

Community Partners Working Together to Increase Hospice Use

2014 MN Rural Health
Conference
June 24, 2014



**Quality Improvement
Organizations**

Sharing Knowledge. Improving Health Care.
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Objectives:

- Describe a community-based approach to improve the appropriate use of hospice care.
- Identify how to collaborate with a community partnership to identify barriers and solutions to earlier referral to hospice.
- Identify strategies that are being tested by the Alexandria community and determine if they could apply to yours as well.

Hospice Philosophy

Hospice is based on a Philosophy which embraces six significant concepts:

- Death is a natural part of life. When death is inevitable, hospice will neither seek to hasten or postpone it.
- Hospice care establishes pain and symptom control as an appropriate clinical goal.
- Hospice recognizes death as a spiritual and emotional as well as physical experience.

Hospice Philosophy

- Patients and their families are a unit of care.
- Bereavement care is critical to supporting family members and their friends.
- Hospice care is made available by most hospices regardless of the ability to pay.



Who Qualifies for Hospice Care?

- Terminally ill persons whose life expectancy is six months or less given the current progression of their disease process (any age-any diagnosis)
 - Minnesota Medical Assistance \leq 12 months
- Patient is seeking palliative care rather than curative treatment

The Medicare Hospice Benefit is Underutilized

- The median (50th percentile) length of stay in hospice was 18.7 days in 2012
- 30% of all Medicare Beneficiaries who died were in hospice for three days or less
- 35-40% of patients enrolled in hospice died in seven days or less
- 43% of cancer patients and 36% of advanced dementia patients were in hospice for at least three days

Average Length of Stay in Hospice in Days

- 2012 - 35.5% died/discharged in ≤ 7 days
- 2012 – 71.8 average length of stay
- 2012 - 18.7 median length of stay

Targeting Resource Use Effectively (TRUE)

