MO HEALTHNET OVERSIGHT COMMITTEE
AUGUST 4, 2009

This packet contains the following information:

1. Biography of Alyson Campbell, Director, Family Support Division
2. MO HealthNet participation by eligibility category
3. Graph depicting MO HealthNet participation
4. Fiscal Year 2010 Budget Recap Presentation given by Marga Hoelscher, Deputy Division Director-Finance, MO HealthNet Division
5. Biography of Rhonda Driver, Director-Pharmacy, MO HealthNet Division
6. Administrative Service Organizations transition presentation given by Rhonda Driver, Director-Pharmacy, MO HealthNet Division
7. Missouri Health Information Exchange regional discussion meetings
8. Data on provision of hospice services
9. Biography of guest speaker Dr. Christian Sinclair
10. Hospice and Palliative Care presentation given by Dr. Christian Sinclair
11. Hospice and Palliative Care handout related to Dr. Sinclair's presentation
12. Excerpt from www.hospitalcompare.hhs.gov regarding hospital readmissions

Biography of Alyson F. Campbell

Alyson F. Campbell was appointed Director of the Family Support Division (FSD) effective May 18, 2009. Ms. Campbell began her career with child support enforcement in 1985 and served in many roles, including front-line, supervisory, and systems/policy training and management. Ms. Campbell also worked in the Office of the State Public Defender and the Audrain County Prosecuting Attorney's Office. Immediately prior to her appointment as Director, Alyson served as the FSD Deputy Director of Child Support Field Operations, a position she held for seven years. She successfully led the Missouri child support program through a restructuring effort to change Missouri's approach to the enforcement of child support obligations.

MoHealthNet Participation

	Participants as of March 2008	Participants as of June 2009	Change Since March 2008	Percentage of June 2009 Participants	Current Income Eligibility Maximums (Shown as a Percentage of Federal Poverty Level)	Projected Participants by June 2010
Children	484,750	509,811	+25,061	60.3%	300%	546,861[(1)]
Persons with Disabilities	147,208	154,575	+7,367	18.3%	85%	160,892[(2)]
Seniors	76,808	77,336	+528	9.1%	85%	78,584[(2)]
Custodial Parents	74,561	74,970	+409	8.9%	TANF level (approximately 19%)	76,839[(1)]
Pregnant Women	28,301	29,124	+823	3.4%	185%	29,124[(3)]
Total	811,628	845,816	+34,188			892,300
Women's Health Services	19,831	25,265	+5,434		185%	73,389[(4)]

Clarifications and Assumptions:

(1) Growth in custodial parent and child enrollment is based on a six-month average caseload growth (2.5% annualized growth for custodial parents and 7.3% annualized growth for children) through June 2010.

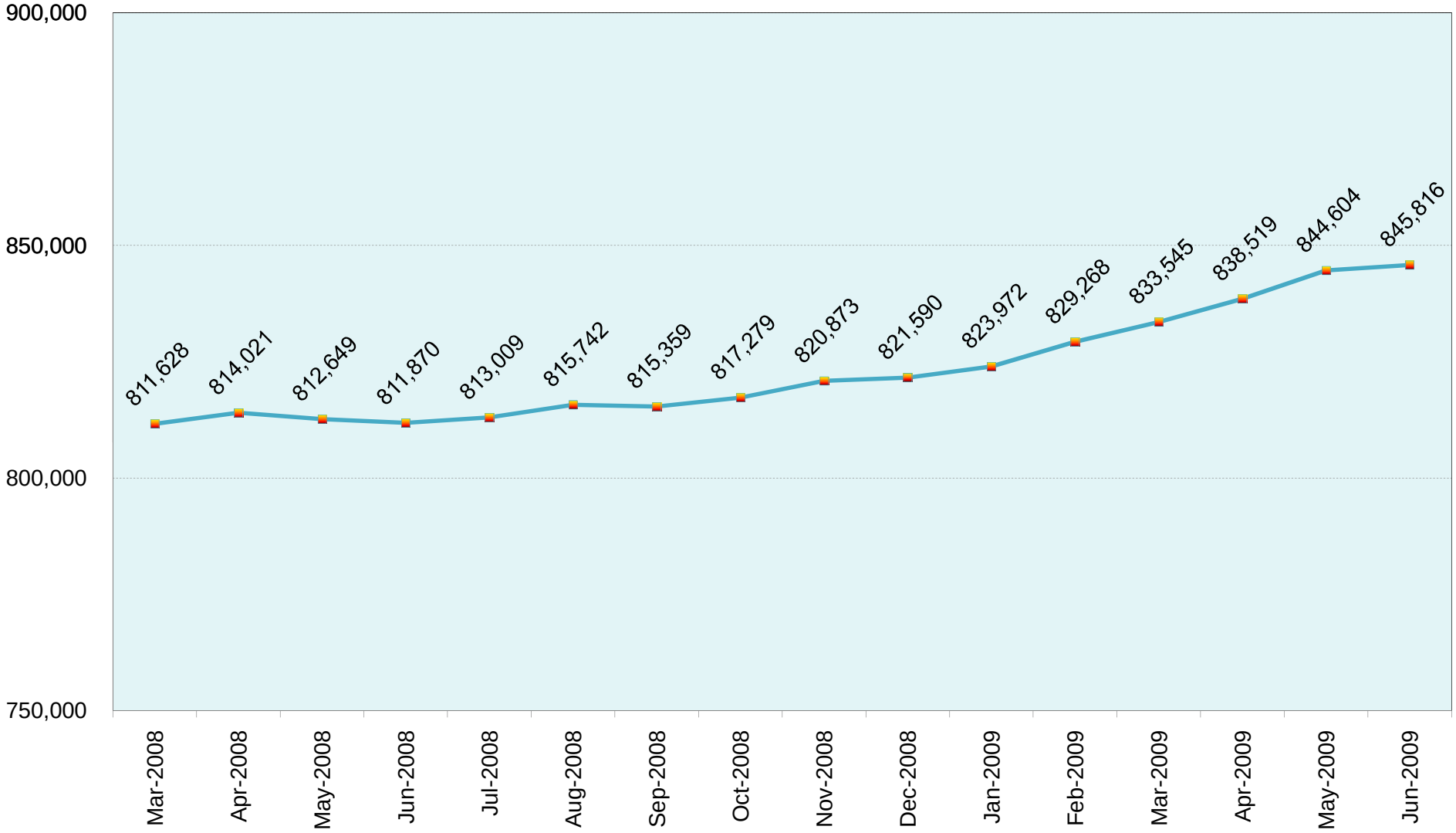
(2) Projected enrollment is based on a six-month average caseload growth through the end of SFY-2009 and SFY-2010 budgeted caseload growth. (Total growth for SFY-2010 was budgeted at 6,317 persons with disabilities and 1,248 seniors.)

(3) Assumed no growth in pregnant women category. Category was experiencing slight decline (.04%) when SFY-2010 budget was submitted.

(4) Growth is due to the addition of Uninsured Women's Health Services eligibility category that began enrolling in January 2009. Based on preliminary trend data, enrollment is expected to grow by 90.5% through June 2010.

Source: Missouri Department of Social Services, Family Support Division/MO HealthNet Division, Monthly Management Report

MoHealthNet Participation



Note: Includes MO HealthNet enrolled children, pregnant women, custodial parents, seniors and persons with disabilities. Does not include women enrolled in Women's Health Services.

Source: DSS
July 2009

FY 2010 Budget for MoHealthNet Oversight Committee

Presented by Marga Hoelscher, CPA

Chief Financial Officer

August 4, 2009

TOTAL MEDICAID ALL AGENCIES
FY 2010

	FY 2010 Appropriations			
	GR	**FED**	**OTHER**	**TOTAL**
Elementary and Secondary Education	0	500,000	2,945,254	3,445,254
Mental Health	214,394,815	428,989,040	18,990,832	662,374,687
Health and Senior Services	181,968,142	343,368,829	450,001	525,786,972
Social Services	1,143,776,413	3,448,642,870	1,861,842,388	6,454,261,671
Total	1,540,139,370	4,221,500,739	1,884,228,475	7,645,868,584

MoHealthNet

New Decision Items

	FY 2010 New Decision Items			
	GR	FED	OTHER	TOTAL
Elementary and Secondary Education	0	0	0	0
Mental Health	23,905,437	61,103,835	175,000	85,184,272
Health and Senior Services	17,938,080	58,945,631	1	76,883,712
Social Services	91,967,321	590,087,681	319,573,648	1,001,628,650
Total	133,810,838	710,137,147	319,748,649	1,163,696,634

MoHealthNet

FY 2010 Mo HealthNet New Decision Items

	General Revenue	Total
PTD/QMB Caseload Growth	$25,170,304	$70,268,857
Managed Care Inflation	$25,171,809	$71,804,403
Medicare Premium Increase	$1,436,403	$4,044,774
Hospice Rate Increase	$142,023	$396,646
NEMT Rate Increase	$950,997	$2,654,932
PACE Rebase	$356,516	$995,300
FMAP Adjustment	$0	$48,721,448
Program Integrity Initiatives	$158,019	$316,038
Pharmacy Reimbursement Allowance	$0	$30,063,600
Federal Reimbursement Allowance	$0	$100,400,000
Clinical Services Enhanced Match	$0	$1,750,000
Hospice Nursing Facility Rate Increase	$0	$3,947,635
Nursing Facility Rate Increase	$0	$25,501,830
Nursing Facility Increase to Tax	$0	$21,251,525

FY 2010 Mo HealthNet New Decision Items

	General Revenue	Total
Hospital Cost to Continue	$10,000,000	$27,917,365
Managed Care GR Tax Replacement	$17,331,250	$17,331,250
Health Care Technology Fund Replacement	$0	$2,187,500
Pharmacy PMPM Increase	$0	$71,558,753
Pharmacy Clawback	$10,000,000	$10,000,000
Enhanced In-Patient Precertification	$0	$2,500,000
Ambulance Increase (New Tax)	$0	$25,554,311
CPE Safety Net Reconciliation	$0	$179,200,000
Dental Rate Increase	$1,250,000	$3,489,671
Total	$91,967,321	$721,855,838

Rhonda A. Driver

Director of Pharmacy

Rhonda Driver currently is the Director of Pharmacy for the MO HealthNet Pharmacy Program (formerly Missouri Medicaid). A native of Central Illinois, Rhonda earned her pharmacy degree from St. Louis College of Pharmacy and currently resides in Jefferson City, Missouri. Her role as the Director of Pharmacy includes being primary back up to the MO HealthNet Division Deputy Director of Clinical Services, for the day-to-day administrative activities of the Pharmacy Program. As the Division's primary source of clinical expertise, Rhonda is responsible for the creation and maintenance of the program's clinical editing tools; including developing prior authorization and clinical edits, continued expansion of the Preferred Drug List, performing evidence-based therapeutic class reviews, development and implementation of clinical and technological programs, and evaluating patient care plans to encourage appropriate medication utilization and identify medical necessity. Rhonda is also responsible for the clinical presentations at all Division Advisory Group meetings.

Rhonda has practiced pharmacy in both hospital and retail settings, and brings retail pharmacy management experience to the program. A married, mother of three, she has been with the MO HealthNet Pharmacy Program since 2002.

