

HOSPICE VALUE-BASED INSURANCE DESIGN: PALLIATIVE CARE



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The Hospice Value-Based Insurance Design (VBID) is about improving hospice care through continuity of care. The goal is for Medicare Advantage beneficiaries with advance illness to smoothly transition through palliative care and transitional concurrent care to hospice. The Hospice VBID Model requires that Medicare Advantage beneficiaries have access to a palliative care provider. Most of the larger Medicare Advantage Organizations (MAOs) are partnering with palliative care providers and organizations that demonstrate the ability to meet the goals of the MAO.

Model of Care	Care Coordination	Clinical Interventions	Expected Outcomes
<ul style="list-style-type: none"> • Multidisciplinary care • Plan of care/treatment based on member's choice • Ongoing curative treatment • Symptom management • Collaboration with physicians/providers • Guidance through complex treatment choices • 24/7 physician/np availability • Advance care planning 	<ul style="list-style-type: none"> • Member's PCP receives a palliative care summary after every visit 	<ul style="list-style-type: none"> • Advanced Care Planning (ACP) • Hospice orders • Medication/non-medication orders 	<ul style="list-style-type: none"> • Reduce the risk of hospitalization • Achieve improved member and caregiver satisfaction • Facilitate ACP discussions • Identify member's goals of care and end-of-life wishes • Increase quality hospice transitions • Increase hospice length of stay

MAOs will partner with palliative care providers who are prepared to meet or exceed the outcomes that serve the MAO and its members. Key tools that palliative care providers can bring to the table include:

- **Diving into VBID:** Work to understand the CMS VBID guidance and develop strategies that work.
- **Sharing patient/family success stories:** Turn your patients and their family members into storytellers who highlight the services that your organization provides.
- **Bringing the data:** Use numbers to show how your organization provides ACP, reduces hospitalization risk, performs goals of care conversations and transitions to hospice.
- **Creating specialty programs:** Understand each of the MAO's high-risk areas and create a program that meets that need. For example, if the MAO has a high percentage of hospital readmission due to heart disease, create a cardiac program.

In the changing U.S. healthcare environment, the ability to pivot based on knowledge is imperative for success. Hospices that learn how to work with MAOs and anticipate their needs will be successful.