MHCC Hospital Palliative Care Advisory Group Meeting

June 2, 2015

MHCC Offices

Meeting Purpose

- Discuss preliminary data findings with full advisory group
- Discuss MHCC staff assessments
- Discuss work to be done

Meeting Agenda

- Review legislative request
- Overview of work since last full advisory meeting
  - CAPC data obtained for 2012 and 2013 reporting periods
  - Cancer Collaborative article published; data obtained http://www.jpsmjournal.com/article/S0885-3924(15)00039-1/abstract
  - HSCRC data collected (ongoing through FY 2015)
  - MHCC survey on NQF endorsed preferred practices
- Presentation of findings
  - CAPC
  - Alignment with NQF preferred practices
  - HSCRC

HB 581 Summary

- MHCC selects at least five geographically diverse pilot programs
- Pilot programs must meet certain criteria
- MHCC will consult with pilot programs and stakeholders to develop certain core data measures and reporting standards
- MHCC will consult with OHCQ and MHA to report findings to be used to develop standards for palliative care programs in hospital in the State

MHCC Staff Goals

- Collect and analyze quantitative and qualitative data
- Collaborate with advisory group
- Develop recommendations for standards that have value:
  - **Meaningful** – improve health care services
  - **Achievable** – can be implemented across different provider settings
  - **Specific and Descriptive** – similarly interpretable across settings/personnel
  - **Measureable** – with the ability to provide evidence of compliance

Information Sources

- Journal articles
- Center to Advance Palliative Care surveys
- DHMH's Cancer Collaborative efforts
- HSCRC discharge abstract and outpatient data
- Other primary data collection including research on NQF preferred practices for hospice and palliative care programs

11 Pilot Hospital Programs

Hospital	Jurisdiction	No. of Beds
Carroll Hospital Center	Carroll	147
Doctors Community Hospital	Prince George's	182
Greater Baltimore Medical Center	Baltimore Co.	245
Holy Cross Hospital of Silver Spring	Montgomery	391
Howard County General Hospital	Howard	259
The John Hopkins Hospital	Baltimore City	1,082
MedStar Union Memorial Hospital	Baltimore City	205
Meritus Medical Center	Washington	231
Peninsula Regional Medical Center	Wicomico	275
Suburban Hospital	Montgomery	220
University of Maryland Upper Chesapeake Medical Center	Harford	183

CAPC Annual Survey Responses

- CAPC requests annual data from palliative care programs
- All 11 pilot programs registered on CAPC website; all pilot hospitals reported in at least one year
- 2012 reporting period – 9 pilot hospital responses
- 2013 reporting period – 10 pilot hospital responses

General Characteristics of Pilots

- All have inpatient consultation models, serving adult populations. Additionally:
  - Two have dedicated inpatient beds: Meritus, Johns Hopkins
  - Johns Hopkins serves prenatal, neonatal, infant, children, and adolescents
- One hospital program in Maryland is Joint Commission certified: MedStar Union Memorial
- While most pilots (9/11) are led by a physician certified in palliative care or related specialty, two of the pilot programs (Carroll Hospital and Meritus Medical Center) are led by certified nurses.
- All pilot programs utilize electronic medical records.

What other services, in addition to palliative care for admitted patients, are offered at pilot programs?

Service reported	Number of pilots that reported offering service
Inpatient hospice	6
Screening criteria	6
Clinic practices: stand-alone, co-located & embedded	2
Clinic practice: embedded	2
Community practice: Home visit	1
Independent physician practice	1
Other/phone collaboration with SNF	1
Home-based hospice collaboration	1
Nursing home collaboration	1
Telemedicine	1
Massage therapy	1

How do pilot programs describe their relationship to a hospice program?

- All pilots have a relationship with a hospice provider

Hospice relationship description	No. of Responses	Hospitals
Functions as one program with hospice	2	Howard County Peninsula Regional
Hospital owns hospice but is separate from palliative care program	3	Carroll Greater Baltimore Holy Cross
Contract(s) with community hospice agencies	2	Doctors Community Meritus
Informal collaboration with hospice	4	Johns Hopkins MedStar Union Memorial Suburban University of Maryland Upper Chesapeake

What plans do pilot programs have in place?

