Moving Palliative Care From The Hospital To Home

Innovative solutions that drive better support for members with serious illness

carecentrix®

Executive Summary

12 million adults[1]

in the U.S. are living with serious illnesses such as heart failure, chronic obstructive pulmonary disease (COPD), and cancer.

With the generation of aging baby boomers, all of whom will be 65 or older by 2030, longer life expectancies, and an increase in chronic disease burden, there's no doubt the number of those living with a serious illness—and the costs associated with care—***will only rise.***

People with serious illness make up **5% of patients contributing to nearly half of all** health care spending[5]—a result of:

- ED visits
- Hospitalizations
- Skilled nursing facility (SNF) admissions
- Gene therapies
- High-priced specialty drugs

For Medicare Advantage (MA) and commercial payors who care for these members, better outcomes, cost control, and optimal member experiences are priorities.

In the last decade, palliative care has increasingly become a way to support patients in need and improve their quality of life, reduce unnecessary hospital utilization, and lower costs associated with serious illness.

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Introduction

Unfortunately, 60% of patients who would benefit from palliative care don't receive it due to a lack of awareness and understanding.[6] Access is also a barrier, particularly for those living in rural communities.[7]

Even for those who do have access, they may not receive the full benefits of palliative care. For example, palliative care offered in acute care settings may focus only on symptom management rather than a more holistic approach which could identify behavioral health and social needs as well. If the role of palliative care is not well understood, support can be cut short when the patient returns home.

56% of people

who have had a serious medical condition experience anxiety, depression, or emotional or psychological problems

—The Commonwealth Fund

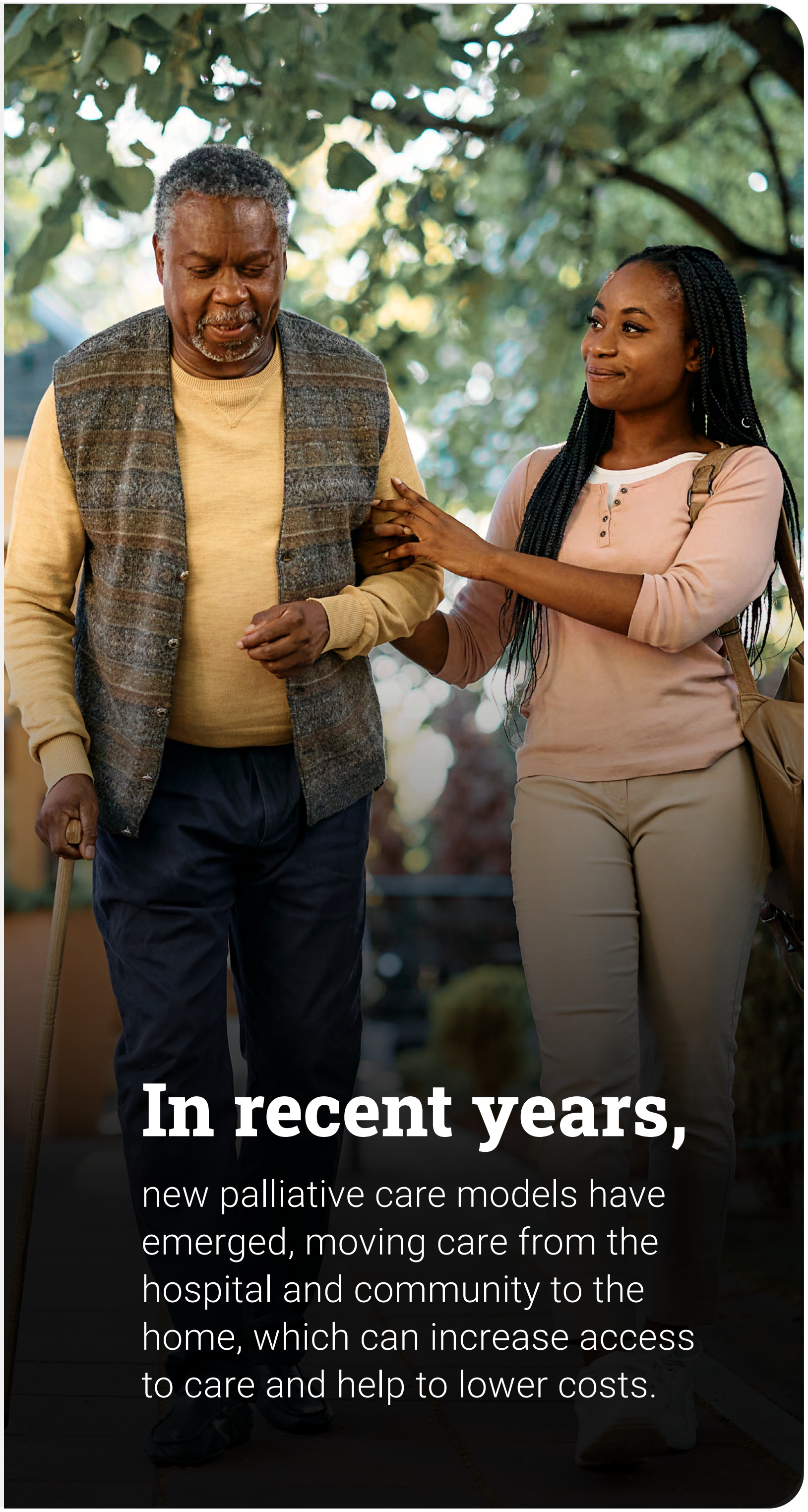
Palliative care can also provide support for caregivers who face their own set of challenges.

