

## Rethinking Community-Based Palliative Care

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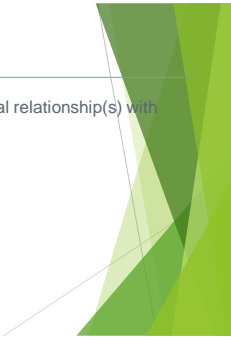
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## Disclosure

- Dr. John Mulder has no relevant financial relationship(s) with ineligible companies to disclose.



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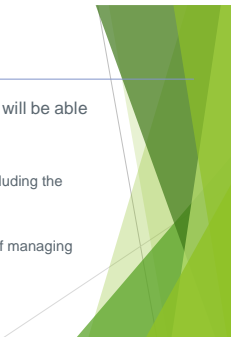
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## Learning Outcomes

Upon completing this session, participants will be able to:

1. describe the evolution of palliative care including the various care and reimbursement models.
2. discuss the opportunities and challenges of managing palliative care moving forward.



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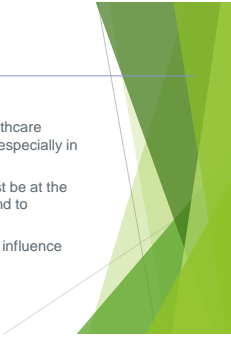
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### Why Now?

- Palliative care is at an inflection point.
- Palliative care is gaining traction within the healthcare continuum and gaining the attention of payers, especially in the realm of value-based care.
- Hospice and other palliative care providers must be at the forefront of this innovation to remain relevant and to preserve the essence of the care model.
- Learning from each other, we have a chance to influence the evolution of palliative care.



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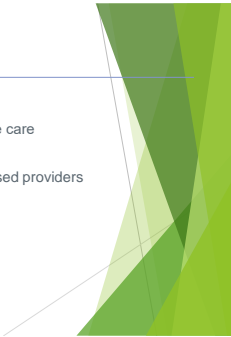
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### Models of Palliative Care

- Ownership models
  - Hospice – "hospice-lite" vs. distinct palliative care
  - Home Health
  - Skilled Nursing Facilities or other facility-based providers
  - Hospitals
  - Primary care
  - Palliative care specialists
  - Healthcare insurance "payviders"



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### Models of Palliative Care

- Care models
  - Consultation only vs. provision of care vs. responsibility for care
  - MD/NP/PA driven
  - RN/SW driven
  - Navigation/Community Health Worker driven
  - Combination of the above into interdisciplinary teams
  - Home visits vs. clinic visits vs. inpatient visits vs. telehealth vs. telephonic



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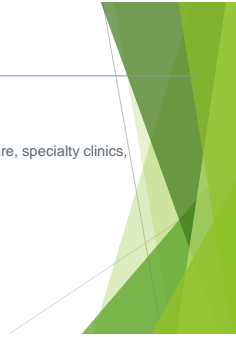
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## Models of Palliative Care

- Facility based
  - Hoteling within separate provider space
  - Embedded in treatment centers, primary care, specialty clinics, maternal/fetal medicine
  - Inpatient services within hospitals
  - Palliative care units within facilities
  - Consultation teams within facilities



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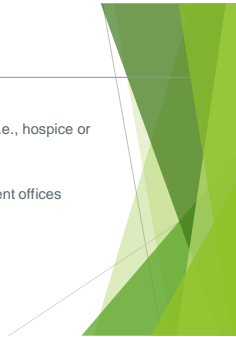
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## Models of Palliative Care

- Community based
  - Service line of home-based care provider, i.e., hospice or home health
  - Stand alone palliative care provider
  - Outpatient clinics - freestanding, independent offices
  - Virtual providers



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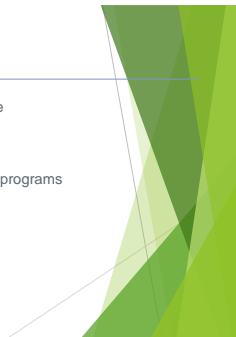
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## Related Care Models

- Partners and others in the palliative care space
  - Home-based primary care
  - Serious illness management programs
  - Chronic and transitional care management programs
  - Veteran Administration sponsored care
  - Collaborations
  - Innovative care and payment models



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### Related Care Models

- CMS innovative payment models
  - PACE – Program of All-Inclusive Care for the Elderly
  - VBID – Value-Based Insurance Design
- ACO – Accountable Care Organizations
  - MSSP – Medicare Shared Savings Program
  - REACH – Realizing Equity, Access, and Community Health
- KCC – Kidney Care Choices
- EOM – Enhancing Oncology Model
- Medicaid pediatric hospice and palliative care benefits
- Possible CMS palliative care benefit?