ASO Transition

Oversight Committee

August 4, 2009

Rhonda Driver, R.Ph.
Director of Pharmacy
MO HealthNet Division

MoHealthNet

Missouri Department of SOCIAL SERVICES

Program History and Timeline

- Chronic Care Improvement Program (CCIP) began enrolling participants in November 2006
- Patient management began January 2007
- General ASO Enrollment began in June 2008
- ASO program eliminated 2009
- CCIP is the Division's primary care management initiative

CCIP Targeted Diseases

- 5 Targeted Disease States
  - Asthma/COPD
  - Diabetes
  - Cardiovascular Disease
  - GERD
  - Sickle Cell Disease

Disease Management Level

- Moderate Risk Stratification
- Disease-driven focus with patient empowerment and education
- Contact and re-assessment every 90 days
- POC should establish both short and long term goals
- Objective are to monitor health status and potential changes in need

Case Management Level

- High Level Stratification
- Frequent RN Case Manager Contact
  - At least once monthly
- Includes general and disease specific assessment tools
- Suggests goals for case management
- Highlights problems
- Tracks key milestones and suggests interventions to prevent failures

Current CCIP Eligibles

- Current CCIP eligibles
  - APS = 156,764
  - NW Region = 10,681
- Former ASO Participants
  - 188,678 received disenrollment letters
  - APS = 160,146
  - NW Region = 28,532

Notification Process

- All received notification letters
- Former ASO participants “let down softly”
  - In some cases still taking calls
  - Referring them back to PCP
- System Changes
  - No longer eligible in Care Connection (applies to both vendors)
  - No longer able to approve POCs

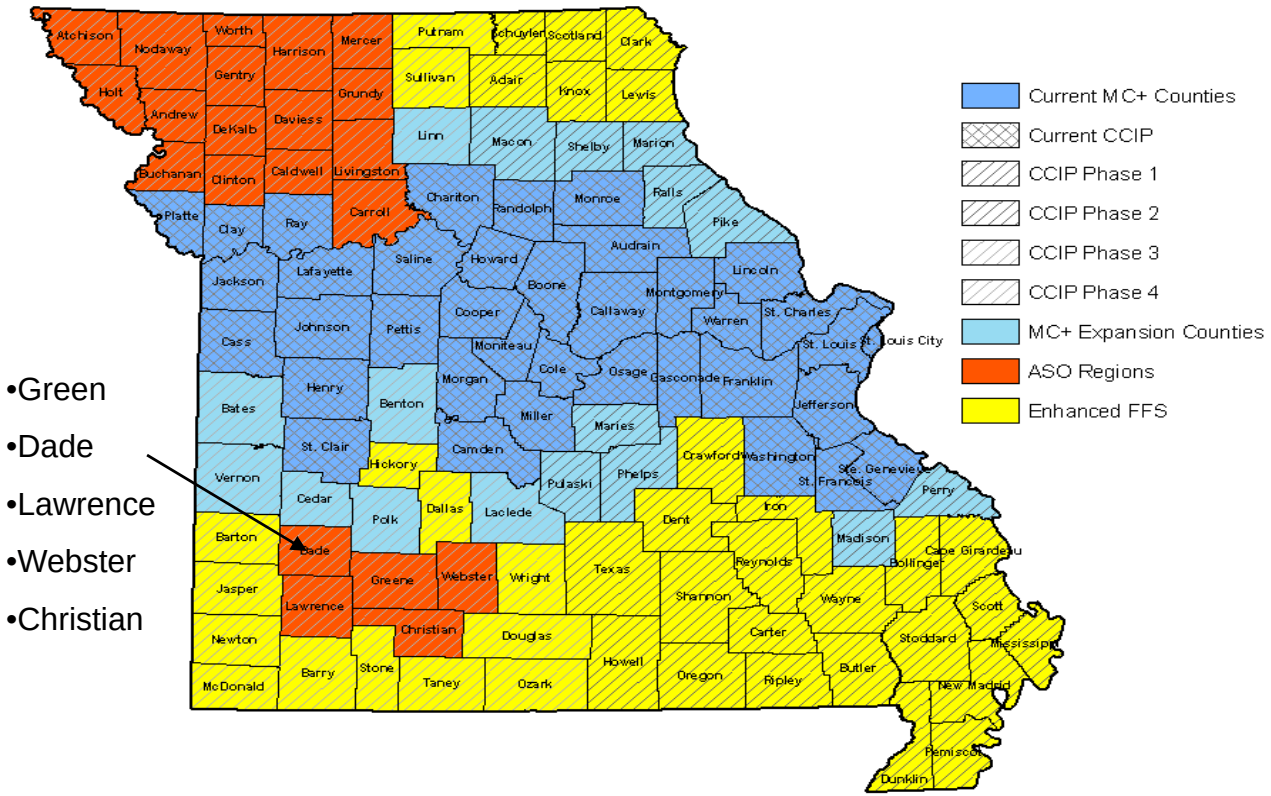
CyberAccess – CQM Tool

- Enhanced Fee-For-Service Model
  - All others not managed by CCIP
- Care & Quality Manager – CyberAccess Expansion Tool
  - Allows monitoring of clinical quality measures
  - Episodes of Care
  - Compliance with preventative care measures
  - Allows comparisons to benchmarks

Enhanced Fee-For-Service

- Empowering provider base with clinical information
  - Identification of gaps in care
  - Predictive modeling to identify deficiencies
  - Following variations of best practices
  - Coordinating patient discharge information
  - Medication adherence ratios
- Increase call center support

CCIP Ongoing



- Green
- Dade
- Lawrence
- Webster
- Christian

Discussion

- Questions

Thank you!

Missouri Health Information Exchange
Regional Discussion Meetings

The American Recovery and Reinvestment Act (ARRA) of 2009 provides a unique opportunity for Missouri to access federal funds through competitive grants and entitlement funding. This funding can be used to plan, design and implement a health information exchange that will encourage the adoption and use of electronic health records and allow for the exchange of health information across institutions and providers.

The Missouri Departments of Social Services and Health and Senior Services, along with the Missouri Foundation for Health (MFH) and the Health Care Foundation of Greater Kansas City (HCF) see these funds and this effort as one of the first concrete, visible steps toward meaningful health care reform.

We would like to invite your organization to participate in one of the following discussion sessions. Space is limited. To be inclusive of the many interested Missouri organizations, we request advance registration and will limit participation to two individuals per organization. The agenda and discussion questions will be shared with registered participants prior to the meetings.

SAINT LOUIS
August 7, 2009
Central Reform Congregation
5020 Waterman Ave., St. Louis, MO 63108
1:00 - 3:00 p.m.
Register: Christine Raborn at
craborn@mffh.org or 314-345-5576

KANSAS CITY
August 11, 2009
Kauffman Foundation
4801 Rockhill Road, Kansas City, MO 64110
1:00 - 3:00 p.m.
Register: Melanie Patek at 816-241-7006
or mpatek@healthcare4kc.org

CAPE GIRARDEAU
August 14, 2009
Show Me Center
1333 N Sprigg St., Cape Girardeau, MO 63701
1:00 - 3:00 p.m.
Register: Christine Raborn at
craborn@mffh.org or 314-345-5576

COLUMBIA
August 17, 2009
Activity and Recreation Center (ARC)
1707 W Ash Street, Columbia, MO 65203
9:00 - 11:00 a.m.
Register: Christine Raborn at
craborn@mffh.org or 314-345-5576

KIRKSVILLE
August 17, 2009
TCRC - Missouri University Extenstion
315 S. Franklin Street, Kirksville, MO 63501
2:00 - 4:00 p.m.
Register: Christine Raborn at
craborn@mffh.org or 314-345 -5576

SPRINGFIELD
August 26, 2009
Community Foundation of the Ozarks
425 E. Trafficway, Springfield, MO 65806
1:00 - 3:00 p.m.
Register: Christine Raborn at
craborn@mffh.org or 314-345-5576

We look forward to hearing from you. Your input is crucial to the success of Missouri's ARRA grant application, and ultimately to the success of health care reform in Missouri.

Missouri Department of SOCIAL SERVICES
Your Potential. Our Support.

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES dhss

Sponsored by the Missouri Departments of Social Services and Health and Senior Services - Director Ron Levy and Director Margaret Donnelly.
Hosted by the Missouri Foundation for Health and the Health Care Foundation of Greater Kansas City

Hospice Location of Services

Location	Participant Count
Left Nursing Home*	1,599
Skilled Nursing Facility	22,246
ICF	75
ICF/MR	10
Home	6,776
Total Participants	**30,706**

*These are participants who had been in a nursing home, but left during the lock-in to hospice.

Average Length of Hospice by Diagnosis

DX		AVERAGE HOSPICE DAYS	USAGE %
4294	HRT DIS POSTCARDIAC SURG	1517	0.0421%
3592	MYOTONIC DISORDERS	841	0.0234%
43400	CRBL THRMBS WO INFRCT	780	0.0217%
2750	DIS IRON METABOLISM	714	0.0198%
20148	HODG LYMPH-HISTIO MULT	712	0.0198%
4959	ALLERG ALVEOL/PNEUM NOS	678	0.0188%
2383	UNC BEHAV NEO BREAST	668	0.0371%
5793	INTEST POSTOP NONABSORB	636	0.0353%
4039	BEN HYP RENAL W REN FAIL	620	0.0172%
72888	RHABDOMYOLYSIS	578	0.0160%
57140	CHRONIC HEPATITIS NOS	574	0.0159%
1416	MAL NEO LINGUAL TONSIL	560	0.0155%
20205	NODULAR LYMPHOMA INGUIN	537	0.0149%
75651	OSTEOGENESIS IMPERFECTA	520	0.0289%
432	INTRACRANIAL HEM NEC/NOS*	518	0.0144%
V1041	HX-CERVICAL MALIGNANCY	498	0.0138%
2048	LYMPHOID LEUKEMIA NEC*	493	0.0137%
23772	NEUROFIBROMATOSIS TYP II	491	0.0273%
4464	WEGENER'S GRANULOMATOSIS	484	0.0134%
2559	ADRENAL DISORDER NOS	468	0.0130%
2127	BENIGN NEOPLASM HEART	451	0.0125%
3438	CEREBRAL PALSY NEC	448	0.0373%
59010	AC PYELONEPHRITIS NOS	444	0.0370%
7812	ABNORMALITY OF GAIT	428	0.0119%
1982	SECONDARY MALIG NEO SKIN	412	0.0114%
33391	STIFF-MAN SYNDROME	411	0.0456%
1882	MAL NEO BLADDER-LATERAL	409	0.0114%
40493	HYPRTNSV HRT&KIDNEY DIS,UNSPEC,W/HRT FAIL W/KIDNEY DIS STAGE V-END	406	0.0225%
4259	SECOND CARDIOMYOPATH NOS	403	0.0224%
1905	MALIGN NEOPL RETINA	396	0.0110%

4374	CEREBRAL ARTERITIS	362	0.0101%
1721	MALIG MELANOMA EYELID	361	0.0100%
2809	IRON DEFIC ANEMIA NOS	360	0.0100%
1974	SEC MALIG NEO SM BOWEL	357	0.0099%
1514	MAL NEO STOMACH BODY	354	0.0098%
250	DIABETES MELLITUS	350	0.0485%
2381	UNC BEHAV NEO SOFT TISSU	349	0.0194%
1530	MAL NEO HEPATIC FLEXURE	340	0.0189%
73018	CHR OSTEOMYELIT NEC	339	0.0094%
4370	CEREBRAL ATHEROSCLEROSIS	336	0.0373%
1835	MAL NEO ROUND LIGAMENT	333	0.0092%
4373	NONRUPT CEREBRAL ANEURYM	330	0.0092%
20490	UNSPECIFIED LYMPHOID LEUKEMIA, W/O MENTION OF ACHIEVING REMISSION	326	0.0181%
29383	MOOD DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE	314	0.0262%
4320	NONTRAUM EXTRADURAL HEM	308	0.0513%
1613	MAL NEO CARTILAGE LARYNX	304	0.0337%
4350	BASILAR ARTERY SYNDROME	300	0.0083%
5853	CHRONIC KIDNEY DISEASE, STAGE III (MODERATE)	300	0.0083%
8058	VERTEBRAL FX NOS-CLOSED	300	0.0083%
6258	FEM GENITAL SYMPTOMS NEC	293	0.0081%
2375	UNC BEH NEO BRAIN/SPINAL	290	0.0241%
1211	CLONORCHIASIS	288	0.0080%
20420	SUBACUTE LYMPHOID LEUKEMIA, W/O MENTION OF HAVING ACHIEVED REMISSION	288	0.0080%
7990	ASPHYXIA	288	0.0160%
2966	BIPOLAR AFFECTIVE, MIXED*	286	0.0079%
3301	CEREBRAL LIPIDOSES	284	0.0079%
1461	MAL NEO TONSILLAR FOSSA	283	0.0157%
1535	MALIGNANT NEO APPENDIX	281	0.0312%
35801	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	280	0.0078%
5602	VOLVULUS OF INTESTINE	275	0.0076%
7810	ABN INVOLUN MOVEMENT NEC	265	0.0074%
2333	CA IN SITU FEM GEN NEC	262	0.0073%
73000	AC OSTEOMYELITIS-UNSPEC	262	0.0073%
85400	BRAIN INJURY NEC	261	0.0145%

