

Giving Feedback to Physicians

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Faculty/Presenter Disclosure

- **Faculty:** Charles F. von Gunten, MD, PhD
- **Relationships with commercial interests:**
 - none

Outline

- **Setting: OhioHealth**
- **Facts and Assumptions**
- **Feedback to Palliative Medicine**
 - Physicians
- **Feedback to Medical Staff**
 - 3,600 physicians
 - 2/3 private practice

SETTING: OHIOHEALTH

OhioHealth

Not-for-profit, faith-based health system

West Ohio Conference of United Methodist Church



30,000 staff

3,600 physicians

5,000 volunteers

12 hospitals

2000 active beds

ALOS 2.1 – 5.3 days

60+ sites

**169,000+ effective
occupancy cases**

(inpatient admissions and observation stays)

510,000 ED visits

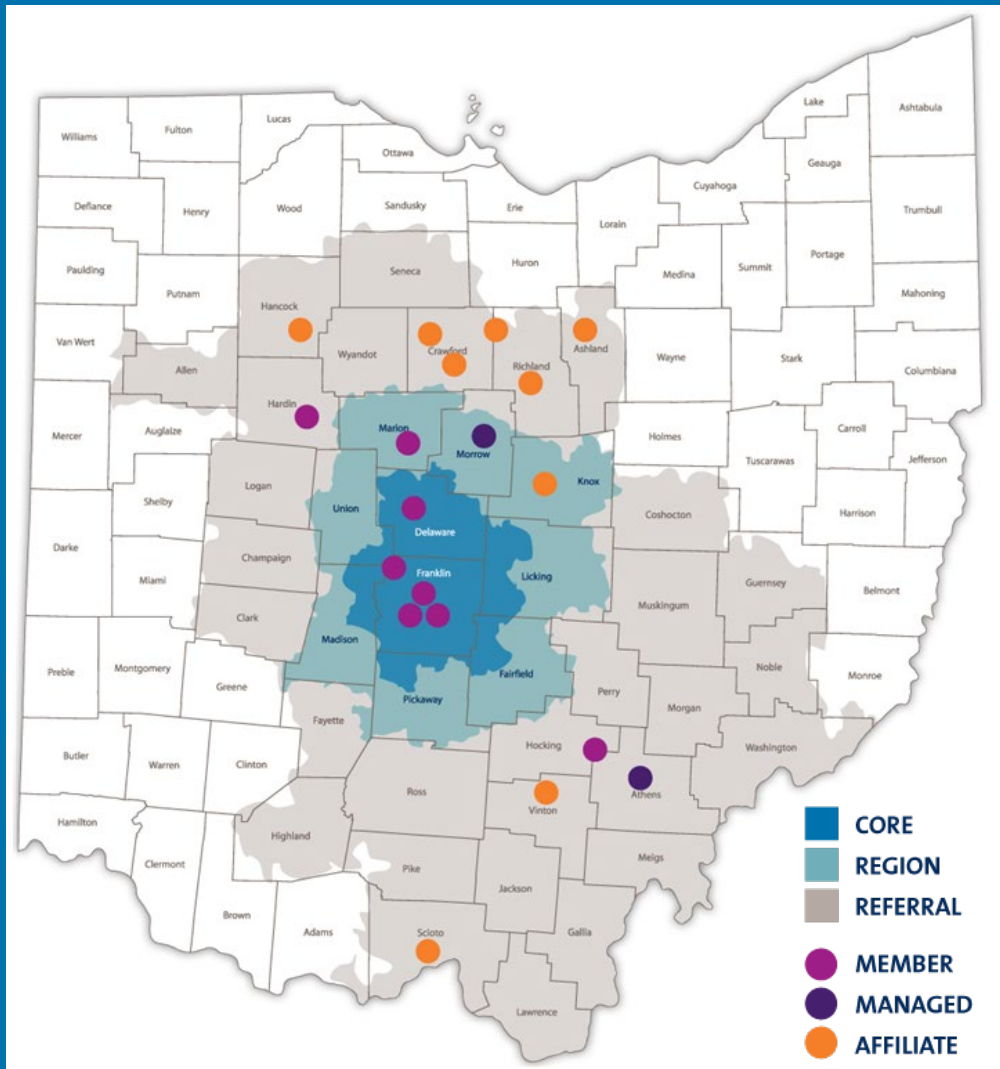
2.6 million outpatient visits

(excluding Emergency Department)

