Models and Strategies to Integrate Palliative Care Principles into Serious Illness Care: Framing the Challenges and Opportunities for Health Systems

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Palliative Care/iCare/Hospice Collaboration for the Complex Member

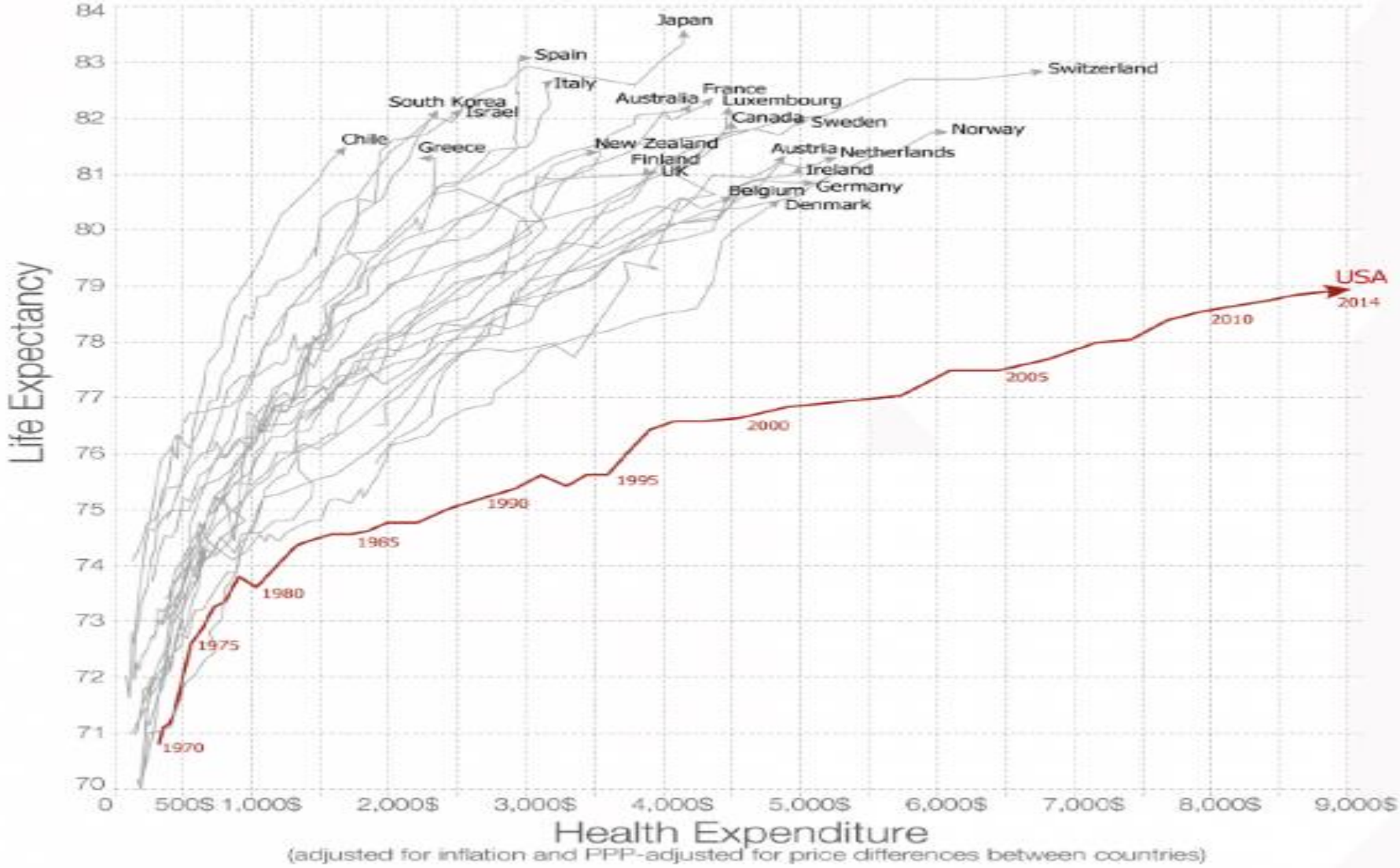
Timeline:

