National Academies Workshop

Aspire Health

A National Model of Home Based Palliative Care: Lessons Learned in Quality Care

Katy Lanz
Chief Clinical Officer, Aspire Health
DNP, RN, AGPCNP-BC, ACHPN, FPCN

April 17, 2018

Aspire Health Model

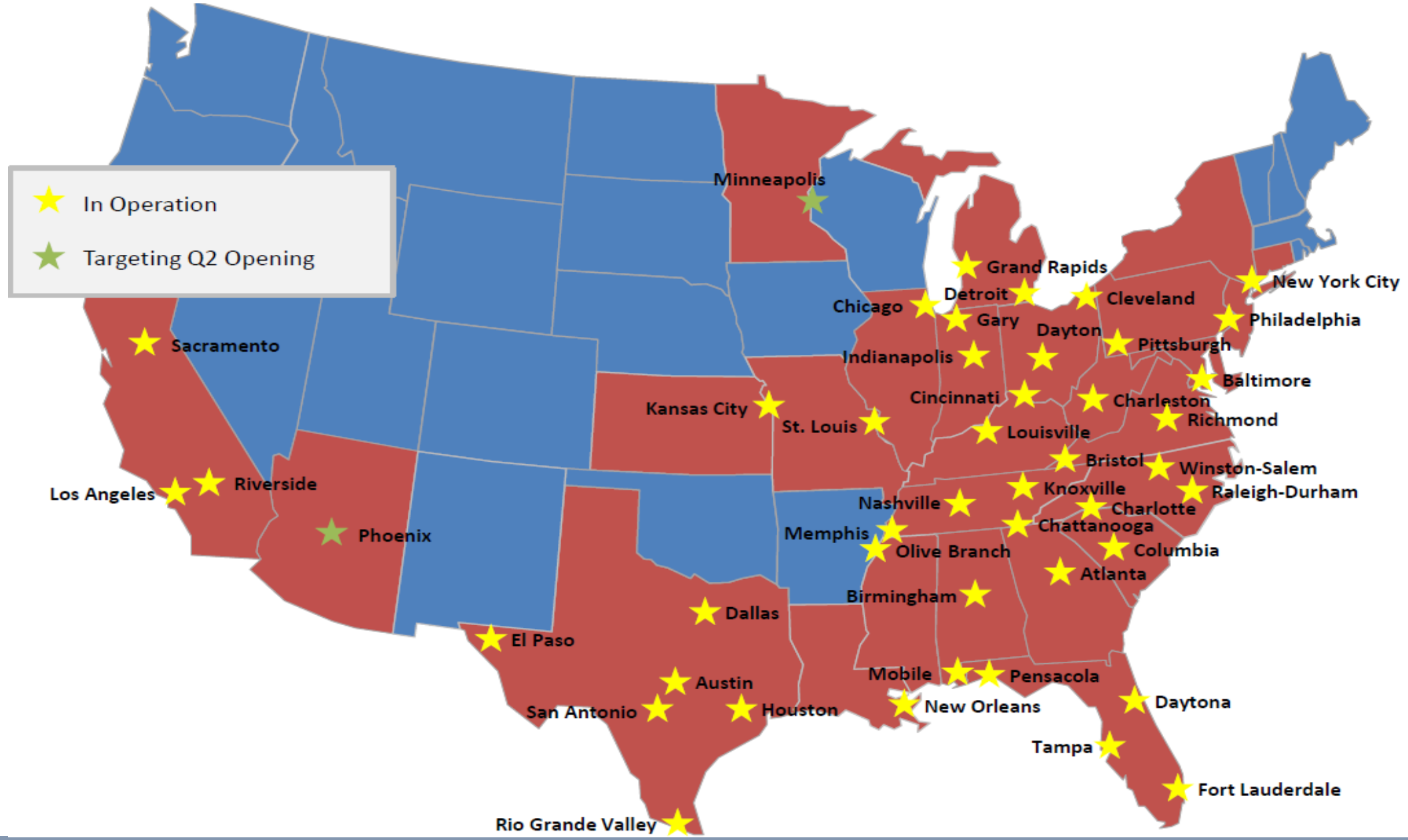
- Home-based palliative care (HBPC) for patients **not hospice eligible**