HOSPICE LOCK-IN PARTICIPANTS TOTAL DOLLARS BY PROVIDER TYPE AND YEAR

PROV TYPE	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
General Hospital	$343,559.67	$637,817.14	$728,522.77	$784,462.44	$724,938.88
Nursing Home	$96,689.32	$224,797.53	$120,882.84	$149,850.73	$247,272.83
Targeted Case Management	$23,225.62	$21,638.07	$33,338.09	$39,431.28	$30,399.96
Targeted Case Management-Foster Care	$0.00	$0.00	$0.00	$222.00	$0.00
Physician, MD	$62,342.90	$60,500.25	$44,821.58	$42,856.86	$35,771.45
Physician, DO	$19,658.58	$15,634.82	$11,248.83	$8,584.95	$6,969.94
Personal Care	$1,121,105.37	$1,097,217.90	$1,358,342.78	$1,484,654.28	$1,659,758.50
Aged & Disabled Waiver	$857,824.38	$1,067,440.72	$1,170,041.32	$1,384,055.37	$1,445,851.01
Adult Day Health Care	$1,801.80	$15,576.28	$1,950.16	$1,894.80	$15,779.72
Podiatrist	$11,373.84	$11,915.10	$11,204.75	$9,466.13	$9,291.00
Optometrist	$8,517.18	$6,386.97	$7,887.54	$1,910.86	$3,879.74
Optician	$1,103.98	$398.50	$1,705.72	$1,457.87	$848.87
Audiologist	$3,257.23	$831.09	$147.98	$2,630.00	$1,057.00
Hearing Aid Dealer/Fitter*	$1,182.49	$1,203.95	$1,164.52	$0.00	$0.00
Podiatry Clinic**	$5,024.20	$6,645.52	$4,496.57	$0.00	$0.00
Dentist	$28,799.60	$29,202.34	$37,012.31	$34,775.54	$37,150.51
Advance Practice Nurse	$4,643.90	$5,558.90	$3,910.27	$3,958.73	$3,281.25
Occupational Therapy	$0.00	$100.00	$0.00	$0.00	$0.00
Physical Therapy	$0.00	$325.00	$0.00	$0.00	$0.00
Psychology, Social Worker, Professional Counselor	$1,046.39	$5,120.06	$5,706.65	$4,487.35	$7,234.91
Independent Clinic	$116,151.05	$198,119.93	$306,966.20	$391,321.11	$450,805.71
Public Health	$55.00	$57.90	$91.09	$23.00	$139.25
Professional Clinic Optometry***	$2,392.55	$4,529.17	$3,377.32	$0.00	$0.00
Teaching Institution-Department	$2,349.01	$6,363.36	$8,701.74	$15,507.04	$21,308.38
Teaching Institution	$5,591.15	$8,882.08	$15,955.66	$23,932.78	$22,313.52
Community Mental Health Center	$115.00	$149.23	$759.40	$906.04	$673.13
Rehabilitation Center	$791.09	$50.78	$0.00	$154.81	$182.19
Home Health Agency	$538.21	$449.16	$276.24	$890.74	$962.25
Rural Health Clinic	$19,382.78	$36,564.58	$46,287.19	$69,792.98	$81,506.99
Pharmacy	$3,317,641.13	$3,338,902.43	$574,283.29	$652,748.81	$689,944.07
Durable Medical Equipment	$58,777.99	$51,745.77	$66,958.99	$93,516.31	$125,386.25
Non-Emergency Medical Transportation	$40,697.41	$91,507.13	$191,440.70	$230,195.99	$252,491.03
Independent Laboratory	$5,409.29	$4,524.72	$6,806.83	$9,480.71	$10,549.82
Independent X-Ray Service	$17,395.92	$23,075.01	$31,426.38	$39,694.71	$40,253.90
QMB	$166.93	$598.87	$575.57	$230.96	$730.58
Ambulance	$57,216.38	$78,162.56	$90,290.33	$114,105.62	$122,802.84
Health Plans	$1,841.34	$7,270.53	$0.00	$0.00	$1,134.69
Hospice	$36,381,837.69	$45,049,656.96	$52,694,962.22	$60,162,829.41	$65,570,894.55
Community-Based MR	$75,852.79	$147,234.41	$237,677.71	$504,430.64	$277,384.88

Alcohol & Drug Rehabilitation	$0.00	$4,416.93	$0.00	$0.00	$621.48
Community Psychiatric Rehabilitation	$34,027.83	$36,481.84	$35,894.94	$19,179.29	$22,931.33
Certified Registered Nurse Anesthetist	$100.19	$193.98	$78.80	$0.00	$0.00
Private Duty Nursing Care	$99,836.42	$35,622.55	$152,417.43	$207,051.39	$219,772.57
TOTAL	**$42,829,323.60**	**$52,332,870.02**	**$58,007,612.71**	**$66,490,691.53**	**$72,142,274.98**
Participant Count	6452	7479	7896	8392	8588
Cost/participant	**$6,638.15**	**$6,997.31**	**$7,346.46**	**$7,923.10**	**$8,400.36**

*Hearing Aid Dealer/Fitter changed to Audiologist effective January 1, 2007

**Podiatry Clinic changed to Independent Clinic effective January 1, 2007

***Professional Clinic Optometry changed to Independent Clinic effective January 1, 2007

CHRISTIAN SINCLAIR, MD, FAAHPM

Dr. Sinclair is an associate medical director and has been with Kansas City Hospice and Palliative Care since 2004.

He completed his medical degree at the University of California, San Diego, before his internal medicine residency and palliative medicine fellowship in Winston-Salem, N.C. He is board-certified in internal medicine and in hospice and palliative medicine. Dr. Sinclair is the site director of the KU Palliative Medicine Fellowship and is an award winning blogger for his work on Pallimed.

Hospice & Palliative Care

August 4, 2009

Christian Sinclair, MD, FAAHPM

Kansas City Hospice & Palliative Care

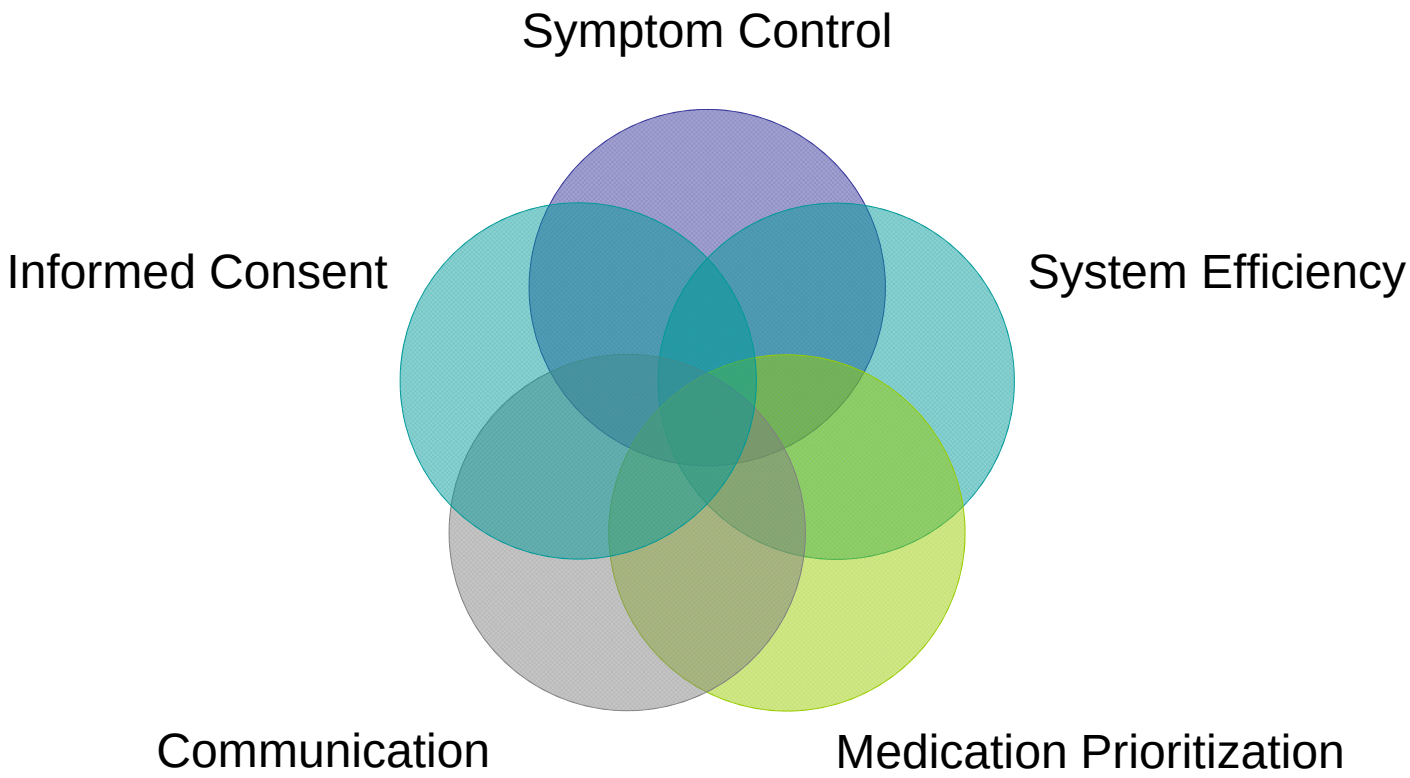

90 million Americans are living with a life-threatening illness…


And the number is expected
to double in the next 25 years.