These may include education on necessary care, communication with providers, and finding time to support their loved ones.

More than half of caregivers rely on healthcare professionals for information about providing care, yet only 29% have conversations about what's needed to care for their loved one, or what's needed to support their own well-being (13%).[8]

Only 29% Of caregivers have conversations about what's needed to care for their loved one

Only 13% Of caregivers have conversations about what's needed to support their own well-being



In recent years,

new palliative care models have emerged, moving care from the hospital and community to the home, which can increase access to care and help to lower costs.

What is Palliative Care?

Originating in the U.K. in the 1960s, palliative care came about to address the needs of those with cancer who were nearing end of life. The idea later evolved into a separate field when it was shown to provide value for those living with non-terminal conditions[9] and was recognized by the World Health Organization (WHO) as a distinct specialty.[10]

According to the National Institutes of Health (NIH), palliative care is defined as specialized care for people living with a chronic or serious illness.[11] Patients receive support to experience relief from their pain and other symptoms as well as to alleviate the stress of their illnesses. The goal of palliative care is to improve the quality of life for patients and their families.[12] Unlike curative treatments, palliative care is a holistic, whole-person approach that recognizes and addresses the unique needs of those with serious illness.

Palliative care plays a critical role for patients and their caregivers in developing goals of care and care plans for future challenges that may arise. They often receive education around advance care planning so if the patient is re-admitted to the hospital, or transitions to a lower-level setting such as a SNF or primary care, information about their goals, values, and desires are in place.

70%
of people in the U.S.
do not have an advance care plan

6M
people in the U.S.
could benefit from palliative care

Benefits of Palliative Care

- Patient and caregiver education
- Goals of care are established
- Symptom management
- Understanding of side effects
- Advance care planning
- SDoH gaps are addressed
- Symptom and side-effect management
- Improved strength and resiliency

Misconception: Palliative Care Means End of Life

Although palliative care has been around for more than half a century, it is often associated with hospice and end-of-life care.

Yet most people with serious illnesses are neither dying nor hospitalized.[13] Those who have a serious illness are living at home, have longevity as their end goal, and need supportive care to manage their conditions and treatments. These patients can receive palliative care for years, and some often “graduate” and can transition back to their health plan’s care management program once their conditions are better managed.

Of those patients with serious illness, only 11% are in their last year of life.[13]

When Should Palliative Care Be Offered?

Since each member is unique, determining the best time to offer palliative care varies. Identifying patients at the onset of their diagnosis can get them support up to two years earlier than when palliative care is typically introduced. Proactive, earlier identification allows the care team to build a relationship with the member, address medical and social barriers they may be experiencing, start conversations about goals of care, and create an advance care plan.

95% of people say that it is important that patients with serious illness and their families are educated about palliative care

—Center to Advance Palliative Care

Member Journey

Meet Anna*

- 36-year-old woman
- Diagnosed with colorectal cancer as well as tetraplegia
- Diagnosed after serious motor vehicle accident
- Receives cancer treatments several times a week
- Uses accessible public transportation which is unreliable and cumbersome

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She gets around with an electric wheelchair, but it hasn't been working well since the battery pack has been on backorder for 6 months. Since Anna is unable to work, she is experiencing financial insecurity. Plus, because she lives with her parents and doesn't interact with friends much, she's socially isolated and lonely.

How CareCentrix Helped

After working to establish a trusted relationship with Anna, the palliative support helped her find a loaner wheelchair until a battery was available, and worked with a local car dealership to reduce the cost of a new wheelchair-accessible vehicle (WAV). They also set up Meals on Wheels, and connected her to local food bank options and support groups. By closing SDoH gaps, Anna has a better quality of life, is establishing meaningful relationships, and feels hopeful about the future.

