Palliative Care Programs
Get Started and Keep Going!
Welcome

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Objectives

- Become familiar with what it takes to start a Palliative Care Program and keep it growing. This includes:
  - Regulatory Requirements/Considerations
  - Overview of Palliative Care & Program
  - Staffing and Team Development
  - Processes
  - Billing and Budget
  - Marketing and Business Development
  - Data Analysis
Regulatory Requirements/Considerations
Regulatory Requirements/Considerations

- Minimal current requirements in place:
  - State
  - Federal
  - Payors
- Accreditation recognition
Palliative Care Accreditation

- Reasons to choose accreditation:
  - Industry direction toward quality care
  - Creates a culture of compliance - audits, Performance Improvement (PI), and survey process
  - Become a provider of choice and differentiate yourself from other providers
  - Marketing advantage
  - All inclusive pricing
  - Dedicated AA, Clinical, and Regulatory departments
  - Program-specific educational resources
Palliative Care Accreditation

- Created specifically for community-based palliative care programs
- Program-specific standards based on the National Consensus Project for Quality Palliative Care guidelines
- Accreditation cycle is renewed every 3 years
- Additional offerings:
  - Virtual surveys
  - Distinction in Telehealth
Palliative Care Accreditation

- Be licensed and registered according to applicable state and federal laws and regulations and maintain all current legal authorization to operate
- Occupy a building in which services are provided and coordinated that is identified, constructed, and equipped to support such services
- Clearly define the services it provides directly or under contract
- Programs must have at least three (3) active patients and have served five (5) patients in order to be surveyed in the service seeking accreditation
Palliative Care Accreditation

1. Survey Days Required
2. Patient Records Reviewed*
3. Accreditation Cycle Years
4. Observation Visits Conducted

*3 must be active at time of initial accreditation
Overview of Palliative Care & Program
Overview

- Family Owned and Founded in 2013
- Indianapolis based
- Have had true Community Based Palliative Care since opening, but massive growth in the last 2-3 years
- Current caseload of 300+ patients served by 5 (soon to be 6) Nurse Practitioners
- ACHC Palliative Care Accreditation
  - Hospice partner
Palliative Care

- Chronic symptom management of a life limiting illness
- Goals of Care
- Can be pursuing curative treatment
- Can receive Home Health services concurrently
- NOT Hospice care
- Future changes
  - Will it become a Palliative Care Benefit?
  - Will it be recognized as a specialty by Medicare?
  - If/When either of those happen, watch out for the competition!
Patient Population

- Top 10 Diagnoses
  - Cancer
  - COPD
  - Dementia
  - Heart Failure
  - Stroke
  - Parkinson’s Disease
  - Alzheimer’s Disease
  - ESRD
  - Chronic Pain
  - Multiple Sclerosis
Staffing and Team Development
This is only representative of the Palliative Care branch of Paradigm Health
Director of Palliative Care

- Day to day operations
- Data Analysis
- Employee management
Nurse Practitioners

- Split into geographical territories
- Caseload – average around 70 patients per NP
  - Assumed that most common frequency is once a month
  - Assumed that average initial visit is 60-90 minutes
  - Assumed that average follow up visit is 45-60 minutes
- Work with the Collaborating MD per Indiana practice act guidelines, but function autonomously with prescriptive authority
Licensed Clinical Social Worker

- Counseling Services
  - Average frequency is 2x/month
  - Average visit length is 45-60 minutes
- Care Plan Meetings
- Resource Referrals
- Goals of Care Conversations
- Help direct referrals to other services including Chaplain and Volunteer
Office Teams

- **Intake Team**
  - Intake Nurse (LPN) – assesses for eligibility and completes clinical review
  - Intake Assistance (MA) – enters into EMR, requests additional documentation, etc.

