Care Improvement for Serious Illness Patients

NCIOM Task Force on Serious Illness Care

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Who are the seriously ill?

- They have:
  - Serious medical condition or many complex comorbidities
  - High utilization
  - Functional limitations
  - Caregiver stress/limitations

- Related populations: high need/high cost, complex, end of life, high risk…
  - Points in this section relate to all of these groups.

Value-based care can address shortfalls in serious illness care

- Fragmented care (e.g. disparities in quality, siloed delivery)
- Fee-for-service infrastructure is a major driver of poor care coordination
  - Essential activities (e.g. social supports, home visits, patient education, SDM) often not reimbursed
- Current models often fail to integrate patient/caregiver care preferences and thus may not accurately treat a patient's pain and symptoms

Ways for serious illness care to fit into value based models

- Integrate into existing models (e.g., ACOs)
  - Wide reaching models, no need to stand up
  - Require some modifications to model given unique population
- Develop new payment models exclusively for seriously ill
  - Interest in CMMI and among MA plans
  - Can be difficult to identify this population exclusively
- Regardless, health care organizations need help to improve care
  - Challenges making the business case, getting up-front capital
  - Challenges developing competencies to improve care for this population

Integrating into existing models: ACOs

- ACOs are widespread (>1000 nationally covering almost 33 million lives)
- ACO incentives are aligned with goals of palliative care
  - Focus on care coordination
  - Financial flexibility through shared savings
  - High-cost, high-risk patients are a potential source of ROI
- New final MSSP ACO rule expands tools for serious illness care (telehealth, etc.)

Integrating into existing models: ACOs interested, but early.

- Overall: Interest in serious illness, but few widely implemented programs
- Some hospital-led ACOs with IP palliative care services or teams; only a few ACOs implementing community-based palliative care
- Many ACOs trying to identify high-risk/serious illness patients
- Technical issues matter: attribution, risk adjustment, shared savings calculation, quality measures.

Developing new models for serious illness

- CMMI expressed interest in new models
  - May build on previously developed models from C-TAC and AAHPM
  - Also models from MA serious illness programs

- Challenges in developing new models
  - Seriously ill (and high risk, complex, high need) patients cycle—they are likely to not be high risk in the future
  - Hard to identify actionable populations with modifiable risk before they are high cost

Developing new models: Medicare Advantage

- MA prime testing ground for serious illness payment reform
  - Highest adoption of APMs and advanced APMs
  - Can offer (or contract) care integration services to augment provider capabilities
  - Can invest in improving provider capabilities
  - Have flexibility to align benefit designs
  - Strong financial incentives (capitated adjusted by quality Star Ratings)

- Many existing programs, largely through 3rd parties (eg, Landmark, Turn-Key, Aspire)

- Recent actions have increased flexibilities for MA plans (supplemental benefits, hospice carve-in through VBID pilot, telehealth)

Short-term opportunities to improve

- Opportunities to improve existing models to better capture serious illness
  - Ex: Quality measures, attribution, benchmarking, risk adjustment
- Identify MA serious illness innovations and share emerging lessons for greater implementation
  - This year's bids expected to be first time for serious illness benefits; 2020 will be first supplemental benefits offered.
  - VBID hospice carve-in 2021.
- Disseminate evidence on key organizational competencies for faster care reform
  - Ex: Population identification, business case for infrastructure capital, data systems and provider communications
- Address social drivers for high need patients
  - Leverage community needs assessments/community benefits implementation plans to encourage focus on social factors affecting high need populations.