6 % operating margin

570 days cash on hand

OhioHealth Locations



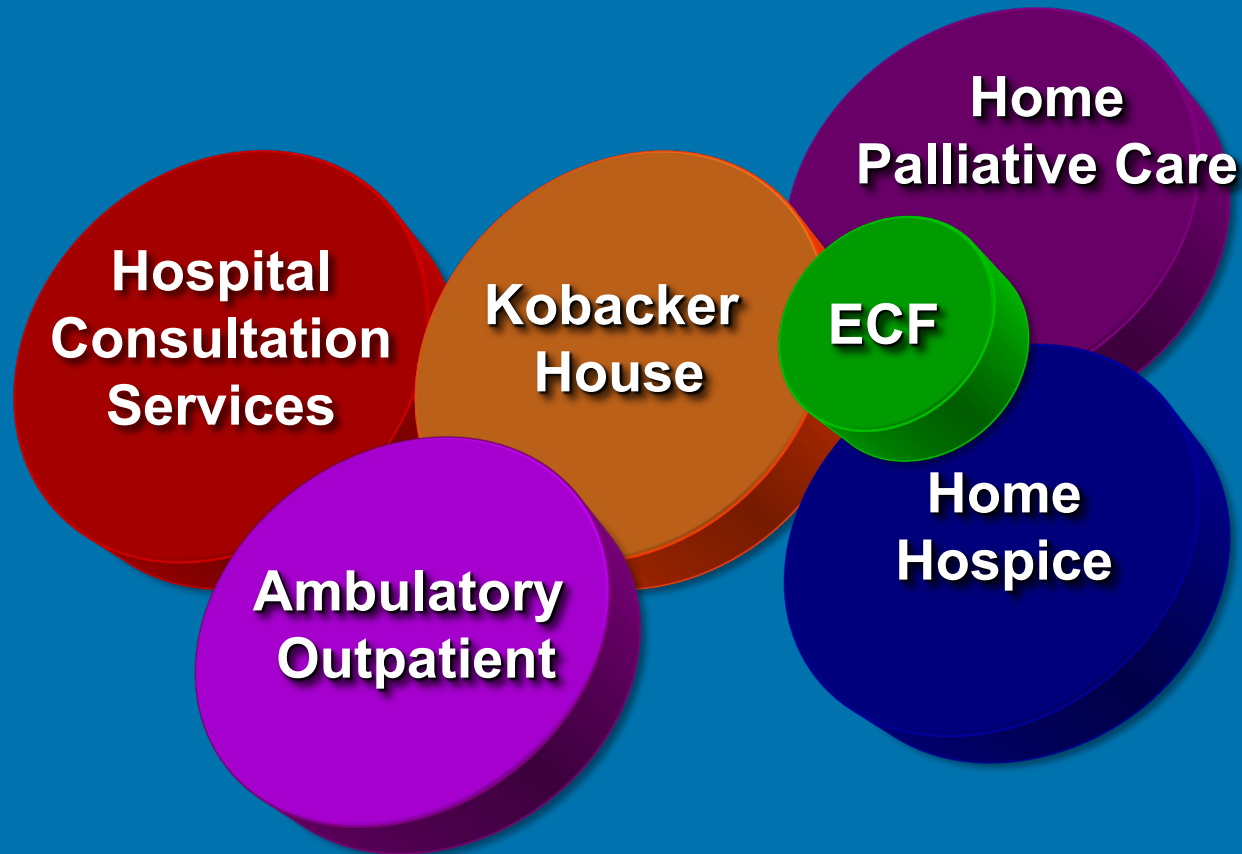
Coverage

40 county market
area serving 3.5M
people

Journey from 'Volume' to 'Value'

- **Predominant payment method in the US is fee-for-service**
 - More service, more money
- **30% of Medicare Spending in last year of life (\$151B)**
- **Ohio is a high intensity, high volume, high expense State in the last 2 years of life.**
- **System needs coordinated hospice and palliative care program if change to 'value'**

Clinical Hospice & Palliative Care



Interdisciplinary Team (IDT) Structure

Physician

- Leader of IDT and principal interface between referring physicians and Palliative service; education for unit providers
- Treatment and management of symptoms
- Assistance in goals of care discussions

Advanced Practice Provider

- Treatment and management of symptoms
- Assistance in goals of care discussions
- Interface between unit nursing and Palliative service; education for unit providers

Social Work

- Provides assessment of social, cultural, community, and familial needs
- Assists the family, unit Social Work staff in discharge plans and identification of resources appropriate with family needs and goals

Chaplain

- Spiritual counseling and support for patients/families that request it
- Support to unit staff in end of life cases
- Support for IDT in issues of self-care and resiliency

Pharmacist

- Medication reconciliation
- Resource for complex pain cases
- Significant opportunity to impact hospital cost and pain scores

FACTS & ASSUMPTIONS

Private Practice Physicians serving OhioHealth

- **Majority of 3,600 physician staff are ‘private practice’**
 - Only 800 employed
- **Keep them happy — no doctors = no patients**
- **Notoriously variable practice patterns**
- **Reducing variability increases quality and reduces cost**
- **“Clinical Guidance Councils”**
 - Specialty Specific
 - Decide on ‘Standards’ for the system

