

Honoring Choices: Waiver Project

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Project Title	Honoring Choices at End-of-Life
Rationale for the Project	
<p><i>Problem statement – why this project is needed.</i> 100% of us will die. The question is how that process will happen and how many of our resources we will exhaust in that process. People say that talking with their loved ones about end-of-life care is important, yet only 27% have done so. 82% of people stated that it is important to put their wishes in writing, yet only 23% have done so. 70% of people prefer to die at home, yet 70% die in a long term care facility.</p> <p>This gap between what people want and what they receive has expanded as the scientific capabilities have profoundly altered the course of human life. Today, only about 17% of people die at home. The end-of-life process has evolved from being rapid—for instance, a sudden heart attack—to a slow decline through cognitive and other changes, such as Alzheimer’s.</p> <p>Without knowing what patients want, health care providers default to providing everything possible to save lives. This results in prolonged grief as loved ones die, for instance, in the medical environment of the ICU at significant expense to family and the health care system.</p> <p>While a significant target focus for these conversations is often the elderly covered by Medicare, we believe it is very important for the focus to be broad and encompass others in the community as well. Unfortunately, there are younger men, women and also families with children who need help in preparing for the end-of life. Every effort should be made to save the life of a young person where medical care can make a difference, but families need to be prepared when there is no further medical solution and let their care providers know their desires regarding continued treatment. It has been estimated that 20 to 30 percent of these medical expenses may have had no meaningful impact. This level of care is likely unwanted and those that have expressed their wishes spend on average ten less days in the hospital in their final days.</p> <p>Honoring Choices Pacific Northwest is an unprecedented, evidence-based, state-wide advance care planning initiative to inspire early conversations about the type of care people want when faced with life-threatening illness. The vision is that everyone in Washington will receive care that honors personal values and goals in the last chapter of life. It is about having these conversations early, before the person is in the ICU.</p> <p><i>Supporting research (evidence-based and promising practices) for the value of the proposed project.</i> The value and proven practices for this project are well researched by Gundersen Health System in La Crosse, Wisconsin. This internationally recognized evidence-based program has achieved the following.</p>	

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Advance Directives:

- 96% of people who die in La Crosse have an advance directive or similar documentation vs. 25% nationally.
- 99% of the plans are available in the patients' EMRs for care providers to use.
- 99% of the time treatments are consistent with the wishes of the patients.

In the last two years of life:

- The average cost of care for Gundersen is \$48,000 vs. \$80,000 nationally.
- The average number of inpatient days is 9.7 vs. 20.3 nationally.

Relationship to federal objectives for Medicaid with attention to how this project benefits Medicaid beneficiaries.

This project has a significant benefit for Medicaid beneficiaries – moving them from a model in which patients receive health care they don't want and which does not improve quality to one that provides enhanced experiences for patients and families in the last chapters of life. This model also will significantly reduce costs and studies show that it actually prolongs life.

Project Description

Which Medicaid Transformation Goals are supported by this project/intervention? Check box(es)

- Reduce avoidable use of intensive services**
- Improve population health, focused on prevention**
- Accelerate transition to value-based payment**
- Ensure Medicaid per-capita growth is below national trends**

Which Transformation Project Domain(s) are involved? Check box(es)

- Health Systems Capacity Building**
- Care Delivery Redesign**
- Population Health Improvement – prevention activities**

- *Region(s) and sub-population(s) impacted by the project.*

The target population is Washingtonians who are 18 and older and are capable of decision making, as well as children with life threatening illnesses. This is more significant for Washington Medicaid following the expansion program, which now covers more adults, some of whom have severe medical conditions.

- *Relationship to Washington's Medicaid Transformation goals.* This project will engage patients in their care to provide high value. It will reduce the avoidable (unwanted) use of intensive services and help ensure Medicaid cost per-capita growth remains below national trends.
- *Project goals, interventions and outcomes including relationship to improving health equity /reducing health disparities.* By 2020, the goal is to more than double the percentage of advance directives on file (measured via EMR). For patients who have participated in advance care planning, the goal is to honor their wishes 90% of the time (measured via chart audit). This culturally sensitive program provides an unbiased method to help anyone, regardless of their race/ethnicity or socioeconomic determinants, to articulate their values and health care preferences.
- *Links to complementary transformation initiatives.* This work builds on recent CMMI initiatives funded to QIOs. It also builds on previous CMMI funding to the Washington State Hospital Association which worked on end-of-life care as part of our Hospital Engagement Network (HEN) strategy to reduce readmissions.
- *Potential partners, systems, and organizations (e.g., health and social service providers, ACH participants) needed to be engaged to achieve the results of the proposed project.*
Partners will include WSHA, WSMA, and Department of Health, HCA, Medicaid health plans, ACHs, and numerous community agencies such as AARP, churches, and senior centers. This program works best if it sustained at the community level, ideally through ACHs. Funding will be given to the ACH for their work on this.

