Project Option 2.10.1 Implement a Palliative Care Program to address patients with end-of-life decisions and care needs: **COMPLETE HOSPICE CARE FOR UNCOMPENSATED PATIENTS**

**Unique Project ID:** 138951211.2.7

**Performing Provider Name/TPI:** University Medical Center of El Paso (UMC) / TPI: 138951211

**Project Description:**

***Under this project, UMC El Paso will enter into a contract to transition all hospice-appropriate uncompensated patients into hospice services.***

Under this project, UMC El Paso will contract with Hospice of El Paso, a 33-year-old non-profit hospice provider, to transition all hospice-appropriate uncompensated UMC patients into the services of Hospice of El Paso. The patients covered by this program will also include hospice-appropriate patients needing acute care and/or ventilator support, as well as hospice-appropriate pediatric patients.

As part of the negotiating and contracting process with Hospice of El Paso, UMC will develop a business case for palliative care, showing that the implementation of this project will be financially beneficial for patients and/or payors. In order to ensure that high-quality care is provided to patients under this program, UMC will administer patient/family satisfaction surveys and also will conduct quality improvement activities related to hospice services and palliative care.

**Goals and Relationship to Regional Goals:**

Project Goals: UMC intends for this project to improve patient outcomes and quality of life for hospice-appropriate patients. Consistent with the priorities of hospice treatment and palliative care, the goal of this project is relief and prevention of suffering for hospice-appropriate patients.

This project meets the following regional goals: This project meets the regional goals of overcoming language, socio-economic, and monetary barriers to accessing healthcare resources in the region, and of increasing patient satisfaction through delivery of high-quality, effective healthcare services. The project will expand the provision of hospice services and palliative care to socio-economic groups which previously did not have access to such care, and the project will also increase patient satisfaction by providing care which is appropriate to the needs of the hospice-appropriate patient population.

**Challenges:**

Major challenges which must be addressed in order to successfully implement this project include the high volume of uncompensated hospice-appropriate patients at UMC, as well as the transaction costs involved in negotiating and executing a contract between UMC and Hospice of El Paso.

**5-Year Expected Outcome for Provider and Patients:**

UMC expects that the transition of hospice-appropriate UMC patients to hospice services will greatly reduce or eliminate return emergency room visits while also reducing hospital inpatient days for this population. These patients will receive hospice care from highly-trained specialists in palliative care, whether at home, at an assisted living facility, at a long-term care facility, foster home, or at Hospice of El Paso’s acute care facility. Ventilator support will be provided for patients who are ventilator-dependent. Patients will experience a much better quality of life, and their families will receive the support they need. The cost of care and the cost burden on UMC will be reduced.

**Starting Point/Baseline:**

A large minority of the uncompensated and Medicaid population of UMC patients is hospice-appropriate but does not currently receive hospice services or palliative care. We will establish a baseline of those patients at UMC that do not have a funding source to allow for transfer out to appropriate end of life palliative care

* Begin training for providers on palliative consults for discharges
* Establish number of UMC patients who are hospice appropriate that did not have hospice consults
* Measure hospice patients who were provided with pain screening measures

**Rationale:**

Hospice affirms life and regards dying as a normal process. Hospice neither hastens nor postpones death. Hospice provides personalized services so that patients and families can attain the necessary preparation for a death that is satisfactory to them.

Those involved in the process of dying have a variety of physical, spiritual, emotional, and social needs. The nature of dying is so unique that the goal of the hospice team is to be sensitive and responsive to the special requirements of each individual and family.

Hospice care is provided to patients who have a limited life expectancy. Although most hospice patients are cancer patients, hospices accept anyone regardless of age or type of illness. These patients have also made a decision to spend their last months at home or in a homelike setting**.**

This project will allow for UMC to transfer terminally ill patients (both compensated and uncompensated) out of acute or critical rooms to Hospice of El Paso’s acute care facility, “The Center for Compassionate Care.” Here they will receive 24-hour, highly-specialized and focused attention from a medical staff that specializes solely in critical palliative care.

This project will allow UMC to better utilize the heavy demand for its acute care rooms for other types of severe cases, while also greatly reducing return emergency room visits and impatient days for the population to be served by the project. The contract with Hospice of El Paso also allows for UMC to refer hospice appropriate uncompensated patients to Hospice of El Paso services, which services will also include specialized care for ventilator-supported and pediatric patients. These palliative care services will likewise result in significant reductions of inpatient days, repeat admissions, and emergency room visits for the relevant patient populations.

