



CareDimensions™

Compassionate expertise for advanced illness

Founded in 1978 as
Hospice of the North Shore

Massachusetts Health Policy Commission Health Care Innovation Investment Award (HCII)

Palliative Care+

April 25, 2018

Our Mission & Team

- Care Dimensions enriches quality of life for those affected by life-limiting illness, death and loss by providing exceptional care, support, education and consultation.
- Interdisciplinary hospice team – physician, nurse, chaplain, social worker, hospice aide, complementary therapies, trained volunteers



Patient Volume

Average Daily Census – approx. 790 hospice patients/day

- » Homes: 52%
- » LTC: 31%
- » Assisted Living Facilities: 13%
- » Kaplan Family Hospice House: 4%
- 2,110 palliative care visits in 2017

Inpatient Hospice Houses – An Alternative to Hospitalization

- Two locations: Danvers (2005) and Lincoln (2018)
- Inpatient-level care provided in a home-like atmosphere
- For acute symptom management and end of life
- All private rooms
- Comfortable amenities for families – living rooms, playrooms, kitchen, gardens, chapel, library



HCII AWARD: TARGETED COST CHALLENGE INVESTMENT

PALLIATIVE CARE+

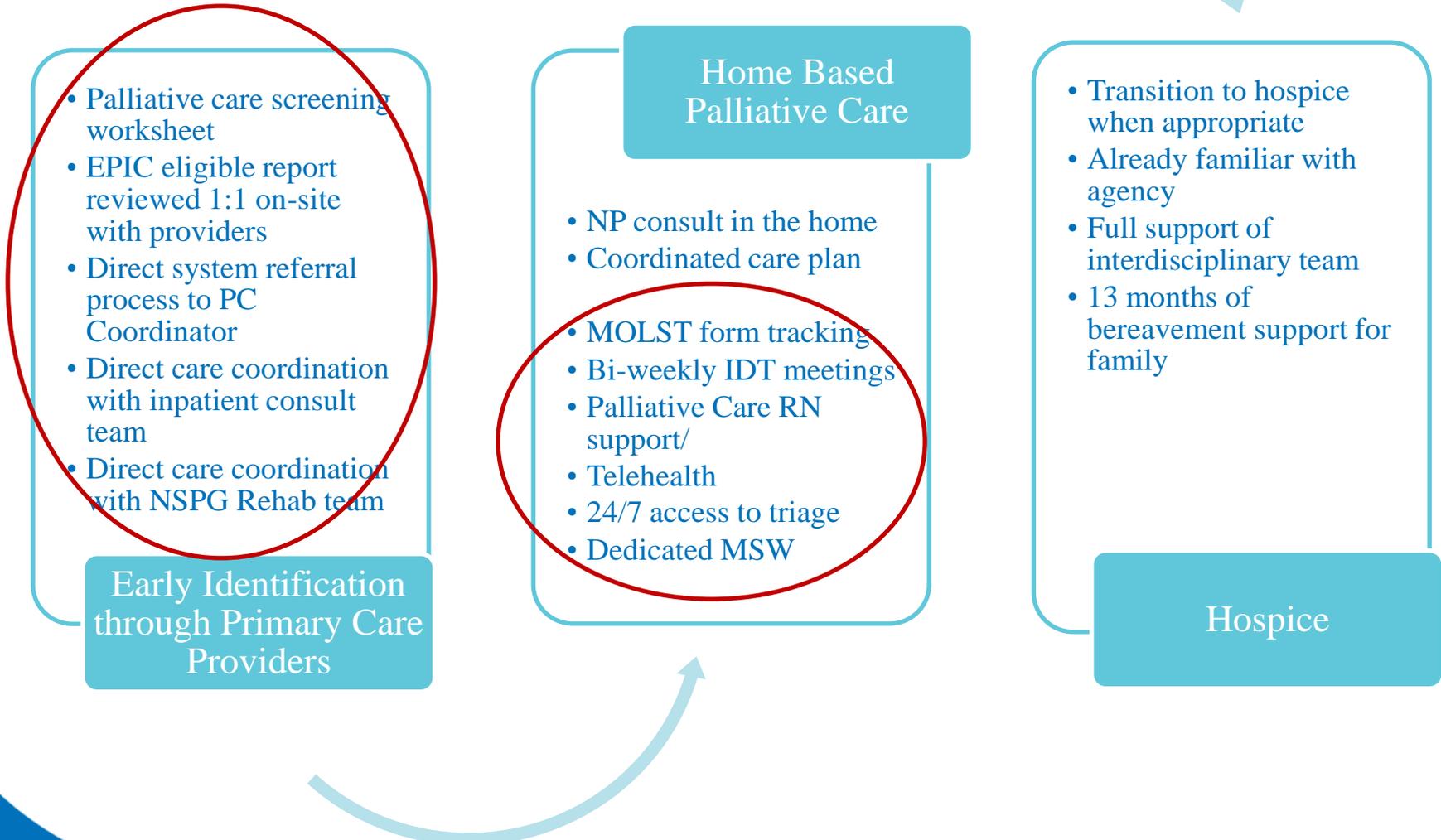
Project Summary

Embed **palliative care support into primary care practices**, providing a resource for primary care physicians in the **early identification of patients with serious advancing illness** with the goal of identifying hospice-eligible patients earlier in the trajectory of their illness, **improving patient quality of life, reducing unwanted emergency department utilization and hospitalizations**