- **Co-management model**
  - Develop working relationships with PCPs & specialists
  - 24/7 access by phone
  - Urgent house calls

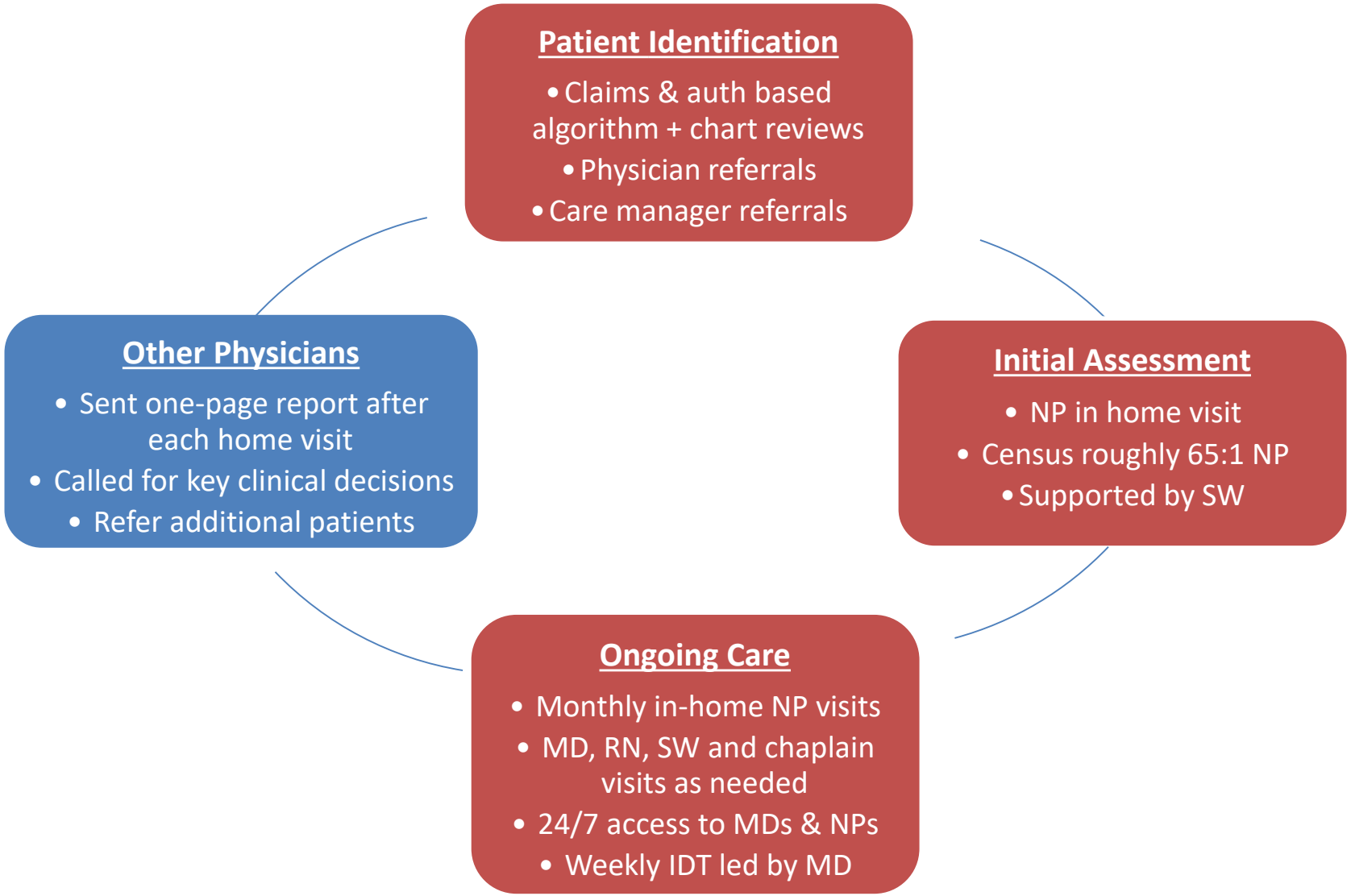
- **Utilize data**
  - Patient identification
  - EMR designed for HBPC

