

Arizona CTAC Steering Committee

To transform advanced illness care for Arizonans

November 20, 2019

Welcome & Introductions

- Name, Organization & Your Role

Recommendation for Priorities: Increasing Community Services to Improve Serious Illness Outcomes

Coalition to Transform Advanced Care and Discern Health

November 20, 2019

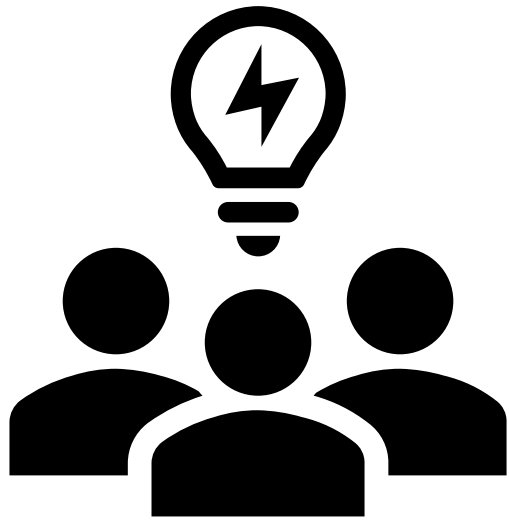
Louis Gagliano
Strategic Advisor to the C-TAC Group

Theresa Schmidt
Director, Discern Health



Goals for Discussion

- ✓ Review recommended priorities for action
C-TAC/Discern recommendation informed by
ACT Index data and survey (see Appendix)
- ✓ Discuss measures to evaluate which
actions will be most effective
- ✓ Seek consensus on approach for best
practices research



Theory of Action

Enhanced community services can improve goal concordant health care and outcomes for the seriously ill.

Criteria for Prioritizing Actions and Outcomes



Actionability for Improvement

Is this an opportunity for AZ?

Do we know of evidence that might suggest actions for improvement?



Level of Impact

If we improve this measure how many people would benefit?

How much will improving this measure help these people?

Would improving this measure also impact other measures downstream?



Feasibility

Will impacting this measure likely require a low, medium, or high level of effort and resources?

Opportunity for Action: Community Services to Improve Care and Outcomes

How do we know this is an opportunity?

- **Actionable:** AZ Ranked **49/51*** on Community Services Composite Indicator developed to illustrate and compare this concept across states.

Community Services Composite Measure	Arizona (rank/51)	United States	Best State Value	Best State
Home health agency visits per decedent during the last two years of life	18.27 (34)	26.02	47.44	Utah
Volunteerism (% adults aged 65+)	20.4 (42)	26.4	46.3	Utah
Home-delivered Meals	11.1 (46)	19.1	101.3	Alaska
Person- and Family-Centered Care Policies	2.1 (29)	2.42	4.3	Illinois, Wyoming

- **Impactful:** Can improve patient goal concordant care and outcomes population beyond any care setting or condition.
- **Feasible:** Can leverage this coalition to create change at multiple levels to increase community support beyond measure.

*50 States and District of Colombia

Measuring Impact Using ACT Index

What outcomes can we measure to assess goal concordant patient care?

