



Palliative Care Education for Care Managers in a Medicare ACO

Integra Community Care Network's Approach

Domain: Care Delivery

Competency: CD32 Ensure members of the care team have the necessary communication skills and cultural competencies to understand and collaboratively establish the patient's/caregiver's medical or non-medical goals and priorities

SEPTEMBER 2018

BACKGROUND

In 2014, Care New England, a not-for-profit regional health system, partnered with Rhode Island Primary Care Physician Corporation, South County Hospital, and community physicians across the state to form an ACO called Integra Community Care Network ("Integra"). Integra faced a particular challenge in providing high-value care for patients with complex and serious illness, who were driving preventable health care utilization. Like many ACOs, Integra initially responded with a complex care management team of nurses and social workers but found that care management alone was not providing the hoped-for return on investment in quality or cost. Integra found that clinicians and care managers lacked confidence in discussing goals of care, and wanted to improve their management of complex, frail patients. This brief describes Integra's efforts to equip clinical staff with actionable palliative care education and tools for supporting the most complex patients.

About Integra Community Care Network

Integra is Rhode Island's largest ACO, with more than 225 primary care physicians and over 430 specialists. It covers approximately 120,000 lives.

Location: Rhode Island
Website: www.integracare.org

VBP Activity:

- MSSP Track 1 (former)
- Next Generation ACO Model
- BCBSRI
- UnitedHealthcare Community Plan of Rhode Island
- State of Rhode Island

APPROACH

Integra appointed Care New England's Chief of Geriatrics and Chief of Palliative Care as ACO medical directors responsible for integrating palliative care into the ACO. Their strategy was to make the ACO's complex care management teams function as extensions of the ACO's primary care offices, building on the strong and established relationships between patients and their primary care physicians (PCPs). However, PCPs and complex care managers reported feeling underequipped to manage the most complex patients, who did not understand their disease progression and prognosis, took multiple medications that negatively affected their symptom burden and functionality, and often received treatment misaligned with their goals of care. Integra saw an opportunity to improve patient outcomes by enhancing clinicians' basic geriatric assessment and palliative care skills.

To do this, Integra's ACO medical directors designed a training program for core geriatric assessment and palliative care skills based on learnings from more than 30 face-to-face interviews conducted with the complex care managers and PCPs. These listening sessions were vital to the program's development by offering sources of concern, identifying gaps in knowledge and comfort, and fostering a problem-solving partnership between PCPs and the ACO. While Integra had a system in place to identify at-risk patients and provide phone support or home visits, both case managers and PCPs lacked confidence to conduct goals of care discussions.

Integra's medical directors developed an education program covering four key sets of skills: (1) geriatric assessment to identify symptom burden and impact on quality of life; (2) communication to clarify goals of care and manage conflict between patients, families, and providers; (3) polypharmacy to prioritize medications with respect to patient goals and de-prescribe low priority medications; and (4) pain management for older adults.

The education program consists of roughly four hours of interactive classroom training, with discussions and role playing to acquire skills through practice, as well as a small set of tools and resources to take home. The program equips clinicians with a natural progression to follow, beginning with an assessment of patient needs to determine which type of conversation is warranted. Case managers receive ongoing feedback through weekly team meetings with the medical directors to review the roster of patients in complex care management. More than 150 Integra staff have received this training, including all of the ACO's clinical staff and staff from multiple primary care practices. The effort was supported by a Geriatric Workforce Enhancement Program grant from the Health Resources & Services Administration.

RESULTS TO DATE

Since implementing the program, Integra has evaluated the effect of the education on clinicians' comfort and confidence with the skills taught. After the training, nurse confidence increased by 16% and social worker confidence increased by 22% in communication skills, such as focusing on patient goals and values, assessing patient understanding of illness, and allowing therapeutic silence. For geriatric assessment skills, nurses reported a greater than 80% increase in confidence in assessing patient understanding of illness.

Although improvements in care quality or cost are difficult to attribute directly to this education, Integra collects data that may indicate the program's impact. For example, billing data shows that PCPs are billing more frequently for advance care planning conversations. Integra's medical directors are confident that the PCPs' and case managers' newly-acquired skills are contributing to the ACO's success. Integra recently reported total cost savings of more than \$13.4 million for 2016, allowing for nearly \$4 million in returns to primary care practices. Integra also achieved a 95% quality score under the MSSP.

TOOLS & VENDOR PARTNERS

Integra's education program relies on resources available through three national organizations:

- The Center to Advance Palliative Care (CAPC) provides cross-disciplinary courses on communications, pain and symptom management, and care across the disease trajectory, accredited for CEU/CMEs. As a CAPC member, Care New England was able to scale its initiative and bring training resources to additional staff and disciplines without incurring additional fees.
- The Hartford Institute of Geriatric Nursing has a collection of free tools designed to enhance the care provided to older adults, including short, easy-to-read summaries of assessment and diagnostic skills called the "Try This.® Series." Care New England used the following components: activities of daily living, independent activities of daily living, the mini-cognition test, timed up-and-go, and depression screening.
- The Institute for Healthcare Improvement has made conversation skills tools available for download through The Conversation Project.

CHALLENGES WITH IMPLEMENTATION

Integra's investment in building strong personal relationships with PCPs and care managers has been at the heart of the training program's current success. However, because the training program involves multiple departments and levels within the organization, teamwork and delegation of responsibility can be challenging. When scaling the program, the next challenge will be to maintain the same sense of excitement and commitment when providing training across different specialties and disciplines throughout the full provider network.

Assessment of patient outcomes resulting from the training programs is challenging. While the number of conversations and advanced directives can be measured objectively, important outcomes such as "quality of life" are much more subjective, and it is impractical to create an evaluation that can link utilization changes to the training.

KEY LEARNINGS

- **Garner support from senior leadership** – A critical element in the success of Integra's training program was strong support from the ACO's chief executive, a geriatrician who believes that palliative care is at the heart of high-quality care for complex patients and is a pathway to reducing unnecessary cost and utilization.
- **Invest in relationships** – PCPs build close relationships with their patients, and interactions with ACO case managers and administrators can quickly become adversarial if not managed carefully. Build partnerships with providers by listening to and meeting their needs.
- **Scale with caution** – Scaling quickly can make it difficult to evaluate programs and build on previous iterations.

¹McWilliams JM, Chernew, ME, Landon, BE. Medicare ACO Program Savings Not Tied to Preventable Hospitalizations or Concentrated Among High-Risk Patients. Health Affairs. December 2017. <https://doi.org/10.1377/hlthaff.2017.0814>

Contributors

Dr. Ana Tuya Fulton
Chief of Geriatrics, Care New England
Medical Director, Integra ACO

Dr. Kate Lally
Chief of Palliative Care, Care New England
Medical Director, Integra ACO

Saskia Siderow
Consultant to CAPC
saskia.siderow@ormond-house.com

Kate de Lisle
CSB Program Manager
ACLCL
kate.delisle@leavittpartners.com