

Community-Based Palliative Care Demonstration Model



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Network

Overview

NHPCO urges Congress to require the Center for Medicare and Medicaid Innovation (CMMI) to develop a Community-Based Palliative Care (CBPC) Demonstration. This program would provide essential interdisciplinary care to people with serious-illness in their home. There is significant evidence to support the need for a CMMI supported CBPC effort that would lead to improved quality and cost outcomes for beneficiaries experiencing serious-illness. This is especially important for patients with higher risk comorbidities, such as heart disease or diabetes.

NHPCO has drafted a framework for a CBPC model aimed at improving patient outcomes and experience and reducing unnecessary or unwanted – often expensive – emergency department visits and hospitalizations for high-risk patients. Additionally, this model will address social determinants of health to improve outcomes for those living in under-resourced areas. The model builds on the success of CMMI's Medicare Care Choices Model which tested a smaller, more limited version of this proposal.

Hospices, community-based palliative care programs, and other qualified providers such as home health agencies or specialized group practices, are uniquely positioned to deliver this model of care in partnership with patients' broader healthcare teams. These organizations have longstanding expertise in advance care planning, pain and symptom management, enhanced telehealth services, interdisciplinary care, mental health, social and spiritual support, care coordination, and co-management with other medical providers. They are ideal entities to deliver this model of care in support of people and families dealing with serious illness at home.

Community-Based Palliative Care Demonstration Model Design Details

- Proactive identification of high-risk beneficiaries
- Comprehensive assessment of symptoms and stressors impacting quality-of-life
- Expert management of symptoms and stressors by an interdisciplinary care team
- Patient and caregiver education and support, explaining what to expect, clarifying goals and values, supporting shared decision-making and advance care planning
- Aide services to meet personal care needs
- Care plan coordination across all providers and community services
- Ongoing support of patients and families including telehealth with 24/7 access
- Accountability for patient experience, quality of care, and cost
- Innovative payment mechanisms that fully support care delivery

Cost Impact

NHPCO has partnered with the University of Chicago's NORC to determine the projected enrollment, calculated baseline of utilization, and cost of care for our proposed CBPC Model. This analysis was conducted using the Medicare Fee-for-Service (FFS) claims data to estimate the number of potential Medicare FFS beneficiaries eligible, their cost utilization, and what the potential savings impact could be if this model is implemented. Based on preliminary results and a conservative sample of enrollees, NORC found that this model can **reduce the average total cost of care by 20% and result in almost 600 million dollars in savings to Medicare or roughly \$143 dollars per beneficiary per month.**

To support the implementation of this model demonstration, cosponsor the *Expanding Access to Palliative Care Act (S.1845)*.

For more information, contact Logan Hoover at lhoover@nhpco.org.