- **Educate generalists**
  - Lead palliative care physician in each market
  - Educates team members and peers
  - Allows for scale

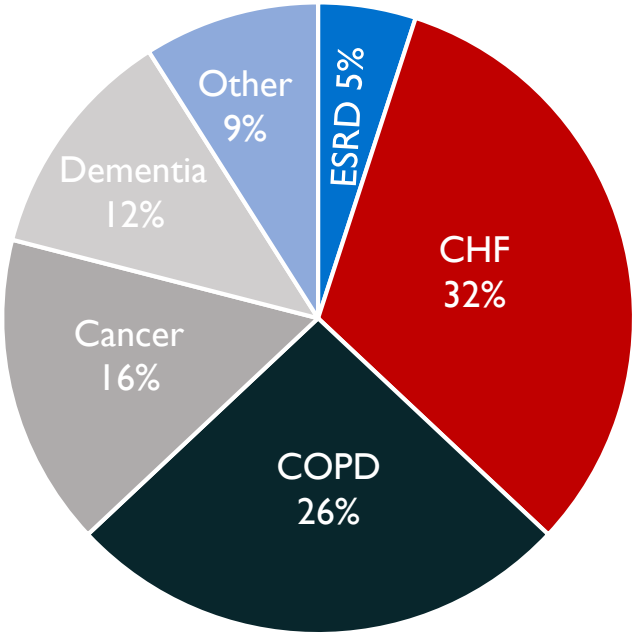
Aspire's Geographic Coverage Area



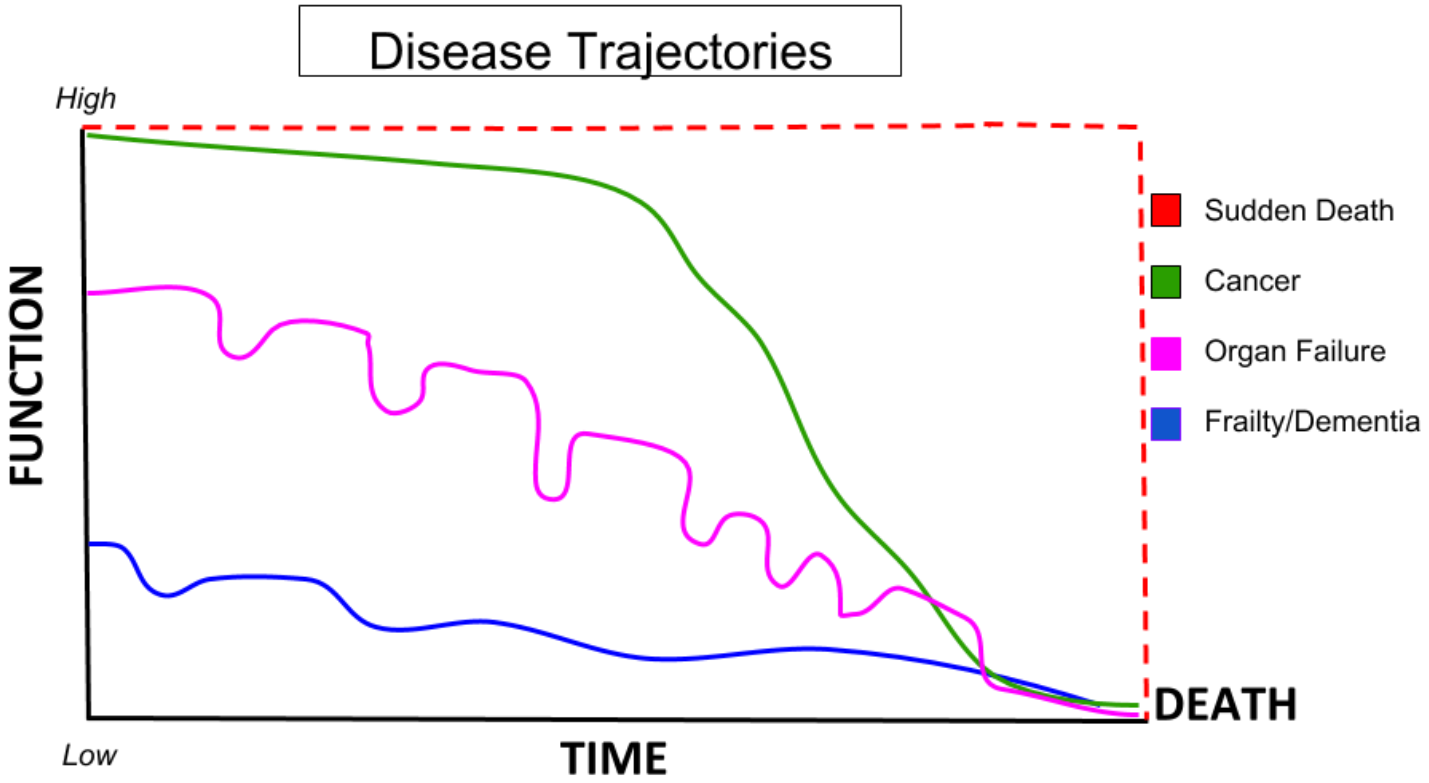
Aspire Health's Care Model



Who are our patients?



Primary Palliative Diagnosis



Case Study: Frank and his family

Frank

- 87 year old man with dementia, heart failure and kidney disease
- Frequent ER visits for weakness and falls