4/26/15	ED visit
4/27/15	Hospital Admit
5/3/15	Observation stay
5/4/15	Hospital Admit
5/9/15	ED visit
5/11/15	Observation stay
5/15/15	Hospital Admit
5/28/15	Hospital Admit
6/4/15	Hospital Admit
6/8/15	Referral received for HBPC from BGMC CM
6/10/15	HBPC RN called Patient to schedule HBPC Initial Assessment
6/11/15	HBPC RN called to schedule HBPC Initial Assessment
6/12/15	HBPC RN called to schedule HBPC Initial Assessment
6/15/15	HBPC RN CALLED AND SPOKE TO SON AFTER FOUR ATTEMPTS
6/15/15	HBPC MSW Initial Assessment and Patient Admission Occurred
6/16/15	HBPC RN Assessment
6/16/15	Hospital Admit
6/25/15	Observation stay
6/26/15	Hospital Admit
6/29/15	ED visit
7/2/15	Hospital Admit
7/7/15	iCare invited HBPC to MDR to discuss patient and care plan
7/7/15	Discussed Patient with Inpatient PC Physician
7/7/15	Palliative team and patient agreed on achievable goals of care with patient regarding dialysis and other interventions. Pt receptive to Hospice with agreed upon goals of care.
7/8/15	Patient discharged from HBPC and transitioned to Hospice
7/11/15	Pt expired at home w Hospice

Life expectancy vs. health expenditure over time (1970-2014)

Our World in Data

Health spending measures the consumption of health care goods and services, including personal health care (curative care, rehabilitative care, long-term care, ancillary services and medical goods) and collective services (prevention and public health services as well as health administration), but excluding spending on investments. Shown is total health expenditure (financed by public and private sources).



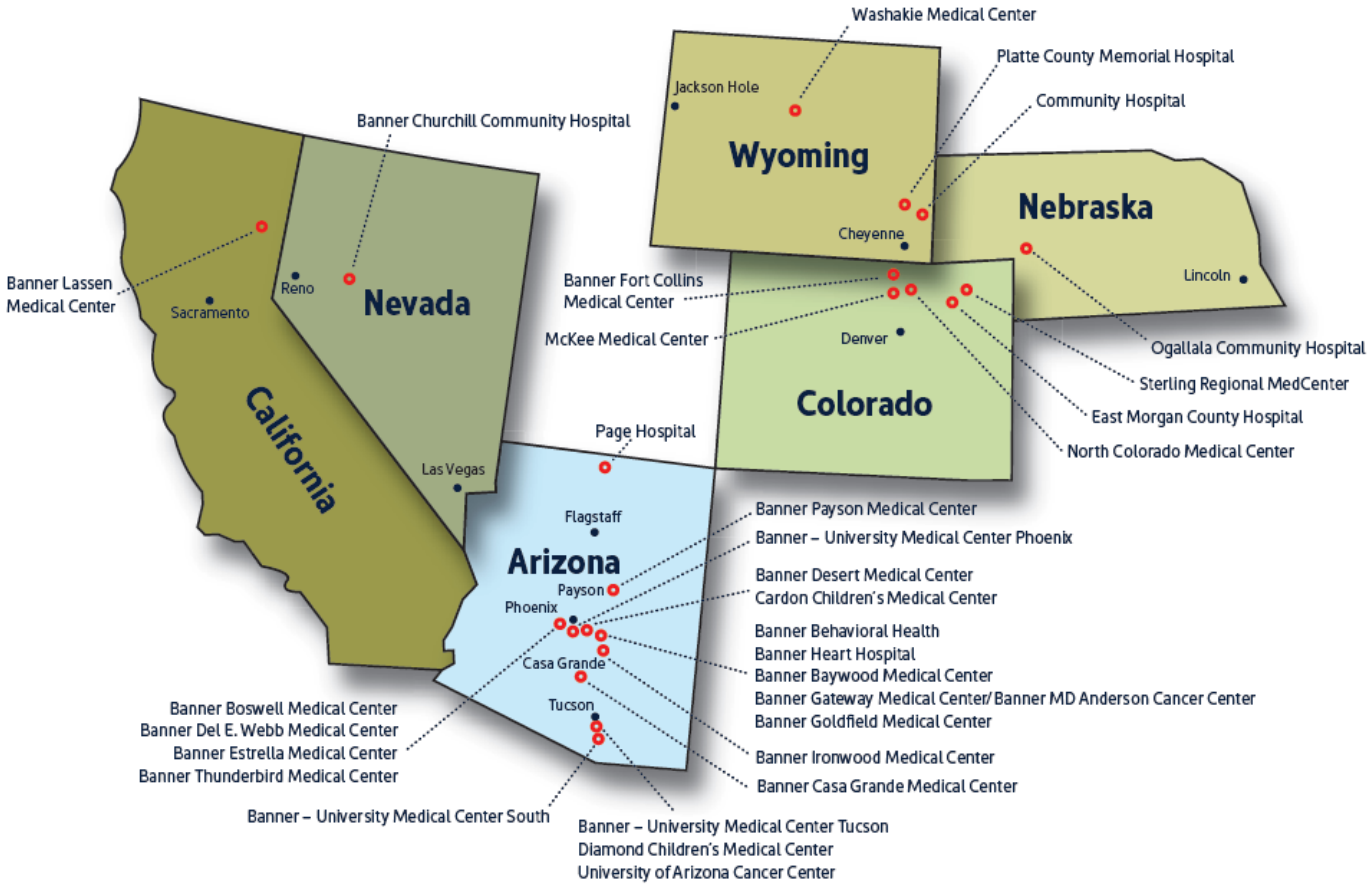
Data source: Health expenditure from the OECD; Life expectancy from the World Bank
The data visualization is available at OurWorldinData.org and there you find more research and visualizations on this topic.

