Advanced Care Planning: Are we getting it right?

Reforming States Group
November 11, 2015
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• Robert Berkompas, MD  
  – Chief Medical Officer, Alive Hospice

• Alive Hospice  
  – Celebrating 40 years this week  
  – Community Based Not for Profit  
  – Serving over 430 patients daily in a 12 county area in Middle Tennessee
Discussion Tonight

- At any age, a medical crisis could leave someone too ill to make his or her own healthcare decisions.
- For the elderly, however, these crises can be particularly acute.
- More than one out of four older Americans face questions about medical treatment near the end of life, but are not capable of making those decisions.
- Under recently published final rule, the Centers for Medicare and Medicaid Services (CMS) established Medicare coverage for advance care planning (ACP) services.
- What is its likely utilization over the next 12 months and into the future?
- What will be the impact on ACP services?
- What should state policy makers look for in the coming years?
End-of-Life Epidemiology

The lifetime prevalence of death in America is still 100%
How We Die

The mortality rate fell by about 17 percent from 1968 through 2010, years for which we have detailed data.

Almost all of this improvement can be attributed to improved survival prospects for men.

It looks like progress stopped in the mid-1990s...
How We Die

In general, though, most Americans are living longer and dying of natural causes. About a third of all deaths are people 85 and older.
Current Impact

• >90M Americans live with at least 1 chronic illness
• 7/10 Americans die from chronic disease
• 9/10 Medicare deaths associated with 1 of 9 chronic illnesses: including congestive heart failure, chronic lung disease, cancer, coronary artery disease, renal failure, peripheral vascular disease, diabetes, chronic liver disease, and dementia.
• 32% of Medicare spending are from last 2 years of life
End of Life

www.thegiftinitiative.org
Friday October 30, 2015
CMS Posts CY2016 Physician Fee Schedule Final Rule
PROs

• Acknowledgement of true Patient Centered Care Approach
• Finally remove “reimbursement” barriers for conversations; no excuses
• Motivation to start conversations about the end of life…before the end of life crisis
Final Rule Summary

• 2 Codes
  – Initial Code
  – Second 30 min
  – Form Required

• Can bill alongside other E/M codes

• Qualified Health Professional

• Effective January 1, 2016
Concerns

• Overutilization
  – No limit on frequency of reimbursement

• Practitioner Paradigm Shift:
  – From Aggressive Treatment to …

• Quality of the Conversation
  – No training requirements

• Quality of the Conversation
  – Content
What’s Next

- Research to be funded
  - Do ACP make a difference in end of life treatment decisions?
    - % compliance with ACP
    - Financial Impact
    - Quality of Life tools
    - Comparison on Access to Health Care Resources
  - Demographic Variances and Influences

<table>
<thead>
<tr>
<th>Measure Title</th>
<th>Measure Number</th>
<th>Measure Description</th>
<th>Measure Group(s)</th>
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<tbody>
<tr>
<td>Care Plan</td>
<td>CMS N/A</td>
<td>0326 047</td>
<td>Chronic Kidney Disease Heart Failure HIV/AIDS Parkinson's Disease Chronic Obstructive Pulmonary Disorder Dementia</td>
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<td>Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.</td>
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What’s Next (cont)

• New ACPs that more closely approximate EOL states
  – Generic
  – Disease Specific
  – Acknowledging medical futility of current options

• Required versus Optional
  – If required, at what age?
Physicians Die Differently

Benefit

Burden

• [http://med.stanford.edu/news/all-news/2014/05/most-physicians-would-forgo-aggressive-treatment-for-themselves-.html](http://med.stanford.edu/news/all-news/2014/05/most-physicians-would-forgo-aggressive-treatment-for-themselves-.html)
Health Care Impact

• If more people choose different end of life preferences
  – Change is cost is not just a reduction in services rather a change in services

• Health Care Impact
  – Workforce
  – Funding for Palliative Care and Hospice Care
  – Continued Research
“We thought we could cure everything, but it turns out we can cure only a small amount of human suffering. The rest of it needs to be healed.”

—Rachel Remen, MD
Core Tenant

- Empowering true Patient Centered Care
- Balancing treatment options and medical futility
Open Discussion