HOSPITAL	Marketing Plan	Bereavement Plan	Education Plan	Quality Improvement Plan
Carroll	X	X	X	X
Doctors Community			X	X
Greater Baltimore	X	X through Gilchrist Hospice	X	X
Holy Cross	X		X	X
Howard County General	X	X	X	X
Johns Hopkins			X	X
MedStar Union Memorial	X		X	X
Meritus	X	Discontinued due to staff turnover; patients referred to hospice	X	X
Peninsula Regional	X	X	X	X
Suburban	X	X	X	X
University of Maryland Upper Chesapeake	X	X	X	X
	9/11	6/11	11/11	11/11

Reported Diagnostic Groups in 2013

Diagnostic Group	Carroll	Greater Baltimore	Holy Cross	Howard County General	MedStar Union Memorial
Hematological Malignancies		3%	2%	5%	
Non-hematological malignancies	3%	**30%**	**23%**	**28%**	**18%**
HIV/AIDS				1%	2%
Congestive heart failure	5%	**11%**	2%	**11%**	**12%**
COPD	**12%**	**13%**	2%	**16%**	4%
ESRD	8%	4%	2%	5%	2%
Multi-organ failure	4%	8%	**7%**	7%	3%
Neurological injury (trauma, stroke)	4%	7%	**6%**	**10%**	**12%**
End stage liver disease	3%	2%	2%	2%	2%
Frailty/debility	**12%**	9%	2%	4%	2%
Dementia	**15%**	9%	3%	**10%**	**12%**
Other	**Other respiratory 12%** **Sepsis 12%** Abdominal pain 6% Fall/FX 4%	Gastro-enterology 3%	**Respiratory failure 21%** **Miscellaneous 19%** Altered mental status 2% **Pneumonia 4%** Cardiac arrest 3%	Gastro-enterology 1%	Ischemic cardiac disease/MI/CAD 6% Sepsis 10% **Miscellaneous 15%**

Source: CAPC Surveys

MHCC Survey on NQF Preferred Practices

- Collection need: To identify alignment of 38 NQF-endorsed preferred practices with current pilot program operations
- Collection method via survey to all pilot hospitals

Patient Tracking

Do pilots track patients after discharge?	
Yes	4
No	7

What patient and family needs do the pilot palliative care teams assess?

Type of NQF-preferred assessment	Yes	No
Psychological reactions of patients and families in a regular, ongoing fashion	5	6
Religious, spiritual, and existential concerns of the patient, using a structured instrument or tool	5	6
Cultural assessment of the patient and caregivers	11	0

Do pilots use standardized tools to assess patient and family satisfaction with care, as preferred by NQF?

Use of a tool to assess patient's and family's satisfaction with team's ability to discuss hospice	
Yes	1
No	10

Use of a tool to assess patient's and family's satisfaction with management of the patient's pain, dyspnea, constipation and other physical symptoms	
Yes	2
No	9

Planning for Death

Does the palliative care team present hospice as an option to all patients when death within one one year would not be surprising?	
Yes	8
No	3

Is a surrogate decision maker documented for every patient seen by the palliative care team?	
Yes	9
No	2

HSCRC Data Collection

- Collection purpose: To identify prospective palliative care patients at pilot hospital site palliative care programs
- Collection method via HSCRC discharge abstract
- Data collection beginning July 1, 2014 through June 30, 2015

HSCRC Data Collection for First Half of FY 2015

- Subcommittee of reps from pilot programs defined codes used to identify patients
  - 1 = Patients who received a palliative care consult and accepted a palliative plan of care*, and were not referred to hospice care. Includes patients who accepted a palliative plan of care and died in the hospital.
    2 = Patients who received a palliative care consult and accepted a palliative plan of care* specifying hospice care and were referred to hospice care.
  - 3 = Patients who received a palliative care consult but did not accept a palliative plan of care.
  - 8 (Catch-all) = All patients who received a palliative care consult

* Developed following a palliative care consultation that incorporates the recommendations of the clinical palliative care team for care during the hospital stay and following discharge from the hospital. It may include a range of care options, from aggressive symptom management to comfort care to hospice care.