National Healthcare Service Models

	Socialized Medicine	Single Payer	Global Budget	Selected Budgets	Cash-Based
Hospitals/ Doctors	Public	Private	Private	Private	Private
Insurance	Public	Public	Private	Private/ Public	None
Coverage	Universal	Universal	Universal	Targeted	None
Pricing	No Billing	Uniform	Uniform	Divergent	Divergent
Examples	United Kingdom	Canada	Germany	U.S.A.	India
	Centralized			Decentralized	

www.4sighthealth.com *AHA! HEALTHCARE IS BOTH A RIGHT AND A COMMODITY*
David W. Johnson Market Corner Commentary for March 22, 2017

Introduction to Banner Health



Banner Health®

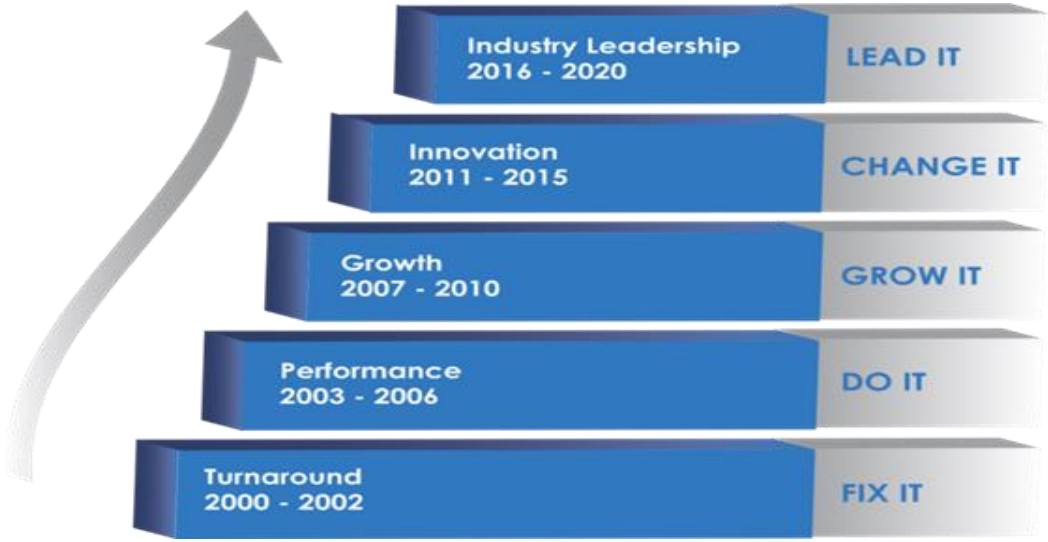
- 28 Acute Care and Critical Access Hospitals
- Behavioral Hospital
- Banner Health Network
- Banner Network Colorado
- Banner Medical Group and Banner – University Medical Group with nearly 2,000 physicians and advanced practitioners and more than 200 Banner Health Centers and Clinics
- Banner Home Care and Hospice
- Outpatient Surgery
- Urgent Care
- Banner – University Medicine division
- $7 billion in revenue in 2015
- AA- bond rating
- $746 million in community benefits, including $62.9 million in charity, 2015

