

NEW & IMPROVED  
**VERSION 2.0**  
 AVAILABLE NOW

Installing The Mandatory Upgrade to Hospice Version 2.0

Completing Your Transformation to a Full-Fledged Post-Acute Care Organization

## Faculty

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Triple Aim

- Improve the Patient Experience of Care
- Improve the Health of Populations
- Reduce the Cost of Healthcare



**IHI Triple Aim Initiative**  
Better Care for Individuals, Better Health for Populations, and Lower Per Capita Costs



## What is Post-Acute Care

Stephen A. Leedy, MD, FAAHPM  
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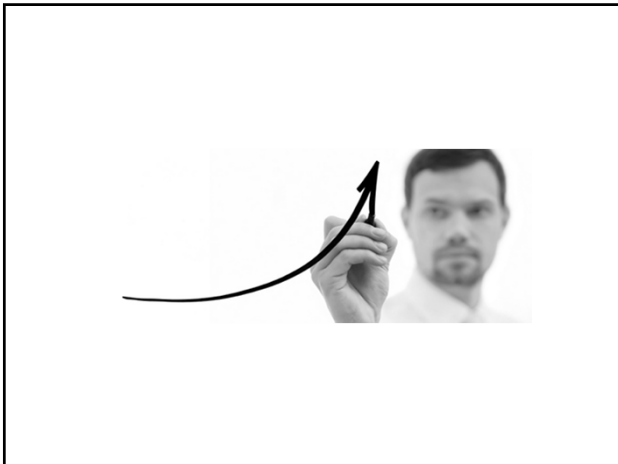
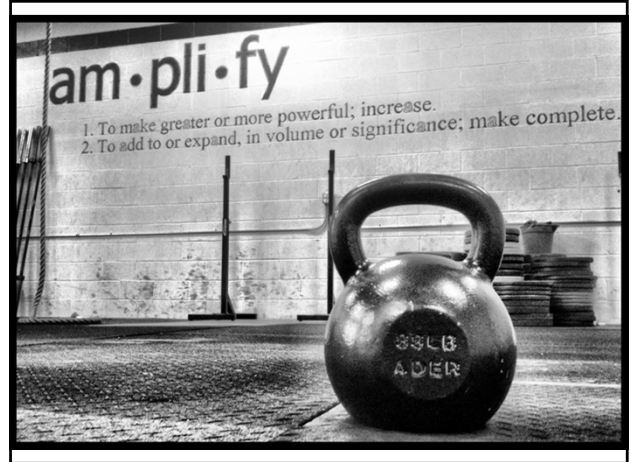
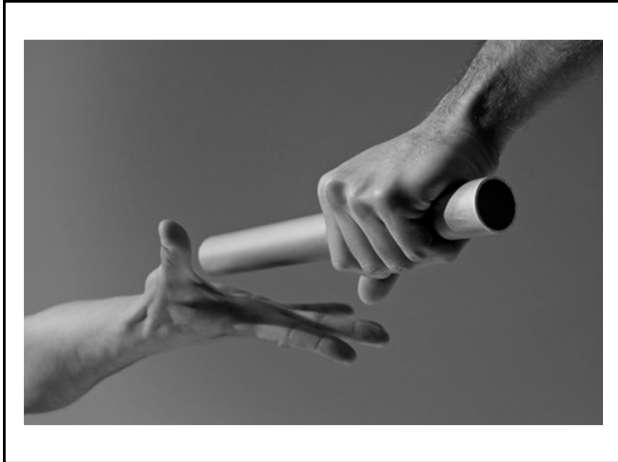


### Formal Components of Post-Acute Care


- Hospice
- Medicare-Certified Home Health
- Inpatient Rehabilitation
  - Skilled Nursing
- Long-Term Acute Care

### Informal Components of Post-Acute Care


- Private Duty Home Health
  - Pharmacy
- Durable Medical Equipment
  - OT/PT/ST/RT/MT
  - Physician Office
    - Laboratory
    - IT (EMR, HIE)



View from the Field:  
Blending Hospice and  
Home Health as the First  
Step to Post-Acute Care



