

# Providing palliative care to populations with serious illness



Increasing personalized, supportive care to lower costs and support the patient's whole health.

Carelon Health was selected to provide palliative care for a Northeast health plan. A unique deployment of in-person and telehealth options increased the average number of advanced practice provider (APP) visits by 20.3%.

## Palliative Care

For individuals managing the symptoms and stress of a chronic, complex, or serious illness, palliative care helps improve quality of life. By including social and emotional needs alongside medical treatment, palliative care eases the patient's suffering throughout their treatment. There are benefits for health plans also: Studies have shown that **home-based palliative care can reduce total cost of care by 36%.<sup>1</sup>**

Despite these benefits, **only 14%<sup>2</sup> of those qualifying** for palliative care services receive the care they need. By partnering with a palliative care expert, health plans can expand access and deliver savings.

“Our patients live frenetic lives, managing their illness and treatment alongside their everyday needs. Deploying a multimodal care model centers the patient's lifestyle at the heart of their care plan.

As a trusted advisor, our interdisciplinary team combines in-home and telehealth options that pave the way for a higher level of palliative care engagement that improves the patient's quality of life and reduces the total cost of care.”

Dr. William Logan,  
National Medical Director,  
Carelon Health Palliative Care



## 20.3%

Increase in the average number of advanced practice provider (APP) visits

## Care modality breakdown<sup>5</sup>:

Augmenting in-home services with virtual and telephonic services allows for 24/7/365 access to the care team. In this case study care was delivered:

- **63.4% in-person**
- **36.6% virtual (voice + video) or telephonic**

Carelon Health's multi-modal care model enables a significant reduction hospital visits: **as much as 56%** across the Medicare end-of-life population<sup>6</sup>.

An effective palliative care program will identify those members who have the highest needs and present the greatest risk to health plans. A care plan is then developed to provide mutually beneficial results:

- Personalized, dignified care for the members and their caregivers, focused on improving physical, social and emotional well-being.
- Inclusion of family members, caregivers, and other doctors and specialists in setting and maintaining health goals.
- A reduction in the costs for health plans associated with high-utilization members; 89% of whom are expected to live a year or longer.<sup>3</sup>
- Planning for the future, assigning health care proxies, and completing advance directives.

## The client

The case study covers a health plan in the northeast region with 5,071 total referred members across commercial and Medicare lines of business. Using a proprietary algorithm, Carelon Health identified and reached out to eligible members. **1,120 (22%) engaged with palliative care services, an 8% increase over the national average.**<sup>4</sup>

Services were provided through local-market, specialized clinical teams and, for the most part, delivered in the patient's home by an advanced practice provider (APP).

Care was further augmented by nationally available virtual and telehealth options. This multi-modal approach results in 24/7/365 provider access for the patients.

Each patient was entered into a unique, personalized care plan and was encouraged to complete an advance care plan.

## The outcomes

This approach **increased the average number of advanced practice provider (APP) visits by 20.3%**<sup>7</sup> compared to Carelon Health's overall book of business.

The client also showed more positive clinical outcomes compared to benchmark data:

- **88% of patients completed an advance care planning discussion**,<sup>8</sup> more than **7 times** the Agency for Healthcare Research and Quality (AHRQ) benchmark.
- **72% completed advanced care planning documentation**,<sup>9</sup> more than **1.4 times** the AHRQ benchmark.
- The proportion of patients discharged to hospice to those that passed away **was 65%**,<sup>10</sup> which is more than **1.1 times** the National Hospice and Palliative Care Organization (NHPKO) benchmark.<sup>11</sup>
- The median **hospice LOS for the client was 33 days**,<sup>12</sup> which is more than **1.8 times** longer than the NHPKO benchmark.<sup>13</sup>

## The Carelon Health difference

Carelon Health's Palliative Care is one of the nation's largest providers of cost-effective, non-hospice, palliative care. Since 2013, we have provided compassion, support, and guidance to **more than 200,000** patients with serious illnesses or high-risk, high-cost chronic conditions.

Our Palliative Care focuses on providing patients with care between doctor's appointments to address their physical, emotional, and psychosocial needs. Our whole health approach delivers high patient satisfaction, resulting in an 'exceptional' **net promoter score of 71<sup>14</sup>, 1.7 times the industry benchmark<sup>15</sup>**.

Carelon Health wraps patients within our support team services, which addresses patients' needs as they arise. This helps to reduce the need for urgent care, emergency room and hospital visits.

Our internal data analytics show cost savings ranging from **\$821 PEMPM to \$3,851 PEMPM for palliative care patients<sup>16</sup>** and as much as a **3:1 return on investment** for our health plan clients.<sup>17</sup> Contact your local representative for Carelon Health to learn more about how we can partner to provide cost-effective palliative care.

"The program's team of dedicated individuals are passionate about assisting youth and families experiencing different levels of distress. Carelon demonstrates an intervention model that keeps youth and families out of emergency departments, with life-changing results."

### Sources:

- 1 Lustbader D, Mudra M, Romano C, et al. The impact of a home-based palliative care program in an accountable care organization. *J Palliat Med.* 2017 Jan;20(1):23–28. doi:10.1089/jpm.2016.0265. Epub 2016 Aug 30 (Via Center to Advance Primary Care: <https://www.capc.org/documents/download/867/>)
- 2 Center to Advance Primary Care: "The Case for Community-Based Palliative Care: <https://www.capc.org/documents/download/867/>"
- 3 *ibid*
- 4 APP Visits Report (Measurement period is 2023, data as of 2/20/2024)
- 5 *ibid*
- 6 Internal data, April 2024, study period was January 2021 through December 2022; baseline was 2019, 56% reduction in hospital admissions for Medicare End of Life group.
- 7 APP Visits Report (Measurement period is 2023, data as of 2/20/2024)
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- 10 *ibid*
- 11 National Hospice and Palliative Care Organization "Facts and Figures Report, 2024 Edition" <https://www.nhpco.org/wp-content/uploads/NHPCO-Facts-Figures-2024.pdf>
- 12 *ibid*
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- 14 (SMG) Service Management Group, 2024
- 15 <https://www.lobby.com/institute/what-is-a-good-nps-score-for-healthcare-organizations>
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- 17 ROI for Elevance Commercial and National Medicaid health plans. Internal Carelon Health Data Science Team, 2024