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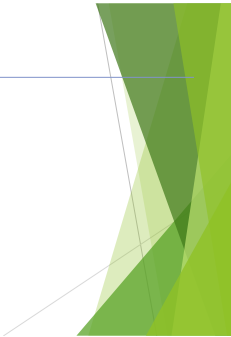
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### Challenges for Palliative Care

- Current obstacles
  - General misconceptions of palliative care
  - Disparate program models
  - Sustainability
  - Workforce issues
  - Competitors in the palliative care arena
  - Lack of standardized quality metrics




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### Evolving Palliative Care Paradigm

- Current opportunities
  - Value-based contracting changing the game for palliative care
  - Palliative care offers a return on investment to payers
  - Increasing awareness of palliative care as a medical specialty
  - Data analytics and interconnectedness
  - Innovation in care design
  - Innovation in collaboration




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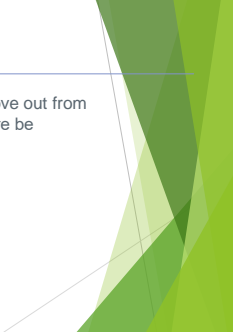
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### Discussion

- Knowing that palliative care needs to move out from hospice's shadow, how can palliative care be differentiated within a hospice program?



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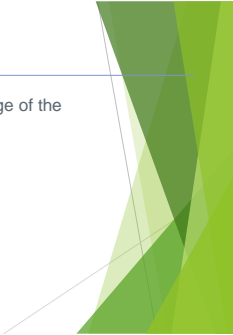
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### Discussion

- How have you seen palliative care change of the past 10 years?



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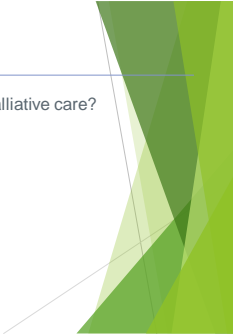
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### Discussion

- What do you see as the best hope for palliative care?



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### Discussion

- What are the largest challenges you have encountered with palliative care?



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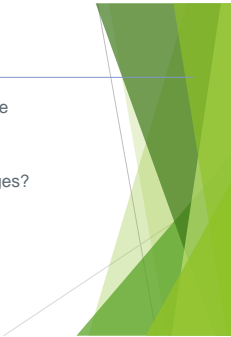
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### Discussion

- What are the largest challenges you have encountered with palliative care?
- How have you addressed these challenges?



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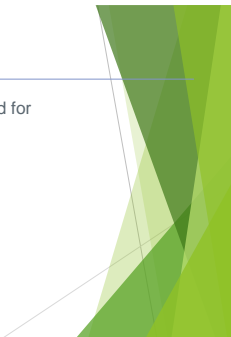
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### Discussion

- What do you see at the best path forward for palliative care?



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### References

Fischer, S; Pantilat, S; Quill, T. "Generalist versus Specialist Palliative Medicine". Journal of Palliative Medicine. Vol. 25, No. 2, 2022.

Cassel, JB; Kerr, KM; McClish, DK; Skors, N; Johnson, S; Wanke, C; Hoefler, D. "Effect of a Home-Based Palliative Care Program on Healthcare Use and Costs". Journal of the American Geriatrics Society. Vol. 61, No. 11, November 2016.

Reed, SM; Austin, E; Colborn, K; Schilling, LM; kutner, JS. "Modeling of an Alternative Reimbursement Method for Palliative Care". American Journal of Managed Care. Vol. 28, No. 6, 2022.




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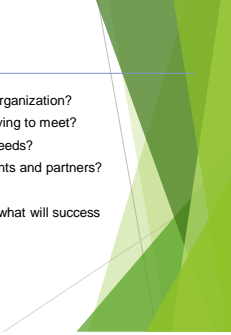
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### Team Discussion Questions

- How does palliative care fit into the mission of our organization?
- What are the needs of the population that we are trying to meet?
- Who are our potential partners and what are their needs?
- What care model will meet the needs of those patients and partners?
- What are our options to support that care model?
- How will we measure success for our program and what will success look like?




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### Q & A




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## Thank You!

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