Goals

- Primary Aim:
 - » 20% decrease in all-cause readmissions and emergency department visits for our enrolled population (Palliative Care+ patients) compared to the target population
 - » Increase hospice length of stay for NSPG patients served by Palliative Care +
- Target Population
 - » North Shore Physicians Group patient
 - » Part of their ACO
 - » Have a life-limiting illness

How? → Palliative Care +



- Palliative care screening worksheet
- EPIC eligible report reviewed 1:1 on-site with providers
- Direct system referral process to PC Coordinator
- Direct care coordination with inpatient consult team
- Direct care coordination with NSPG Rehab team

Early Identification through Primary Care Providers

Home Based Palliative Care

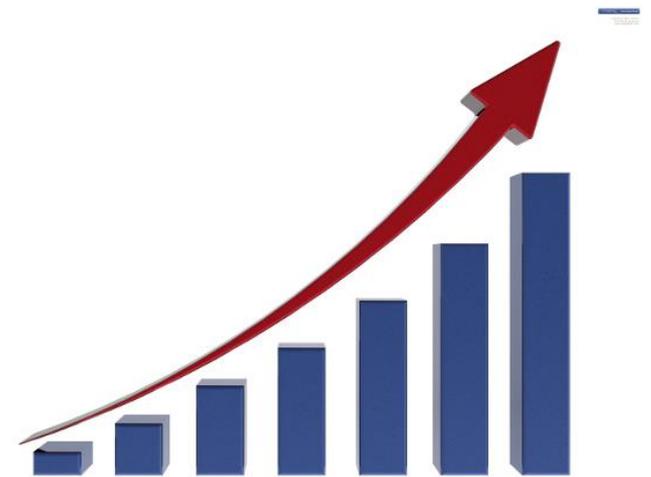
- NP consult in the home
- Coordinated care plan
- MOLST form tracking
- Bi-weekly IDT meetings
- Palliative Care RN support/
- Telehealth
- 24/7 access to triage
- Dedicated MSW

- Transition to hospice when appropriate
- Already familiar with agency
- Full support of interdisciplinary team
- 13 months of bereavement support for family

Hospice

Timeline

- Preparation period began with contract execution (November 2016-May 2017)
- Roll out of program June 1, 2017
- Project completion November 30, 2018



PARTNERSHIP WITH NORTH SHORE PHYSICIANS GROUP

North Shore Physicians Group (NSPG)

