From Research to Practice: Improving End of Life Care in Washington State

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Objectives

• Policy context:
  – The Washington State Bree Collaborative
  – State Innovation Model Grant: Healthier WA
  – Related and important ongoing work in WA
• Bree recommendations: End of life care
• Leveraging community consensus and the State’s role as employer and health care purchaser to drive change
• Bree State policy recommendations
Washington State Bree Collaborative

- Established in law in 2011 to “provide a mechanism through which public and private health care stakeholders can work together to improve quality, health outcomes, and cost effectiveness of care.”
- Funded in Washington State budget
- Named in memory of Dr. Robert Bree
- Members appointed by the Governor
  - Public health care purchasers
  - Private employers & union trusts
  - Health plans
  - Physicians and other health care providers

Washington State Bree Collaborative

- Annually identify up to 3 health care services that have substantial variation, high utilization or patient safety issues
- Identify and recommend best practice, evidence-based approaches that build upon existing efforts and QI activities
- End-of-life care work carried out in 2014
Washington State Bree Collaborative: End of Life Care Goal

• “The Bree Collaborative’s goal is that all Washingtonians are informed about their end-of-life options, communicate their preferences in actionable terms, and receive end-of-life care that is aligned with their wishes, goals and values.”

*The Bree Collaborative report and recommendations on End-of-Life Care is available at: http://www.breecollaborative.org/topic-areas/eol/

Building on Active Efforts to Improve End-of-life Care in Washington State

• Washington State Hospital Association and Washington State Medical Association have developed a statewide community plan to promote advance planning modeled after “Respecting Choices” started by the Gundersen Medical Foundation in La Crosse, WI in 1991

• Multiple local efforts across a number of communities to promote awareness about end-of-life care
Bree Collaborative Recommendations: End-of-Life Care

- Awareness
- Planning
- Recording
- Accessibility
- Use

Bree Collaborative: Stakeholder Specific Recommendations

- Provider practices
- Hospitals
- Skilled nursing facilities
- Health plans
- Employers/purchasers
- State of Washington
### Washington State: Purchaser and Employer

- State government is the largest Washington employer (110,000 employees)
- Health Care Authority (HCA) is the largest purchaser of health care in the State:
  - 350,000 public employees and dependents
  - 1.7 million Medicaid beneficiaries
  - $10 billion annual combined health care spend
- Healthier Washington housed within HCA
  - State innovation model grant (SIM): $65 million
  - Key strategy: State as “first mover” in driving health care transformation

### Improving End-of-Life Care: Washington State as Purchaser

- Purchasing for public employees
  - Uniform Medical Plan (PPO)
  - Group Health Cooperative (HMO)
  - Kaiser (HMO)
- June 2015, HCA signs contracts with 2 “Accountable Care Programs”
  - 5 counties in Western Washington
  - “UMP Plus”
- Medicaid
  - 85% of population enrolled in 6 MCO’s
  - 15% in FFS
- 80% network overlap in Medicaid and PEBB
**Leveraging Community Consensus and Purchasing Power to Drive Change**

- **Bree recommendation:** “Revise reimbursement policy to include use of HCPCS code S0257 and other end of life codes.”
- **State Medicaid and Public Employee Benefit Board (PEBB) plans/payers are now required to reimburse for these codes**

**Leveraging Community Consensus and Purchasing Power to Drive Change**

- **PEBB “ACP” contracts**
  - ACPs are required to implement Bree recommendations
  - Submit quality improvement plan with defined milestones such that Bree recommendations are implemented during the 4 year contract period
  - Because Bree recommendations require systemic changes, they will have an impact well beyond enrolled PEBB population
Accountable Care Programs: Implementing Bree End-of-Life Recommendations*

- Adopt an advance care planning tool or program and standardize its use across your health care system
- Document in the medical record that the provider has used a standardized advanced planning tool
- Document the results of advance care planning discussions with easily understandable and culturally appropriate advance directives
- Promote awareness of the value of hospice and encourage appropriate hospice referrals
- Measure family and friend satisfaction with end of life care by widespread use of an after death survey tool

*This is a partial list of Bree End-of-Life Recommendations. See website for full description: http://www.breecollaborative.org/topic-areas/eol/

End-of-Life Care: Washington State as Employer

- Bree Recommendation: “Educate employees how to have conversations regarding personal goals of care and the type of care desired at the end of life with family members, friends, and health care providers”

- Washington State as employer:
  - Leverage digital wellness management platform for state employees (“SmartHealth”)
  - Employees earn “points” by completing advance directive module
  - “Points” earned can be used to reduce health insurance deductible

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Better Health, Better Care, Lower Costs
Bree Collaborative: Building on its End-of-Life Recommendations

• Oncology care workgroup convened for 2015-2016
  – Charter includes identifying evidence-based best practices for use of chemotherapy or radiation therapy in the last 30 days of life.

Bree Collaborative: State Policy Recommendations

• Contract with an existing state registry for advance directives and Physician Orders for Life-Sustaining Treatment (POLST) and promote use of registry to health systems, providers and the people of Washington
• Work with DMV to add text indicating presence of advance directive to WA driver’s license
• Promote legislation protecting healthcare providers and caregivers who honor a patient’s POLST from civil, criminal and professional liability
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