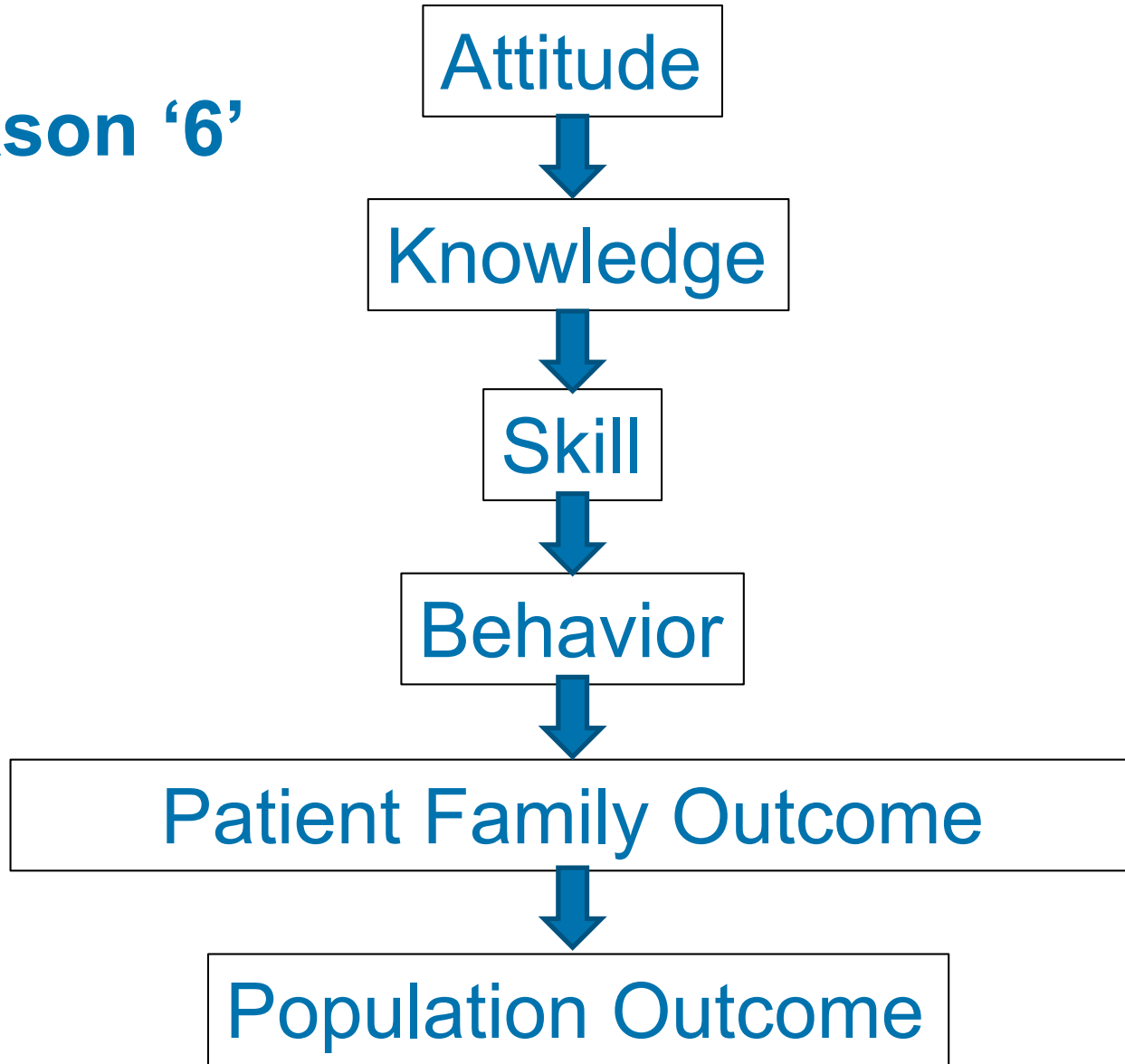
Facts & Assumptions

- **Hospice care is proven to be the best care at the end of life**
 - Key issue: reach all eligible patients
 - Improves quality and lowers cost
 - Treat as a quality measure

Teno J et al. JAMA 2004;291(1):88-93

- **Palliative Care improves quality while reducing cost**
- **Having one Program, with one leadership and one standard improves quality while reducing cost**

Dickson '6'



Facts & Assumptions

- **Physicians think they are better than average in their practice.**
- **Physicians are competitive.**
- **Physicians are tribal.**

FEEDBACK TO PALLIATIVE MEDICINE PHYSICIANS

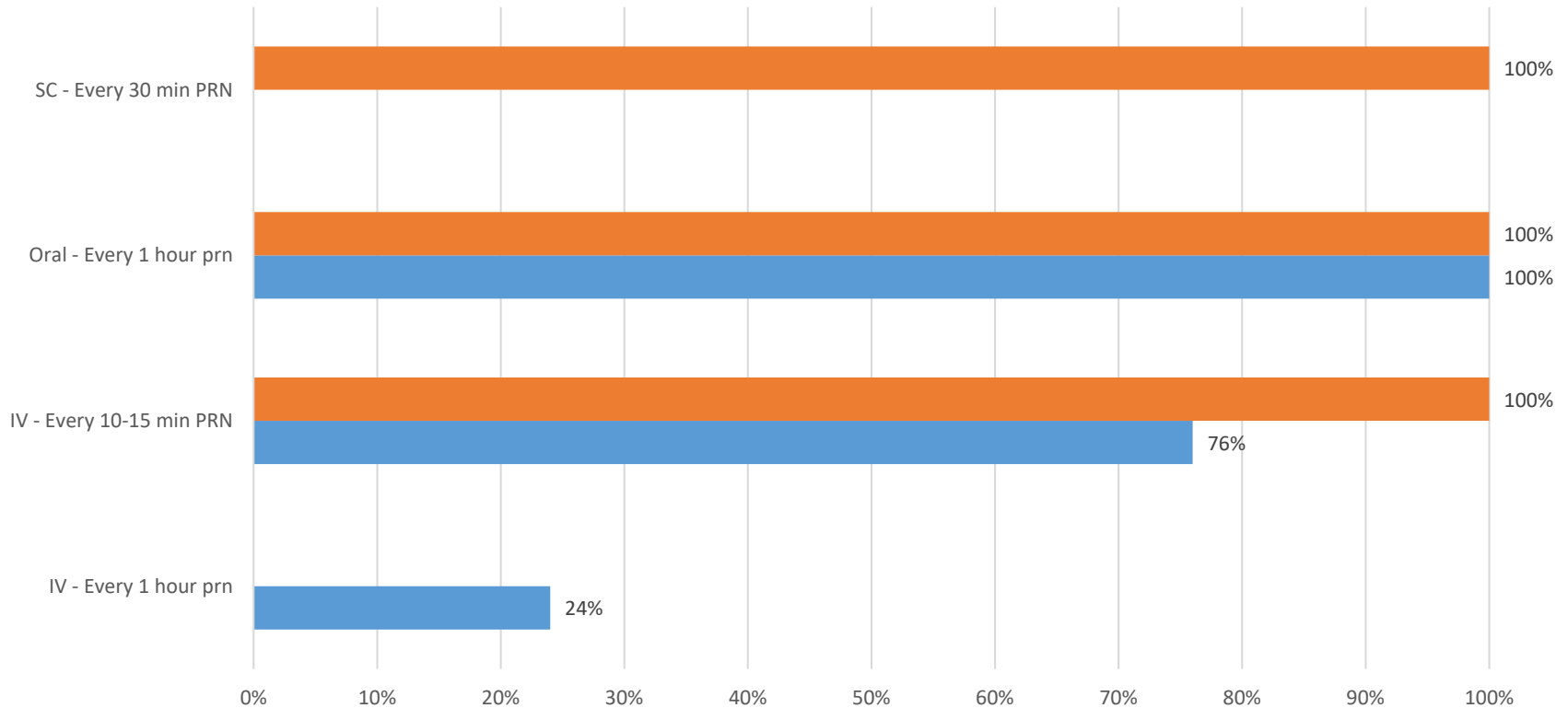
Opioid Dosing

- **Rapid, Safe Pain Management**
- **Opioid Pharmacokinetics**
 - **Time to Cmax**
 - Oral: 1 hour
 - Subcutaneous: 30 minutes
 - Intravenous: 10-15 minutes
- **Electronic Medical Record (EPIC)**