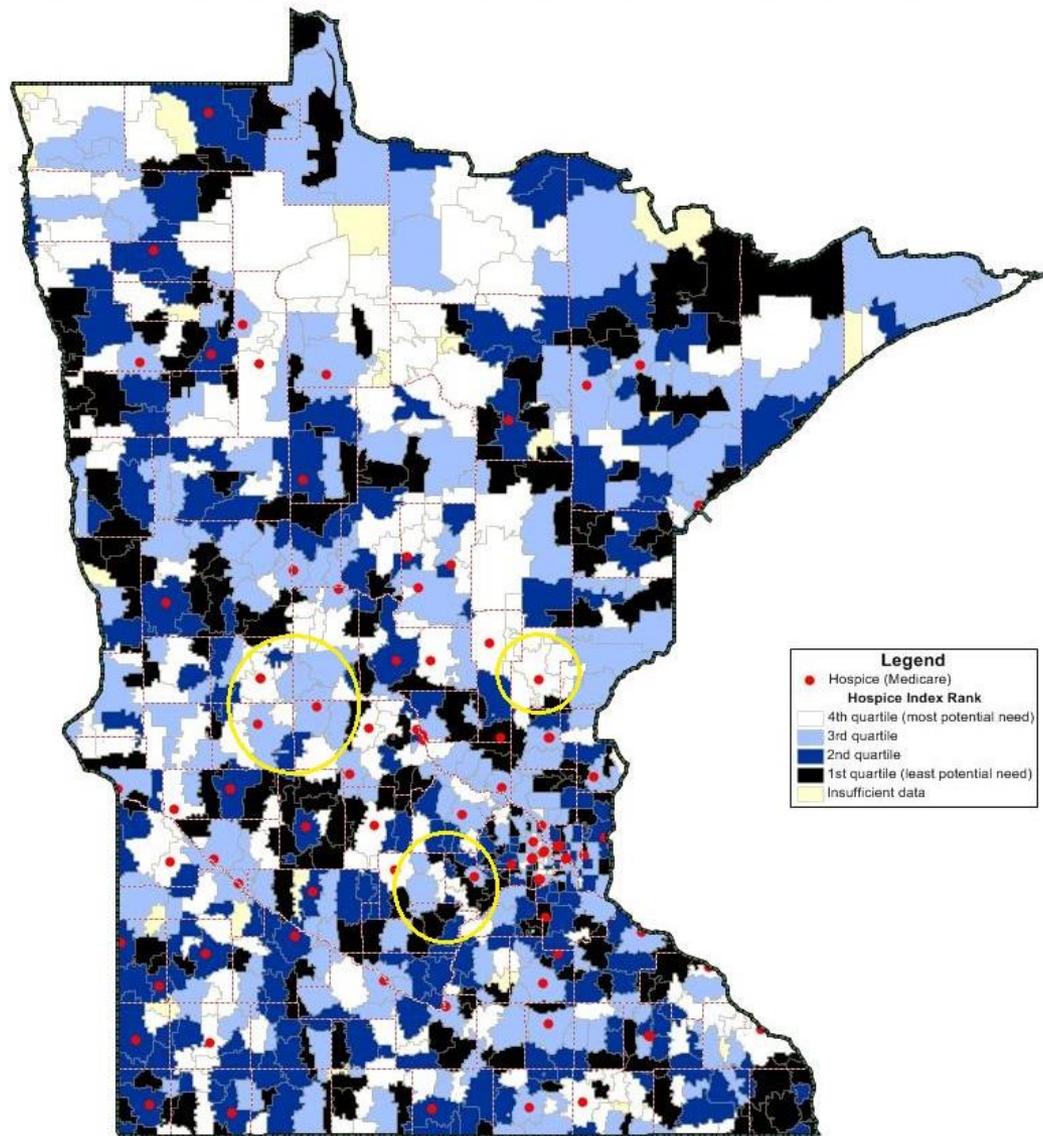
Goal: Optimize hospice use

- Increase appropriate referrals to hospice
- Increase the length of stay of hospice patients (days of care)

How: By forming multidisciplinary community based teams to implement strategies to address barriers to optimal hospice use in the community

What is innovative and unique?

- Development and use of “Hot-spot Hospice Index” to rank and identify community recruitment sites
 - Highlight areas where opportunities exist
 - Combines three dimensions
 - Utilization and access
 - Disease condition
 - Patient characteristics
- New setting of care for QIO program work
 - Medicare end-of-life care and costs often discussed but have not been included in QIO efforts
- Community-guided strategies



Legend

- Hospice (Medicare)

Hospice Index Rank

- 4th quartile (most potential need)
- 3rd quartile
- 2nd quartile
- 1st quartile (least potential need)
- Insufficient data

Project Timeline

August 2013 – July 2014

Aug – Sept: Hotspotting and community identification

October: Community Recruitment

November – December:

- Workshop I – team identifies barriers
- Homework
- Workshop II – community findings, action plan

Jan – July 2014: Implement Action Plans, TA provided, data

May 2014 – Group Sharing Call

July 2014 – Outcomes Congress

Community-Guided Strategies

- Information gathering to identify barriers
 - Community conversations, guided brainstorming, multi-setting discussion
- Provider and facility education
- Patient and provider resources
 - Handouts and scripting

Community Assessment and Plan



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Alexandria Area Voices

- Alexandria area TRUE team members conducted a number of brief, structured conversations.
- Information was gathered from:
 - Community residents
 - Healthcare Professionals
 - Patients and/or families of hospice patients.

Alexandria Area Voices

- All community residents indicated that they would want to talk with their doctor about the hospice care option ***if they knew or understood that their illness was serious or life-limiting***
- Healthcare professionals believe that the most significant barriers to the use of hospice by their patients are patient/family denial or lack of acceptance of the serious nature of their illness

Alexandria Area Voices

- What if:
 - This barrier – patient denial or lack of acceptance – was actually a lack of knowledge?
 - Our patients don't know what they don't know?
- How would our patients even know what questions to ask us?

The Gap: Having The Talk

- Patients and their families think that if they have a serious illness, their doctor will start the talk about hopes and goals for care
- Doctors say that they will have these talks if their patients bring up the topic first
- Doctors and their patients both think that having these talks are important

The Gap: Having The Talk

- The Problem:
 - Doctors and patients are each waiting for the other to start the conversation
 - As a result, these talks may not take place at all
 - Or, they may take place during a health crisis when it's very stressful for everybody

Opportunities: Having “The Talk” Sooner



- For Patients:
 - Encouraging patients to ‘ask their doctor’ if they have a serious illness
 - Providing a list of specific questions to initiate “the talk” (see patient brochure)

Shared Decision-Making

Between Physician and Patient:

- Physician's Responsibility: Inform and recommend best treatment option(s)
- Patient's Responsibility:
To choose or refuse treatment option(s)

If you have a serious illness, you need to have a talk with your doctor to identify your hopes and goals in dealing with your illness. Then you and your doctor can talk about treatment options and decide on the best choice for you.