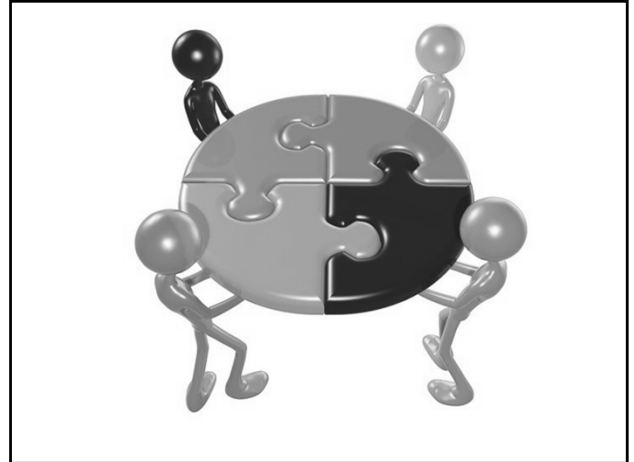
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Challenges  
and Opportunities  
for Hospice &  
Home Health Providers

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### Challenges

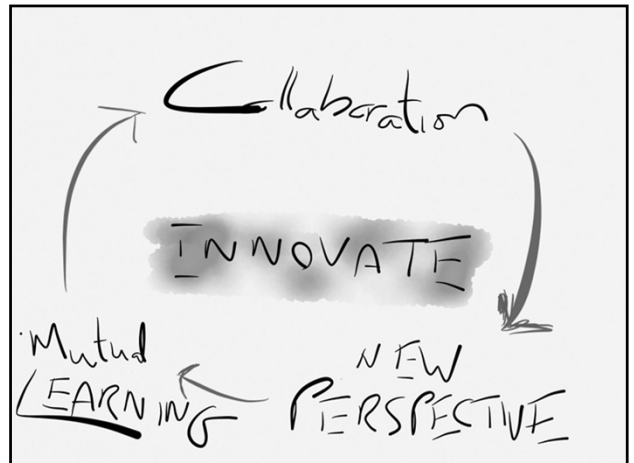
- Over-reliance on the Medicare Hospice Benefit
- No Mention of Hospice in the Affordable Care Act
  - Fraud and Abuse
  - A Stifling Regulatory Climate

### Unhealthy Organizational Responses

- **Ostrich Effect:** "Ignore the Challenges and Maybe They'll Go Away"
- **Flavor of the Month Phenomenon:** "Here Comes Another Change"
- **Exhaustion** from Too Many Changes
- **Apathy**

### Turf Wars

- Small Provider vs. Large Provider
  - Local vs. National
- For-Profit vs. Not-For-Profit
- Hospice vs. Palliative Care
- Hospice vs. Skilled Nursing
- Hospice vs. Home Health





# Data and the Triple Aim

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## Improve the Patient Experience of Care The Quality Imperative: A commentary on the U.S. Healthcare System

1/17/13: Austin Frakt, PhD & Aaron Carroll, MD MS, published this article in the American Journal of Preventative Medicine. Highlights:

- Healthcare spending is high and rapidly increasing – out of control.
- Healthcare spending is *not* tied to outcomes.
- The goal is to:
  - Harness data to inform comparative-effectiveness research
  - Use that research to practice accountable medicine
  - Develop payment-system incentives to drive the innovation in quality and efficiency
- How do we get there?
  - *Incremental, quality-focused, evidence-based reform is imperative*

[http://www.ajponline.org/article/S0749-3797\(12\)00632-0?text](http://www.ajponline.org/article/S0749-3797(12)00632-0?text)

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## Improve the Patient Experience of Care Hospice Quality Outcome Measures?

- As MedPAC reminds us, hospice has no patient satisfaction surveys. This will change...
- Family surveys are helpful, although like staff surveys results are shown to be inconsistent with patient surveys.
- Medicare has begun collecting Hospice quality outcome measures, although this information currently is collected inconsistently and we are years away from public reporting of quality measures.
- So apart from patient surveys, how can hospice demonstrate quality?