*To maintain the member's privacy, names and other potentially identifying details have been changed.

Palliative Care in the Hospital and Community: Barriers and Gaps

Given the increasing demand for palliative care, the move to value-based care, and payors recognizing that palliative care can lead to lower costs, it's no surprise that hospital and community-based programs have been growing. In fact, 94% of hospitals with more than 300 beds offer palliative care services.[14] Plus, approximately 50% of community-based palliative care providers are hospices[15] and in 2023, 56% of hospice professionals said their organizations planned to launch palliative care programs.[16]

However, hospital and community-based programs can often be limited in what they can do to support patients with serious illness.

63% of members

prefer to get health care at home if the alternative is a trip to a doctor's office, hospital, or skilled nursing facility.

—CareCentrix

Limited access and quality of care

Healthcare staffing shortages have impacted the industry in the last few years, and palliative care is no different. **About one-third (31%) of nurses** say they may leave their current patient care roles in the next year.[17] In addition, there are a limited number of palliative-trained physicians and nurses, which can create barriers to access or limit the time they have to care for their patients. Palliative care programs can also have a lot of variability in how they approach and deliver care.

Fragmented care

Patients in hospitals who experience an acute event may be offered palliative care during their stay, but may not able to follow through with care coordination once they are discharged. Although some patients may be referred to community-based palliative care, either at a clinic or the home, without coordination and an understanding of palliative care, patients may not engage with services. Receiving palliative care in the hospital or community can leave patients vulnerable to safety risks such as infections or diagnostic errors. These settings may also be unfamiliar or uncomfortable for patients.

Home-Based Palliative Care: An Unrealized Opportunity

Across the industry, more care is moving into the home, and palliative care is no exception.

Improved access to care

Members don't have to leave their homes to receive services, and home-based programs include various channels through which they can receive support, including telehealth. Increased access is particularly important for members living in rural communities where palliative care is limited.[18]

Monitoring to proactively identify gaps in care

By taking a proactive approach to care, identifying potential issues before they arise, and managing expectations and family dynamics, ED and hospital utilization and unnecessary readmissions may be reduced. Plus, home-based palliative care provided by hospice and palliative-trained physicians is associated with 59% lower odds of dying in the hospital compared to patients without home-based care.[19]

Management of symptoms to improve quality of life

Through whole-person care, improved communication, seamless care coordination, and the ability to stay at home with their families, members avoid unwanted, over-medicalized changing to care, and have a better quality of life and a better experience.

Proactive care that helps to manage costs

With reduced acute care, ED, and hospital utilization, home-based palliative care can lower costs—by as much as $7,254 in savings per patient.[20] Since conversations about goals of care and hospice take place earlier in the care journey, not only with the patient but their caregivers as well, home-based palliative care also enables a timely transition to hospice.

Trusted relationships that allow for holistic support

When care is delivered in the home, relationships between members, caregivers, and the care team can be built, allowing for a more holistic support system.

Home-based palliative care could reduce healthcare costs by

$103B

in the next 20 years

—Florida TaxWatch

Palliative Care vs. Hospice

	Palliative Care	Hospice
What is the focus?	Pain, symptoms, and stress of serious illness. Not time limited.	Pain, symptoms, and stress of serious illness during the terminal phase (life expectancy of 6 months or less).
Who can receive care?	Anyone with a serious illness, regardless of life expectancy or prognosis.	Those with a serious, terminal illness measured in months, not years.
Can patients continue to receive curative care?	Yes.	No, hospice is delivered when curative treatments are no longer beneficial.
What are the types of services?	• Pain and symptom management • In-person and virtual visits • Goals of care • Advance care planning • Care navigation • Medical oversight • Medication reconciliation • Referrals to community resources to address unmet SDoH needs • Caregiver support	• Pain and symptom management • 24-hour on-call service • In-person visits • Medical equipment • Medication • Inpatient care • Continuous care in the home • Respite care • Volunteer services • Spiritual care, bereavement, and counseling services