**Project Components: 2.10.1 Implement a palliative care program to address patients with end of life decisions and care needs**

The implementation of this project at UMC El Paso will accomplish the following core project components (a-d):

* + 1. Develop a business case for palliative care and conduct planning activities necessary as a precursor to implementing a palliative care program.
	+ UMC will develop a palliative care business case and conduct planning activities as part of the negotiation and contracting process with Hospice of El Paso.
		1. Transition palliative care patients from acute hospital care into home care, hospice, or a skilled nursing facility.
	+ UMC will transition palliative care patients from UMC hospital care to the care of Hospice of El Paso.
		1. Implement a patient/family experience survey regarding the quality of care, pain and symptom management, and degree of patient/family-centeredness in care, and improve scores over time.
	+ UMC will implement a patient/family experience survey as part of this project, to be administered to the population of patients served by the project, and their families.
		1. Conduct quality improvement for project using methods such as rapid cycle improvement. Activities may include, but are not limited to, identifying project impacts, identifying “lessons learned,” opportunities to scale all or part of the project to a broader patient population, and identifying key challenges associated with expansion of the project, including special considerations for safety-net populations.
	+ UMC will conduct quality improvement activities as part of the hospice program established under this project.

**Unique community need identification numbers the project addresses:**

* CN-2: Secondary and Specialty Care
* CN-6: Other Projects

**How the project represents a new initiative or significantly enhances an existing delivery system reform initiative:**

This project will significantly enhance the hospice and palliative care services available to unfunded and underfunded patients in the El Paso community. Through their collaboration, UMC and Hospice of El Paso will make it possible for a patient population to receive the sensitive and appropriate care which they need and which they were previously unable to obtain.

**Related Category 3 Outcome Measures:**

OD-13: Palliative Care

IT-13.4 Proportion admitted to the ICU in the last 30 days of life

**Reasons/rationale for selecting the outcome measures:**

A large minority of the uncompensated and Medicaid population of UMC patients are hospice-appropriate but do not currently receive hospice services or palliative care outside of the hospital bed setting. We will provide for those patients at UMC that do not have a funding source to allow for transfer out to appropriate end of life palliative care.

**Relationship to other Projects:** UMC has several other projects dedicated to expanding access to primary or specialty care, including Establishing the Crossroads Clinic in South-western El Paso (138951211.1.3); Enhancing Quality Improvement in the UMC NHCs (138951211.1.7); Expanding Primary Care at Ysleta and Fabens (138951211.1.5); and Expansion and Enhancement of Medical Homes at UMC NHCs (138951211.2.4).

**Relationship to Other Performing Providers’ Projects and Plan for Learning Collaborative:** Providence and Sierra East are also developing projects to support the expansion of access to primary or specialty care in the community for those patients who currently experience financial, geographic, or other barriers to accessing the care they need.

Performing Providers, IGT entities, and the Anchor for Region 15 have held consistent monthly meetings throughout the development of the Waiver. As noted by HHSC and CMS, meeting and discussing Waiver successes and challenges facilitates open communication and collaboration among the Region 15 participants. Meetings, calls, and webinars represent a way to share ideas, experiences, and work together to solve regional healthcare delivery issues and continue to work to address Region 15’s community needs.  UMC, as the Region 15 Anchor anticipates continuing to facilitate a monthly meeting, and potentially breaking into workgroup Learning Collaboratives that meet more frequently to address specific DSRIP project areas that are common to Region 15, as determined to be necessary by the Performing Providers and IGT entities. UMC will continue to maintain the Region 15 website, which has updated information from HHSC, regional projects listed by Performing Provider, contact information for each participant, and minutes, notes and slides from each meeting for those parties that were unable to attend in-person.

Region 15 participants look forward to the opportunity to gather annually with Performing Providers and IGT entities state-wide to share experiences and challenges in implementing DSRIP projects, but also recognize the importance of continuing ongoing regional interactions to effectuate change locally. Through the use of both state-wide and regional Learning Collaborative components, Region 15 is confident that it will be successful in improving the local healthcare delivery system for the low-income and indigent population.