The Banner Health Journey

Population Health Management Company

Clinical Quality Company

Acute Hospital Company



A Cultural Transformation to a Population Health Management Company

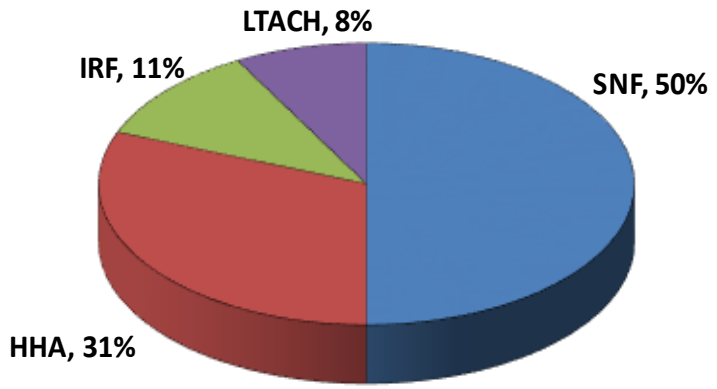
- From “Patients” to “Members”
- From “Volume” to “Value”
- The “Triple Aim”: Quality, Cost, Patient Experience
- Consumerism!
- “Imagine”!

System Recognition of Post Acute “Value”

CMS Trends

- PAC costs 20-25% of the total medical expense for a Medicare beneficiary.
- PAC spending, with annual growth in the last decade is outpacing other service categories by 50% or more.
- It now accounts for a significant portion of overall Medicare expenditures.
- **$65 billion Annually!**

Percent Spending by Medicare on PAC Service

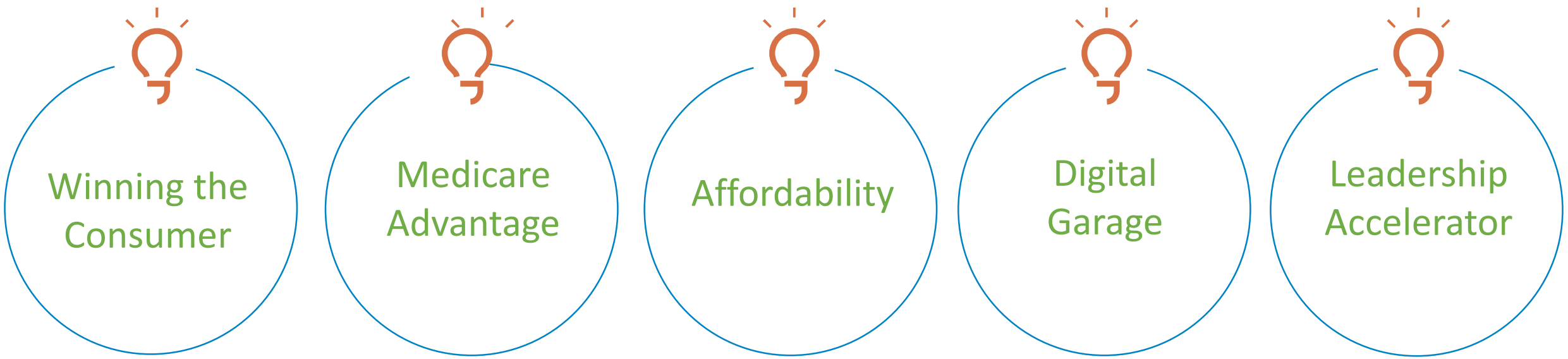


Recognition of PAC Value: Population Health Focused Organization

- Organizational Culture
- System Orientation
- “Membership” focused
- Single “brand” across the continuum of care
- Improved quality, reliability of care, interfaces and processes

