



EDUCATIONAL RESOURCES

Palliative Care Programs

Get Started and Keep Going!

 PALLIATIVE CARE



ACHCU IS A BRAND OF ACCREDITATION COMMISSION *for* HEALTH CARE



Welcome



Becky Tolson, RN, BS, COS-C
Clinical Compliance Educator

Accreditation Commission for
Health Care (ACHC)



Kari Haberman, PT, DPT
*Director of Palliative Care for
Paradigm Health*



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



EDUCATIONAL RESOURCES

Regulatory Requirements/ Considerations

 PALLIATIVE CARE



ACHCU IS A BRAND OF ACCREDITATION COMMISSION *for* HEALTH CARE



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

5

PATIENT RECORDS
REVIEWED*

3

ACCREDITATION
CYCLE YEARS

1

OBSERVATION VISITS
CONDUCTED

*3 must be active at time of initial accreditation



EDUCATIONAL RESOURCES

Overview of Palliative Care & Program



 PALLIATIVE CARE



ACHCU IS A BRAND OF ACCREDITATION COMMISSION *for* HEALTH CARE





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

HOSPICE AND PALLIATIVE COVERAGE AREA



**BOONE - CLINTON - DELAWARE - HAMILTON - HANCOCK - HENDRICKS - HENRY - HOWARD
JOHNSON - MADISON - MARION - MORGAN - SHELBY - TIPTON**

We accept traditional Medicare, all Medicare Advantage Plans, traditional Medicaid, and most commercial insurance plans. Please call us with any questions and Paradigm Health will check to verify benefits coverage with any specific provider.