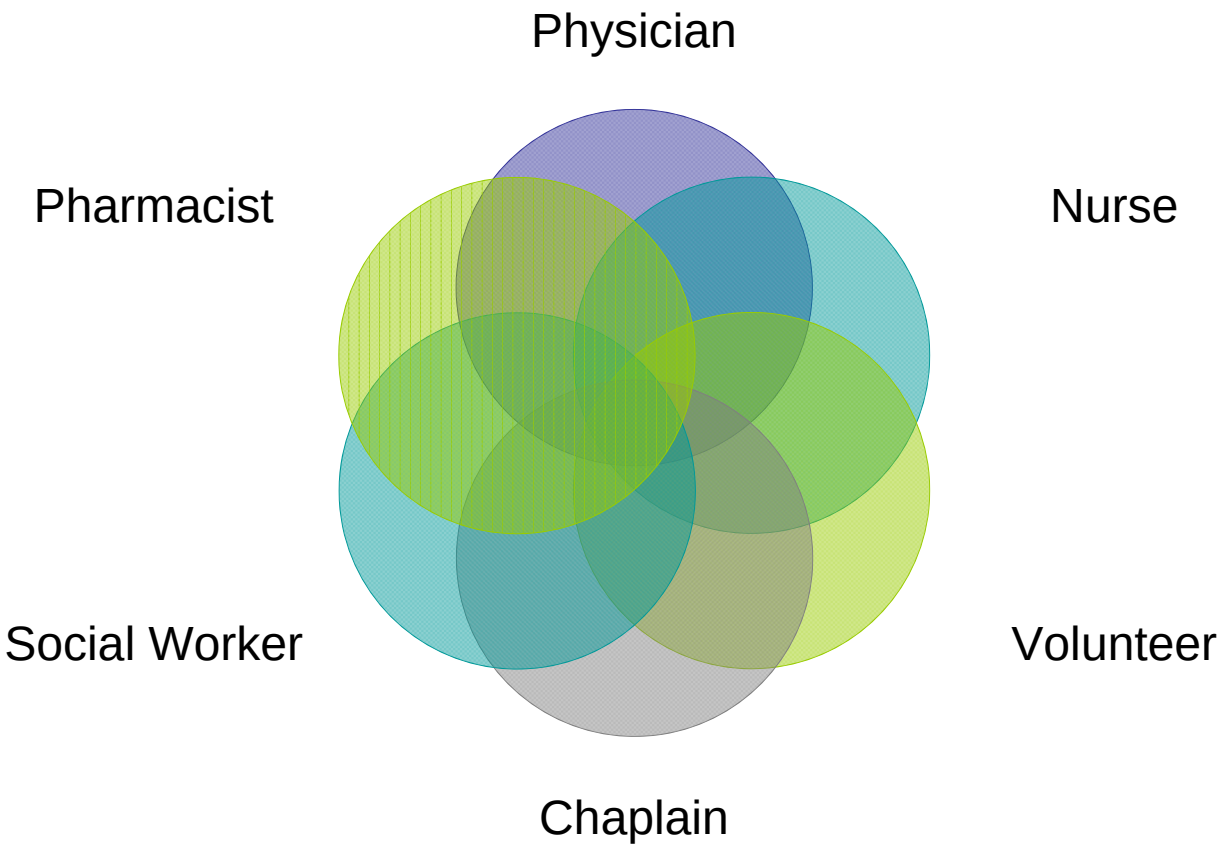

Pain Center


PALLIATIVE
CARE

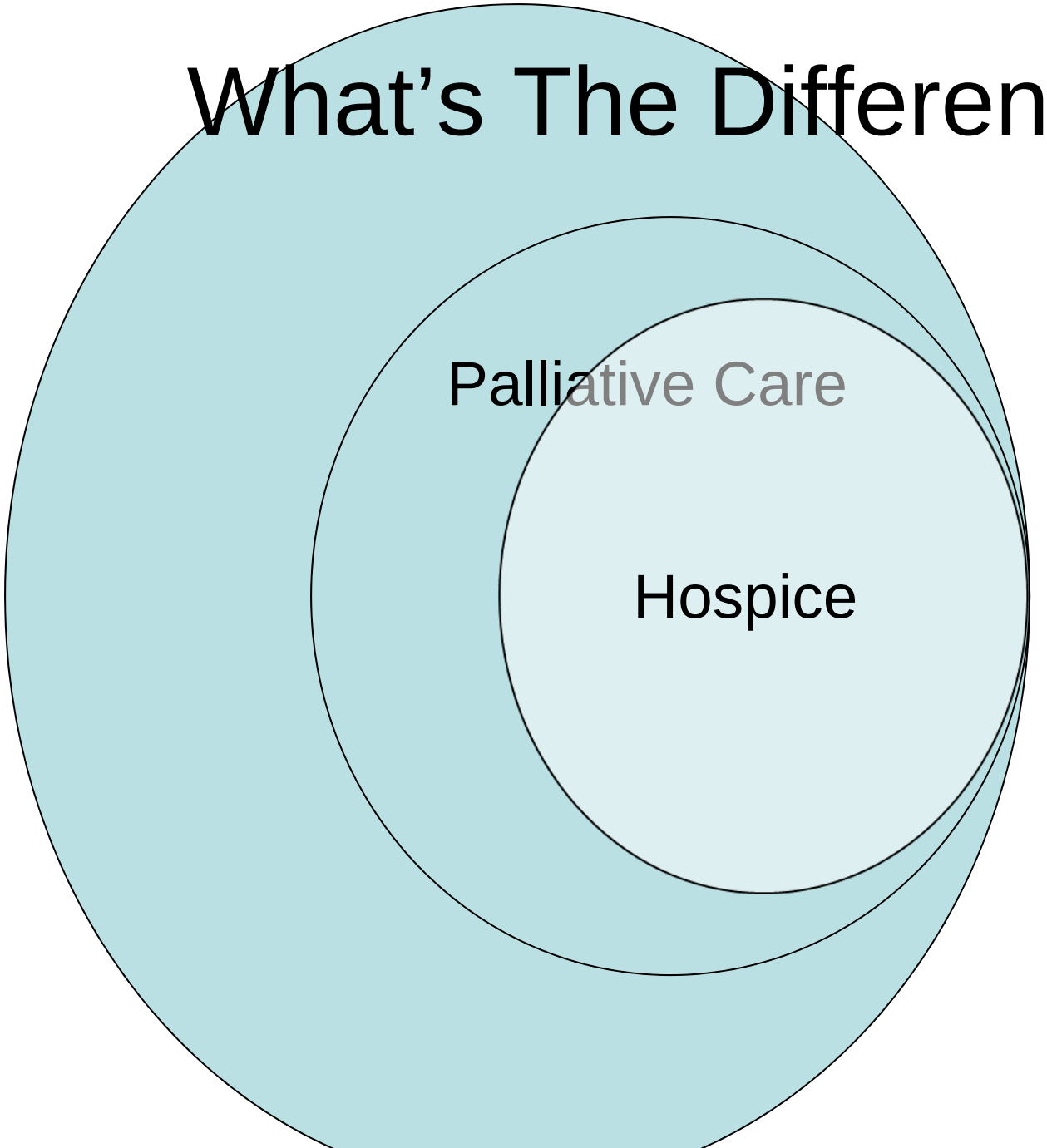
Hospice & Palliative Care

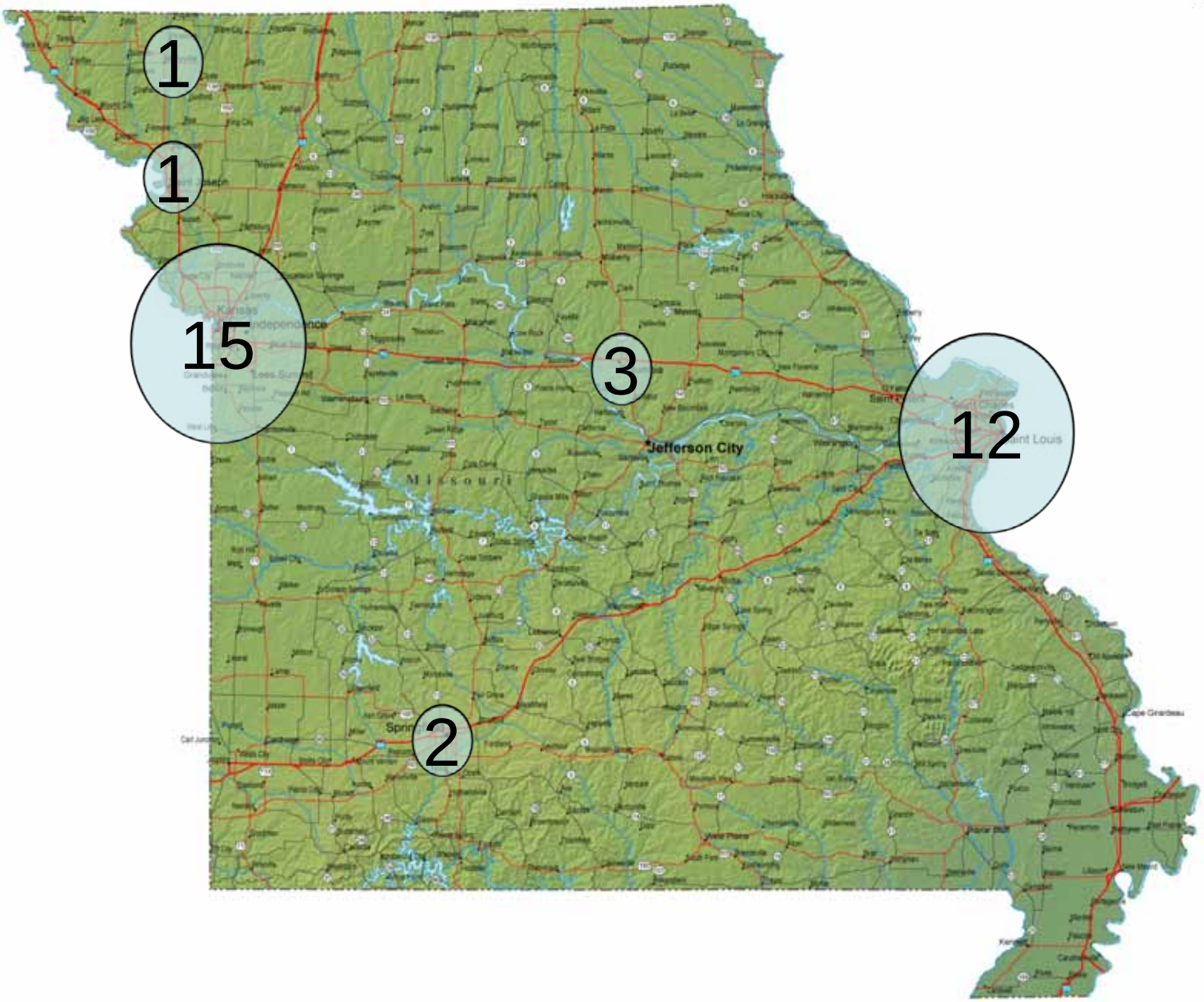


Trans-disciplinary Team



What's The Difference?

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Jefferson City
Missouri

National Hospice and Palliative Care Organization

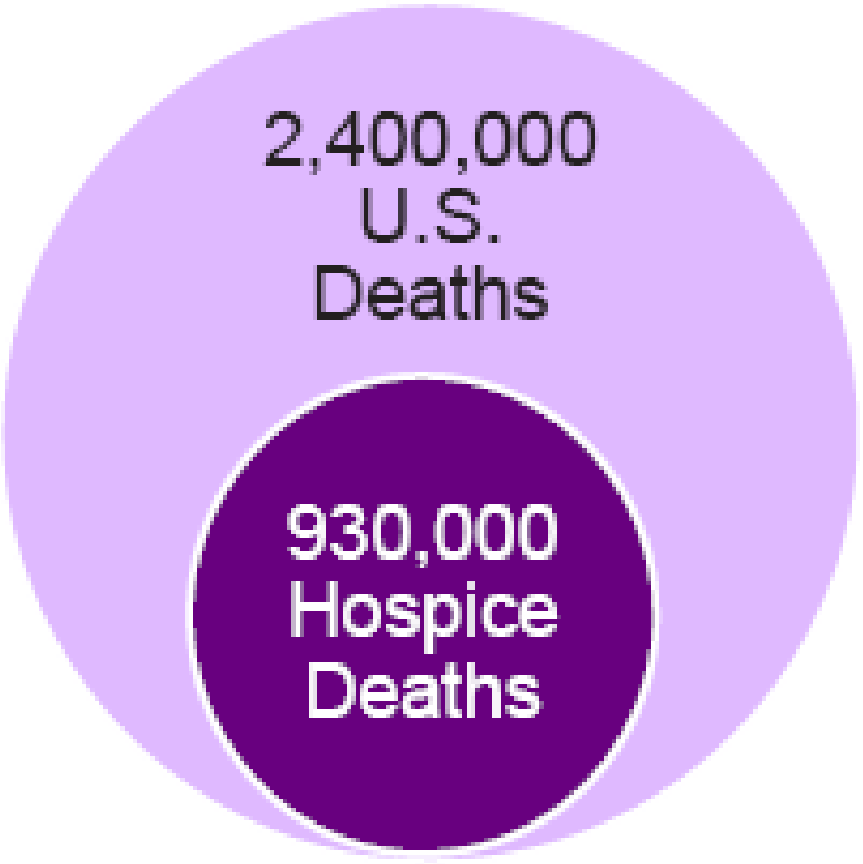
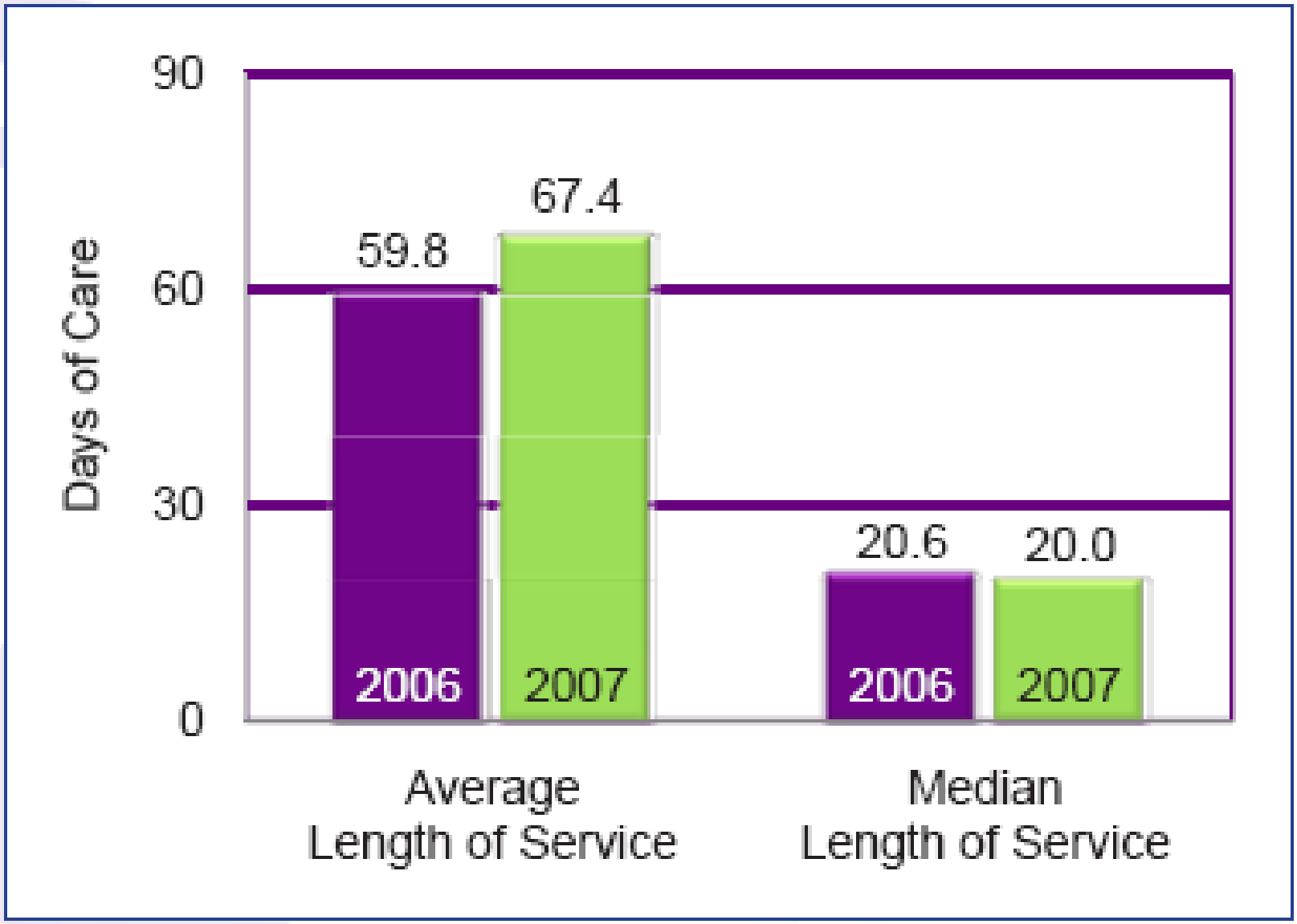


Figure 3. Hospice Utilization in U.S.