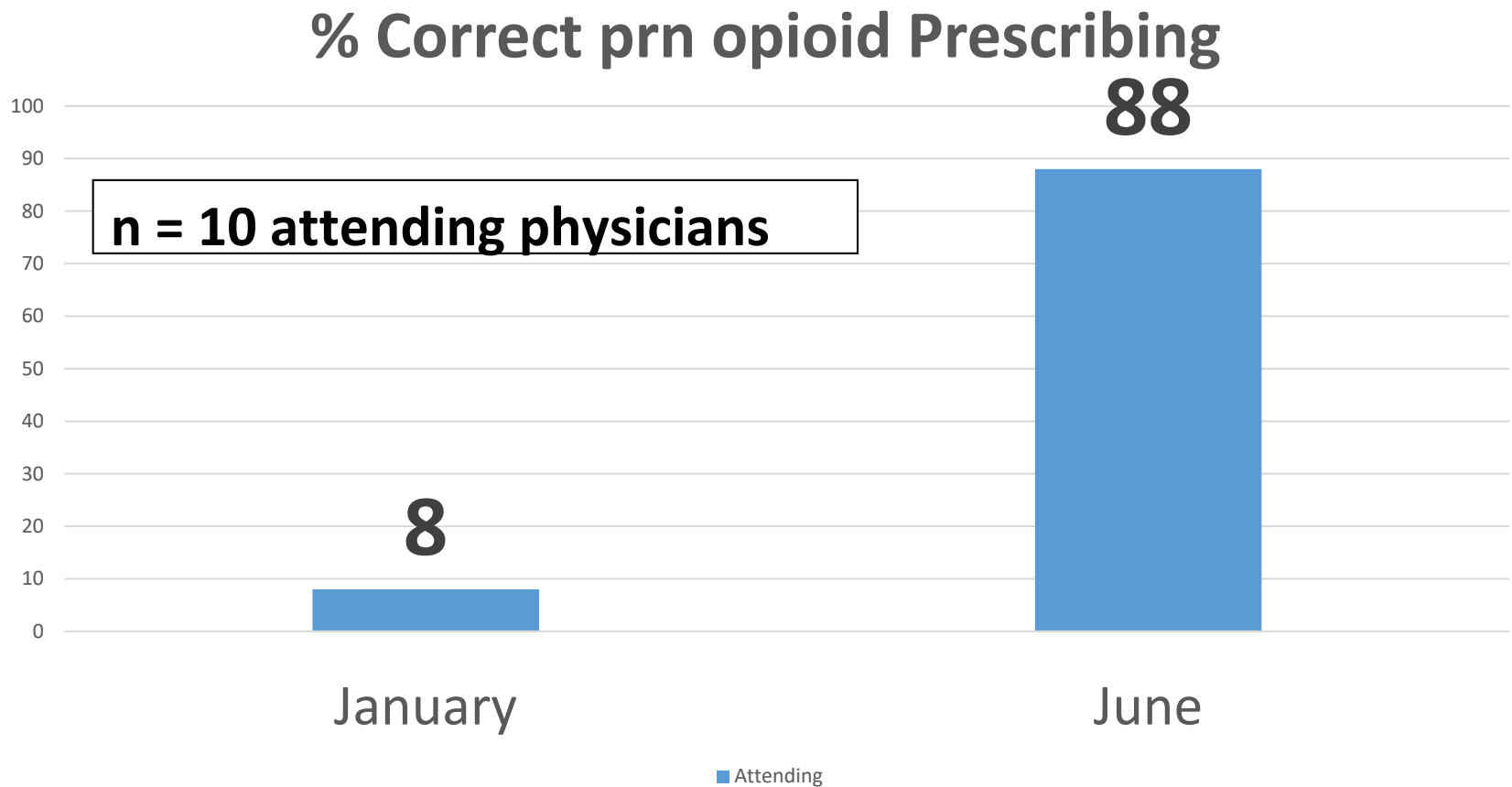
Dosing Intervals by Provider - May 2017

PRN OPIOID DOSING INTERVAL

Textbook CARLISLE, BRIAN JONATHAN

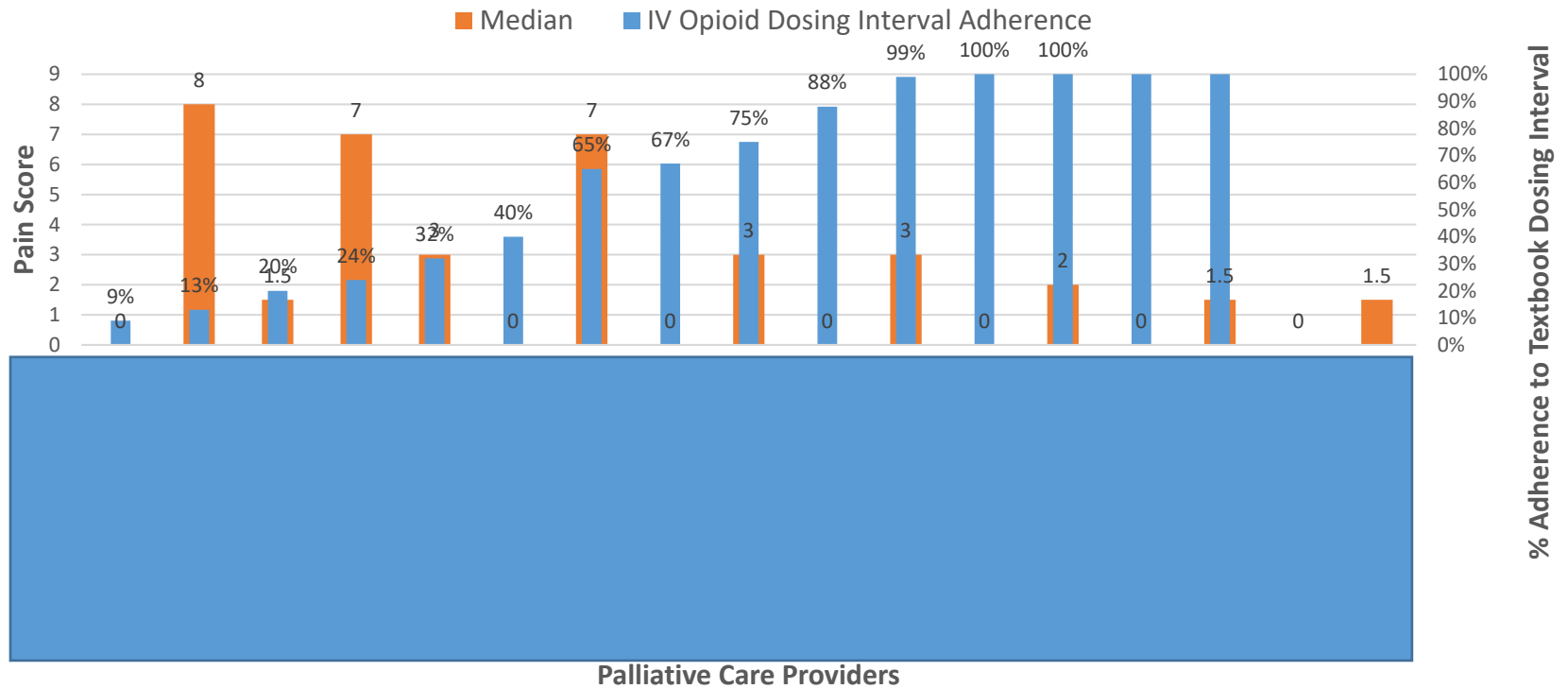


Effect on Palliative Medicine Physicians



Effect of Adherence on Pain Score

Median Last Pain Scores per Palliative Care Provider v % Adherence