- **Medical Records**
  - Medical Records (LPN)- sends out all complete documentation from EMR to collaborating MDs/specialists as well as requests documentation from hospitalizations and/or specialist/PCP appointments

- Cross trained to cover for each other during PTO
Recruitment

- Recruitment
  - Our best hires have been referrals from current employees
  - Hard to find NPs with Palliative Experience in our area so look for the following criteria:
    - Open and ready to learn
    - Great Attitude / Contribute to our culture
    - Rapport with patients and family
    - Self motivated
    - Communication Skills
Onboarding for Nurse Practitioners

- Length: 3 weeks to 3 months pending experience of the clinician
- Structured calendar
- Spend time with other disciplines
  - Social Work
  - Business Development
  - Hospice RN CMs
  - Office Teams
- Encourage professional development
- Skills check off prior to coming off orientation
Processes
Intake Process

- Check List for Admission
  - Order
  - MD to Collaborate with (PCP, specialist, facility MD, etc.)
  - Documentation of life limiting illness or symptoms to be managed [from PCP and Specialists]
  - Advanced Directives if applicable
  - Consents
    - Prior to or during initial visit
Post Admit Process

- Documentation
  - Full assessment
  - Problem list
  - Plan
  - Collaboration with PCP or Specialist
  - Medication changes
  - Charge Slip

- Ongoing
  - Patient and family communication
  - PCP and/or specialist collaboration
  - Refer to additional services or providers
Billing and Budget
Billing – 2021 E/M Guidelines

- CPT Codes
  - Time Based Codes
    - New Patient
      - 99201-99205
    - Established Patient
      - 99212-99215
    - Add modifier for increased time
      - +99417 with 99205 for services over 74 minutes for new patient visits
      - +99417 with 99215 for services over 55 minutes for established patient visits

- Most Common Place of Service
  - 02- Telehealth
  - 12- Home
  - 13- Assisted Living
  - 31- Skilled Nursing Facility
LCSW Billing

- 90791 - Psych Diagnostic Eval Charge
- 90834 - 45 Min Visit Charge
- 90847 - 50 Min Visit Charge
- Still need to pay attention to place of service
Budget

- Complimentary to Hospice and/or Home Health program
  - Things to consider
    - Can your current back office team support new line of service initially or would you need to add staff?
    - Can you make your current EMR work for Palliative or would you need to upgrade?
    - Is the brand awareness and ability to market continuum of care worth it?

- Stand alone program
  - Things to consider
    - Can you get the visit density high enough to see enough patients each day to make it work?
    - If not, can you use telehealth to bolster number of visits?
    - Can you partner with a Home Health or Hospice agency to increase referrals?
Payment

- Medicare Reimbursement Rate vs actual payment
- Professional billing assistance if EMR does not offer that service
- Maximize productivity
- Optimize documentation
Marketing and Business Development
Marketing and Business Development

- Referral Sources
  - Hospitals
  - Rehab Facility
  - Primary Care
  - Specialist
  - Geriatric Case Managers
  - Home Health Agencies
  - Hospice (revocations)

- Types of Marketing Activities
  - Lunch and Learn for various referral sources
  - Virtual In-services
  - AL/IL “Happy Hour” events to educate patients as well as referral source
  - Social media presence
  - Collateral
Talking Points

- Hospitalization Prevention
  - Hospitals
  - AL/IL
  - HH agencies
- Timely orders
- Easy communication
- Extra support
Talking Points to AVOID

They must understand the unique value that Palliative Care can provide. Make sure they leave the interaction with you understanding:

- You are NOT replacing the PCP
- You are NOT urgent care
- You are NOT home health
- You are NOT hospice
- You are NOT a pain clinic
Data Analysis
Data Analysis

- **KPIs**
  - Palliative LOS
    - Break down by the disciplines that were involved
  - Total number of referrals to Hospice
  - Hospice LOS
  - % of Palliative patients referred to Hospice that stay on service over 30 days
  - Deaths
  - Live Discharges
  - Highest one day census for the month

- **Productivity of clinicians**
- **Main referral sources**
- **Most common payors**
Thank you

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