

Thinking of Palliative Care?...Start with Why and Who First

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The vast majority of hospice or home health providers that talk to me about palliative care want to know about a model of care, how to bill or help in implementing a model. Too few start with the really critical elements of a palliative care program: why are you doing a program; and who do you plan to serve.

From those two questions will flow the model and funding. But a second problem many prospective palliative care providers face, is that they make their planning decisions in a vacuum; without input from potential strategic partners. This article is intended to help organizations build a firm foundation as part of developing a palliative care program.



The Importance of Developing Programs in Conjunction with Strategic Partners

Since there are no regulations or dedicated reimbursement for palliative care, palliative care programs have developed in different ways in response to local needs and resources. While Medicare Part B provides some reimbursement for physician, nurse practitioner, and certain licensed clinical social work services, it's rare for a palliative care program to be able to break even from this reimbursement. Increasingly, palliative care providers need to identify strategic partners who see enough value in the program to cover costs that are not reimbursed by Medicare.



Each potential strategic partner (health system, health plan, physician group) may have different objectives and priorities for palliative care. So to maximize a strategic partnership, it makes sense for both partners to mutually develop any model of care in order to ensure that meets the partner's goals.

First Things First

When mutually developing a palliative care program, it's essential to begin with the questions of why you are creating the program and who will be the target population. From the answers to these key questions will flow decisions on the model of care and payment options.

Some palliative care programs are designed to address patients who frequently utilize high-cost services, others are intended to improve patient and family satisfaction and retention within a health plan or health system, some are designed to be extensions of home health or hospice programs, and some aim at all of the above. Determining your goal sets the stage for defining a target population.

Some programs aim to serve any and all people who could benefit from advanced decision making and control of symptoms and pain. Increasingly, palliative care programs are being more selective in order to better meet their goals and those of a strategic partner who sees enough value in the target population to provide supplemental payment for services. In some cases, the resource-intensive patients will be prioritized, in other cases in may be specific chronic illnesses with corresponding criteria (for example, see the [Community-Based Palliative Care Consensus Standards](#) developed by the California Advanced Illness Collaborative).

The bottom line is that a thorough assessment of the goals and target population for your organization and any strategic partners is the key starting point when considering a palliative care program. From that, model and payment design will flow much more easily.



Bill Musick is President of Integriti3d. Integriti3D partners with hospice and palliative care executives and boards of directors who seek to reach the full potential of advanced illness care through the intersection of: Planning, Board Engagement and Building a Culture of Integrity, Fairness and Respect.

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