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### Improve the Patient Experience of Care Through Transparency

10/5/12: Anne Weiss posts the following on the Health Affairs blog:

By year's end, the Department of Health and Human Services will announce plans for making its **Physician Compare website** into a consumer-friendly source of information for Medicare patients about the quality of care provided by doctors and other health care providers. In doing so, Physician Compare will take its place alongside **Hospital Compare** and **more than 250 other websites** that offer information about the quality and cost of health care. *More importantly, perhaps, it will send an important signal that transparency in health care is the new normal.*

[http://healthaffairs.org/blog/2012/10/05/transforming-care-through-transparency/?utm\\_source=rs&utm\\_medium=rs&utm\\_campaign=transforming-care-through-transparency](http://healthaffairs.org/blog/2012/10/05/transforming-care-through-transparency/?utm_source=rs&utm_medium=rs&utm_campaign=transforming-care-through-transparency)

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### Improve the Patient Experience of Care Through Transparency

National Hospice Locator  
[www.HospiceAnalytics.com](http://www.HospiceAnalytics.com)



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### Improve the Patient Experience of Care Through Death Service Ratios & Lower Costs

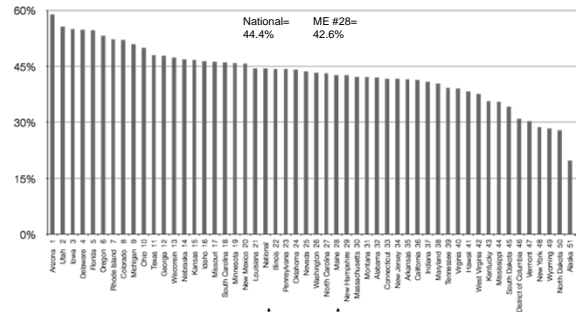
In June 2011, Abernethy et al. published a letter discussing the importance of hospice utilization and the cost savings of hospice services (Abernethy AP, Kassner CT, Whitten E, Bull J, Taylor DH. Death Service Ratio: A Measure of Hospice Utilization and Cost Impact. *J Pain Symptom Manage* 2011; 41(#6 June):e5-6).

In addition, these methods can be replicated with the 2012 Medicare data in specific areas, for example:

End-of-Life Care Provider	Louisiana State Average	National Average
2012 Hospice	\$22,644	\$21,323
2012 Hospital	\$40,058	\$41,139
Average savings / beneficiary	\$17,414	\$19,816

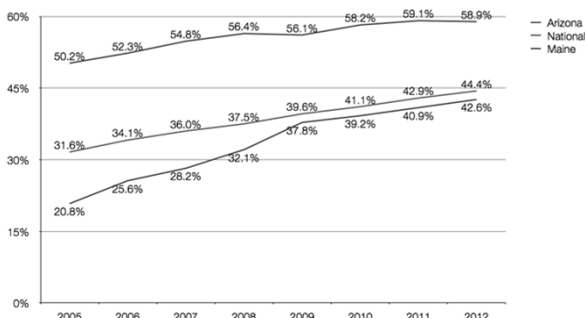
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### Improve the Patient Experience of Care 2012 Hospice Utilization



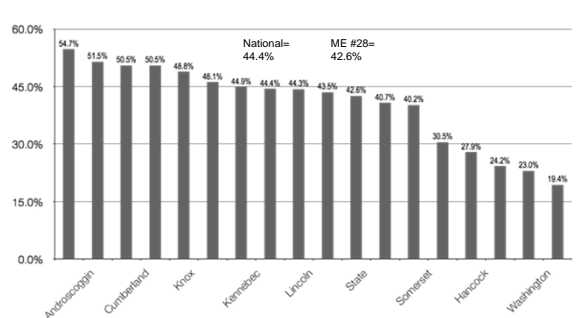
Note: Hospice Utilization= Medicare Hospice Deaths / Total Medicare Deaths. www.HospiceAnalytics.com 47

### Improve the Patient Experience of Care 2012 Hospice Utilization - State 8-Year Trends



Note: Hospice Utilization= Medicare Hospice Deaths / Total Medicare Deaths. www.HospiceAnalytics.com 48