Source: National Hospice and Palliative Care Organization

New Models for Home-Based Palliative Care

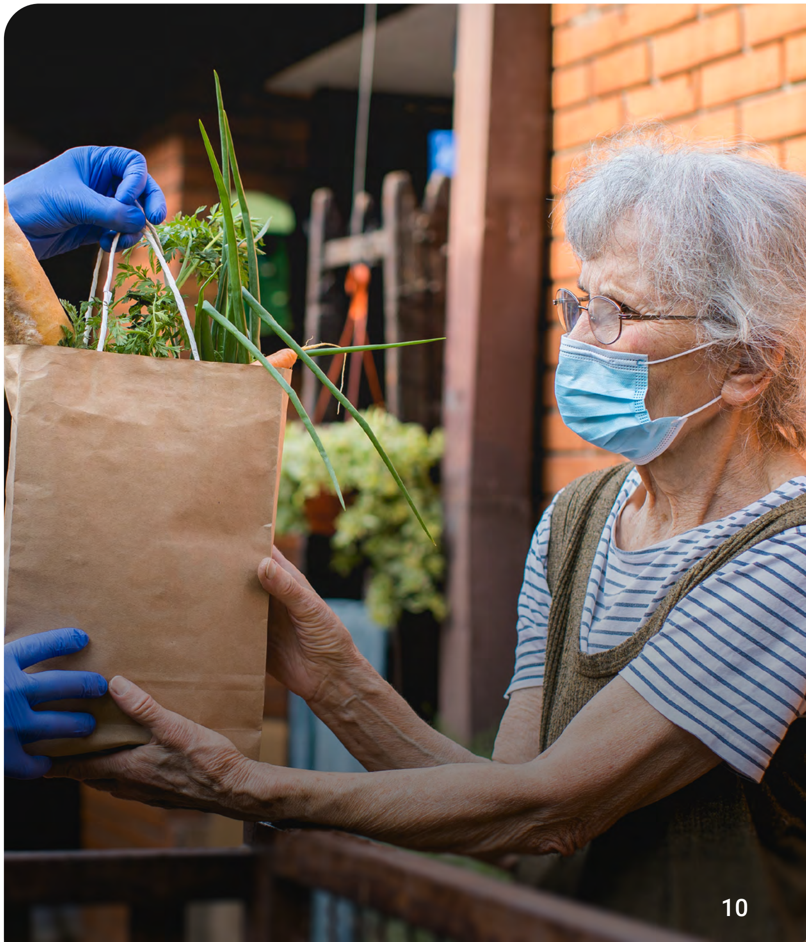
For patients with serious illness, the primary focus for providers is on medical and symptom management, but with **80% of health outcomes related to non-medical factors,** addressing SDoH is often an overlooked area.[21] Home-based palliative care has a myriad of benefits that can help support the member's current treatment plan.

50% **of a health plan's total medical costs** **are due to over-medicalized palliative care**

—Journal of Palliative Medicine

Innovative home-based palliative care models are emerging and transforming care for those with serious illness. By putting the patient's needs at the center of care, newer approaches focus on supporting the member, caregiver, and the provider's care plan to limit disruption and confusion. Additionally, these approaches focus on continuous and timely engagement for members and their caregivers to ensure they get the care and support they need at the right time.

- Care is delivered by palliative-trained nurses and social workers who extend the reach of care and support. Rather than replacing the member's primary care physician, specialists, and existing care team, the palliative team works with all of them and provides seamless care coordination.
- Goals of care are developed and advance care plans are established to align with future healthcare decisions. Cultural and religious preferences are also taken into consideration, and care is delivered in members' preferred languages.
- Members receive symptom management, medical oversight, and medication reconciliation.
- Unmet SDoH are identified and addressed to alleviate any burden members and their families face. Through community organizations, families are provided with resources, tools, and connections with local support groups.
- By leveraging predictive analytics, members who can benefit from palliative care are identified earlier on in the journey. Members with terminal illness are often identified a year or two before they pass away, which prevents unwanted, unnecessary ED utilization and hospitalizations, and ensures the transition to hospice occurs at the right time.
- Care teams engage with members using a multi-modal approach that utilizes video, phone, and in-person visits that provide a sense of ease and allow members to receive care in the comfort of their homes.



By proactively engaging members, providing personalized whole-person care, uncovering and addressing SDoH needs, and supporting caregivers and the member's provider, these new models improve quality of life, enable better health outcomes, and lower cost of care.