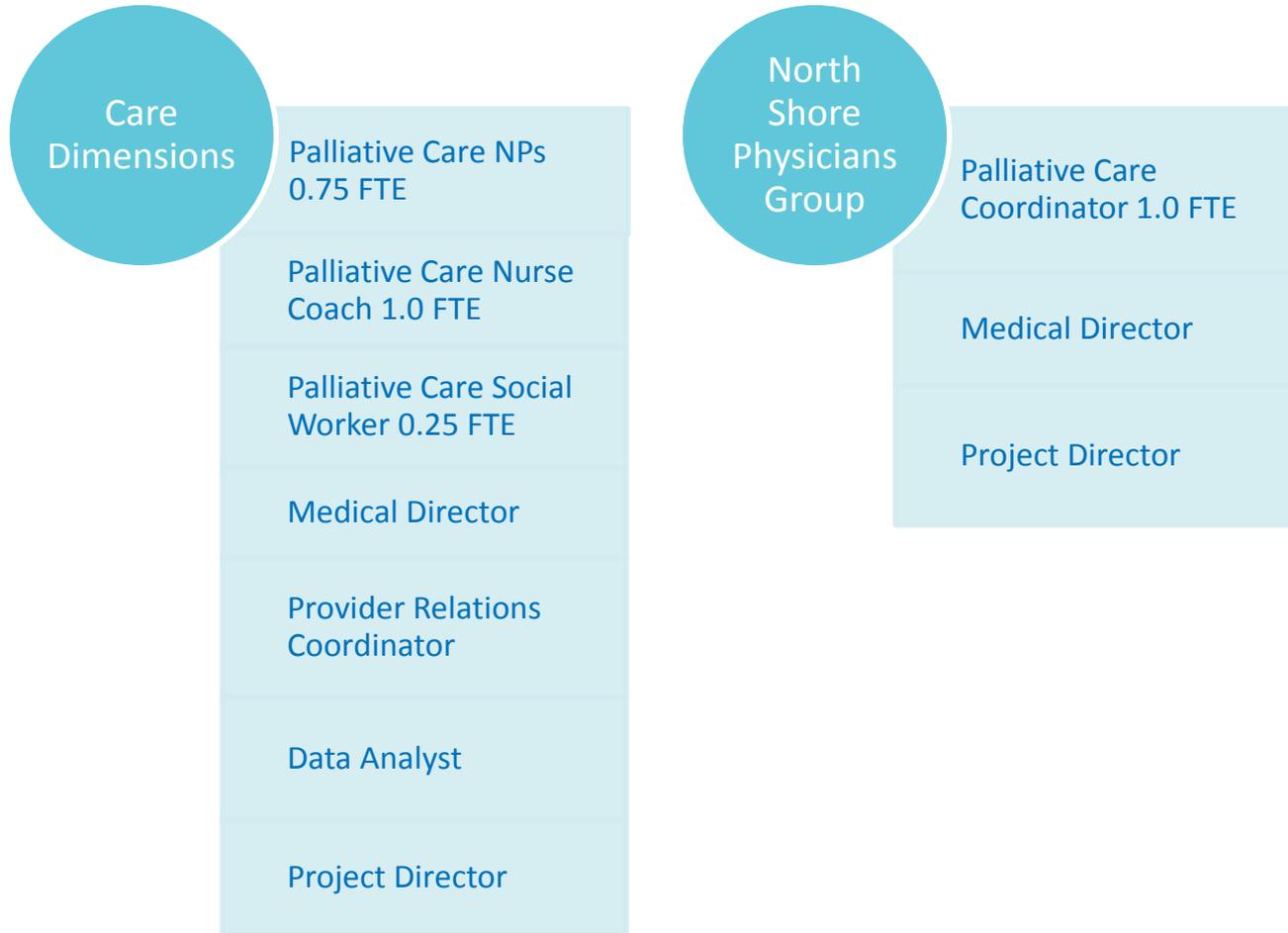
- NSPG is a multi-specialty group practice affiliated with North Shore Medical Center and Partners Healthcare
- Their 275+ exceptional physicians, nurse practitioners and healthcare professionals treat patients in 12 locations throughout Boston's North Shore
- NSPG serves over 80,000 patients in the North Shore area and 30% of these patients are over the age of 65.

Building on Prior Partnership

- For over 20 years, NSPG and CD have collaborated in caring for patients with serious illness including hospice and palliative care
- Specific projects
 - » 2009 – NSPG Medicare Demonstration Project for High Risk Medicare beneficiaries
 - » 2016 – CD Medicare Care Choices Model
- PC+ aligns with institutional goals for both CD and NSPG
 - » Mission
 - » Internal Performance Framework

STAFFING MODEL

Staffing Model



CARE DELIVERY

Identification



- Target Population Eligibility Criteria:
 - » NSPG patient
 - » Part of Accountable Care Organization (ACO)
 - » Life-limiting illness
- Referrals come in variety of ways
 - » Direct from Eileen Fagan, NSPG Nurse Case Manager
 - » Care Dimensions Provider Relations Team
 - » Screening of all CD Palliative Care Referrals for NSPG as primary or secondary physician
 - » Patients “not taken under care” by CD Hospice or discharged from CD hospice

Enrollment

- Able to see patients within 5 days of connecting with family
- Increased communication between Palliative Care+ Nurse Practitioner and NSPG Palliative Care Coordinator prior to visit
- Biggest hurdle is ACO membership as that is a data requirement of this project to track ED visits and hospitalizations*

*All appropriate referrals that do not have ACO membership have been enrolled in regular Palliative Care.