### Improve the Patient Experience of Care 2012 Hospice Utilization x County – ME

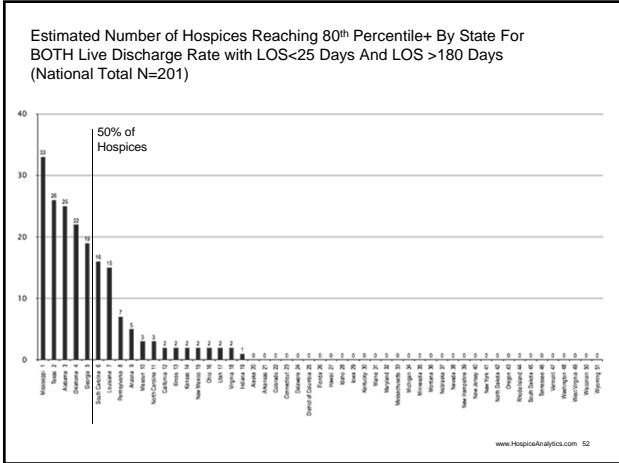
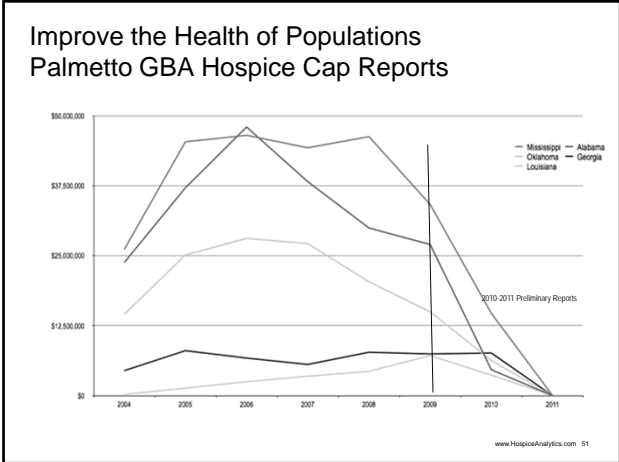


Note: Hospice Utilization= Medicare Hospice Deaths / Total Medicare Deaths. www.HospiceAnalytics.com 49

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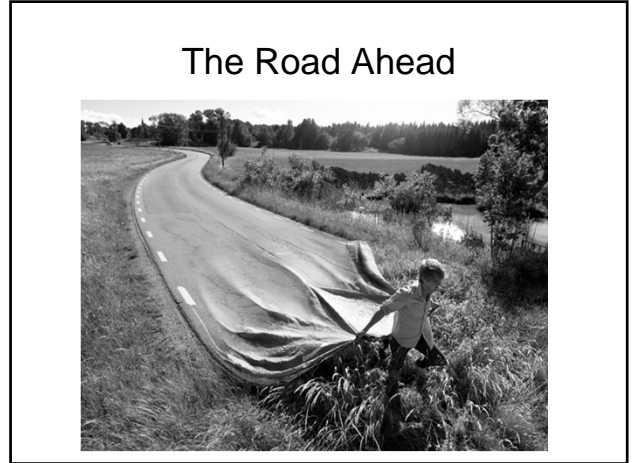
### Hospice Cost Savings

- Taylor DH Jr, et. al., "What length of hospice use maximizes reduction in medical expenditures near death in the US Medicare program?" *Social Science & Medicine* (2007).
- Kelley AS, et. al., "Hospice enrollment saves money for Medicare and improves care quality across a number of different lengths-of-stay." *Health Affairs* (2013).
- Moore J, et. al., "The Missouri Hospice Medicaid Project." Brochure available, publication pending.
- Taylor DH Jr, et. al, "Does a combined system with hospice and hospital-based palliative care save Medicare money?" Publication pending.

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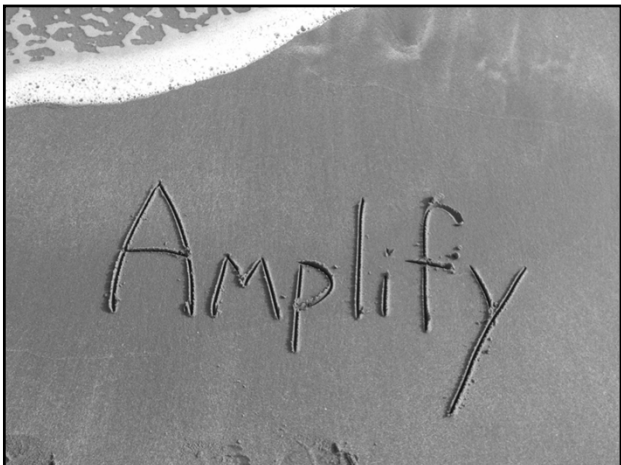
Personal Advocacy: Adding Your Voice to the Chorus

Hospital Readmissions

The cost to Medicare of unplanned rehospitalizations in 2004 was \$17.4 billion

Emerging Payment and Delivery Models

- Concurrent Care
- Medical Home
- Accountable Care Organizations
- Telehealth
- PACE



## References

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The Office of the National Coordinator for Health Information Technology. (2013) *Health IT in Long-term and Post Acute Care: Issue Brief*. Washington, DC: US Department of Health and Human Services.

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