Attachment A: **TEMPLATE FOR TRANSFORMATION PROJECT SUGGESTIONS**

For projects to be considered for inclusion in the Medicaid Transformation Project List, please provide the information requested in the template. We are looking for summarized information – **2-3 pages maximum per project**.
Please email completed templates by **January 15, 2016,** to MedicaidTransformation@hca.wa.gov with the subject **Medicaid Waiver Project**. Thank you for your interest and support.

Contact Information	*Bobby L. Beeman, (360) 417-7122, bbeeman@olympicmedical.org* *Olympic Medical Center, Olympic Area Agency on Aging, Olympic Community of Health*
Project Title	*End of Life Considerations - Choosing Wisely & Honoring Choices*

Rationale for the Project

Problem Statement: The rapid growth in the older adult population on the Olympic Peninsula is associated with an increase in the burden of chronic disease and increasing pressure on available medical and health care services. Preventing health problems and appropriately managing chronic illness can help older adults remain independent, improve their quality of life and minimize the need for costly long-term care. Disease prevention and effective self-management is particularly important in the rural setting, where health care services are relatively scarce and unaffordable to many.

Further, the Olympic Peninsula is a place people seek for retirement. Retirees coming to the community from out of area do not have family nearby, and look to the medical community to be their support system. For the medical community to actively support the individual in this situation, the discussion of the end-of-life wishes and palliative care goals needs to occur.

People now live longer with serious illness, with most of the time spent living "normally" at home. These individuals need the knowledge, support and tools to make informed decisions about their care and treatment, and how it affects both the quality and longevity of life, and may need support to effectively communicate their wishes to family members and medical providers. The quality of life for people with progressive serious illness is enhanced when their medical and other service providers support person-centered care and treatment, including palliative and hospice care services provided in the community.

Supporting Research: Atul Guwande, MD, MPH, is a leading researcher in the area of palliative medicine. His research (http://atulgawande.com/research/) studies the positive effects of conversations about treatment preferences and shared decision making in the palliative care process, and how to avoid low-value care.

Relationship to Federal Objectives for Medicaid: Effective palliative care and end-of-life planning ensures beneficiaries receive the appropriate care and obtain the correct resources. This correlates with lower costs for Medicaid (and Medicare), as it leads to a reduction in costly and / or unnecessary medical procedures that may extend an individual's life, but decrease quality of life. Further, investing in hospital-based hospice care decreases costs in the acute hospital setting, where often elderly patients are kept in acute-care beds since they do not caregivers able to support them at home.

Project Description

Which Medicaid Transformation Goals[i] *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

Describe:

Region(s) and sub-population(s) impacted by the project: The Olympic Community of Health (including Clallam, Jefferson and Kitsap counties) is the region impacted by this recommendation. The largest population for palliative care is the senior population of 65 years and older; however, the palliative care discussions should occur at any age and hospice care is beneficial for any individual at end of life. Rural Clallam and Jefferson counties, specifically have a population that is roughly 27% 65 and older. A significant portion of this particular population is also deemed low-income, and many are Medicaid-eligible – particularly as their resources have been depleted by long-term care.

Relationship to Washington's Medicaid Transformation Goals: Palliative care goes hand-in-hand with chronic disease management. Palliative care discussions and education allows those with significant chronic disease (including at the end stages) manage their care in the comfort of their home, and allow their family and caregivers to fully understand their wishes. More resources that can be provided in a self-care and home-care model allow for an individual to have a better quality of life, but also significantly decrease costs for the individual and the health care system.

Project Goals, Interventions and Outcomes: The goal of transformation project is to increase quality of life for all our patients in the late chronic disease process or at end-of-life, while providing compassion instead of needless medical procedures. Evidence-based outcomes include: creating sustained person-centered outcomes through a well-designed system; assists in providing care and treatment that is consistent with patient goals and values; ensures Advanced Care Plans are clear and available to health care providers; integrates specific and easy-to-understand plans into medical decision making; facilitates individualized, person-centered planning discussions in a consistent and standardized manner across all care settings; results in high patient and family satisfaction with advanced care planning conversations; results in high satisfaction with hospital care in general; creative positive impact on family members by reducing stress, anxiety and depression in surviving relatives, increases prevalence of planning in racially, ethnically and culturally diverse communities; increases surrogate's understanding of patient's goals of care, and decreases decisional conflict. Other evidenced-based outcomes for population health: improves prevalence of written directives, integrates advanced care planning throughout the community, increases hospice use at end of life, creates consistent advanced care planning materials used for patient education and community engagement, increases hospital CPR success (alive at discharge) while decreasing CPR prevalence with associated poor outcomes, increases number of advance directives naming an appointed surrogate decision maker, and increases congruence in patient and surrogate decisions.

Please see Project Metrics for expected outcomes.

Olympic Community of Health, Olympic Area Agency on Aging, Olympic Medical Center, Harrison Medical Center, Jefferson Healthcare, hospice agencies in Clallam, Jefferson and Kitsap counties, and Washington Hospital Association (specifically regarding Honoring Choices).

Core Investment Components
Start-up and development funds for inpatient palliative care programs and capital costs for hospice beds ~ $500,000 *How long it will take to fully implement the project*: Approximately two to three years. *The financial return on investment opportunity* is approximately $1 for every dollar spent (see below, project metrics).
Project Metrics
Measured Outcomes of Advance Care Planning Programs The following specific outcomes can be expected with a systemic and focused initiative over approximately a three-year period: • Increased amount of written Advanced Directors at the time of death to 75% • Increased availability of Advanced Directives in the medical record of the health care organization caring for the decedent to 96% • Increased inclusion of an appointed surrogate in the Advanced Directors to 60% • Reduced number of hospital deaths by 10% of baseline • Increased number of Hospice admissions by 10% over baseline • Decreased median length of admission by 10% over baseline • Increased transfer of patients' written preferences to appropriate medical orders by 90% • Increased family reports of a discussion with the deceased family member about plans for medical care to 90% • Achieved high patient satisfaction through the Advanced Care Planning discussion. Palliative care controls the per capita cost of care by reducing unwanted hospitalizations, reduces costs of care in the last two years of life due to elimination of unwanted treatment, decreases hospital care intensity in the last two years of life, reduces inpatient days in the last two years of life, reduces hospital deaths, reduces percent of decedents seeing 10 or more different physicians during the last six months of life, reduces percent of decedents spending seven or more days in ICU / CCU during last six months of life and reduces percent of decedents admitted to ICU / CCU in which death occurred. The reduction in health care costs: for each dollar spent on advanced care planning the cost of health care is reduced by $2. The ROI for $1 is for every dollar spent.