- Admitted 2 times in 6 months for confusion
- His 86 year old wife and adult son are overwhelmed

Usual Care

- 3 calls to 911
- 2 hospitalizations
- Family distress
- Progressive functional decline with each admission
- Uninformed PCP

Home Based Palliative Care (Aspire)

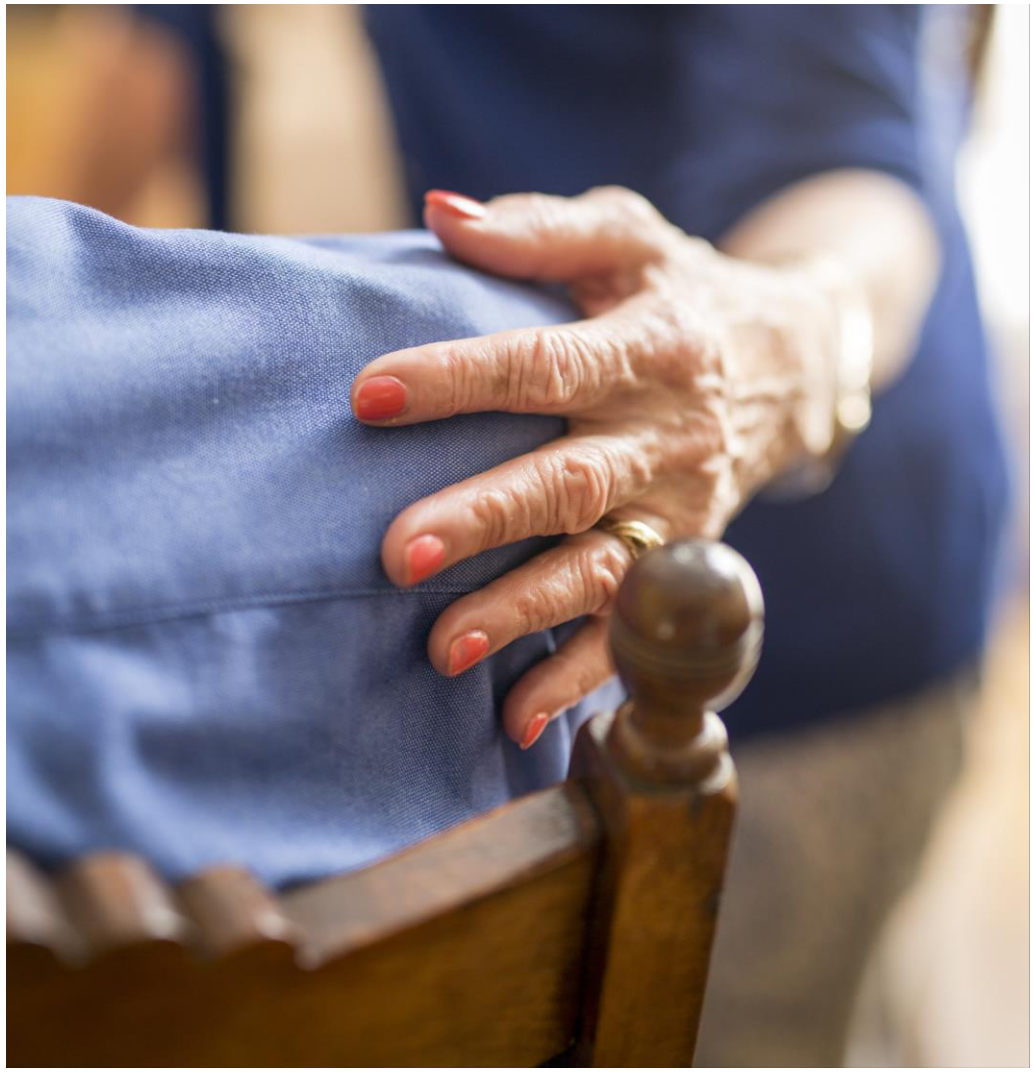
- 24/7 phone coverage, emergency plan
- Pill burden reduction, and cost reduction
- Caregiver support
- Dinner – Meals on Wheels
- No hospital admissions/ER visits
- Advance Care Planning and Goal alignment with PCP

