

Supportive Care

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Dartmouth Atlas Chronic Disease End-of-life Measures

Metric	2012 Hawaii (Rank)	2016 Hawaii (Rank)	2016 Best State
Days in hospital	11.2 (48/51)	8.7 (39/51)	4.4 (Utah)
ICU days	4.1 (44/51)	4.1 (46/51)	1.3 (North Dakota)
% deaths with ICU stay	20 (49/51)	20 (50/51)	9.8 (Utah)
Death in hospital	28.2 (50/51)	24.1 (44/51)	14.1 (Utah)
Enrolled in hospice	41.9 (44/51)	50.8 (35/51)	67.1 (Utah)
Hospice days	18.2 (43/51)	22.7 (32/51)	38.1 (Utah)

Supportive Care Design

Interdisciplinary team care

- Physician certified in hospice and palliative medicine
- APRN/RN
- Social worker
- Chaplain

Comprehensive assessment

- Physical, psychosocial, emotional, spiritual
- Symptom management

Supportive Care Design (continued)

Care coordination among all treating providers

- Comprehensive care plan

Communication with patient/family/providers

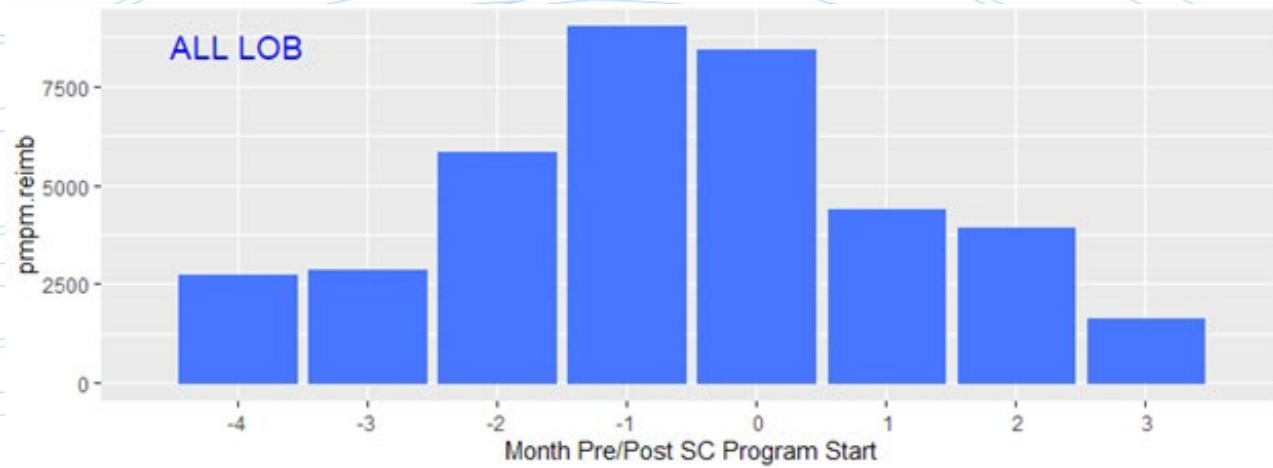
- Goals of care
- ACP
- Caregiver needs

24/7 availability

Admission criteria (no requirement for prognosis!)

90-day limit on service

Impact of SC on Cost 2013 - 2019



Enrollment by Line of Business 2013 - 2019

Line of Business	Total
MAPD	903
HMO	165
PPO	1,237
QUEST Integration	284
Grand Total	2,589

QUEST Integration Supportive Care Diagnoses

Diagnosis	Rate
Cancer	85%
COPD	5%
CHF	9%
Other	1%

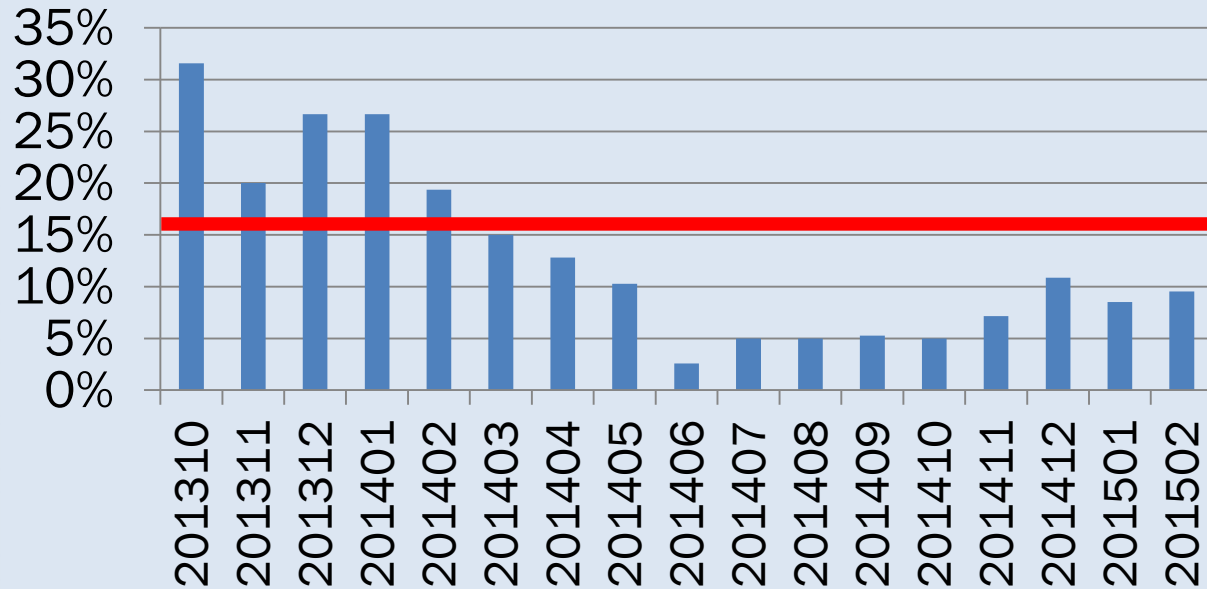
Outcomes 2013 - 2019 All Lines of Business

Outcome	Rate
Usual care	49%
Hospice	25%
Expired on program	26%

QUEST Integration Outcomes 2013 - 2019

QUEST Integration	Rate
Usual care	58%
Hospice	21%
Died on program	20%

MA SC Patients: % Deaths in Hospital (Rolling 6 Months) n=126



Outcomes: Cancer Patients on Supportive Care, 2014

Measure (n=69)	Supportive Care	Hawaii	National Average
% cancer patients dying in hospital	10%	23.1%	23.1%
% admitted to ICU in last month of life	18.8%	27.2%	30.2%
ICU days per cancer patient during last month of life	0.97	1.18	1.64
% of cancer patients hospitalized during last month of life	30%	53%	62%
Hospital days per cancer patient during last month of life	2.29	4.80	4.60

Summary

- Arguably, palliative care represents best care possible
- Not only affordable; we cannot afford NOT to provide this kind of care
- HMSA strongly supports the further development and expansion of palliative care