ARIZONA BEST PRACTICES STUDY: PRIMARY RECOMMENDATION

Executive Summary

After reviewing the results of a Best Practices Study, the Arizona Coalition to Transform Serious Illness Care voted to design and implement a **home- and community-based palliative care (HCBP) network for integrated patient support** to help remove patient and family barriers to managing conditions at home and reduce the risk of acute events. This intervention aligns with the priorities and capabilities of the AZ Coalition and can build on existing efforts, increasing feasibility of success. Attaining funding to design the model and conduct a pilot is critical for success. Bringing payers to the table throughout an inclusive and collaborative design process to develop an associated value-based payment model increases the likelihood that a pilot would result in sustainable funding for ongoing delivery of services for the seriously ill.

Project Overview

Background: The AZ Coalition is a group of 40+ stakeholders in Arizona working to improve the quality of care and outcomes for people with serious illness. This organization is led by the Arizona Hospital and Healthcare Association, the Arizona End of Life Care Partnership, and the Coalition to Transform Advanced Care (C-TAC) with support from the David and Lura Lovell Foundation.

C-TAC ACT Index results show that Arizona does not perform as well on a composite of "community" measures as other states (ranked 49/51), and Arizonans with serious illness are spending more time in the Intensive Care Unit (ICU) during the last six months of life. Additionally, access to care was the leading health priority for Arizonans identified in the 2016-2020 Arizona Health Improvement Plan. During the COVID-19 pandemic, ICU use increased, and an AZ Coalition survey found access issues are exacerbated by social distancing. Even as patients seek more home-based services, community-based organizations must address new challenges delivering care and supports.

Because of this background, the AZ Coalition selected **community-based services and supports** (CBSS) as its sphere of action and chose **days at home** as the primary outcome to indicate improvement. Secondary outcomes included crisis utilization, hospice days, and patient/family satisfaction.

Project Question: In February 2020, the AZ Coalition authorized Discern Health to begin a best practices study designed to answer the following question: "**Which community services and supports should Arizona implement (or scale) to help people with serious illness manage health conditions and increase the number of days they spend at home?**"

Answering this question fits in Phase I of a three-phase process of Define, Design, and Implement.

Phase I: Define
- Use the Best Practices Study to select the most impactful intervention(s) and **define** the population, components, and process at a high level.

Phase II: Design
- **Design** the operational details of the intervention and conduct data analysis to determine baseline rates of key metrics for evaluation.

Phase III: Implement
- **Implement** the intervention via a pilot or scale an existing intervention. Evaluate the effectiveness and document findings.

Methods: Through a review of the literature, a survey sent to the AZ Coalition Steering Committee and further distributed to their contacts, exploratory interviews with key informants, and collaboration with (and oversight by) the Community Service Supports (CSS) workgroup, Discern gathered evidence to develop recommendations for which interventions the AZ Coalition should pursue to improve care and outcomes for the seriously ill.

Requirements: Selected interventions must be 1) supported with evidence that they will increase days at home for people with serious illness, 2) relevant to the mission of the AZ Coalition, and 3) feasible for implementation in Arizona. Additionally, Discern prioritized interventions that can leverage existing efforts, promote collaboration, and advance transformative ideas.

Recommendation: HCBP Pilot Design

This section represents Discern's synthesis of the evidence surfaced via the methods described above. More detail on study methods and findings are described in supporting materials: Summary Slides, Intervention Briefs, Survey Results, Literature Review Tracker, and Interview Summaries.[1]

Identified Problem: As expressed in interviews and literature review findings, people with serious illness and their families often experience acute events, seek crisis care, or choose institutional care because they have trouble managing health conditions, including pain and other symptoms arising from their chronic serious illnesses, and dealing with adverse events at home. Patients with multiple comorbidities are more likely to experience preventable hospitalization, often due to inability to manage symptoms. Patients with multiple chronic conditions also have 19-32% higher inpatient costs associated with longer hospital stays. Adults with three or more chronic conditions and a functional limitation spend more than four times ($21,000) the average adult on health care services and prescriptions each year. Similarly, patients with dependencies in three or more activities of daily living and/or cognitive impairment are more likely to be admitted to a nursing home.

Target Population: The intervention should target the serious illness population in AZ, with a focus on high-cost, high-needs patients, such as those with chronic conditions and high symptom burden. The target population and method for identifying patients will be defined during design (phase II) and will leverage prior research, existing programs, and scoring tools.

Community Measures: The AZ Coalition selected the following measures as outcomes of focus in the Best Practices Study: days at home (primary outcome), crisis utilization, hospice days, and patient and family satisfaction. During the Design phase, the AZ Coalition should build on these concepts select and develop specifications for key performance indicators (KPIs) that capture both quality and cost.

Interventions Reviewed: Based on an initial literature scan, the AZ Coalition decided that the Best Practices Study should explore the evidence related to whether each of the following community-based interventions would be appropriate for implementation in Arizona: advance care planning, community-based palliative care, home-based primary care, and telehealth. See Intervention Briefs for a synthesis of evidence.

Summary of Recommendation: The AZ Coalition should create a model for the seriously ill patient journey. At the center of this model is **Home and Community Based Palliative (HCBP) care**. The model will also feature strong collaboration with primary care resources and CBSS, creating an integrated patient support network.

Rationale: Study findings suggest that this intervention will impact days at home by helping patients and families manage conditions and avoid crisis utilization from uncontrolled symptoms and acute events.