October-December 2016



FEEDBACK TO 3,600 PHYSICIANS

Hospice Care is Best End-of-Life Care

- **Higher Quality**
- **Lower Cost**

Intervention

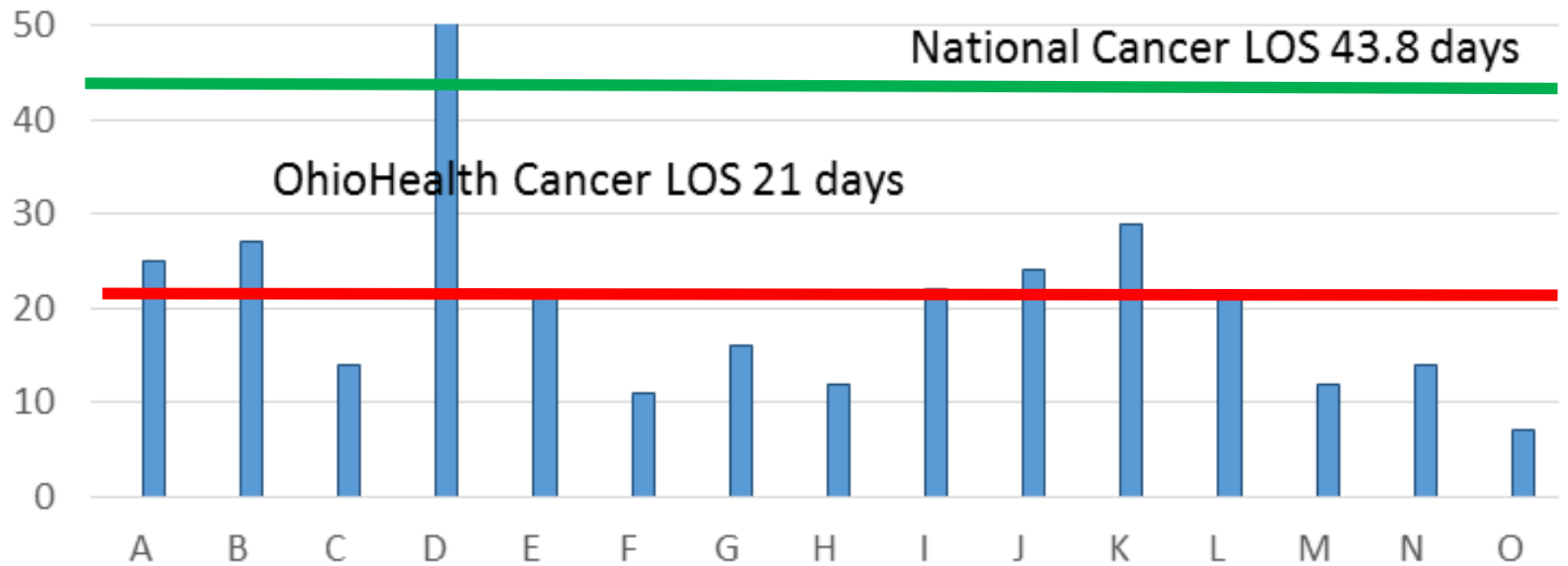
1. Poll Oncology Clinical Guidance Council

- 67% Ideal Hospice LOS 90 Days
- 27% Ideal Hospice LOS 45 Days (n = 25 people)

