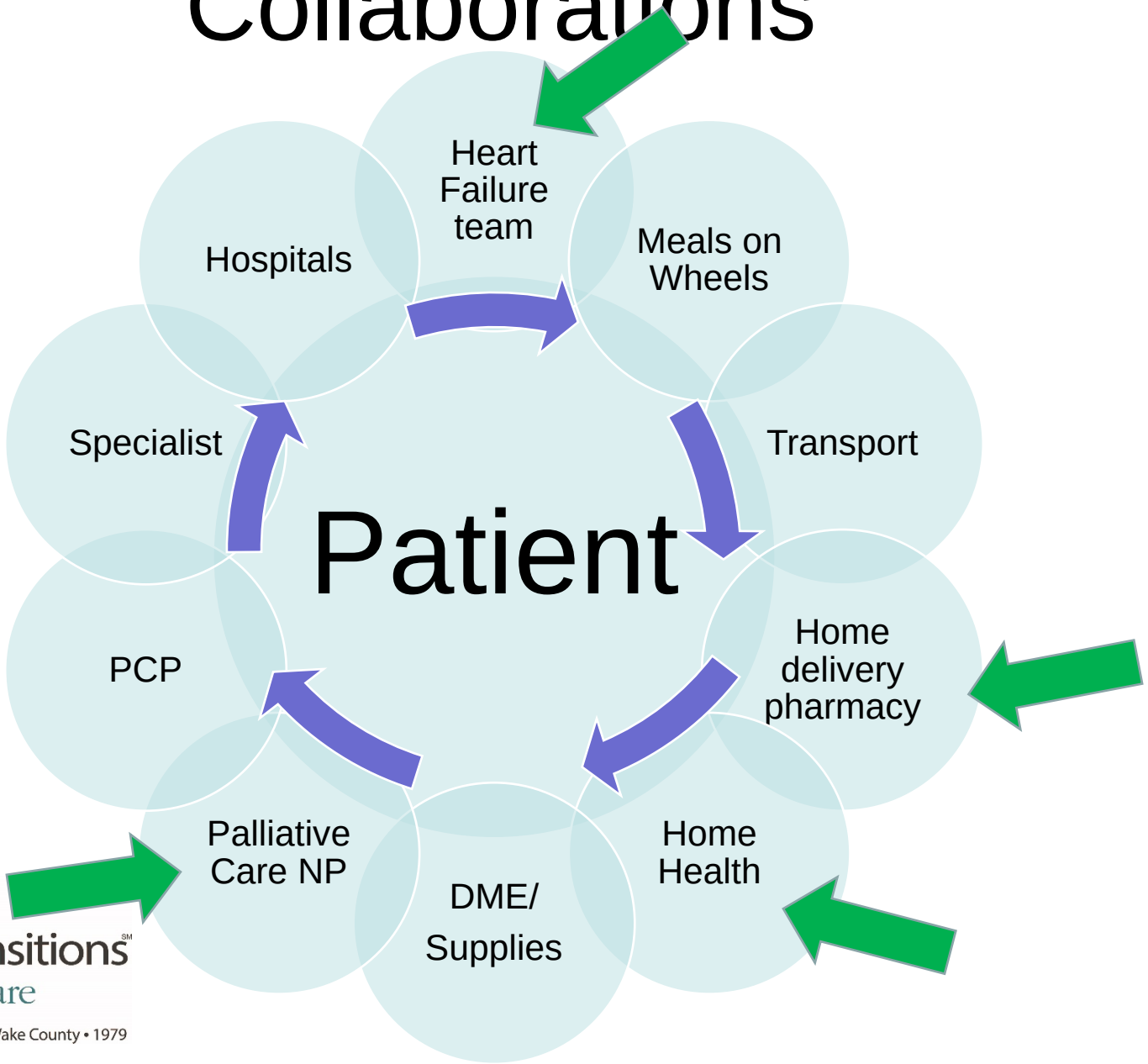
Models

- Community based palliative care
  - Shared Staff
    - RN, SW, Med Director
    - Chaplain- hospice
  - Not hospice staff
  - Strong skillset in communication and assessment
- Hospice
  - Existing interdisciplinary team
  - Truly seamless
  - Have to “live inside the grey”

Transitions LifeCare℠

Founded as Hospice of Wake County • 1979

Collaborations



Transitions LifeCare℠
Founded as Hospice of Wake County • 1979

Typical MCCM patients

- Cancer
  - Usually receiving active treatment
  - Easier to identify appropriate transfer to hospice when increasing complications/stop trx
- CHF/COPD
  - Trajectory can be more variable
  - Often elderly, multi-comorbid conditions
  - Can appear to be in terminal decline then stabilize
- AIDS
  - Lower patient numbers
- Reluctant to use hospice
  - High likelihood that may not have ever come to hospice
  - **Yet majority of patients on this program do die on hospice**

» Why?

-RN management
-Interdisciplinary
-High touch
-Trust

Transitions LifeCare℠
Founded as Hospice of Wake County • 1979

Areas for Growth

- Prognosis is limiting
- Time
  - Some have heavy care needs
  - Aide support is very helpful, but also probably not sustainable with payment model
- More clarity on role of home health, supplies
- Diagnosis groups
  - Dementia, ALS
  - ESRD

Transitions℠ LifeCare

Founded as Hospice of Wake County • 1979

Strengths

- Reaches a population who may be more reluctant to access hospice
  - Doesn't "take away" treatment options right away
- Caregiver relief
- 24 hr access
- Embedded into hospice- smooth transition
- Ability to build relationships and trust

Transitions℠ LifeCare

Founded as Hospice of Wake County • 1979

Transitions LifeCare℠

Founded as Hospice of Wake County • 1979

Patient Story

Brenda

Transitions LifeCare℠

Founded as Hospice of Wake County • 1979

Transitions LifeCare℠

Founded as Hospice of Wake County • 1979