Patient Engagement

- Palliative Care Nurse Practitioner visit to address palliative care needs (Advance Directives, Symptom Management, Goals of Care conversations)
- Refer to Palliative Care Nurse Coach and Social Worker
- Refer to Telehealth if applicable
- Communicate back with NSPG providers and nurse case managers
- Routine phone calls by Nurse Coach and as needed visits by Nurse Practitioner to address palliative care needs
- Routine care continues with primary care team
- Transition to hospice if/when appropriate



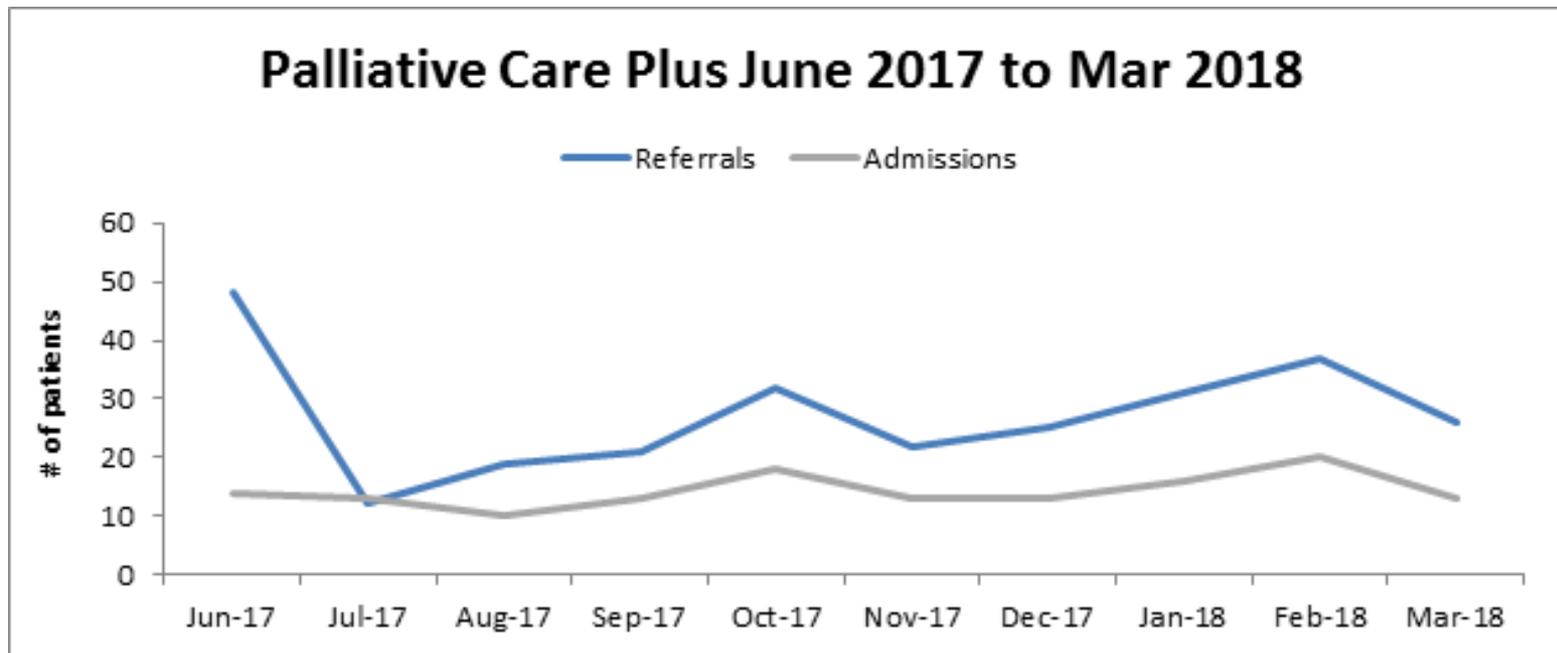
TECHNOLOGY

Service Delivery

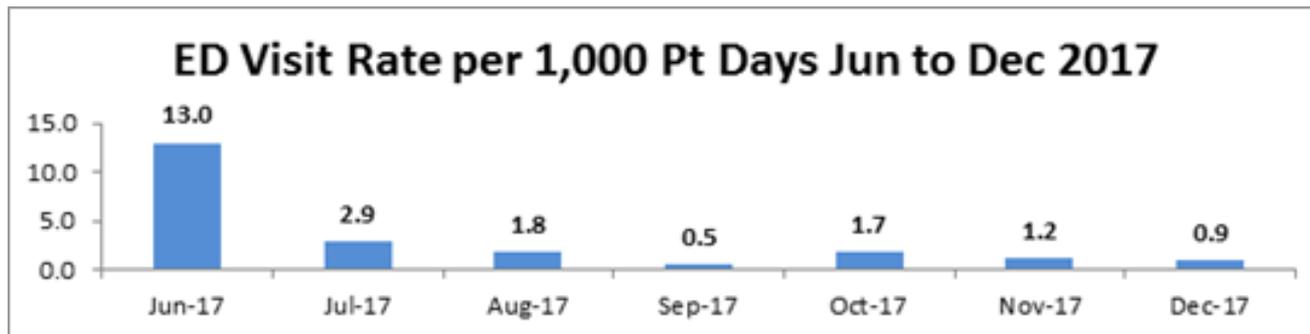
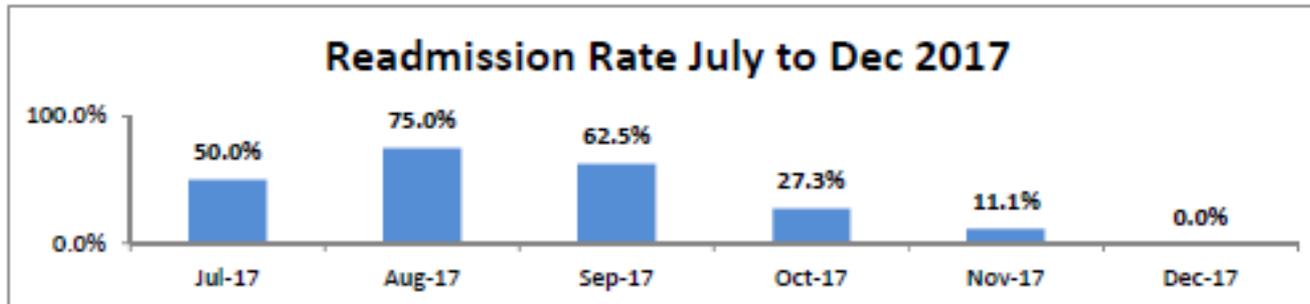
- 10 telehealth units available and all in use
- Available for patients with Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD)
- Daily vital sign monitoring and symptom survey
- Results given to NSPG primary care provider