- **The literature review** revealed that community-based palliative care models across the US significantly reduced hospital admissions, emergency department visits, ICU days, and death in the hospital. These models also increased the ability for patients to die at home (a common care goal), improved patient and family experience, and resulted in a long-term positive return on investment.
- **Survey** respondents identified providers in Arizona that have current palliative programs that can be leveraged in design and implementation, including programs with value-based contracts with health plans.
- The **interviews** suggested that now is the right time to act in this area because there is an increased interest from payers, patients, and providers to build a HCBP model to help patients meet goals of care and generate cost savings. While this is an ambitious recommendation, this environment increases the feasibility of implementation and success.

While home-based primary care also can help patients coordinate care and manage serious illness, the AZ Coalition determined that an intervention that includes palliative specialists would fill a distinct gap in supportive care and services for people with complex care needs. The AZ Coalition also felt that telehealth and advance care planning were key components of an HCBP intervention, but were not broad enough on their own to initiate care transformation.

Key Components: As identified in the study and discussions with the CSS workgroup, the most critical components of a HCBP model would be management of symptoms that are byproducts of a serious, chronic illness and pain management; use of an interdisciplinary team; coordination of care; goals of care and serious illness conversations; collaboration with **primary care**; **telehealth**/tele-palliative; connection with palliative care provider- and community-education programs; and the key feature of connecting patients with CBSS.

Other important components include **advance care planning**, support for care transitions, addressing social determinants of health, 24/7 support, family caregiver support, patient/caregiver education/coaching, and tools for self-management.

Ultimately, the HCBP model would be designed to help people with serious illness receive care that appropriately aligns with their goals and helps them achieve high quality of life.

Design and Implementation Process

To begin design of an HCBP model, the AZ Coalition would attain funding, select a project team to administer the work, hold participants accountable, and maintain an aggressive pace. The project team would guide the AZ Coalition and selected partners through the tasks outlined on the next page.

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Proposed Phase II Tasks (Text of phases updated from first page)

Phase I: Define (complete)
- Selected measures of success (ACT Index)
- Conducted **Best Practices Study**
- Voted to select HCBP for Phase II-III

Phase II: Design
- **Part A:** Convene stakeholders, inventory programs, co-design care model
- **Part B:** Co-design payment model & pilot, calculate baselines

Phase III: Implement
- Launch the pilot (selected locations)
- Analyze data to evaluate pilot
- Determine network needs

Part A (this proposal)

Part B

Task 1 & 2
- **1a. Define Population**
  - Identify key stakeholders to add to CSS workgroup
  - Propose high-cost, high-needs population
  - Outline pop needs to be met w/program
- **1b. Inventory**
  - Survey AZ palliative programs to determine services, payment, capabilities, etc.
- **2. Conduct Interviews**
  - Interview local & national experts for more detail on programs

Task 3 & 4
- **3. Review Standards**
  - Review palliative standards & exemplary models
  - Concurrent w/ Task 1
- **4a. Crosswalk**
  - Compare population needs & standards to available AZ programs
  - Identify gaps in AZ
- **4b. Develop HCBP Principles**
  - Draft preliminary care model principles for convening review

Task 5 & 6
- **5a. Convene Stakeholders**
  - Providers, payers, patients, potential pilot partners, etc.
  - Concurrent w/ Task 1
- **5b. Co-Design Care Model**
  - Refine population definition
  - Co-design HCBP model
  - Define core set of palliative services & non-palliative CBSS
  - Align on KPIs to track overall measures of success
- **6. Report progress to Steering Com.**

Task 7
- **7. Design Payment Model**
  - Collaborate to design a value-based payment model
  - Address HCBP services & CBSS
  - Build in KPIs, (e.g., for cost & quality)
  - Draw from existing models in AZ & beyond

Task 8
- **8a. Build Infrastructure**
  - Create infrastructure for data sharing & collaboration
  - Concurrent w/ Task 7
- **8b. Calculate baselines**
  - Develop KPI specs.
  - Calculate local baseline rates
- **8c. Determine data collection process**
  - Concurrent w/ Task 9

Task 9
- **9a. Design Pilot**
  - Confirm 2-3 pilot sites across AZ
  - Select pilot quality measures
  - Design pilot and evaluation process
  - Summarize HCBP model design, pilot design, & baseline calculations
- **9b. Authorize pilot** (Steering Committee)

Considerations for Success

To successfully implement this recommendation, the AZ Coalition should first ensure that **funding** is available to support convening, model and pilot design, and baseline data collection/analysis. The AZ Coalition should authorize a **project team** with **expertise** in convening, clinical care, CBSS, payment models, and data to guide design efforts. The project will require ongoing **coordination and partnership building** across stakeholder groups and **buy-in** from the leadership of participating organizations to spearhead efforts and hold participants accountable. The AZ Coalition will also need to budget **time** to identify participants, convene stakeholders, design the model and pilot, initiate the pilots and, in the future, build the virtual peer network (if appropriate).

Future success will also rely on participating partners' **commitment to building palliative care workforce capacity** through training providers on delivering palliative care and/or hiring new palliative care clinicians. A future project might include initiating a **palliative public marketing campaign** to increase public knowledge of the benefits and availability of HCBP. This recommendation was ranked as potentially high impact by the Steering Committee, but participants felt that building capacity was a prerequisite for success.

Finally, the AZ Coalition will work to promote engagement with palliative efforts at the **state level** by continuing to include state officials in its activities and exploring additional opportunities, such as making a recommendation to the Governor's office to create a statewide palliative committee.

[1] For more information about the Best Practices Study, contact:

- Theresa Schmidt, Discern Health: tschmidt@discernhealth.com
- Sandy Severson, AZHHA: sseverson@azhha.org