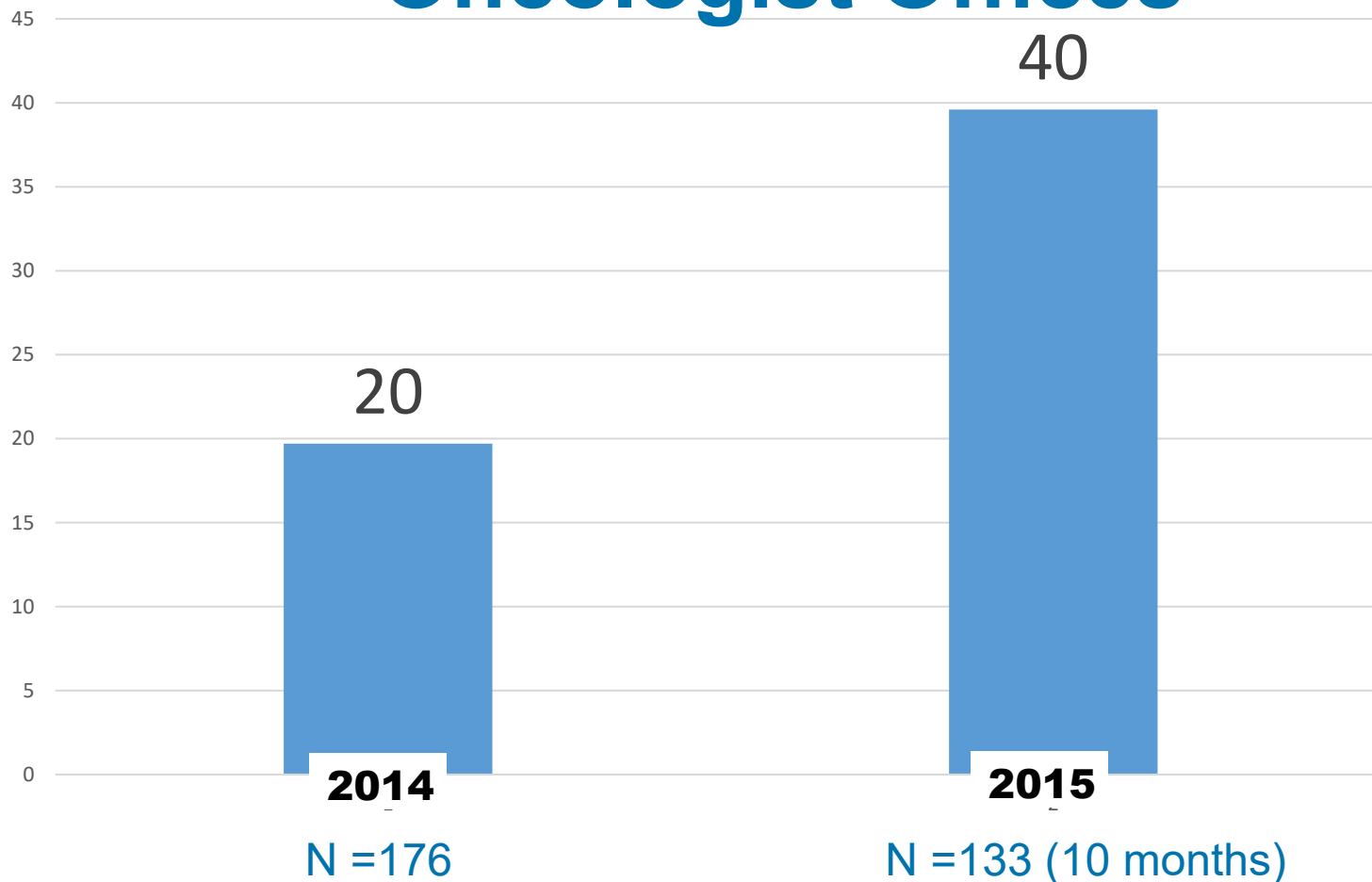
2. Send letter to each oncologist

- Oncologist's LOS compared with others
- Overall OhioHealth median Hospice LOS 21 Days
- National Cancer Hospice LOS 43 days
- Indicators of Poor Prognosis
 - Unintentional Weight loss, ECOG performance status, etc.

Median Length of Service with Hospice Care
referred from OhioHealth
Medical Oncologist's Offices
1/2014 - 10/13/2014



Hospice LOS Doubled for Cancer Patients Referred from Oncologist Offices



Whose Job to have Goals of Care talk ? (%)

	Primary Care	Hospitalist	Critical Care	Oncology	Cardiovascular	Neuroscience	Pulmonary
Primary Care	62	25	22	10	15	15	9
Hospitalist	0	75	3	0	20	5	0
Specialist	13	0	47	75	40	50	65
Pain / PC	25	0	28	15	25	30	26

Whose Job to Manage Pain & Sx? (%)

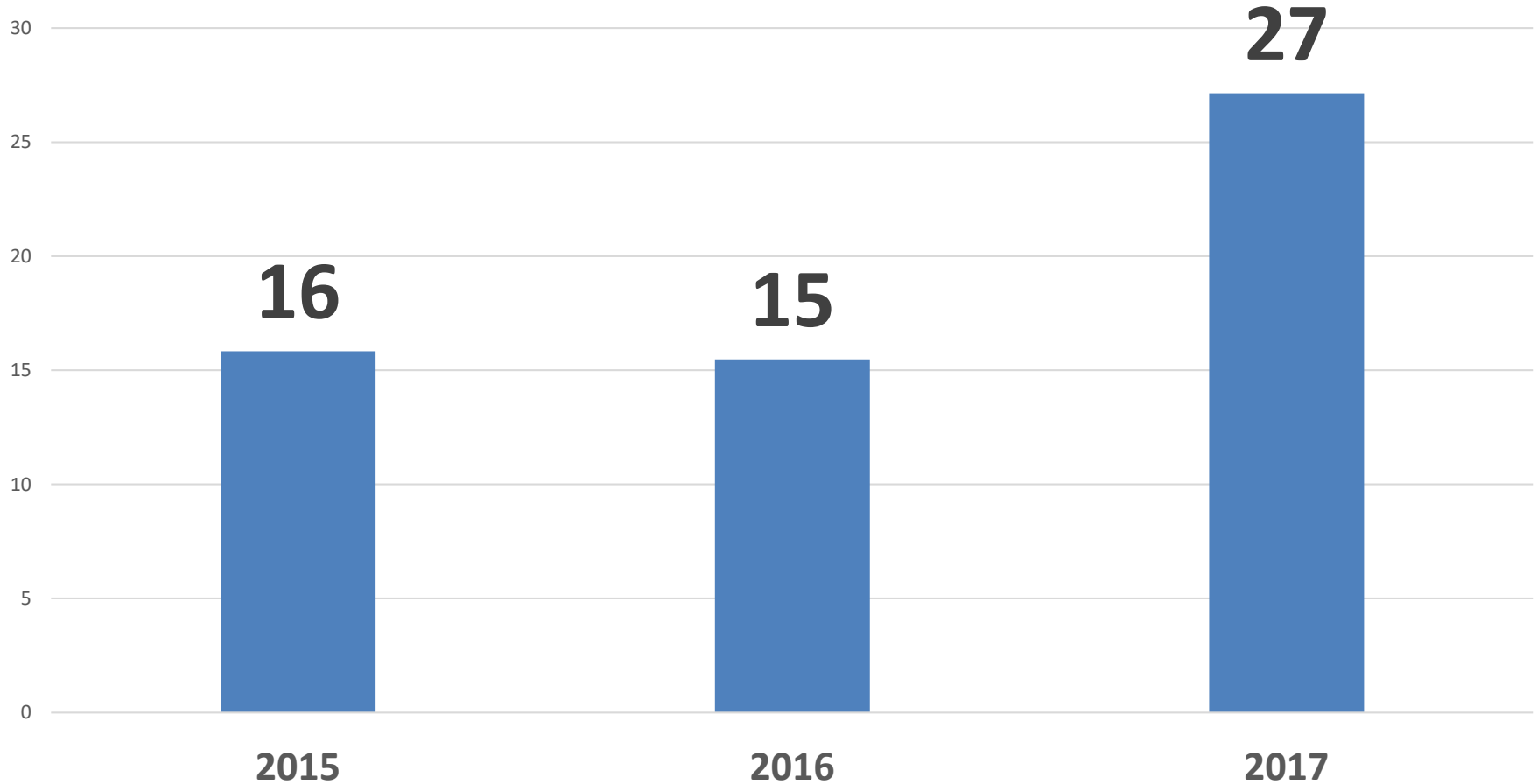
	Primary Care	Hospitalist	Critical Care	Oncology	Cardiovascular	Neuroscience	Pulmonary
Primary Care	59	13	26	0	5	20	17
Hospitalist	0	50	13	8	19	11	10
Specialist	18	0	32	72	53	37	45
Pain / PC	24	38	26	20	24	32	28