Clinical Outcomes | *Symptoms*

Average symptom score improvement

in entire population:

- Pain: .43
- Dyspnea: .21
- Wellbeing: .56



Clinical Outcomes | *ACP, Hospice, Hospitalizations*

% of patients completed Advance Care Planning documentation.

% of eligible patients transferred to hospice.

# of days Average length of hospice stay

Admissions/1000 Average Across Markets

Clinical Outcomes | *Patient Satisfaction*

Patients rated:

- 4.9/5 *How helpful has it been to have Aspire caring for you in the home?*
- 4.7/5 *How helpful has Aspire been in helping you plan for the future?*
- 4.8/5 *How helpful has Aspire been in managing your symptoms?*

Aspire Quality Metrics

Quality Metric	Aspire	NCP/MWM	NQF
Pain Score Collected	X	X	X
Treatment Received if Pain Present	X	X	
Pain Brought to Comfortable Level	X		X
Patients Treated with Opioids also on Bowel Regimen	X		X
Dyspnea Score Collected	X	X	
Treatment Received if Dyspnea Present	X		X
Nausea Score Collected	X	X	
Constipation Assessed	X	X	
Discussion of Spiritual Concerns	X	X	X
Documentation of Medical Decision-Maker	X	X	
DNR Preferences Collected	X	X	X
Goal Concordant Care Received	X	X	
Patient/Family Satisfaction Survey	X	X	X
Follow-up After Hospitalization	X		
Medication Reconciliation After Hospitalization	X		
Tracking of Hospital & ER Readmissions	X		
Defibrillator Disabled at Death			X

Aspire Health lessons learned on quality outcomes….

- **For every measure, consider the following…**
  - *Will the answer to the question allow us to care for our patient differently?*
  - *Will the answer truly impact outcomes of interest?*
  - *If the question is needed, is there a way to pre-populate it?*
  - *Is it a required piece of data, suggested or optional?*
  - *Do all patients need the question asked or only a subset?*
  - *Could the question be asked in another way, by other team members?*

Discussion Questions

1. Given our rapid growth in over 67 cities and 25 states, **how do we maintain a high quality clinical workforce?**

2. We have had serious illness conversations with 45,000 patients. **How do we measure the quality of these conversations?**

3. National palliative care quality metrics focus on process (e.g., did you complete a pain assessment?) versus outcomes (e.g., reduced pain).
   How do we measure true quality?

Aspire Health philosophical lessons learned

Shift from….

1. Discrete data points
2. Provider focused metrics
3. Palliative subspecialty
4. Consultants
5. AD completion

Shift to….

1. Trended outcomes
2. Team focused metrics
3. Population management for seriously ill
4. Accountable chronic co-providers
5. Did the patient's get the care indicated on the AD?

Aspire's Quality Outcomes Lessons Learned

- We have to measure the value proposition to achieve scale and wide spread upstream access.

- Providers really like to know WHY we are measuring things and HOW they compare with their peers.

- Process measures only get you so far with quality. Move to outcome measures.

  I don't want to know if you did it, I want to know what you did about it.