MYPARADIGMHEALTH.COM
O: 317-735-6001 F: 855-450-1177



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



EDUCATIONAL RESOURCES

Staffing and Team Development

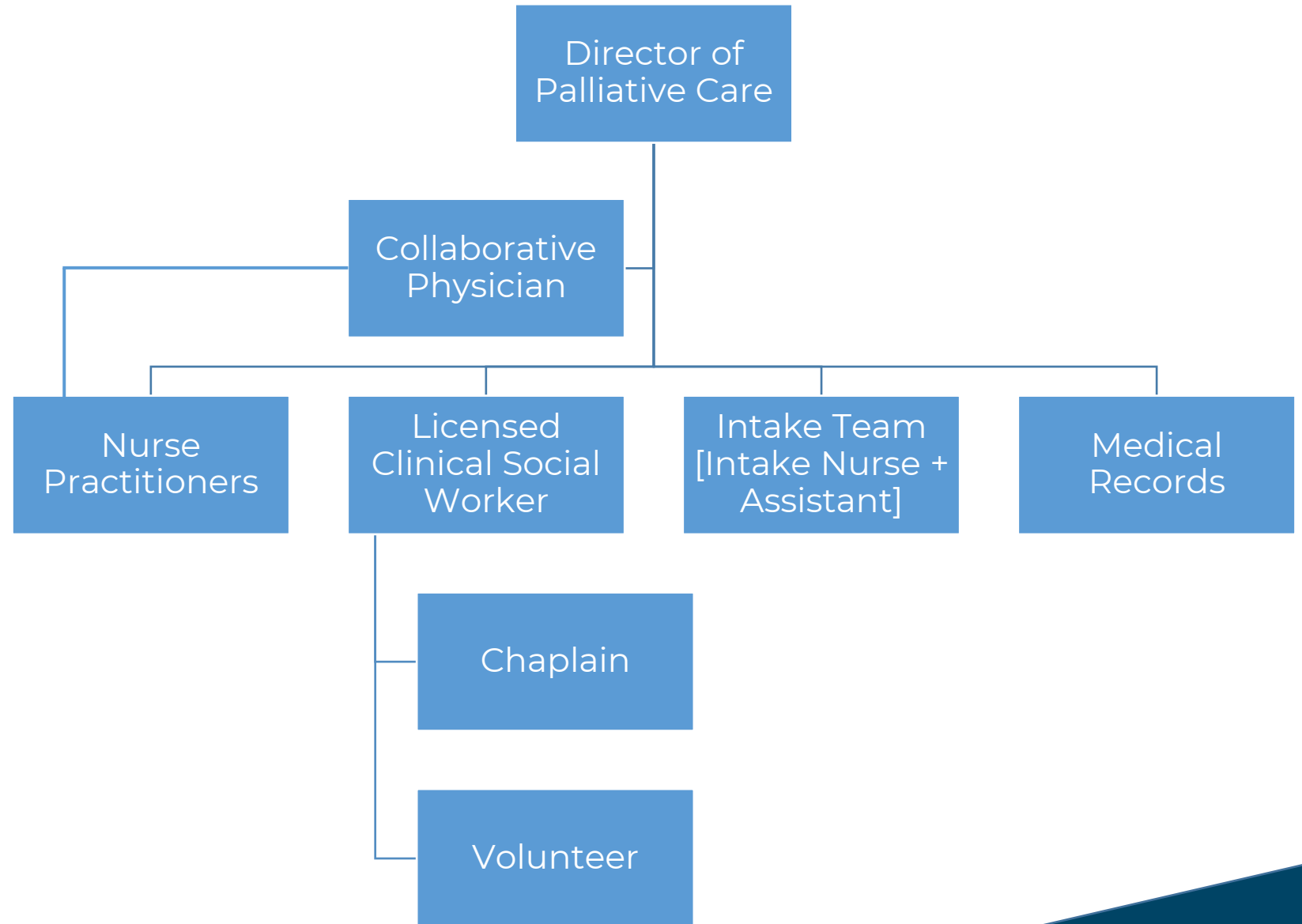
 PALLIATIVE CARE



ACHCU IS A BRAND OF ACCREDITATION COMMISSION *for* HEALTH CARE



Staffing Model



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

PALLIATIVE INTAKE	Urgent need(s) identified: Target SOC: _____	Does pt/poa authorize Paradigm to requests records & order for palliative care as well as import medication list? If yes, Who authorizes: _____ Signature: _____ Date: _____	
BD Rep: _____			
Referral Date: _____			
Contact Date: _____			
Patient: _____			
<input type="checkbox"/> DC Pending - Where: _____		DC Date: _____	
Patient Address & Contact Info			
Location of Services: <input type="checkbox"/> Patient's Home Facility: _____			
Address: _____		Room/Apt #: _____	
City: _____		Zip Code: _____	
Who to call for SOC: _____		Phone number: _____	
Preferred party for future calls: _____		Phone number: _____	
Who Signs Consents: <input type="checkbox"/> Patient <input type="checkbox"/> POA _____		Relationship: _____	
POA paperwork: _____			
Emergency Contact/Relationship:			
Name: _____		Address: _____	
Phone: _____		Email: _____	
Patient Demographics & Insurance			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Race: _____		DOB: _____ SS#: _____	
Insurance Type: _____		ID #: _____	
Responsible Party: _____		Secondary Insurance: _____	
Copy of Insurance card: _____			
PCP & Specialists: (Cardiologist, Pulmonologist, Oncologist, Nephrologist...)			
Type: <u>PRIMARY CARE</u>	First: _____	Last: _____	Phone: _____
Type: _____	First: _____	Last: _____	Phone: _____
Type: _____	First: _____	Last: _____	Phone: _____
Hospitalization: _____		Date: _____	
Preferred HHC agency: _____		Pharmacy: _____	
Ref. Source: _____			
Facility: <input type="checkbox"/> AL <input type="checkbox"/> LTC <input type="checkbox"/> Rehab to home / Facility Name: _____			
Facility Provider First: _____		Last: _____	Phone: _____
How to collaborate: _____			
Where to send visit notes: _____			
Other Facility Contact(s): _____			
Notes:			

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



EDUCATIONAL RESOURCES

Marketing and Business Development

 PALLIATIVE CARE



ACHCU IS A BRAND OF ACCREDITATION COMMISSION *for* HEALTH CARE



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



EDUCATIONAL RESOURCES

Thank you

Accreditation Commission for Health Care

(855) 937-2242

customerservice@achc.org

Kari Haberman, PT, DPT

khaberman@plchealth.com



 PALLIATIVE CARE



ACHCU IS A BRAND OF ACCREDITATION COMMISSION *for* HEALTH CARE

