

Problem Statement

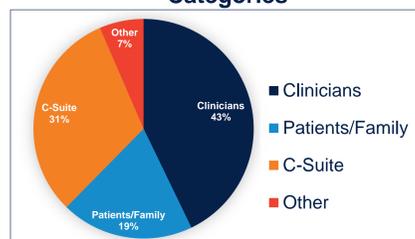
MemorialCare patients with serious illness lack access to community based palliative care services. A financially viable community based palliative care service line within the MemorialCare hospice program could help meet this need.

Discovery

6 months, 77 interviews, 3 phases

- Early discovery phase – identified stakeholders, had open-ended discussions about the **problems** and **needs** of caring for seriously ill individuals, identified the most common problems and needs.
- Middle discovery phase – discussed solutions to the most common problems and needs, categorized solutions as “**nice to have**” or “**must have**”.
- Late discovery phase – incorporated the “**must have**” solutions into an initial palliative care service line pilot, refined the pilot further with key c-suite and physician leader input.

Stakeholder Interview Categories



Key Discovery “Must Have” Findings

| C-Suite | Patient and Family | Clinicians |
|---------------------|--------------------|--------------------------|
| financial viability | ease of access | reduce provider burden |
| self-sustaining | home based | increase quality of care |
| system-wide spread | coordinate care | |

Palliative Care Pilot Program

- Enroll seriously ill patients (1-2 year prognosis), **home-based care**
- Interdisciplinary team (physician, nurse, social worker, chaplain), home visits
- Improve symptoms, establish goals of care, coordinate with treating physicians
- Achieve earlier hospice enrollment, increase hospice length of stay (revenue)
- Additional revenue assures program stability, funds system-wide spread

Goals and Objectives

Goal: Increase access to ambulatory palliative care by establishing a financially sustainable service line within MemorialCare’s hospice program.

Outcome-oriented Objective:

- Increases hospice average length of stay by 10% by 4th quarter 2016.
- Have a positive return on investment for pilot by 1st quarter 2017.
- Obtain c-suite buy-in by becoming a hospice budget line item by 2nd quarter 2017.

Results

★ = program start



Pilot Results

- 25% increased average length of stay
- 150% increase in revenue
- C-suite buy-in

Pilot Conclusion

- The community based palliative care service line is **strongly associated** with an increase in hospice average length of stay and revenue.
- This trend justified inclusion into the 2018 hospice budget.

Lessons Learned

The Process

- Time spent in discovery is an investment, be aggressively curious.
- In the beginning, understanding stakeholder problems and needs is your main agenda.
- Stay married to your problem, not the solutions.

Community Based Palliative Care

- C-suite discussions should include data on reducing financial risk.
- Attributing community based palliative care services to hospice revenue is complex.
- Adhering to strict enrollment criteria can negatively impact staff morale. Discuss openly.

Next Steps

- Additional quality metrics in 2018
- Scale system-wide in 2018
- Offer model blueprint to others



Mission Model Canvas

| | | | | |
|---|---|---|--|--|
| Key Partners <ol style="list-style-type: none"> MemorialCare Hospice and Palliative Care MemorialCare physicians Saddleback Memorial Medical Center | Key Activities <ol style="list-style-type: none"> Collect hospice length of stay and revenue data Interdisciplinary team home visits Interdisciplinary team meetings, bi-weekly | Value Propositions <ol style="list-style-type: none"> Increase the hospice average length of stay by 25% Service line to deliver a positive return on investment Reduce the workload of primary care physicians | Buy-in & Support <ol style="list-style-type: none"> Solve stakeholder problems and needs Create a financially self-sustaining model Pilot to produce a positive return on investment | Beneficiaries <ol style="list-style-type: none"> Patients with serious illness within the MemorialCare Health System The MemorialCare Hospice and Palliative Care program Community based and hospitalist physicians |
| Mission Budget/Cost <ol style="list-style-type: none"> Nurse home visits - \$43,670 (total to date) Social worker home visits - \$16,521 (total to date) Chaplain home visits - \$3,310 (total to date) Physician Oversight - \$12,000 (total to date) Total Costs = \$75,501 | | Mission Achievement/Impact Factors <ol style="list-style-type: none"> Hospice average length of stay increased by 25% Hospice revenue increased by 150% (2016) <u>901</u> home visits (2016 + 2017) <p>Associated with increased hospice revenue = \$318,000</p> | | |