Study Questions for HSCRC Data Analysis

- What is the general use of specialty palliative care program services at pilot hospital sites?
- What are the characteristics of the patient population assessed to be suitable for hospital palliative care program services?
  - What are the characteristics of the patient population that accepted specialty palliative care program services, compared to the population that chose not to use these?
  - Are there differences between the group who accepts palliative care after a consult and those who do not?
- What was the disposition of the patient population using hospital palliative care program services at the end of the study period? Of the patient population who chose not to use services at the end of the study period?
- What is the general acute care hospital utilization and cost experience of the patient population using hospital palliative care program services? For the patient population who chose not to use services?
- What is the other outpatient service utilization and cost experience of the patient population using hospital palliative care program services? And, of the those who chose not to use the services?

Limitations

- Small population size at pilot sites for first six months of study period. MHCC staff will compare and use additional quarters of data to test reliability and consistency.
- Data is not yet adjusted for case mix or charges.
- Data currently reflects only inpatient hospital discharge use for each individual hospital stay. In the future, MHCC plans to have the ability to review patient use across certain service settings for patients who received palliative care consults.

Discharges flagged in HSCRC data for July 1, 2014 through December 31, 2014

Pilot Hospital		1	2	3	8	Total	*Annualized projection*	*Informal estimate*
CARROLL COUNTY	Frequency	95	140	38	0	**273**	546	*300-400 (MHCC)*
	Percent	35	51	14	0			*284 (CAPC)*
DOCTORS COMMUNITY	Frequency	58	100	71	31	**260**	520	*300 (MHCC)*
	Percent	22	38	27	12			
GREATER BALTIMORE	Frequency	69	89	25	0	**183**	366	*720 (MHCC)*
	Percent	38	49	14	0			*615 (CAPC)*
HOLY CROSS	Frequency	158	180	107	0	**445**	890	*400-600 (MHCC)*
	Percent	36	40	24	0			*453 (CAPC)*
HOWARD COUNTY	Frequency	39	71	30	4	**144**	288	
	Percent	27	49	21	3			
JOHNS HOPKINS	Frequency	260	232	13	190	**695**	1,390	
	Percent	37	33	2	27			
MEDSTAR UNION MEM.	Frequency	45	60	111	0	**216**	432	*600 (MHCC)*
	Percent	21	28	51	0			
MERITUS	Frequency	88	122	41	0	**251**	502	
	Percent	35	49	16	0			
PENINSULA REGIONAL	Frequency	145	88	8	0	**241**	482	
	Percent	60	37	3	0			
SUBURBAN	Frequency	93	85	64	19	**261**	522	*400-600 (MHCC)*
	Percent	36	33	25	7			*502 (CAPC)*
UNIVERSITY OF MARYLAND	Frequency	121	89	22	0	**232**	464	*600-700 (MHCC)*
UPPER CHESAPEAKE	Percent	52	38	9	0			*647 (CAPC)*
Total	**Frequency**	**1,171**	**1,256**	**530**	**244**	**3,201**	6,402	
	Percent	**37%**	**39%**	**17%**	**8%**			

MHCC estimate based on 2014 interviews and discussions
CAPC figure based on 2012 survey responses

Number of medical/surgical inpatients and palliative care consults at pilot hospital sites

Pilot Hospital Site	Total Medical/Surgical Inpatients	% of Med/Surg Older than 65	Total Palliative Care Consults	% of Consults Older than 65	Ratio of Consults to Med/Surg
Carroll	3,918	60%	273	89%	7.0%
Doctors Community	4,193	44%	260	58%	6.2%
Greater Baltimore	5,796	52%	183	79%	3.2%
Holy Cross of Silver Spring	9,190	50%	445	75%	4.8%
Howard County	5,533	54%	144	77%	2.6%
Johns Hopkins	17,786	29%	695	43%	3.9%
Medstar Union Memorial	5,080	46%	216	70%	4.3%
Meritus	6,271	51%	251	80%	4.0%
Peninsula Regional	7,225	54%	241	69%	3.3%
Suburban	6,118	62%	261	74%	4.3%
University of Maryland Upper Chesapeake	4,658	59%	232	77%	5.0%
Total	**75,768**	**47%**	**3,201**	**68%**	**4.2%**