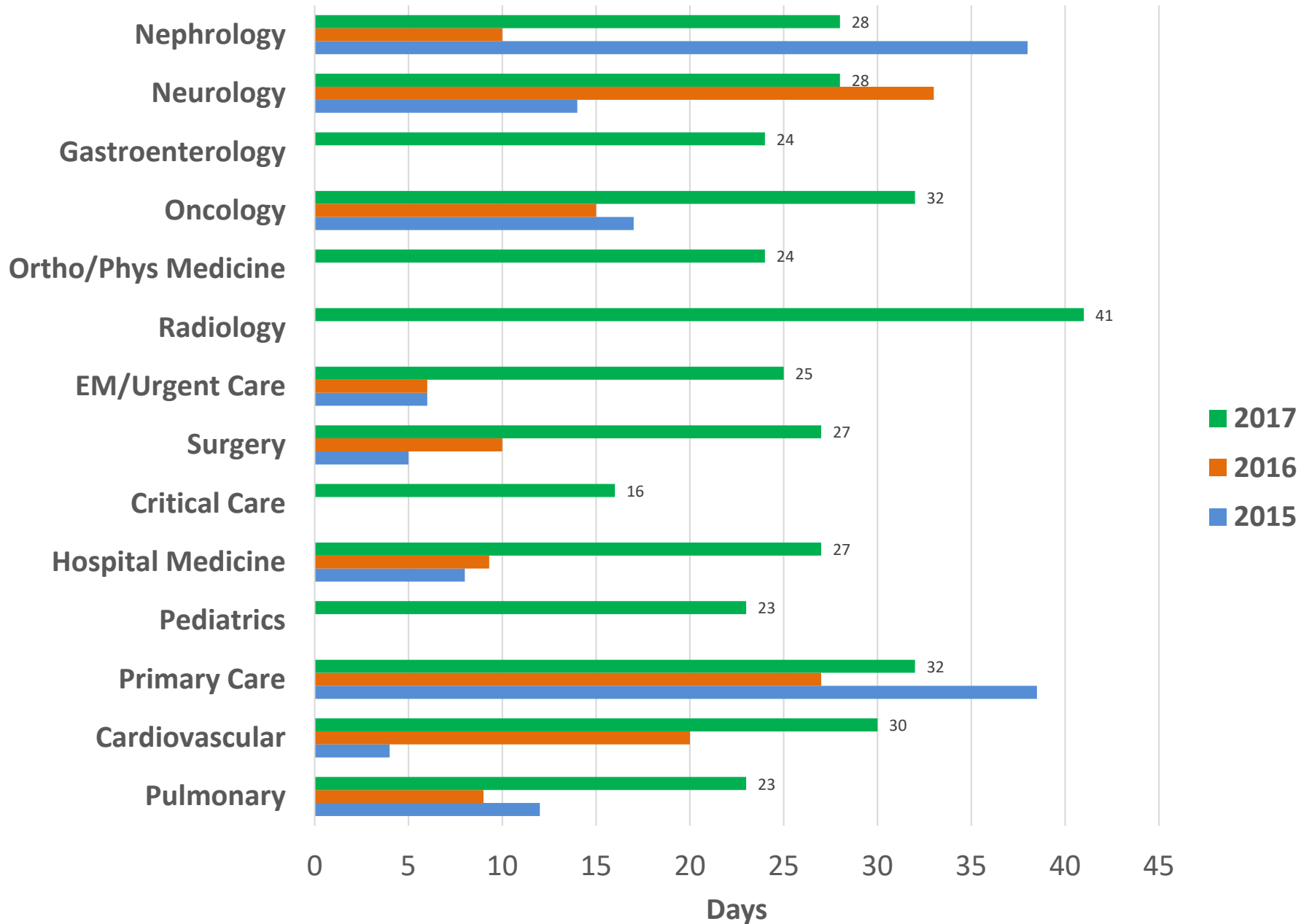
How long in hospice care ? (%)

	Primary Care	Hospitalist	Critical Care	Oncology	Cardiovascular	Neuroscience	Pulmonary
1 week	6	0	6	0	18	5	0
3 weeks	25	12	16	6	18	5	0
6 weeks	44	0	5	27	18	15	10
3 months	25	50	28	67	47	30	5
6 months		38	44			45	85