90
60
30
0
Days of Care
59.8
67.4
20.6
20.0
2006
2007
2006
2007
Average
Length of Service
Median
Length of Service

Location of Death	2007	2006
Patient's Place of Residence	70.3%	74.1%
Private Residence	42.0%	47.1%
Nursing Facility	22.8%	22.5%
Residential Facility	5.5%	4.6%
Hospice Inpatient Facility	19.2%	17.0%
Acute Care Hospital	10.5%	8.8%

Table 3. Percentage of Hospice Patients by Age

Patient Age Group	2007	2006
Less than 35 Years	0.9%	0.9%
35 – 64 Years	16.5%	17.3%
65 – 74 Years	16.2%	17.1%
75 – 84 Years	30.0%	31.4%
85 + Years	36.6%	33.2%

Patient Race	2007	2006
Caucasian	81.3%	80.9%
Multiracial or Other Race	7.8%	8.8%
Black / African American	9.0%	8.2%
Asian, Hawaiian, or Other Pacific Islander	1.6%	1.8%
American Indian or Alaskan Native	0.3%	0.3%

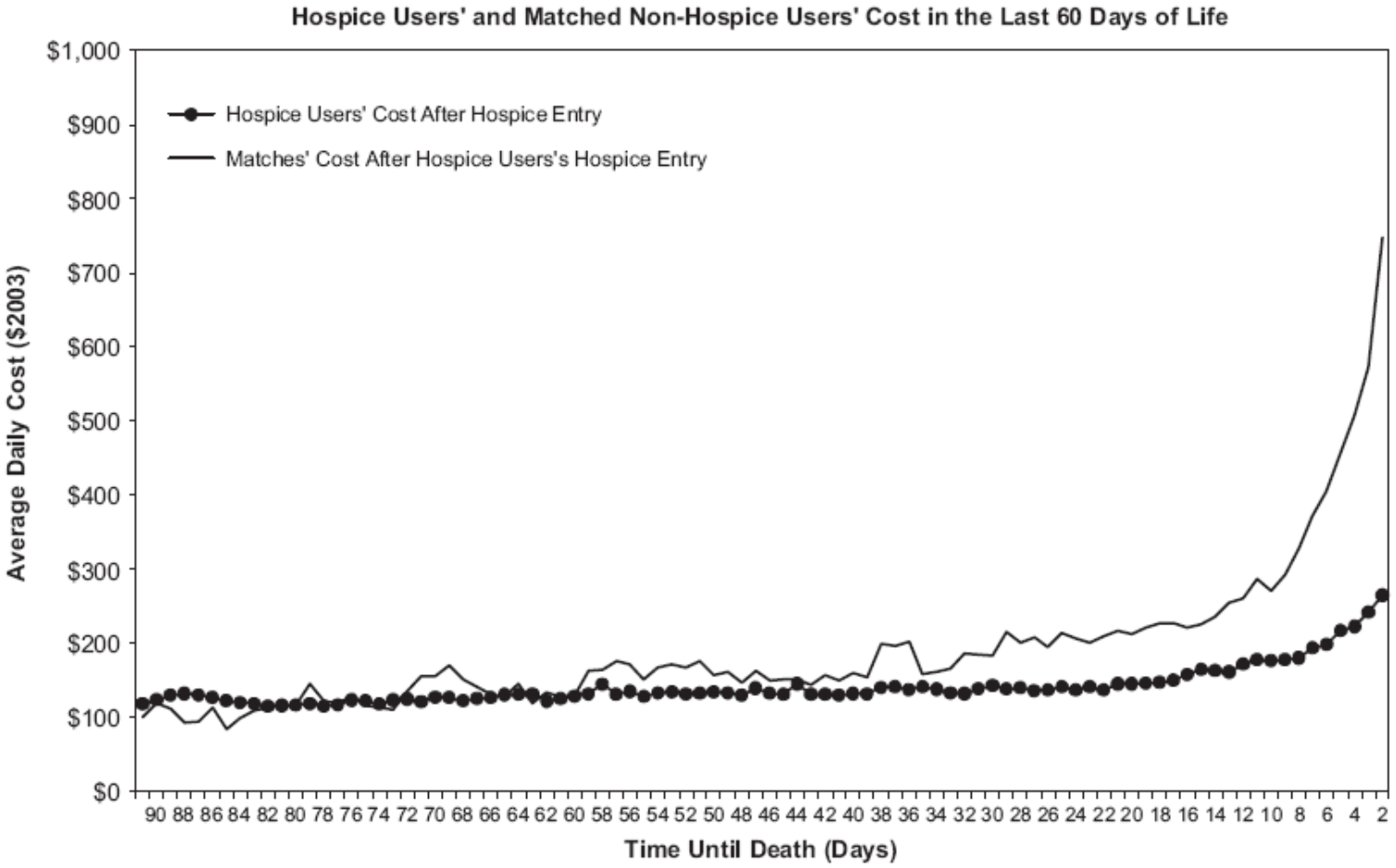
Primary Diagnosis	2007	2006
Cancer (malignancies)	41.3%	44.1%
Non-Cancer Diagnoses	58.7%	55.9%
Heart Disease	11.8%	12.2%
Debility Unspecified[5]	11.2%	11.8%
Dementia, including Alzheimer's Disease	10.1%	10.0%
Lung Disease, including Chronic Obstructive Pulmonary Disease	7.9%	7.7%
Stroke or Coma	3.8%	3.4%
Kidney Disease, including End Stage Renal Disease	2.6%	2.9%
Motor Neuron Diseases, including ALS	2.3%	2.0%
Liver Disease	2.0%	1.8%
HIV / AIDS	0.6%	0.5%
Other Diagnoses	6.5%	3.7%

Table 10. Percentage of Patient Care Days by Payer

Payer	2007	2006
Hospice Medicare Benefit	87.0%	87.7%
Private Insurance	4.8%	5.3%
Hospice Medicaid Benefit	4.5%	4.8%
Other Payment Sources	3.7%	2.2%

Source / Performance Measure	2007
Family Evaluation of Hospice Care	
Hospice team clearly explained plan of care (% Yes)	96.6%
Rating of care patient received while under care of hospice (% Excellent)	75.7%
Hospice response to evening / weekend needs (% Excellent)	66.0%
Family Evaluation of Bereavement Services	
How well caregiver needs were met by bereavement team in post-death year (% Very Well)	75.8%
End Result Outcome Measures	
Patient's pain brought to a comfortable level within 48 hours of admission to hospice (% Yes)	71.0%

Reduces Medicare Costs



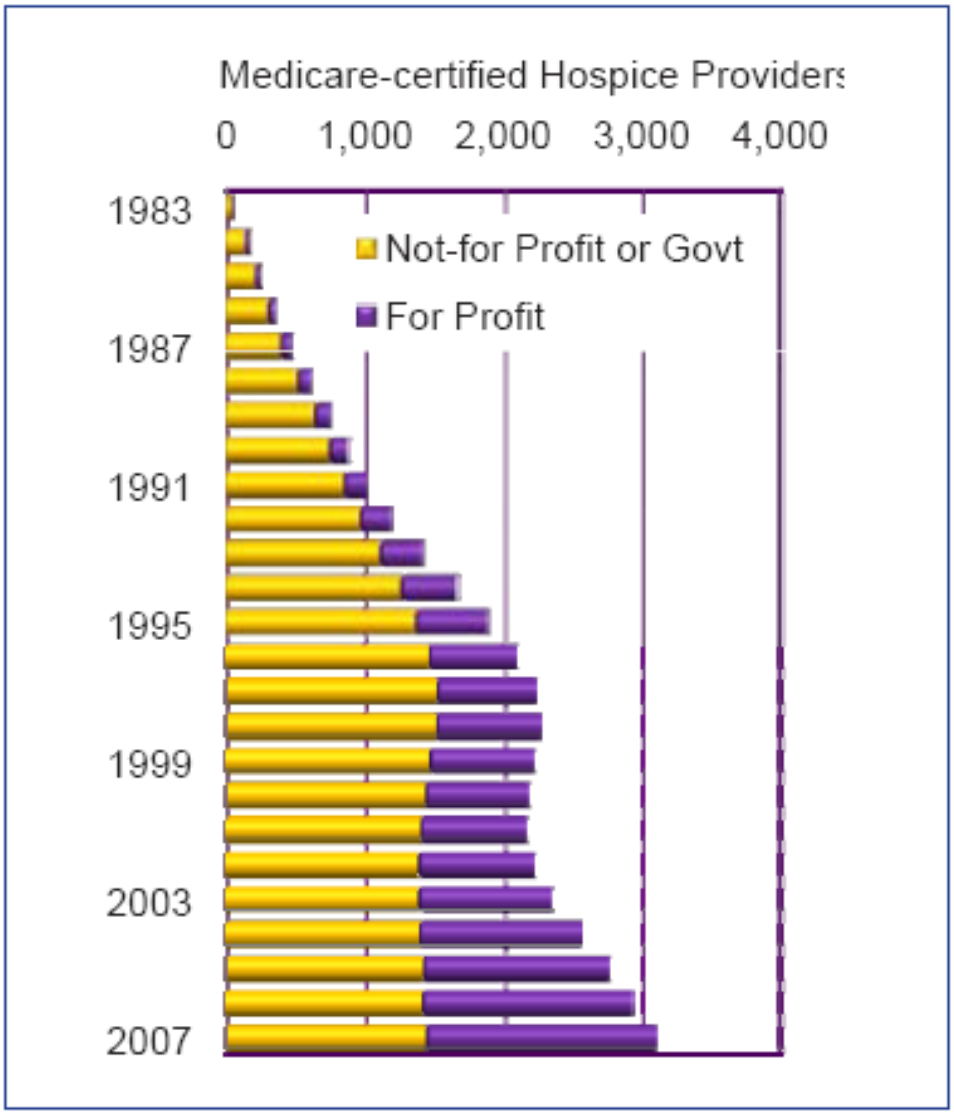


Figure 8. Growth in For Profit Hospice Providers

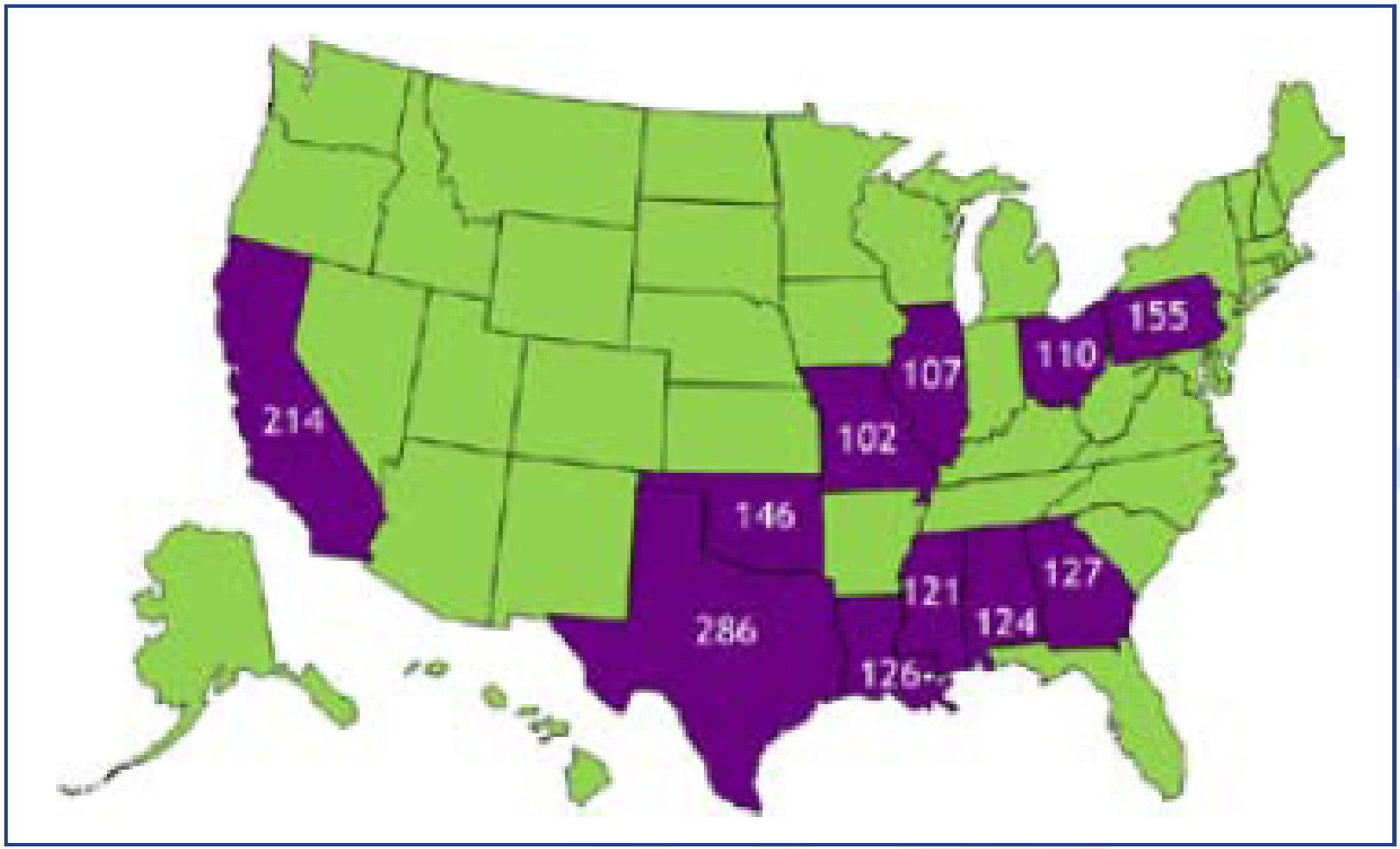


Figure 9. States With More Than 100 Medicare-certified Hospice Providers in 2007

	# of Hospices	Pop Rank	Pop (mil)	Pop (k) / Hospice
CA	214	1	37	173
IL	107	6	12.9	121
OH	110	7	11.5	104
TX	286	2	24	84
PA	155	6	12.5	81
GA	127	9	9.7	76
USA	4000		281	70
MO	102	18	5.9	58
AL	124	23	4.6	37
LA	126	25	4.4	35
OK	146	29	3.6	25
MS	121	32	2.9	24