**Project Valuation**

The valuation of each UMC project takes into account the degree to which the project accomplishes the triple aim of the Waiver, the degree to which the project addresses community needs, the acuity and number of patients served by the project, and the investment required to implement the project. This project also takes into account the costs and health complications that can be avoided when a patient population receives the right care in the right setting, rather than being forced to utilize the Emergency Department as its primary healthcare resource. This project will significantly address the needs of the El Paso community by providing uninsured and underinsured patients with hospice care which is currently unavailable to them.

| 138951211.2.7 | ***2.10.1*** | 138951211.2.10.1 | ***Complete Hospice Care for Uncompensated Patients*** |
| --- | --- | --- | --- |
| ***University Medical Center of El Paso*** | *138951211* |
| ***Related Category 3 Outcome Measure(s):******OD-13 Palliative Care*** | ***IT-13.4 Proportion admitted to the ICU in the last 30 days of life*** | 138951211.3.15 | ***OD-13 Palliative Care*** ***IT-13.4 Proportion admitted to the ICU in the last 30 days of life*** |
| **Year 2****(10/1/2012 – 9/30/2013)** | **Year 3****(10/1/2013 – 9/30/2014)** | **Year 4****(10/1/2014 – 9/30/2015)** | **Year 5****(10/1/2015 – 9/30/2016)** |
| **Milestone 1** [P-8]: Document the conditions for which palliative care is consulted.Metric 1 [P-8.1]: Breadth of conditions for which palliative care is utilized.**Numerator:** Number of chronic conditions for which the palliative care patients are consulted**Denominator:** Total number of patients admitted with chronic conditions or MCCBaseline/Goal: Establish baseline for above criteriaData Source: EHR; palliative care database/ case management databaseMilestone 1 Estimated Incentive Payment: $1,103,136**Milestone 2** [CQI P-19]: Participate in at least bi-weekly interactions (meetings, conference calls, or webinars) with other providers and the RHP to promote collaborative learning around shared or similar projects.Metric 1 [P-19.1]: Number of bi-weekly meetings, conference calls, or webinars organized by the RHP that the provider participated in.Data Source: Documentation of weekly or bi-weekly phone meetings, conference calls, or webinars including agendas for phone calls, slides from webinars, and/or meeting notesMilestone 2 Estimated Incentive Payment: $1,103,136 | **Milestone 3** [P-2]: Educate primary care specialties (e.g., family medicine, Internal Medicine, Pediatrics, Geriatrics, and other IM subspecialties) in providing palliative care including non-cancer training.Metric 1 [P-2.1]: Primary care specialties training and education in palliative care.Baseline/Goal: Educate 30% of the provider workforce that is involved in ICU, Medical, Internal Medicine, and other specialty fields with patients who are hospice appropriate by DY5. Data Source: Database that tracks type and number of training and education sessions by health professional category (ICU, family medicine, Internal Medicine, Geriatrics, and other IM subspecialties). Training and Education Materials, dates of trainings and attendanceMilestone 3 Estimated Incentive Payment: $1,203,462**Milestone 4** [CQI P-19]: Participate in at least bi-weekly interactions (meetings, conference calls, or webinars) with other providers and the RHP to promote collaborative learning around shared or similar projects.Metric 1 [P-19.1]: Number of bi-weekly meetings, conference calls, or webinars organized by the RHP that the provider participated in.Baseline/Goal: n/aData Source: Documentation of weekly or bi-weekly phone meetings, conference calls, or webinars including agendas for phone calls, slides from webinars, and/or meeting notesMilestone 4 Estimated Incentive Payment: $1,203,462 | **Milestone 5** [I-9]: Palliative care patients transitioned from acute hospital care into hospice, home care, or a skilled nursing facility (SNF) with and without hospice services.Metric 1 [I-9.1]: Transitions accomplished.**Numerator**: Number of palliative care discharges to hospice, homecare, or SNF**Denominator:** Total number of palliative care dischargesBaseline/Goal: 10% increase over DY1 to increase hospice appropriate consults and discharges.Data Source: EHR; data warehouse; palliative care database.Milestone 5 Estimated Incentive Payment: $2,413,921 | **Milestone 6** [I-9]: Palliative care patients transitioned from acute hospital care into hospice, home care, or a skilled nursing facility (SNF) with and without hospice services Metric 1 [I-9.1]: Transitions accomplished.**Numerator**: Number of palliative care discharges to hospice, homecare, or SNF**Denominator:** Total number of palliative care dischargesBaseline/Goal: 20% increase over DY1 to increase hospice appropriate consults and discharges.Data Source: EHR; data warehouse; palliative care database.Milestone 6 Estimated Incentive Payment: $1,994,108 |
| Year 2 Estimated Milestone Bundle Amount: $2,206,272 | Year 3 Estimated Milestone Bundle Amount: $2,406,924 | Year 4 Estimated Milestone Bundle Amount: $2,413,921 | Year 5 Estimated Milestone Bundle Amount: $1,994,108 |
| **TOTAL ESTIMATED INCENTIVE PAYMENTS FOR 4-YEAR PERIOD:** $9,021,225 |

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