1. Hospice days last 2 years of life

- 31.6 days vs. 24.5 US average
- Best state: UT (38.1 days)
- AZ ranked 5/51

3. Average Medicare co-payments last 2 years of life

- \$4,992 vs. \$4,075 US Average
- Best state: MT (\$2,252)
- AZ ranked 48/51

2. Crisis Acute Utilization Composite

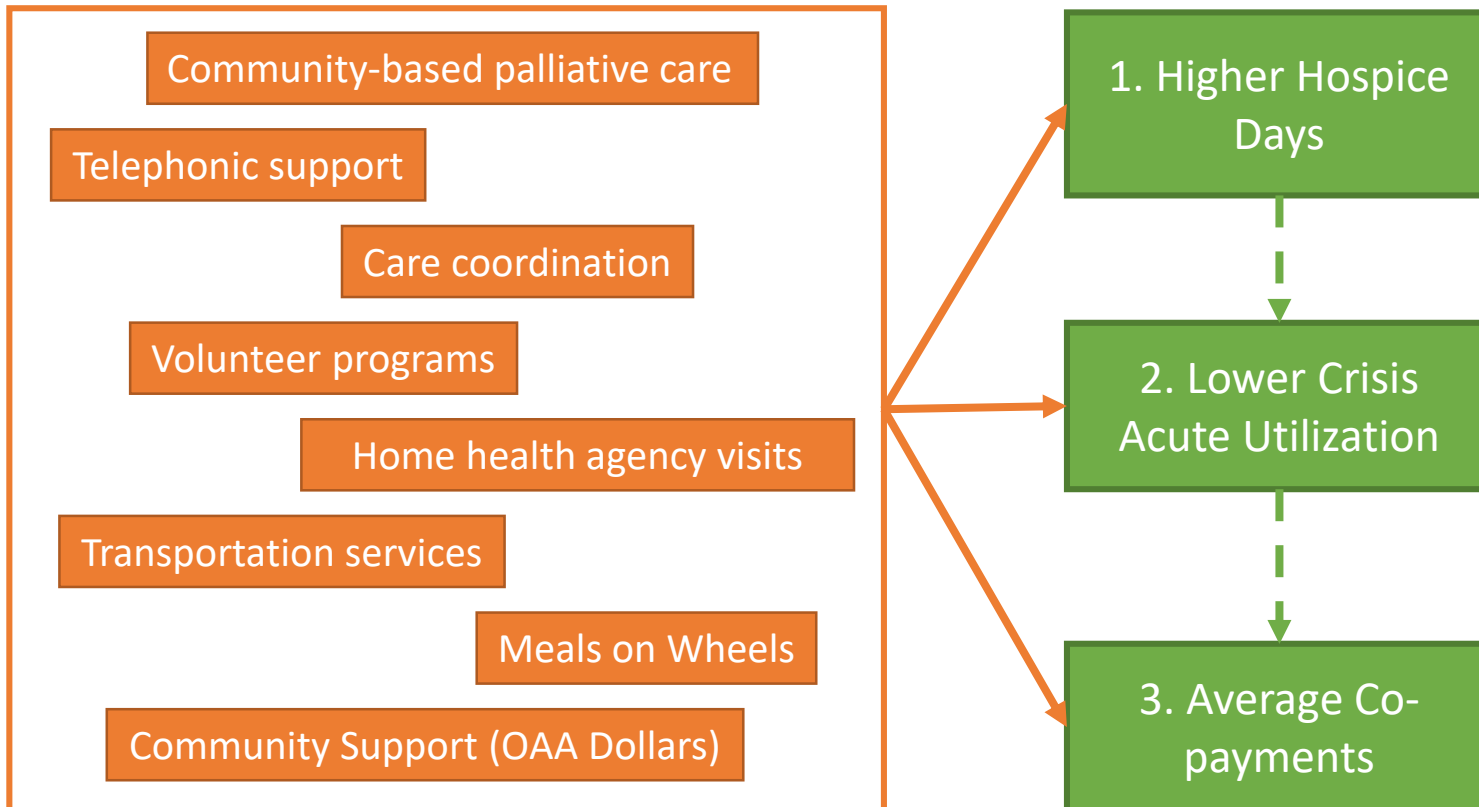
AZ ranked 20/51

Included Measures	Arizona (rank/51)	United States	Best State
Hospital days per decedent	11.93 (16)	14.01	7.61 (UT)
ICU days last 2 years of life	6.6 (48)	5.42	1.772 (ND)
Potentially avoidable ED visits (65+ per 1,000)	171 (15)	181	127 (HI)
30-day hospital readmissions (65+ per 1,000)	20 (3)	30	10 (HI, OR)

