

Blue Shield Palliative Care

City & County of San Francisco
September 8th, 2016

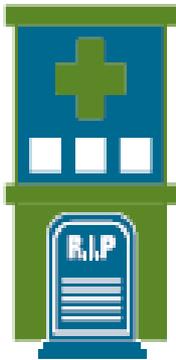
Torrie Fields, MPH
Senior Program Manager, Palliative Care

Why is BSC focusing on Palliative Care?



70% of Americans expressed the wish to die at home,

but



70% of Americans die in a hospital and only **30%** of them die at home.

Let's grant them their wish

What Do Patients Want?

- Control pain and symptoms
- Avoid inappropriate prolongation of the dying process
- Achieve a sense of control
- Relieve burden on family
- Strengthen relationships with loved ones
- 90% of adults prefer to be cared for in their own home if terminally ill

Singer et al. JAMA 1999

What is our approach?



What is innovative about our approach?

- Partnerships to educate and support palliative care throughout our delivery system
- ACO delivery transformation
 - Clinical training
 - Implementation support
 - Development of palliative care in inpatient, outpatient, and home settings
- Home care design in a non-integrated environment
 - Partnerships between medical groups and home health or hospice agencies

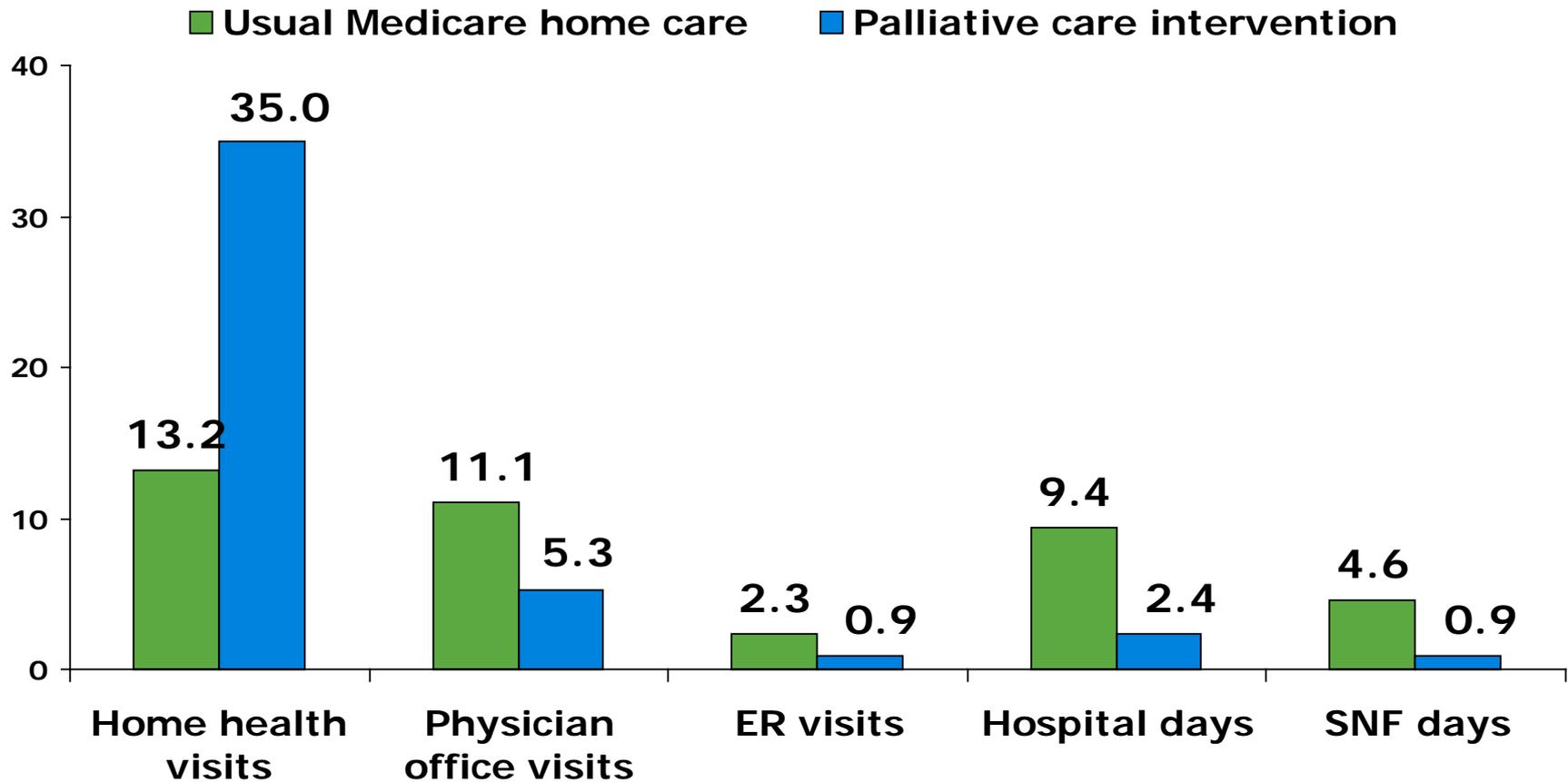
What is our near term focus?

- Network development across all lines of business
- Policy and advocacy on the state and federal levels
- Benefit development and education
- Integration of palliative care into internal and external case management and concurrent review
- Improved tracking and evaluation of palliative care measures
- Member and employee education and engagement

ACO Home-Based Palliative Care Program

- Eligibility Criteria
 - CHF, COPD, Cancer
 - Expected prognosis <12 months (“Would you be surprised if the patient were to die in the next year?”)
 - 2 or more ED or Inpatient admissions in the last year
 - Deteriorating medical condition at risk for needing symptom management
- With Home-based primary palliative care, outcomes have been:
 - 33% lower total cost of care
 - 64% reduction in inpatient admissions
 - 24% lower ED visits
 - Customer satisfaction of 96%
 - 91% of members in program died where they wanted, in accordance with wishes

Example of home care design



Service Use Among Patients Who Died from Heart Failure, Chronic Obstructive Pulmonary Disease, or Cancer While Enrolled in a Palliative Care Intervention or Receiving Usual Care, 1999–2000;
(Brumley, R.D. et al. JAGS 2007)

Case Management

- Palliative Care training for case managers and concurrent review staff through the Center to Advance Palliative Care
- Development of processes, procedures, and scripting necessary for case management and tracking of palliative care eligible members
- Implementation of palliative care measures and tracking with vendors
- Ensure payment policy aligns with desired palliative care services

How will we be measuring ourselves?

- Achievement of the Triple Aim
 - Improved patient and family experience
 - Improved quality of care
 - Reduced total cost of care
 - Reduced unwanted medical services
- Proactive identification and outreach to members eligible for palliative care
- Increased number of advance directives on file
- Increase in patient treatment in line with patient preferences

blue  of california