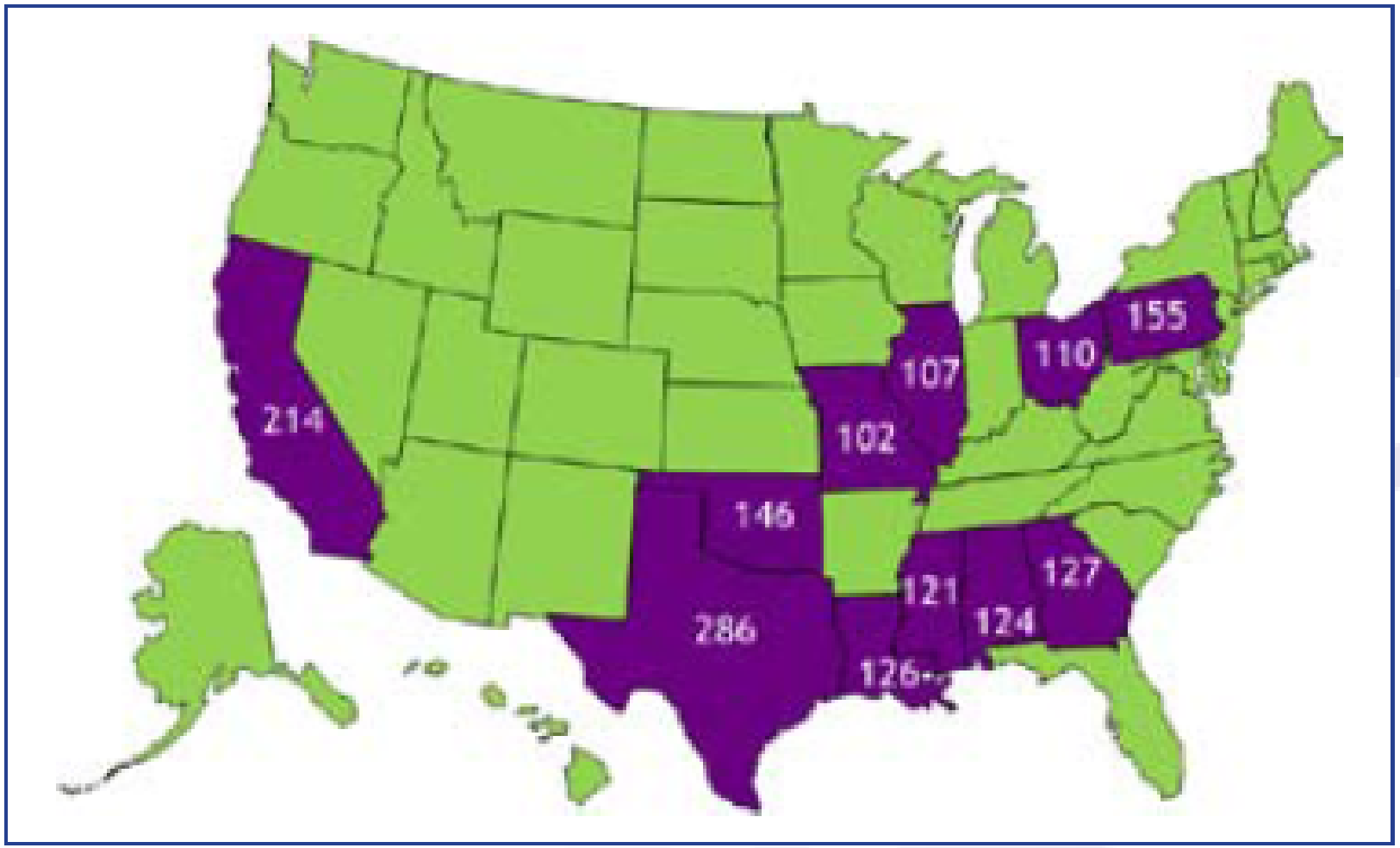
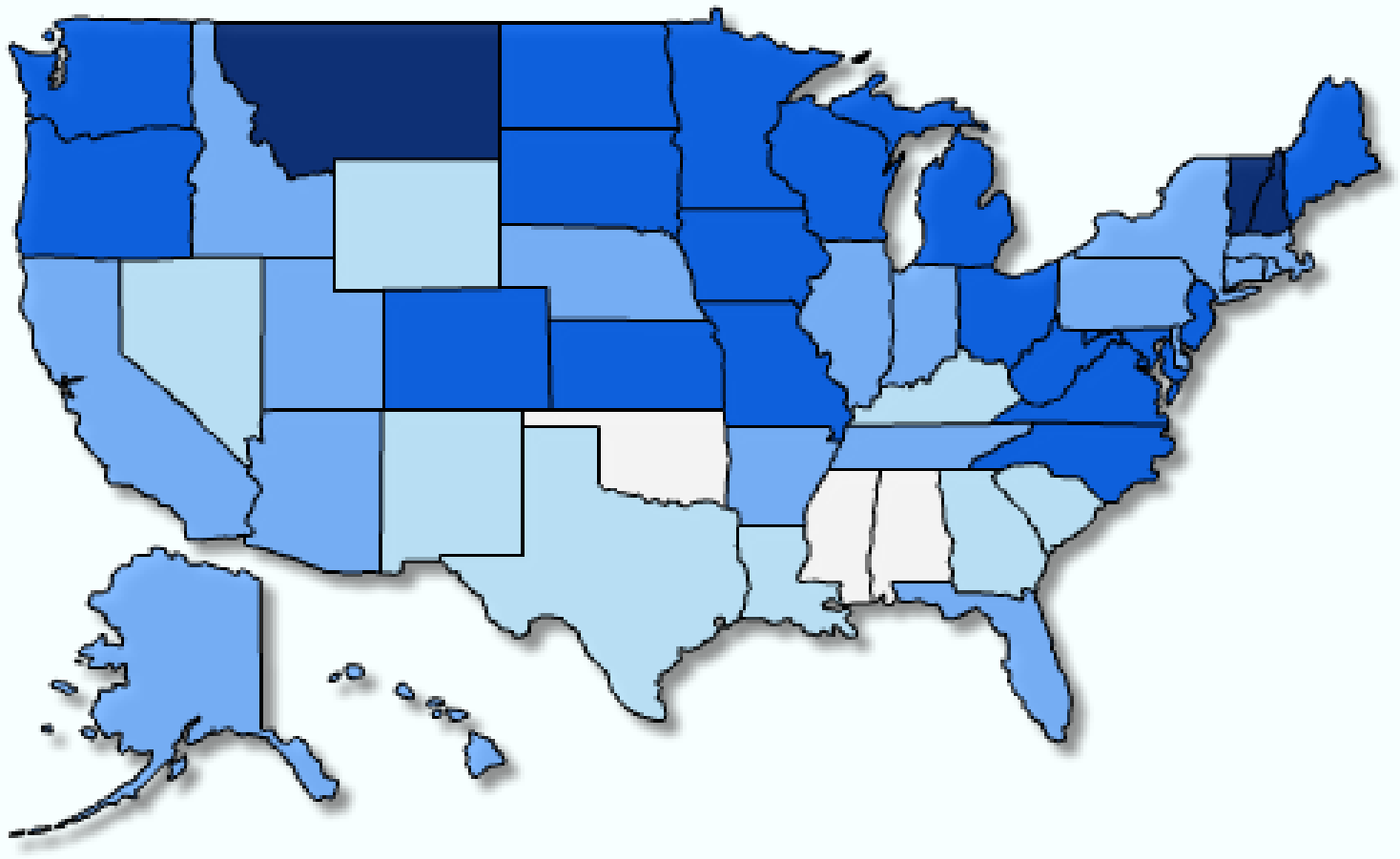
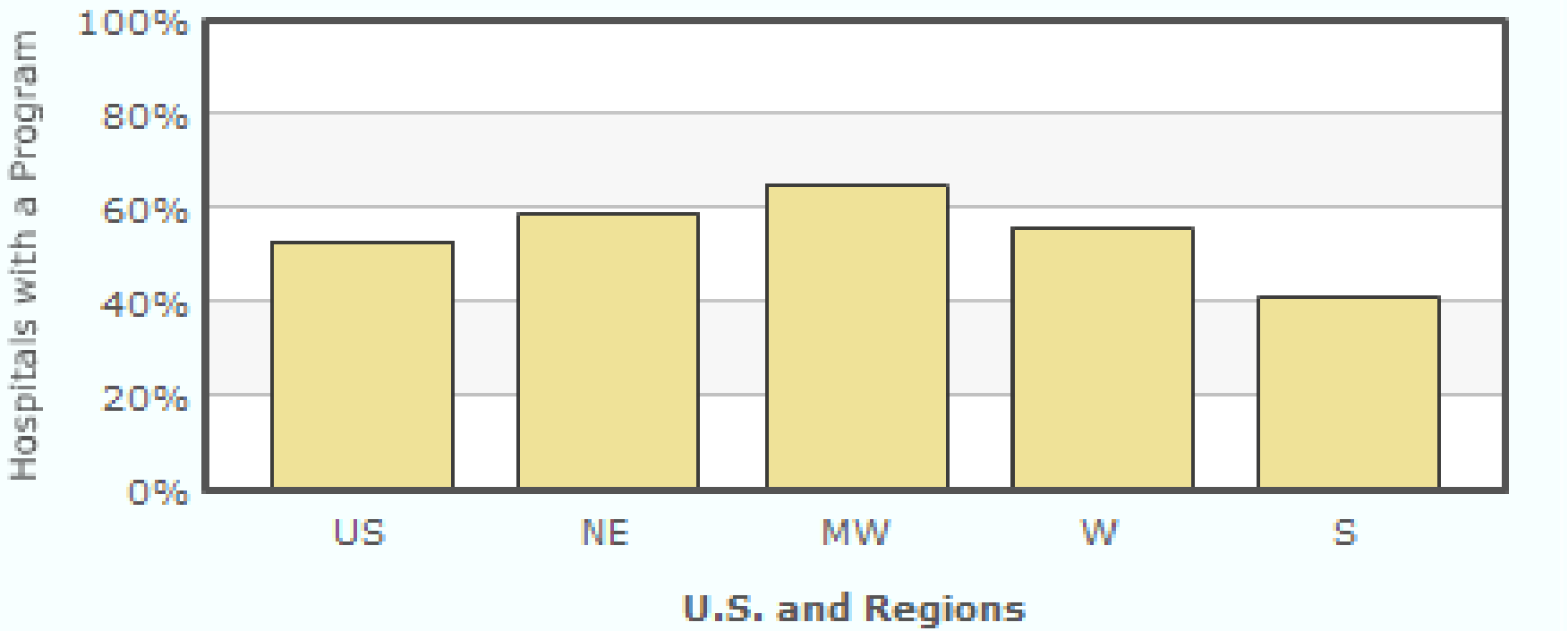


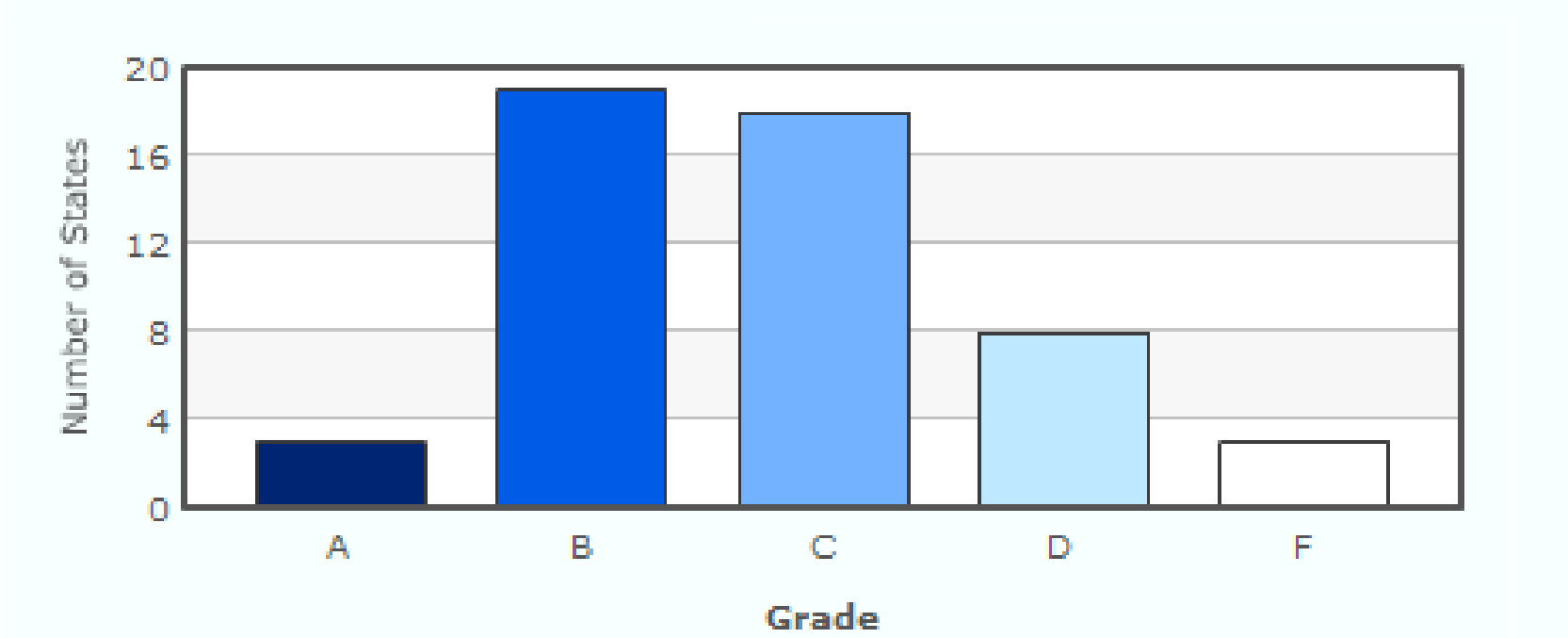
Figure 9. States With More Than 100 Medicare-certified Hospice Providers in 2007