Hypothesis: Enhanced Community Services Leads to Improved Outcomes

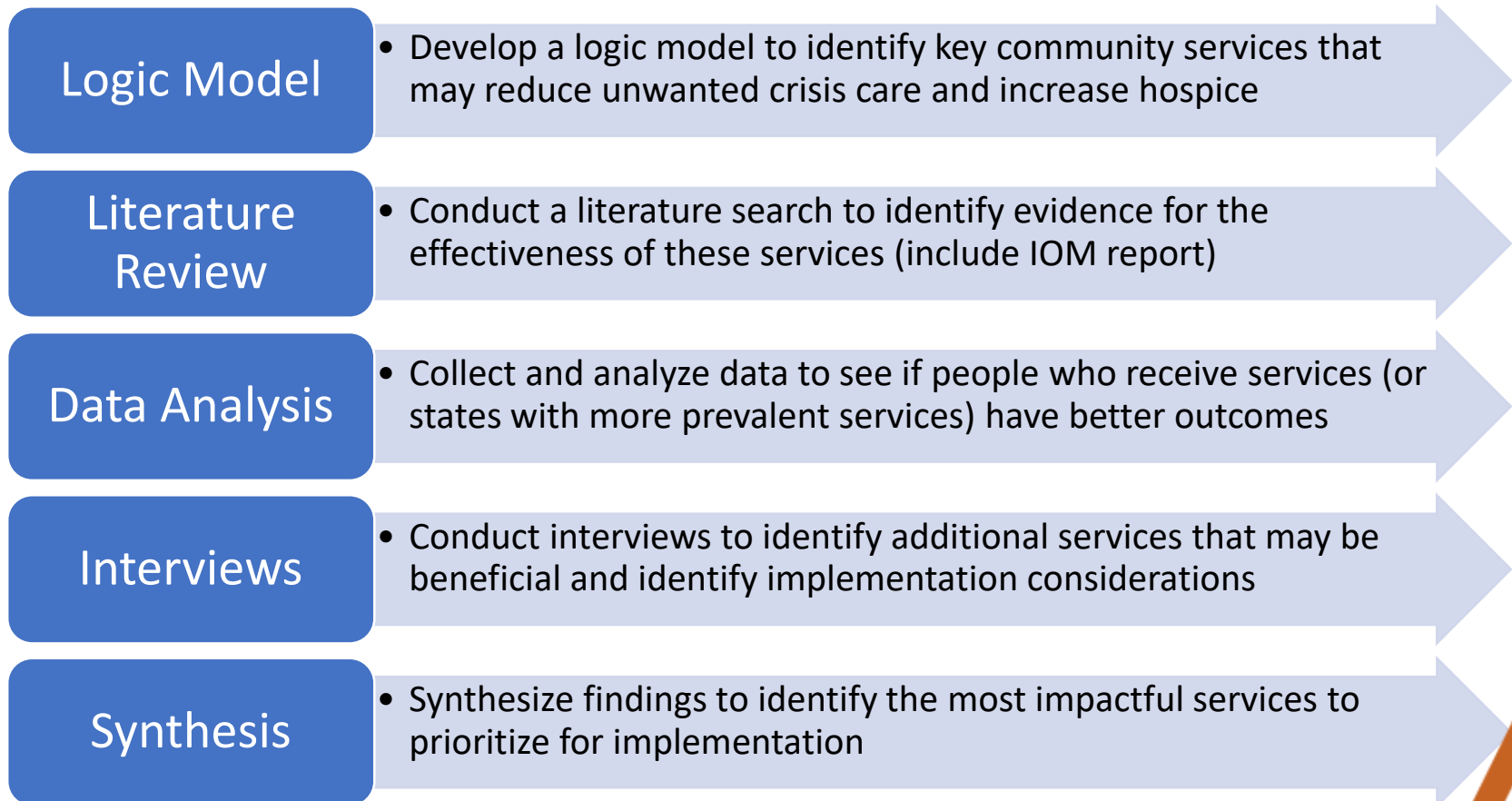
Community Support Services

(Best Practices Study to identify most impactful services)



Hypothesis Testing: Best Practices Study

Steps to conduct a Best Practices Study in Arizona



Questions for Discussion


- 1. Should this group focus on actions related to community services?**
- 2. Are acute crisis care, hospice days, and average co-pays the right measures of impact?** Other potential outcome measures might include:
 - Preventable hospitalizations
 - Percent of deaths occurring at home
- 3. What are some community support services that might be suggested by our logic model?**