Percent of patients who accepted and declined palliative care team recommendations

Pilot Hospital Site	Accepted recommended plan of care	Declined plan of care	Remainder coded 8
Carroll	86%	14%	
Doctors Community	61%	27%	12%
Greater Baltimore	86%	14%	
Holy Cross of Silver Spring	76%	24%	
Howard County	79%	21%	
Johns Hopkins	71%	2%	27%
Medstar Union Memorial	49%	51%	
Meritus	84%	16%	
Peninsula Regional	68%	2%	7%
Suburban	74%	26%	
University of Maryland Upper Chesapeake	90%	10%	
Total	**76%**	**17%**	**8%**

Percent of hospice referrals (of those who accepted recommendations)

Pilot Hospital Site	% of hospice referrals
Carroll	60%
Doctors Community	63%
Greater Baltimore	56%
Holy Cross of Silver Spring	53%
Howard County	65%
Johns Hopkins	47%
Medstar Union Memorial	57%
Meritus	58%
Peninsula Regional	38%
Suburban	48%
University of Maryland Upper Chesapeake	42%
Total	52%

Selected age groups for medical/surgical inpatients and flagged consults

	Less than 65 years of age	65–84 years of age	85 years of age or older
All medical/surgical discharges at all Maryland hospitals	67%	26%	7%
Medical/surgical discharges at pilot site hospitals	63%	29%	8%
Palliative care patients flagged at pilot hospital sites	32%	46%	22%
Consults that accepted palliative care plan of care	28%	48%	25%
Consults that declined recommendations	36%	49%	15%

Gender distribution of medical surgical discharges and palliative care consultations at pilot hospitals

Pilot Hospital Site	Total Medical/Surgical			Total Consultations		
	Male	Female	N	Male	Female	N
Carroll	45	55	3,918	45	55	237
Doctors Community	40	60	4,193	35	65	244
Greater Baltimore	42	58	5,796	45	55	183
Holy Cross of Silver Spring	42	58	9,190	47	53	445
Howard County	45	55	5,533	39	61	144
Johns Hopkins	52	48	17,786	54	46	695
Medstar Union Memorial	49	51	5,080	44	56	216
Meritus	46	54	6,271	51	49	251
Peninsula Regional	48	52	7,225	49	51	241
Suburban	47	53	6,118	44	56	261
University of Maryland Upper Chesapeake	48	52	4,658	55	45	232
Total	**47**	**53**	**75,768**	**48**	**52**	**3,185**

Gender distribution of those who accepted and declined palliative care recommendations

Pilot Hospital Site	Accepted recommendation			Did not accept recommendation		
	Male	Female	N	Male	Female	N
Carroll*	43.8	56.2	235	52.6	47.4	38
Doctors Community	35.4	64.6	158	36.6	63.4	71
Greater Baltimore	45.6	54.4	158	44.0	56.0	25
Holy Cross of Silver Spring	47.6	52.4	338	44.9	55.1	107
Howard County*	33.6	66.4	110	60.0	40.0	30
Johns Hopkins*	54.1	45.9	492	46.2	53.9	13
Medstar Union Memorial	41.0	59.1	105	46.0	54.1	111
Meritus	51.4	48.6	210	48.8	51.2	41
Peninsula Regional*	47.2	52.8	233	100.0	0.0	8
Suburban	44.4	55.6	178	48.4	51.6	64
University of Maryland Upper Chesapeake*	56.7	43.3	210	36.4	63.6	22
Total	**47.5**	**52.5**	**2,458**	**46.6**	**53.4**	**532**

* Apparent reverse trend observed for acceptance and non-acceptance groups within hospital