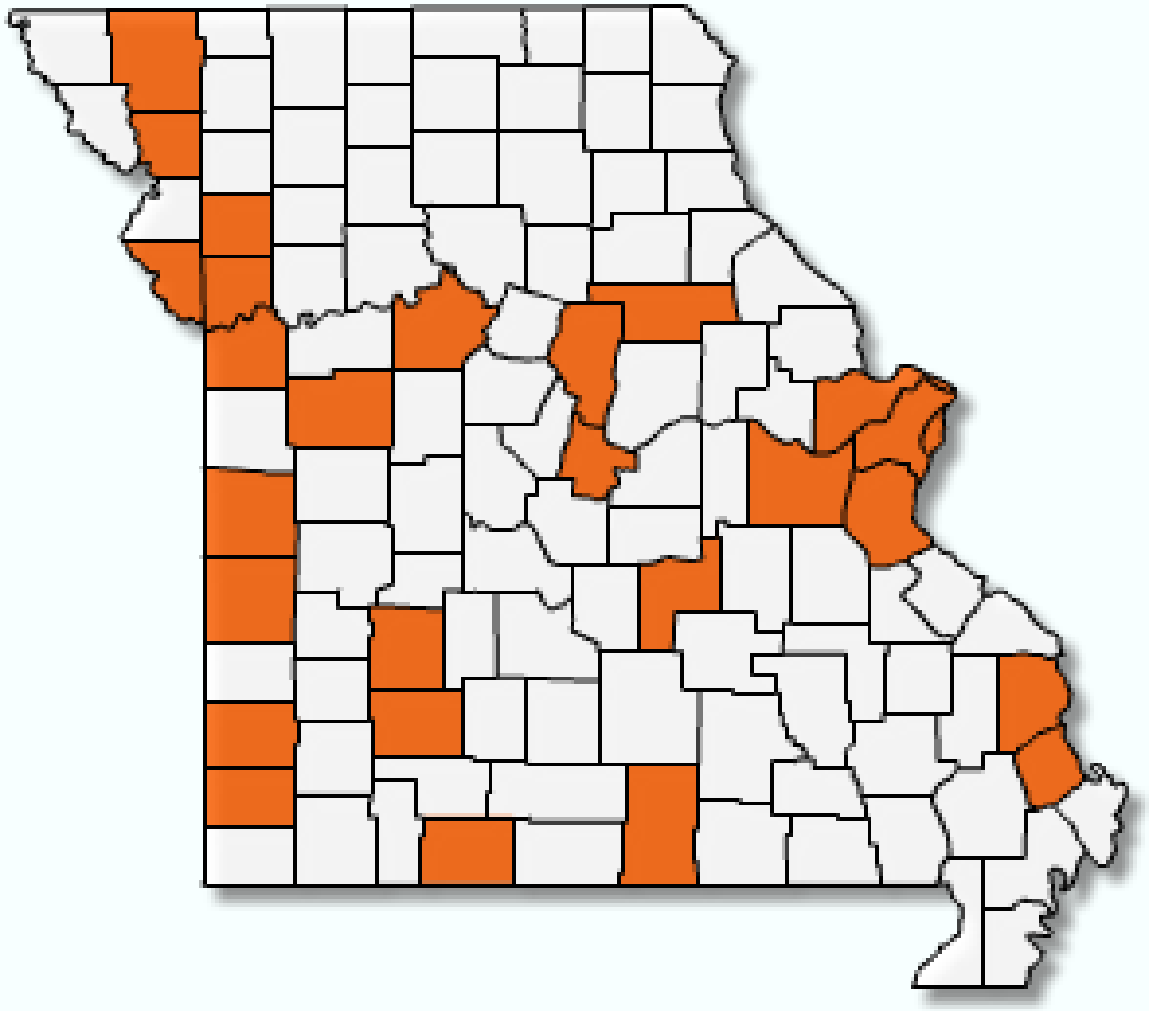

CENTER
TO
ADVANCE
PALLIATIVE
CARE



Percentage of mid-size and large hospitals with a palliative care program (50+ beds)


Hospitals with a Program
100%
80%
60%
40%
20%
0%
US
NE
MW
W
S
U.S. and Regions


20
16
12
8
4
0
Number of States
A
B
C
D
F
Grade



Counties containing hospitals with a palliative care program (50+ beds)
(Click on an orange county for a list of programs)

State Rankings

Hospital Group	State	Region	National
Mid-size and Large	**73%** (49/67)	**65%**	**53%**
For-profit	**33%** (4/12)	**41%**	**20%**
Non-profit	**83%** (34/41)	**66%**	**61%**
Public	**75%** (9/12)	**50%**	**41%**
Sole Community Provider	**41%** (11/27)	**38%**	**29%**
Large	**88%** (15/17)	**87%**	**75%**
Mid-size	**68%** (34/50)	**59%**	**45%**
Small	**14%** (6/44)	**23%**	**20%**

(Click on a **Hospital Group** to compare the state, regional and national values in a chart)

State Policy Recommendations

- Fund palliative care (PC) team training & technical assistance for all hospitals
- Include PC indicators in state quality programs
- Ensure the development of PC programs in public and sole community provider hospitals
  - as these hospitals provide care to the underserved and most vulnerable patient populations.

State Policy Recommendations

- Require all state-supported medical schools to have affiliations with hospital PC programs.

- Create a statewide resource center for promotion of access to quality PC services
  - See NY Palliative Care Training Act-Public Health Law Article 28 http://bit.ly/vvWOf

- Require physicians take CME on pain management and care of the terminally ill.
  - See CA Business and Professions Code section 2190.5. http://bit.ly/dAqLL

Resources

- AAHPM – www.aahpm.org
- NHPCO – www.nhpco.org
- MHPCA – www.mhpca.org
- Pallimed – www.pallimed.org
- CAPC – www.capc.org

References

- NHPCO Facts and Figures: Hospice Care in America. Alexandria, VA: National Hospice and Palliative Care Organization, October 2008. http://bit.ly/5YNAh
- Center to Advanced Palliative Care. http://www.capc.org/reportcard/
- D.H. Taylor Jr et al. / Social Science & Medicine 65 (2007) 1466–1478. http://bit.ly/bClPN

Contact Information

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- Find me on LinkedIn

Hospice & Palliative Care
August 4, 2009
For Missouri HealthNet Oversight Committee, Jefferson City, MO

By Christian Sinclair, MD, FAAHPM

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Medical Director, Providence Medical Center Palliative Care Team
Board Member, American Academy of Hospice & Palliative Medicine
Co-editor, Pallimed www.pallimed.org

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Office: 816.941.1033
Email: csinclair@kchospice.org
Twitter: @ctsinclair (& LinkedIn)

Slideshare Presentation: http://slidesha.re/Jac6c
Slideshare Handout: http://slidesha.re/tAvwZ

Facts & Figures:
90 million Americans with serious/life-threatening illness & is expected to double over 25 years.
Multiple studies demonstrate most people living with a serious illness experience

- inadequately treated symptoms
- fragmented care
- poor communication with doctors
- and enormous strains on family caregivers.

Palliative care is a new medical subspecialty which addresses these gaps by focusing on symptom control and comprehensive communication about goals of care.
Hospice is a type of palliative care and represents the transdisciplinary team approach.

Board Certified Doctors

- Palliative Medicine 2,883 (1/ 31,000 persons living with serious/life-threatening illness) (1/432 Medicare deaths from chronic illness)
- Cardiologists 16,800 (1/71 heart attack victims)
- Oncologists 10,000 (1/145 newly diagnosed with cancer)

NHPCO Data

- 2.4mil deaths annually with 0.93mil receiving hospice services (38.8%)
- <7 day stay on hospice = 30.8% of those served by hospice
- >180 days on hospice = 13.1% died or discharged
- Median length of stay on hospice was 20.0 days
- Mean length of stay on hospice was 67.4 days
- 70% of hospice enrollees die in place of residence
- Hospice has lower than expected utilization with non-white patients (18.7%) and Medicaid patients (4.5%)
- Evaluation of hospice services are routinely rated very highly in satisfaction

Duke/Taylor Study on Hospice:

- Hospice services reduced Medicare costs by an average of $2,309 per hospice patient.
- Costs would be reduced for 7 out of 10 hospice patients if hospice used for a longer time.

CAPC Data

States where there is greater access to palliative care programs, patients:

- Are less likely to die in the hospital
- Experience fewer ICU/CCU admissions in the last six months of life
- Spend less time in an ICU/CCU in the last six months of life

Missouri gets a 'B' for Palliative Care Access

Other Facts:

- Palliative Medicine Doctors Serving MO: 15 – Kansas City, 12 – St. Louis
  3 – Columbia, 2 – Springfield, 1 - St. Joseph, 1- Maryville

State Policy Recommendations (from Center to Advance Palliative Care):

- Fund palliative care (PC) team training & technical assistance for all hospitals
- Include PC indicators in state quality programs
- Ensure the development of PC programs in public and sole community provider hospitals
  - Since they provide care to the underserved & most vulnerable populations
- Require all state-supported medical schools to have affiliations with hospital PC programs.
- Create a statewide resource center for promotion of access to quality PC services
  - See NY Palliative Care Training Act-Public Health Law Article 28 http://bit.ly/vvWOf
- Require physicians take CME on pain management and care of the terminally ill.
  - See CA Business and Professions Code section 2190.5. http://bit.ly/dAqLL

Resources:

- American Academy of Hospice & Palliative Medicine AAHPM – www.aahpm.org
- National Hospice & Palliative Care Organization NHPCO – www.nhpco.org
- Missouri Hospice and Palliative Care Organization MHPCA – www.mhpca.org
- Center to Advance Palliative Care CAPC – www.capc.org
- Hospice and Palliative Nurses Association HPNA www.hpna.org
- Pallimed – www.pallimed.org

References:

- NHPCO Facts and Figures: Hospice Care in America. Alexandria, VA: National Hospice and Palliative Care Organization, October 2008. http://bit.ly/5YNAh
- Center to Advanced Palliative Care. http://www.capc.org/reportcard/
- D.H. Taylor Jr et al. What length of hospice use maximizes reduction in medical expenditures near death in the US Medicare program? *Social Science & Medicine* 65 (2007) 1466–1478. http://bit.ly/bClPN (full pdf link)

