AWARD WINNER

CONTINUUM HOSPICE CARE

New York, New York

Hospices have traditionally shied away from taking on patients who need palliative care but are still getting disease-altering treatments to prolong their lives. Treatments such as chemotherapy are too expensive for hospices.

Or are they? An innovative program at Continuum Hospice Care in New York City is adopting open access — accepting all patients with a six-month estimated lifespan — with a complex case management approach that closely monitors treatments based on the best evidence and the individual needs of the patient.

For Carolyn Cassin, hospice president and CEO, the new approach is simply going back to the basics of the hospice movement from 30 years ago. "We're saying open access is really just opening the doors of hospice to anyone who is eligible for this care, has a limited life expectancy, and wants this specialized set of services," she says. "It's really about stripping away some of the barriers people have built up over the years."

Still, the program has to be financially sustainable. Continuum believes it's found a way. "Everybody agrees that open access is philosophically the right thing to do, but what's been challenging and complicated and a little revolutionary is that we're trying to put together a scientifically sound, thoughtful decision tree that provides individualized care," Cassin says.

That process focuses on the effectiveness of curative treatments. "We have a simple set of rules that say when a patient comes in and has planned an advanced therapy such as chemotherapy or an operation, we analyze that therapy in terms of the evidence, burden, appropriateness, and consent," explains Russell Portenoy, MD, chief medical officer of the hospice and a nationally-known palliative care specialist at Beth Israel Medical Center. A clinical committee of specialists from various disciplines provides the hospice with the most current evidence base for any given therapy.

Because it is basically managed care hospices could be placed in the same uncomfortable spot as HMOs that are seen as having a financial incentive to withhold care. Continuum has careful protocols in place to avoid that approach. "Never once have we denied a treatment or rejected a patient," explains Portenoy, "but we've used a process of analyzing the therapy to have a conversation with the attending physician and make sure we're all on the same page and why. Most of these advanced therapies were stopped after a relatively short period once we helped that attending physician and patient take a more holistic approach."

Those conversations are usually genial and approached not from a resources point of view, but from consideration of the best care. "It's more about why was this (treatment) selected and how will you be monitoring the response," he says. "We might say, 'Would you agree after four weeks if the tumor has not gotten smaller, or there's unacceptable toxicity, you'll stop it?' "

Resources, of course, do come into play for the hospice. The financial model that makes it work for Continuum is a combination of maintaining a large enough pool of cases and a mixture of disease prognoses and care settings to spread the risk. "Size matters, and case mix matters," Cassin explains. "The idea is really that over time we should have a large enough risk pool" to balance more expensive cases with less expensive ones.

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INNOVATION HIGHLIGHTS

FOCUS ON CLINICAL INDICATIONS NOT PROGNOSIS

RELIANCE ON EVIDENCE-BASED MEDICINE

ELIMINATION OF COST CONSIDERATIONS AND COMPLEXITY AS FACTORS IN HOSPICE ELIGIBILITY

Proponents of open access are still in the early stages of helping physicians and patients understand. "We'll do it patient by patient and doctor by doctor," says Richard Dundy, MD, a medical director for the hospice who focuses on home care. "We're taking a narrowly defined form of delivery of care and showing that it really is useful and valuable much earlier than it's been used in the past."

Continuum Hospice Care is part of Continuum Health Partners, a large New York health system with five hospitals including Beth Israel Medical Center, Roosevelt Hospital, and St. Luke's Hospital. The hospice changed its name from Jacob Perlow Hospice in 2002, around the same time it started moving toward open access. As a result of expanding eligibility and integrating more fully with hospitals both within and outside its system, Continuum Hospice Care has grown from 100 patients a day to 450. It is now financially self-sustaining.

So far open access has been used in a 75-patient pilot program, and results were promising enough to expand its use. "We try not to veer from this step-by-step process, and the answer always comes out in the end," Cassin says. "It comes out right for the patient and has to this point come out financially right as well, which is kind of a miracle."

Conventional wisdom says that open access will be too expensive. But careful, individualized, evidence-based, and humane monitoring of care can keep that from happening, the team argues. "Only a small percentage of patients choose things that are outlandish for them or for the hospice," she notes.

This new approach could incorporate hospice into the continuum of care in a new way, says Cassin, because the open access palliative care process doesn't take patients away from their regular doctors. "With hospice we were always outside the system, and I think that was a huge mistake," she says. "We were often pitted against (doctors offering curative care). Here we're trying to be absorbed into the system."

The program evolved in the unusually intense medical environment in New York City, home to a number of major medical centers where aggressive therapy is the norm. That tendency leads to New York having one of the lowest hospice referral rates in the nation (just 16 percent of eligible residents use hospice compared with 28 percent nationally), because patients and doctors always want to try another cure and see hospice as giving up hope.

Still, this model could be used elsewhere, Cassin says. All it requires is a nuanced knowledge of curative therapies and the latest literature on them, the latter being available to anyone with an Internet connection. "You might adapt it a different way but I think the program works anywhere in America," says Cassin. "It responds to these fundamental needs people have to hold hope and reality in their hands at the same time." •