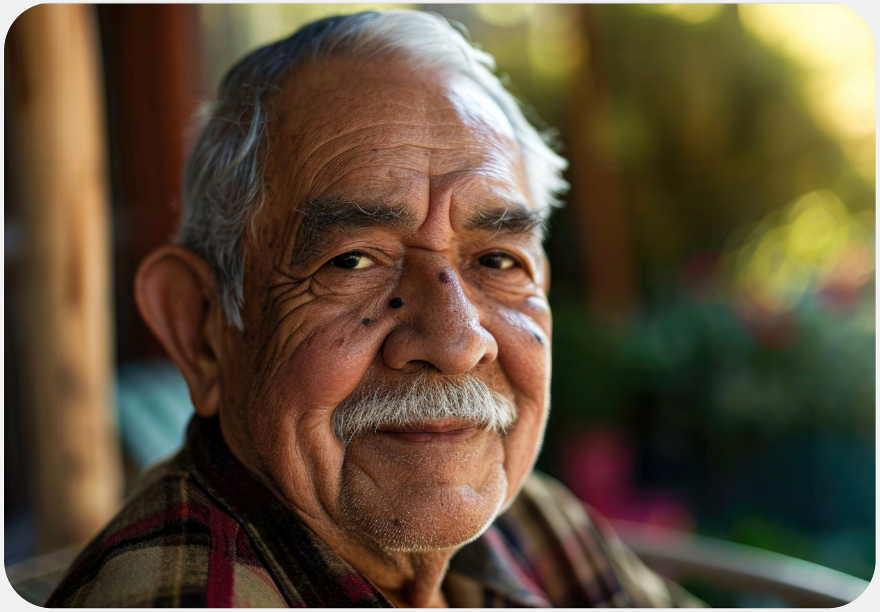
Medicare Advantage Hospice Carve-in: What You Need to Know

In 2023, the U.S. Centers for Medicare & Medicaid Services (CMS) announced they would extend the value-based insurance design (VBID) model to 2030—a decision driven by the continued focus on social needs, health equity, and improved care coordination for Medicare Beneficiaries.[22]

The model also includes a hospice carve-in benefit, in which Medicare Advantage plans would have full financial and care responsibility for patients who are near end of life. CMS has recognized the important role that palliative care has for members with serious illness. As a result, they require that the hospice carve-in benefit include identifying members with serious illness and connecting them to palliative care earlier in their diagnosis, as well as advance care planning, and supporting the timely decision-making around hospice.[23]

> Payors should anticipate that many aspects of the program will continue to change but proactively identifying palliative care solutions that can align with their long-term needs can put them ahead of the game.

Member Journey



Meet José*

- 74-year-old man
- Diagnosed with lung and prostate cancer, COPD, hypertension, type-2 diabetes
- Has anxiety and depression
- Lives alone in a 3-story home that needs work
- Has unmet social needs including low income, food insecurity, and lack of transportation

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Although his siblings live locally, he has minimal support. He also hasn't had conversations with his family about his wishes and preferences for care and end of life.

How CareCentrix Helped

The palliative support team established a trusted relationship with José and conducted an in-home assessment to identify unmet needs and SDoH gaps. The RN provided education about José's conditions and expected progression, and talked about the importance of medication adherence. They also established goals of care, developed an advanced care plan, and identified local community organizations that could help José with errands, housekeeping, and transportation to doctor's appointments.

José was also connected with Habitat for Humanity® for house repairs and Meals on Wheels and local food pantries for nutritious meals. With a plan for treatment and the future, and his SDoH care gaps closed, José avoids unnecessary, costly care, has an improved quality of life, and can rest assured his preferences will be honored.

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*To maintain the member's privacy, names and other potentially identifying details have been changed.

Partner With CareCentrix

The CareCentrix Palliative Support program leverages predictive analytics to identify members who can benefit from supportive care earlier. Our palliative-trained team, comprised of nurses and social workers works with members' existing providers to extend reach, ensure care continuity, and prevent over-medicalized care and unnecessary ED utilization and hospitalizations.

Our teams uncover, address, and monitor unmet medical, emotional, and SDoH needs for those with serious illness and their caregivers. We can quickly and easily scale our program and ensure the same quality of care for all members with our community-based clinicians. Depending on the unique needs of members, we can help with the transition back to care management or hospice. Our solution allows for members to have a better quality of life and reduces stress for them and their caregivers.

Ready to Optimize Your Palliative Support for Members with Serious Illness?

Schedule a consultation today by visiting our website at carecentrix.com/request-a-consultation, or reach out to our team directly at **k.emrick@carecentrix.com** or **1-888-571-7350.**

About CareCentrix

CareCentrix, a Walgreens-owned company, offers in-home care solutions to payors and health systems to help more of their members access the home care they need, when they need it. Through a single platform, CareCentrix coordinates multiple, complex home care needs for over 16 million members through a national network of approximately 6,700 provider locations, resulting in a simplified patient and physician experience.

For nearly 30 years, CareCentrix's focus on the whole person has improved continuity of care, reduced unnecessary readmissions and unnecessary emergency department utilization, and delivered positive financial results for health plans.

With proprietary ***HomeFirst Analytics*** to stratify risk and optimize care delivery, CareCentrix takes on the complexities of care coordination and management of care in the home to provide essential insights. Together with Walgreens we are working to support the delivery of high-quality care that meets your members' needs in the home and community. **For more information, please visit www.carecentrix.com.**

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