PollEv.com/DHEALTH484



Appendix

ACT Index Measures and Survey Monkey
Prioritization Results



C-TAC Arizona State Rankings as of 2016 According to ACT Index Measures

Domain	37 Measures	U.S. Data	Arizona	Arizona Ranking
Care	30-day hospital readmissions (Age 65 and older, per 1,000 Medicare beneficiaries)	0.03	0.02	11
Care	Hospice days per decedent	24.5	31.6	5
Care	Hospice How much emotional and spiritual support did you get from hospice care team while your family member was in hospice care or died?	90%	89%	5 (1)
Care	Hospice How often did your family member get help for pain and symptoms?	78%	74%	8 (2)
Care	Hospital days per decedent	14	11.9	16
Care	Hospital patients discharged without instructions for home recovery	15%	14%	6 (3)
Care	Hospital patients who did not receive patient-centered care	33%	34%	6 (4)
Care	Intensive care days per decedent during the last two years of life	5.4	6.6	49
Care	Medicare Quality	52.20%	51.30%	25
Care	Medicare Advantage Penetration	31%	38%	8
Care	Nursing Home Quality	42.20%	46.20%	23
Care	Deaths at Home	29.40%	33.90%	10
Care	Hospitals with Palliative Care Programs	66.50%	68.40%	27
Care	Percent of Long Stay Residents Who Self Report Moderate to Severe Pain	16.90%	19%	33
Care	Hospice Would you recommend this hospice to your friends and family?	84%	84%	8 (5)
Care	Percent of patients who reported YES, they would definitely recommend the home health agency to friends and family	70.70%	70.20%	24 (6)
Care	Potentially avoidable emergency department visits (Age 65 and older, per 1,000 Medicare beneficiaries)	0.18	0.17	5 (7)
Care	Preventable Hospitalizations - Seniors (discharges per 1000 Medicare enrollees aged 65+)	53.8	40.1	7
Care	Reported Licensed Staffing Hours per Resident per Day	2.46	2.59	16
Care	Dedicated Health Care Provider - Seniors	94.30%	93%	38 (8)
Care	SNF Fine Amount in Dollars	\$8,016	\$6,142	25 (9)
Care	Home Health Care Workers (Number of workers per 1,000 adults aged 75+)	108.4	108.4	22
Caregivers	Caregivers <u>As</u> Percent of Medicare Beneficiaries 65 Years or Older	84.60%	95.50%	15
Caregivers	Hospice Did any member of the hospice team give you any training you needed to provide care for your family member in hospice care?	75%	72%	9 (10)
Caregivers	Person- and Family-Centered Care (composite indicator, score 0-5.0)	2.42	2.1	20 (11)
Caregivers	Supporting Working Caregivers (composite indicator, scale 0-9.0)	1.33	1	17 (12)
Communications	Hospice Communication with Family	80%	80%	6 (13)
Communications	Percent of adults who reported getting the help or advice they needed when they contacted their home health provider in the last 2 months of care	25.60%	23.10%	34
Communications	Percent Advance Care Planning Beneficiaries <u>In</u> Medicare Beneficiaries	1%	0.90%	11 (14)
Community	Community Support	\$572	\$281	47
Community	Food Insecurity - Seniors	15.50%	15.40%	32
Community	Home health agency visits per decedent during the last two years of life	26	18.3	35
Community	Home-delivered Meals (meals per 100 adults aged 60+ with independent living difficulty)	19.1	11.1	47
Community	Volunteerism (percentage of adults aged 65+)	26.40%	20.40%	43
Cost	Adults who went without care because of cost in past year	10.70%	9.40%	23
Cost	Total Average co-payments	\$4,075	\$4,992	49 (15)
Cost	Total Medicare spending	\$71,543	\$71,798	39 (16)

Prioritization Results

Survey Monkey

Measure	Points
ICU Days Per Decedent Last 2 years of Life (49)	27
Community Support (47)	10
Hospice Days Per Decedent (5)	8
Hospitals with Palliative Care Programs (27)	6
Dedicated Healthcare Provider (38)	6

As of 9/19/19 – 16 respondents

Prioritization Results

Survey Monkey

Measure	Points
ICU Days Per Decedent Last 2 years of Life (49)	30
Community Support (47)	10
Hospice Days Per Decedent (5)	8
Hospitals with Palliative Care Programs (27)	6
Dedicated Healthcare Provider (38)	6

As of 9/22/19 – 17 respondents

Prioritization Results

Survey Monkey

- **Other recommended ACT Measures**
 - Supporting working caregivers
 - Adults who went without care because of cost last year
 - Percent of ACP to Medicare Membership
- **Focus areas for best practices (leading indicators and tactics)**
 - EOL training for physicians in medical school
 - POLST form at point of contact with providers
 - POLST funding and policy support
 - Creating value-based payment arrangements that fund this work
 - Value based measures for AHCCCS and other payers for hospitals and other providers
 - Engage media in public relations campaign – ACP
 - Address ALTCS waiting period for patients enrolling in Hospice
 - Partner with hospitals to ensure advance care planning completion, filing, and accessibility

Arizona Advanced Illness Patient and Family Caregiving Survey

Purpose: Obtain a voice of patient, family caregiver and professional caregiver

- Timeline:
 - Baseline 2020
 - Follow up after care changes implemented 2021
- Survey Location: Patient's care location
- Method: TBD
- Planning:
 - Limit questions due to stress of patient and family caregivers
 - Plan and methodology to be developed by Work Group of Steering Committee

Volunteers To Date

- Scott O'Connor
- Sr. Margaret McBride
- Dr. Rama Kunkle
- Alysha Ramirez Hall
- Mercy Care
- Dana Kennedy
- Marie Fredette

Debrief and Next Steps

Next Meeting:

**Propose only the Survey
Workgroup meet in December?**