Disposition at discharge

Flagged patient population	Most frequent disposition code		Accumulated percentage
1 – Accepted palliative care plan of care	70 Expired	44%	83%
	61 Home under care of home health agency, includes hospice in the home	13%	
	60 Home or self-care	12%	
	44 Long term facility that provides acute care	8%	
	51 Skilled nursing facility	6%	
2 – Accepted hospice referral	61 Home under care of home health agency, includes hospice in the home	41%	85%
	53 Hospice facility	19%	
	46 Other health care facility	15%	
	70 Expired	5%	
	60 Home or self-care	5%	
3 – Did not accept palliative care team recommendation	60 Home or self-care	26%	77%
	44 Long term facility that provides acute care	16%	
	51 Skilled nursing facility	15%	
	61 Home under care of home health agency, includes hospice in the home	13%	
	70 Expired	7%	

Length of stay for flagged discharges

Hospital Pilot Site	Accepted recommendation for palliative care			Accepted hospice referral			Declined recommendations		
	Total patients	Total patient days	Average length of stay	Total patients	Total patient days	Average length of stay	Total patients	Total patient days	Average length of stay
Carroll	95	476	5.0	140	663	4.7	38	308	8.1
Doctors Community	58	520	9.0	100	709	7.1	71	859	12.1
Greater Baltimore	69	583	8.4	89	587	6.6	25	384	15.4
Holy Cross of Silver Spring	158	2,094	13.3	180	1,569	8.7	107	2,005	18.7
Howard County	39	364	9.3	71	444	6.3	30	558	18.6
Johns Hopkins	260	4,316	16.6	232	2,494	10.8	13	340	26.2
Medstar Union Memorial	45	555	12.3	60	581	9.7	111	1,535	13.8
Meritus	88	565	6.4	122	823	6.7	41	397	9.7
Peninsula Regional	145	1,520	10.5	88	765	8.7	8	184	23.0
Suburban	93	1,064	11.4	85	706	8.3	64	319	5.0
University of Maryland Upper Chesapeake	121	1,264	10.4	89	589	6.6	22	249	11.3
Total	**1,171**	**13,321**	**11.4**	**1,256**	**9,930**	**7.9**	**530**	**7,138**	**13.5**

Charges for flagged discharges

Pilot Hospital Site	Accepted recommendation for palliative care			Accepted hospice referral			Declined recommendations		
	Total patients	Average charge per patient	Average charges per day	Total patients	Average charge per patient	Average charges per day	Total patients	Average charge per patient	Average charges per day
Carroll	95	$17,067	$3,406	140	$14,923	$3,151	38	$27,135	$3,348
Doctors Community	58	$32,972	$3,678	100	$16,861	$2,378	71	$35,063	$2,898
Greater Baltimore	69	$22,194	$2,627	89	$17,561	$2,663	25	$36,225	$2,358
Holy Cross of Silver Spring	158	$40,266	$3,038	180	$20,414	$2,342	107	$59,400	$3,170
Howard County	39	$19,578	$2,098	71	$13,913	$2,225	30	$47,035	$2,529
Johns Hopkins	260	$94,253	$5,678	232	$43,045	$4,004	13	$142,113	$5,434
Medstar Union Memorial	45	$50,320	$4,080	60	$31,409	$3,244	111	$48,092	$3,478
Meritus	88	$21,396	$3,332	122	$19,988	$2,963	41	$26,035	$2,689
Peninsula Regional	145	$29,062	$2,772	88	$24,604	$2,830	8	$70,268	$3,055
Suburban	93	$29,628	$2,590	85	$16,459	$1,982	64	$16,410	$3,292
University of Maryland Upper Chesapeake	121	$26,728	$2,557	89	$13,098	$1,979	22	$21,173	$1,871
Total	**1,171**	**$43,593**	**$3,832**	**1,256**	**$23,121**	**$2,924**	**530**	**$42,497**	**$3,156**

Next Steps

- Preferred Practices
  - Summarize meeting results
  - Provide feedback on extent to which pilot programs meet NQF Preferred Practices
  - Meet by conference call to discuss results
- HSCRC data
  - Review next quarter of HSCRC data
  - Research ability to do risk-adjustment to HSCRC data
  - Obtain field that provides ability to track patients across certain service settings
- Report development
  - Develop draft of report
  - Present to Advisory Group for review
  - Revise and finalize report
  - Present to Commission for approval and release