Core Investment Components

Describe proposed activities and cost estimates (“order of magnitude”) for the project.

1. **Oversight group.** The oversight group, consisting of WSHA and WSMA senior leaders, will provide oversight to ensure project is on track and make course corrections as needed. (\$25,000 annually for staffing and organizational support)
2. **Leadership advisory group.** The leadership advisory group is composed of representatives from statewide and community groups. The council provides advice on implementation, helps make course corrections, and champions the work in their communities, creating synergy with Healthier Washington and other work underway. (\$20,000 annually for staffing and organizational support)
3. **Partnership with Gundersen.** Gundersen, which represents the national best practice, has been engaged to advise and train staff who will then take that knowledge to rollout the program in communities throughout Washington. (\$200,000 annually for support)
4. **Honoring Choices PNW registry.** A registry for the advance directives will be created, which can be updated by Washingtonians, pushed to providers for easy access, and shared amongst those providing care. We have initiated conversations with several interested data vendors, including the vendor which has been so successful with our ED work (EDIE) and the vendor for Oregon.

This work would also include an IT professional to assist hospitals, clinics, and other organizations in the integration and collection of the advance directives in their data systems. (\$300,000 create system and link to medical records annually)

5. **Communication Skill-Building for Physicians.** Dr. Atul Gawande, in his book *Being Mortal*, illustrates how medical education does not equip physicians or providers to support conversations about end of life. Educational and coaching sessions will be held in local centers around the state to provide training to physicians and providers. These trainings will be based off of the best practices of Group Health Cooperative, Kaiser Permanente, and others in our state. It will be synergistic with University of Washington training on how to do palliative care. (\$190,000 for development and staff support)
6. **Facilitated conversations with Washingtonians.** Using the Gundersen proven methodology, certified facilitators will lead discussions with patients and the general public. Sessions can be held in small groups, one-on-one, or with the patients and their family members. These scripted conversations help people articulate their values and preferences and aim to identify a Durable Power of Attorney for health care, document wishes in an advance directive, and discuss their advance care plan with their physician. (\$200,000 annually for staffing)
7. **Education of Faculty.** To advance this work, eight trained faculty will support communities as they implement this advance care program in their health care organizations and across the community. “Faculty” is the term Gundersen uses to designate staff that are qualified to certify instructors. (\$40,000 annually)
8. **Certification of Instructors.** These experts are located in the community and will certify the many facilitators in the community, who will then have the conversations with the general public and patients. (\$40,000 annually)
9. **Certification of Facilitators.** These trained volunteers will have conversations with Washingtonians and support documentation of the advance directives. (\$40,000 annually)
10. **Best Practice Safe Tables.** “Safe Table” trainings are designed to share best practices and to review the data from each community on progress. (\$75,000 annually)
11. **Support of Physicians, Providers, Faculty, Instructors, and Facilitators.** A program manager will lead the program and support ACH and communities in implementation. A physician advisor will help design and provide advice on the physician education and integration with workflow of office practices. An executive assistant will help provide administrative support. \$50,000 will be given to each ACH as they work to engage communities in Honoring Choices. (\$2 million annually)
12. **Materials to ACH.** Create or utilize materials that will support the ACH in their community engagement. (\$200,000)

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Annual Budget: \$3.3 million. (\$16.5 million over five years). Subsequently, the work will be sustained by converting to a fee-based training model.

How long it will take to fully implement the project within a region where you expect it will have to be phased in.

We anticipate that most hospitals will be hiring and deploying advance care planning coordinators within a one-year period. We estimate it will take five years to fully implement this advance care planning model in communities, health systems, hospitals and medical groups throughout the state.

The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.

Savings will be \$50 million from reduction in ED visits, admissions, readmissions, and the use of ICU. Measurement is based on the tested best practice of Gundersen. This represents a return of three times the investment.

Project Metrics

The state will monitor implementation of transformation projects at regional and statewide levels through process and outcome measures. Each project will require clearly defined outcomes that relate to the goals and specific process steps. Wherever possible describe:

Key process and outcome measures (and specific benchmark performance data if known) against which the performance of the project would be measured. Include priority measures sets described in the Waiver application <http://www.hca.wa.gov/hw/Documents/waiverappl.pdf> pages 46-47ⁱ.

Outcome Goals by 2021

1. 75% of decedents will have a written advance directive (AD) at the time of death in the hospital.
2. 90% of the time wishes in Advance Directives and/or POLST will be followed.
3. 75% of percentage of patients in the ICU will have an AD on file.
4. 60% of completed ADs will include a healthcare agent or proxy.
5. 75% of individuals who participate in HCPNW certified ACP-facilitated conversations will rate their satisfaction as 4 to 5 on a 5-point satisfaction survey.