Institute for ACCOUNTABLE CARE

Summit Medical Group
Creating New Partnerships to Expand Palliative Care

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Summit Medical Group Establishes New Partnerships to Expand Palliative Care in its ACO

Summit Medical Group (SMG) has 172 physicians and 149 advanced practitioners in 60 office locations serving patients in 14 counties in East Tennessee. SMG provides healthcare services to roughly 280,000 patients. SMG also has 3 diagnostic centers, 8 physical therapy centers, 3 express clinics, mobile diagnostic services, a central laboratory and a sleep services center. SMG participates in two-sided risk contracts as Medicare Next Generation ACO. It also has value-based contracts with Medicare Advantage, commercial health plans and Medicaid plans.

Web site: http://www.summitmedical.com/

Context: Research suggests that ACOs have not widely targeted palliative and end-of-life care as part of their care redesign efforts, despite the tremendous potential to reduce the use of unnecessary services and improve the quality of life for patients and their families. In a recent longitudinal study, for example, MSSP ACOs showed very little change in days at home, days in the ICU or late use of hospice in the last 30 days of life between 2012 and 2015 compared to Medicare fee-for-service beneficiaries living in the same areas (Gilstrap et al., 2018). This is consistent with survey results that shows only 20 percent of ACOs have advanced end-of-life care initiatives. Of the remaining ACOs, 60 percent have some components in place (Ahluwaliz et al., 2018), suggesting there is ACO engagement in improving end-of-life care that may generate measurable impacts in future years.

It is important to acknowledge that discussing care options with seriously ill patients and their families can be difficult. Many organizations start with Advance Care Planning (ACP) as a way of documenting patient wishes and getting Advance Directives into the medical record. CMS now reimburses providers for voluntary advance care planning (see https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-LN/MLNProducts/Downloads/AdvanceCarePlanning.pdf), further encouraging patient-provider discussion of patient wishes.
Given this context, the question remains about how ACOs can effectively integrate advance care planning into their organizations. This case study examines the experience of SMG in East Tennessee that opted to outsource palliative care services after struggling to integrate these services directly into primary care.

Background: SMG began its work in palliative care with a simple observation: they were providing care "to patients," not "for patients" towards the end of life. A desire to be more patient centered in addition to the financial incentives of providing more rational care towards the end of life led Summit to look closely at the needs and wishes of these patients. Through internal analytics, Summit staff determined that for the vast majority of patients, palliative care could be provided by their own primary care clinicians. They subsequently launched an effort to engage, educate and encourage primary care physicians to provide the primary palliative care within their scope of care (basic management of pain, symptoms, anxiety and depression and basic discussions about prognosis, goals of treatment, suffering and code status).
In an effort to lead by example, SMG administrators launched a "because I CARE" employee campaign to encourage Summit team members to complete their own advance directive so their voices would be heard. This also had the benefit of raising awareness about the value of Advance Directives and the experience of completing the form.

Approach: In 2016, annual goals were set for SMG providers and employees in an effort to increase motivation and drive success of the palliative care initiative, specifically focusing on advance directives. Providers were assigned the goal of recording an advance directive in the EMR

for five percent of Medicare patients. This metric was part of SMG's bonus distribution plan. On National Healthcare Decisions Day, leadership launched the 'because I CARE' campaign, urging employees to take action. The internal employee campaign goal was set at twenty six percent. SMG used a collaborative approach to reach patients and employees. SMG partnered with local hospital systems to support the initiative by providing free "Getting Your House in Order" workshops taught by the hospital's palliative care leaders. For those who opted to complete their advance directive during the workshop, the information was transmitted to the individual's primary care provider and healthcare agent to ensure the process was completed. To further support SMG providers, advance directive facilitators were elected at each site, training was provided on the advance directive form and a notebook of supporting educational materials was provided for distribution to patients.

SMG discovered quickly that medical schools did not provide extensive training, if any, on palliative care and many providers were not comfortable with the conversation. In an effort to address this knowledge gap and normalize an intimidating topic, SMG joined the Center for Advancing Palliative Care, an organization dedicated to increasing the availability and quality of palliative care. This membership provided continuing education opportunities, workflows, research, best practices and subject matter experts that were available to answer questions. In addition, palliative care physicians from local hospitals provided continuing education sessions for SMG providers specific to basic palliative care best practices and treatment options. These opportunities were supported by "in-house commercials" starring SMG board certified palliative care physicians and patients telling their story about how palliative care had made a difference in their lives.

In January 2017, SMG reported that ninety percent of SMG providers met their individual goal of five percent of their Medicare patients with an advance directive in the medical record , but the internal employee campaign fell short of meeting the goal of twenty six percent of employees completing their advance directive, with only thirteen percent of employees completing their advance directive. Despite considerable investment and success improving the advance directive rate, Summit continued to experience resistance from clinicians. They were not comfortable having conversations with their patients about palliative care. One of the local hospitals ended its free class for patients, further slowing progress.

At this point, SMG administrators changed strategy and started contracting for palliative care services from Aspire Health, a dedicated palliative care agency. This created what SMG staff called an 'easy button' for clinicians, allowing them to refer patients to palliative care specialists. Aspire offered evidence that they had generated savings and improved patients' quality of life with their clients, including increasing hospice length of stay from 18 days to the low 20s. The Aspire model includes home-based care by an interdisciplinary team of physicians, Advanced Practitioners, social workers and chaplains and, if necessary, referral to hospice.

Contract structure: Summit brokered contracts between Aspire and all of SMG's major health plan partners. Under those health plan agreements, Aspire receives a monthly fee per patient enrolled in the Aspire program and an opportunity for Aspire to share in savings based on financial and quality performance. In general, shared savings baselines are established by comparing the total cost of care between the treatment group and a similar control group. Aspire's interdisciplinary team provides an extra layer of support for SMG patients in their own homes. Services are available 24 hours per day, 7 days a week. As part of this partnership, Aspire and Summit work together to improve patient

experience, enhance quality of care, and reduce unnecessary hospitalizations and emergency room visits.

Advice for other ACOs: Kimberly Kauffman, Chief Value Based Care Officer at Summit Medical Group, was a leader in the drive to advance palliative care at Summit. She recommends empowering primary care clinicians to advance palliative care by finding out who is interested in this work and encouraging them to champion palliative care services within the organization. Younger clinicians, in particular, seem more comfortable educating patients about palliative care options, and with encouraging patients to consider palliative care services when appropriate, in part because they were more exposed to these issues during their medical education.

The story of Summit Medical Group suggests that partnering with an external palliative care service provider may be more effective for some organizations than investing in internal capacity to have primary care providers deliver the services themselves. Given the reluctance of some physicians to engage in discussions with their patients about palliative care, the approach of creating an "easy button" for providers to deploy with a trusted partner has the potential to be cost effective and to benefit patients.

Other Resources

- Sharp Healthcare: https://media.capc.org/filer_public/1e/e5/1ee5a61c-c42e-43e2-8538-27ef78b273fc/providing_early_palliative_care_interventions_for_patients_with_serious_illness_sharp_healthcare.pdf
- ProHEALTH Care: https://media.capc.org/filer_public/ad/c7/adc729f3-921c-47ac-9732-fbdafed0b562/delivering_home-based_palliative_care_within_an_aco_prohealth.pdf
- The role of palliative care in Accountable care organizations: https://www.ajmc.com/journals/evidence-based-oncology/2015/april-2015/the-role-of-palliative-care-in-accountable-care-organizations-
- Few hospital palliative care programs meet national staffing recommendations: https://www.healthaffairs.org/doi/10.1377/hlthaff.2016.0113

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