This information was produced in support of Stratis Health's Targeting Resource Use Effectively project (TRUE). Project TRUE is intended to help eligible patients get into hospice care sooner, and to increase appropriate referrals to and utilization of hospice in Minnesota through the identification of barriers to access.

Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities. TRUE is a special innovation project funded by the Centers for Medicare and Medicaid (CMS).

This material was prepared by Stratis Health, the Minnesota Medicare Quality Improvement Organization, under a contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.

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Is Your Serious Illness the Elephant in Your Doctor's Examining Room?

StratisHealth

Is Your Serious Illness the Elephant in Your Doctor's Examining Room?

Here's the situation:

- Patients and their families think that if they have a serious illness, their doctor will start the talk.
- Doctors say that they will have these talks if their patients bring up the topic first.
- Doctors and their patients both think that having these talks are important.

Here's the problem:

- Doctors and patients are each waiting for the other to start the conversation.
- Because of this, these talks may not take place at all. Or, they may take place during a health crisis or emergency, when it's very stressful for everybody.

This is how to start. You can ask your doctor:

- Do I have a serious or life-limiting illness?
- Can my illness be cured?
- If my illness can't be cured, are there treatments that can slow down my illness?
- What kind of care is available to focus on making me comfortable?
- If my illness keeps getting worse, when is it a good time to think about getting supportive and comfort focused care?
- Will you be the one to tell me when to contact hospice?
- Will you stay involved with my care even when I am no longer looking for treatment for my disease?

Although your doctor doesn't know exactly how you are going to respond to a treatment, it is important to make sure you have enough information to make an informed choice about what you want.

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 - Will you be the one to tell me when to contact hospice?
 - Will you stay involved with my care even when I am no longer looking for treatment for my disease?
- Even though your doctor doesn't know exactly how you are going to respond to a treatment, it is important to make sure you have enough information to make an informed choice about what you want.

Opportunities: Having “The Talk” Sooner

- For Providers:
 - Review and use an established protocol for conducting goals of care discussion



Another Gap: Prognostication

- Many physicians believe 3-6 months of hospice care is appropriate
- Physicians overestimate prognosis by 500%
- The Gap:
 - Median length of stay in hospice is 18.7 days (2012 data)
 - 35-40% of patients enrolled in hospice die in seven days or less

Another Opportunity: Prognostication

- Don't ask yourself if your patient has a prognosis of 6 months or less; consider asking yourself the “surprise” question:
“Would I be surprised if I saw my patient's name in the obituary column of the local newspaper in the next year?”
- These are the patients where having ‘The Talk’ is most important
- Your community hospice programs are an excellent referral resource for helping in this effort

Community-Wide Implementation

Community Presentations

- 4 Clinics
- 2 Hospitals (4 presentations)
- 5 Skilled Nursing Facilities
- Several Assisted Living Facilities (four presentations)
- 1 Hospice Volunteer group
- Case management nurses
- Ad hoc meetings

Reached over 250 people!

Partners Working Together

Community Partners

Settings

- Hospice Programs (lead)
- Assisted Living Facilities
- Churches
- Clinics
- Home Care Agencies
- Hospitals
- Skilled Nursing Facilities

Disciplines

- Administrators
- Nurses
- Physicians
- Parish Nurses
- Social Workers
- Others

Next Steps

Dissemination Plans

- Community presentations
- Senior Fair(s)
- Informal conversations with providers and health care workers
- Distribution of patient brochures and wallet cards
- Facilitated lay conversations

Lessons Learned and Stories

Learnings

- Need to try a new/different approach
- Empowering the community to bring up the questions
- Providing resources to providers to have the discussions earlier
- Setting the conversations as a priority

Stories

Results so far...

- Data slide (from Laura)

TRUE Hospice Utilization Project Outcomes Congress

July 16, 9:30 am – 12:30 pm

Holiday Inn

St. Cloud, MN

TRUE Resources Website

[http://www.stratishealth.org/
providers/hospice.html](http://www.stratishealth.org/providers/hospice.html)

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