System Focus on Innovation

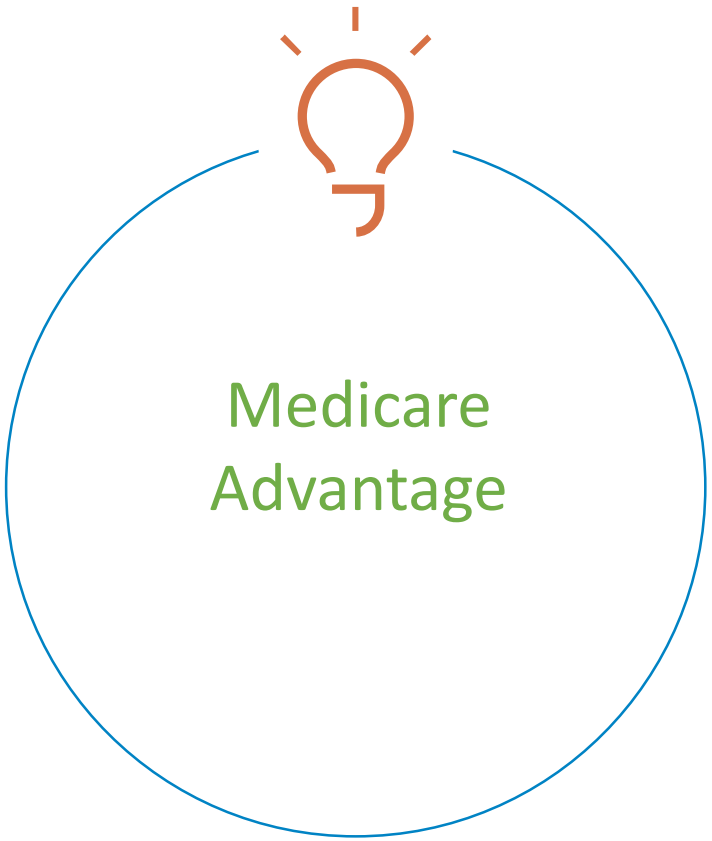
Meet the Imaginariums



But what *is an* Imaginarium?

A test-bed and launch-pad for new ideas about how we deliver services to meet consumer needs.

Medicare Advantage Imaginarium



- Focused on designing the care delivery system that Medicare Advantage members want and expect, including managing total cost of care while providing superior quality and a great consumer experience.
- Sites – Care sites within Sun City, Ariz., due to high proportion of Banner Health Network/Medicare Advantage members. Will include staff, physicians, hospitals, clinics, ambulatory surgery centers, urgent care centers and other sites of care. Will also include Banner Health Network physicians.

How the *Imaginariums* work:

- Four of the Imaginariums (Winning the Consumer, Medicare Advantage, Affordability and Digital Garage) will be independent and isolated from Banner's core business to force separation from the traditional ways of thinking and working. They will be separate organizations with distinct leadership and teams.
- Using dedicated design teams, Imaginariums will test, prove and refine designs for care with consumers in mind before rolling out to the system

Health System Response: Volume to Value

- The response is likely:
    - Market specific
    - Dependent on the relative health of the economy
    - Dependent on the level of competition
    - Dependent on physician group size, composition and sophistication
- Southeast: Decent economy but low levels of physician organization or development; probably not doing much to migrate to value based care.
- East coast: Seems to have increased activity with more systems adopting value based care more robustly
- Midwestern markets like Chicago, Milwaukee and Minneapolis are highly organized. Smaller Midwest cities are not very organized
- Mountain and West states: Highly organized esp. CA, UT, and NM. AZ somewhere between moderately and highly organized

Stressors are many…

- “Fixing the airplane while you are flying it”
  - Access
  - Fragmentation
  - Regulatory constraints inhibit innovation
  - Health status of US population remains below other peer countries
  - Healthcare costs
  - Middle class healthcare spend increasing
    - Healthcare costs now almost ½ typical mortgage payment
    - Lack of pricing transparency

The Value Imperative

Bend the cost curve while improving the member's health outcomes

Pursue continuous quality improvement

Reduce fragmentation in healthcare delivery driving towards an integrated system

Maintain core organizational capacity, infrastructure and workforce

The Essence of Transformation: Necessary Disruption!

Considerations for approaching disruptive change…

- Get curious and question everything!
- Ask Why again, at least five times…
- Find confidence in having more questions than answers.
- Challenge comfort and the status quo.
- Discover the story behind the “because” based answers.
- Education may not be the answer.
- Know what you want the end of the story to be.
- Find the Patient in the solution.
- Stay the course, it will not be easy but it can be fun.
- Humor matters, apply situational levity!
- Remember why you started, check-in and close the loop.

What Must We Do?
Shifting our Thinking!