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Readmission Graphs

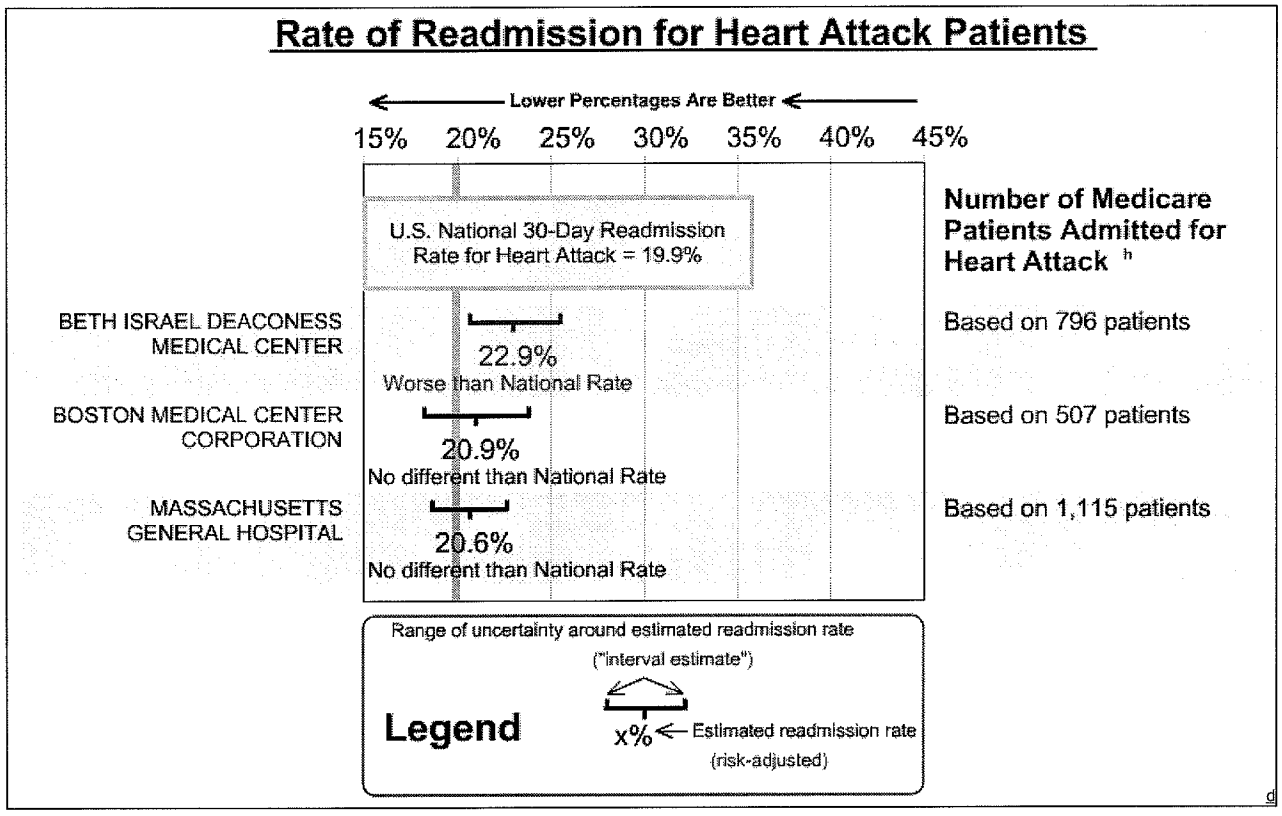
Close Window

How to Read the Graphs for Readmission and Death (Mortality)

Graph 1 of 3

Hide Information **Heart Attack**

These percentages were calculated from Medicare data on patients discharged between July 1, 2005 and June 30, 2008. They don't include people in Medicare Advantage Plans (like an HMO or PPO) or people who don't have Medicare.



[h]This column shows the number of patients with Original Medicare who were admitted to the hospital for Heart Attack. The hospital may also have treated additional Medicare patients in Medicare health plans (like an HMO or PPO).

What does this show you? "Readmission" is when patients who have had a recent hospital stay need to go back into a hospital again. Medicare looks at how many heart attack patients need to be readmitted to the hospital within 30 days of their discharge. The information above tells you how the hospitals you selected compare to the U.S. National Rate for readmissions for heart attack patients. Each hospital's rate of readmission is risk-adjusted, meaning it takes into account how sick patients were before they were admitted to the hospital for heart attack.

1 of the hospitals you selected had readmission rates for heart attack that are statistically different than the national rate:

- **BETH ISRAEL DEACONESS MEDICAL CENTER** has a heart attack readmission rate that is higher (worse) than the national rate.

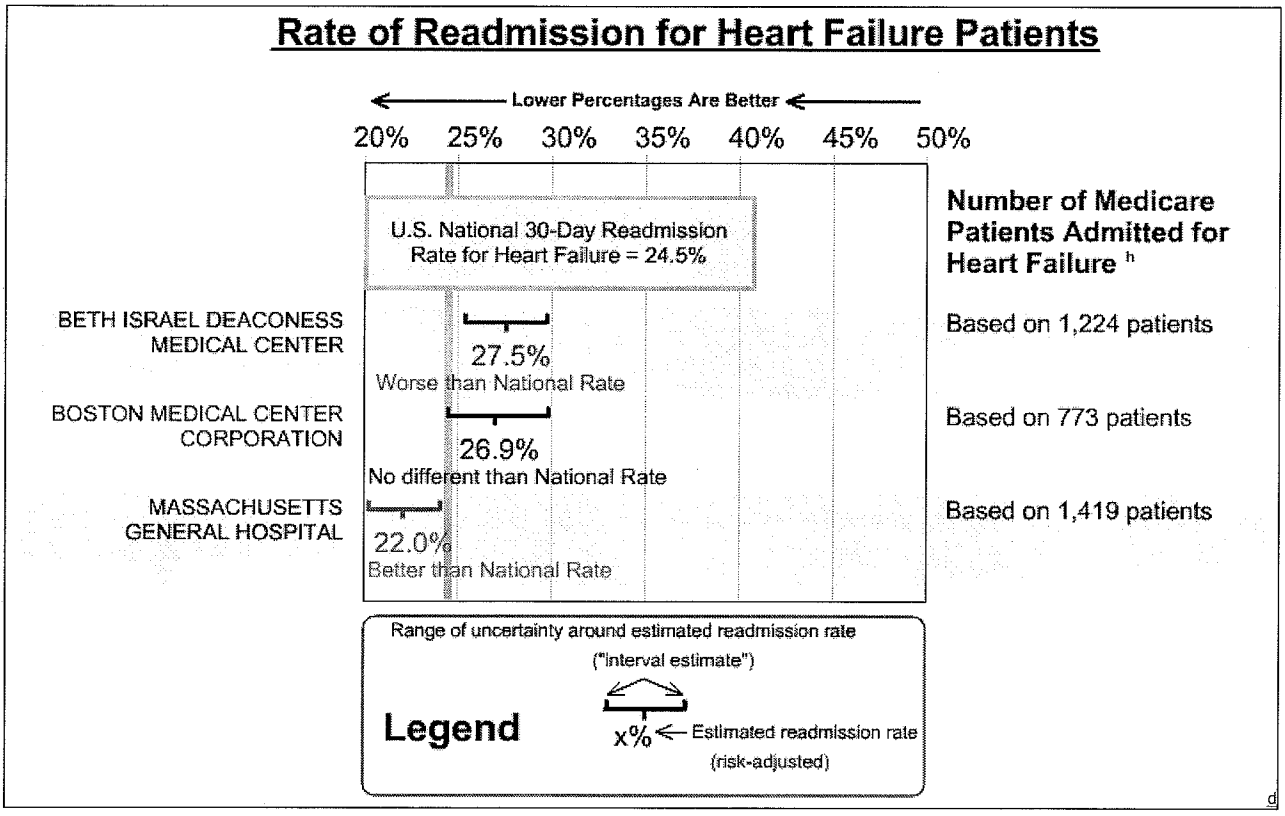
For more information, see How are the hospital readmission measures calculated?

Why is this important? There are many reasons why patients are readmitted to a hospital within 30 days of a hospital stay. When a hospital has a lower (better) risk-adjusted rate of readmission, it may mean that the hospital, physicians, and other healthcare professionals are doing a better job treating patients during their first hospital stay and preparing them for discharge and follow-up care after they leave the hospital.

Graph 2 of 3

Hide Information **Heart Failure**

These percentages were calculated from Medicare data on patients discharged between July 1, 2005 and June 30, 2008. They don't include people in Medicare Advantage Plans (like an HMO or PPO) or people who don't have Medicare.



[h]This column shows the number of patients with Original Medicare who were admitted to the hospital for Heart Failure. The hospital may also have treated additional Medicare patients in Medicare health plans (like an HMO or PPO).

What does this show you? "Readmission" is when patients who have had a recent hospital stay need to go back into a hospital again. Medicare looks at how many heart failure patients need to be readmitted to the hospital within 30 days of their discharge. The information above tells you how the hospitals you selected compare to the U.S. National Rate for readmissions for heart failure patients. Each hospital's rate of readmission is risk-adjusted, meaning it takes into account how sick patients were before they were admitted to the hospital for heart failure.

2 of the hospitals you selected had readmission rates for heart failure that are statistically different than the national rate:

- **BETH ISRAEL DEACONESS MEDICAL CENTER** has a heart failure readmission rate that is higher (worse) than the national rate.
- **MASSACHUSETTS GENERAL HOSPITAL** has a heart failure readmission rate that is lower (better) than the national rate.

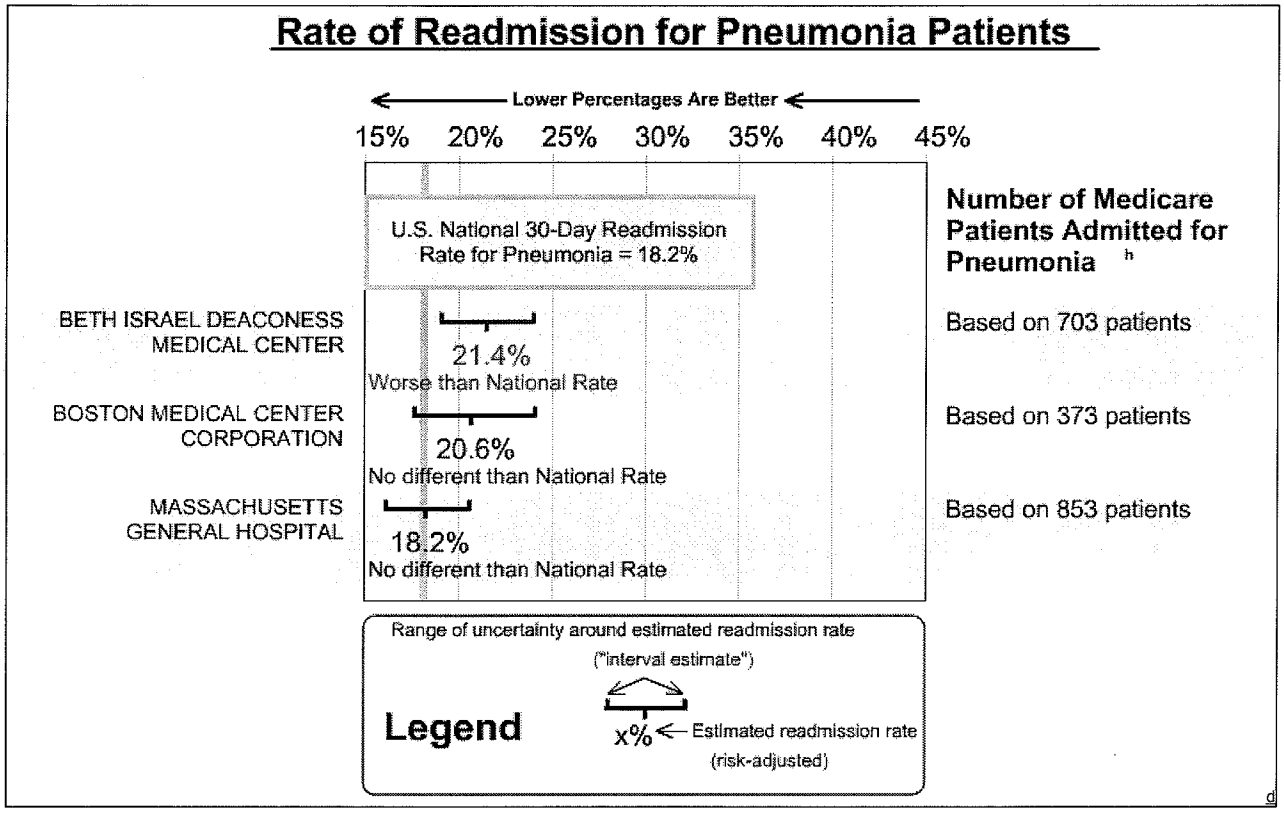
For more information, see How are the hospital readmission measures calculated?

Why is this important? There are many reasons why patients are readmitted to a hospital within 30 days of a hospital stay. When a hospital has a lower (better) risk-adjusted rate of readmission, it may mean that the hospital, physicians, and other healthcare professionals are doing a better job treating patients during their first hospital stay and preparing them for discharge and follow-up care after they leave the hospital.

Graph 3 of 3

Hide Information **Pneumonia**

These percentages were calculated from Medicare data on patients discharged between July 1, 2005 and June 30, 2008. They don't include people in Medicare Advantage Plans (like an HMO or PPO) or people who don't have Medicare.



[h]This column shows the number of patients with Original Medicare who were admitted to the hospital for Pneumonia. The hospital may also have treated additional Medicare patients in Medicare health plans (like an HMO or PPO).

What does this show you? "Readmission" is when patients who have had a recent hospital stay need to go back into a hospital again. Medicare looks at how many pneumonia patients need to be readmitted to the hospital within 30 days of their discharge. The information above tells you how the hospitals you selected compare to the U.S. National Rate for readmissions for pneumonia patients. Each hospital's rate of readmission is risk-adjusted, meaning it takes into account how sick patients were before they were admitted to the hospital for pneumonia.

1 of the hospitals you selected had readmission rates for pneumonia that are statistically different than the national rate:

- **BETH ISRAEL DEACONESS MEDICAL CENTER** has a pneumonia readmission rate that is higher (worse) than the national rate.

For more information, see How are the hospital readmission measures calculated?

Why is this important? There are many reasons why patients are readmitted to a hospital within 30 days of a hospital stay. When a hospital has a lower (better) risk-adjusted rate of readmission, it may mean that the hospital, physicians, and other healthcare professionals are doing a better job treating patients during their first hospital stay and preparing them for discharge and follow-up care after they leave the hospital.

Data Last Updated: June 8, 2009
Page Last Updated: July 16, 2009

Close Window