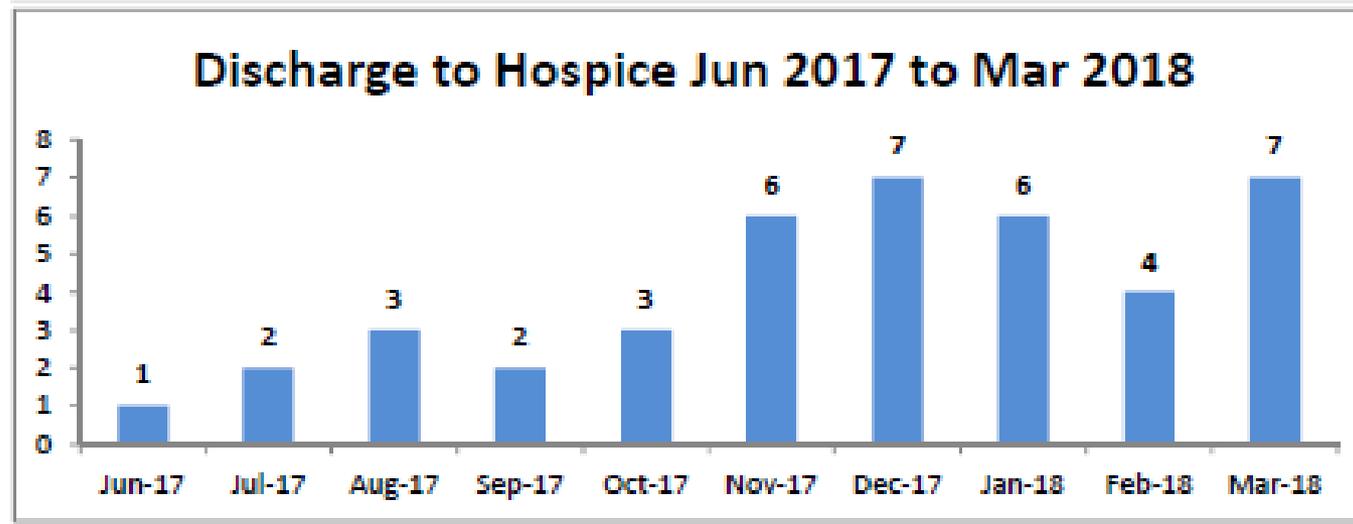
Referrals/Admissions



Key Performance Indicators (to date):

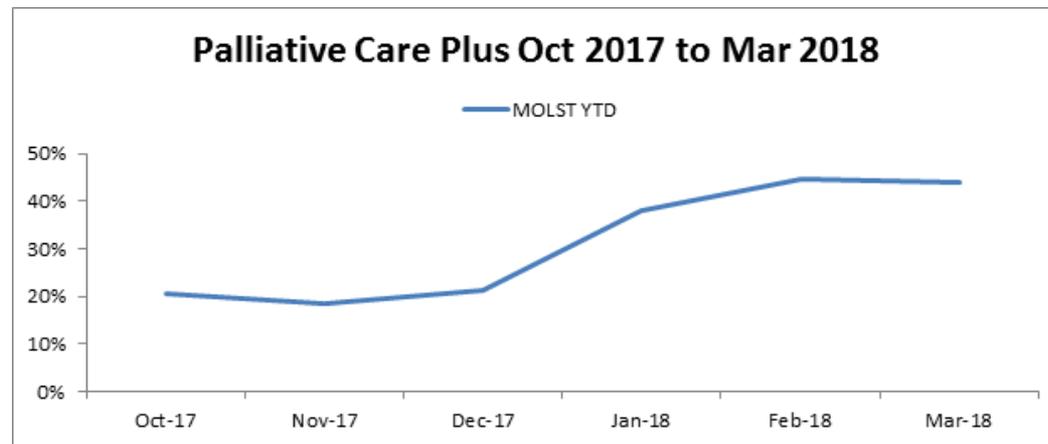


Transition to Hospice



MOLST form completion

- Significant advancement in tracking since start of Implementation period
- No baseline data as we were not able to track previously
- Now tracking copy of document in medical record
- HIPAA compliant photos in home



Patient Story

- An elderly patient had experienced a whirlwind of emergency room visits, hospitalizations, and too many medical appointments to count
- The patient's frequent medical visits began approximately 5 years ago following a fall, which led to multiple surgeries and the discovery of cancer
- In addition to chemotherapy and radiation for the cancer, the patient also had multiple chronic conditions
- Despite these challenges, the patient manages to have a sense of humor, saying "On paper, I look terrible, but in person I look pretty good."
- The patient moved in with family in 2017
- Soon after the move, the patient was experiencing increased pain and more trouble walking and the patient's primary care physician at North Shore Physicians Group (NSPG) recommended enrollment in the Palliative Care+ program.

- Once enrolled, the patient had a visit at home with a Care Dimensions Nurse Practitioner to assess the patient's pain and discomfort and to address the effects on the patient's sleep, appetite and overall functioning
- The patient was initially hesitant to change pain medication because of a previous negative experience and worsening side effects from the last medication change
- The Care Dimension NP's guidance provided guidance and connected the patient with the Palliative Care+ nurse coach, who called to check on the patient's progress and then reported the findings back to the patient's NSPG physician
- After some initial improvement, the patient's pain returned and the NP made a visit and, with the patient's agreement, increased the dosage
- The nurse coach followed up with the patient, who reported that the pain was less, and the patient's sleeping, eating and social engagement had improved

- While Palliative Care+ improved the patient's quality of life, the patient, together with family, decided in December that hospice care was the next logical step
- The patient's decision was made easier through the earlier introduction to Care Dimensions and palliative care.
- One member of the patient's family said: "Having Care Dimensions' nurses available whenever you need them has been a huge relief. They have some really, really good nurses who are very compassionate and caring. I know that they have my back and that is huge."

THANK YOU!