Median Hospice Length of Stay

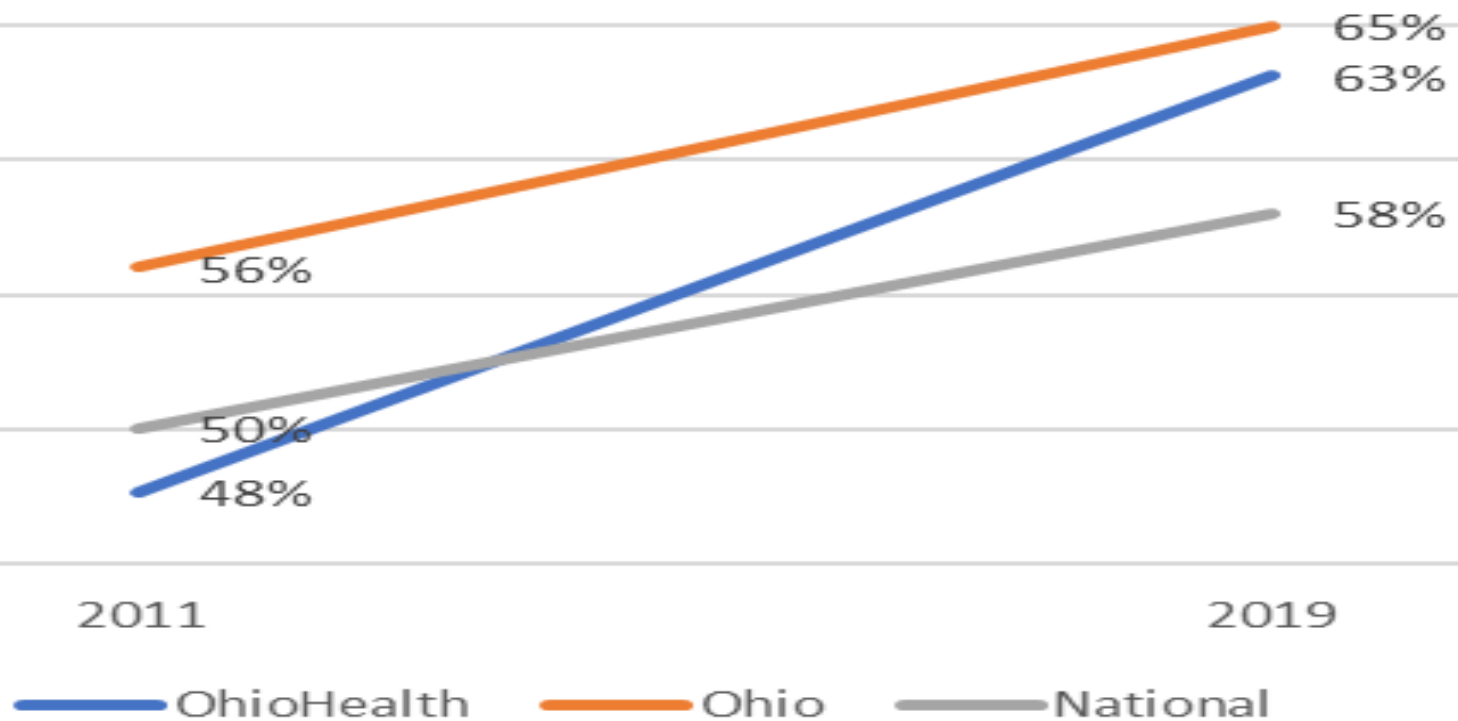
N = 1,888 physicians who referred at least one patient for hospice care



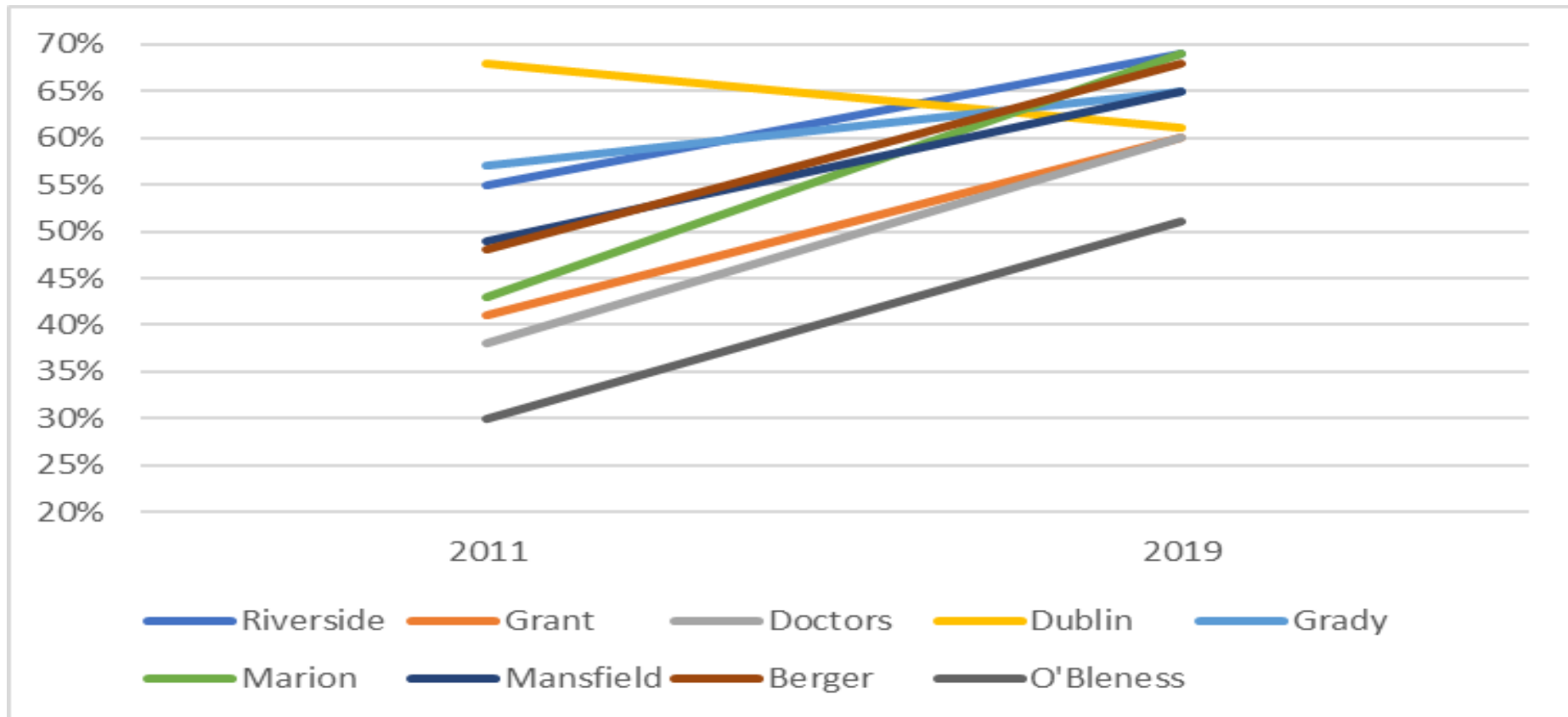


CONCLUSION MEDICARE FFS CLAIMS

2012: OhioHealth CEO: “We are under-hospiced”



All OhioHealth Hospital Patients



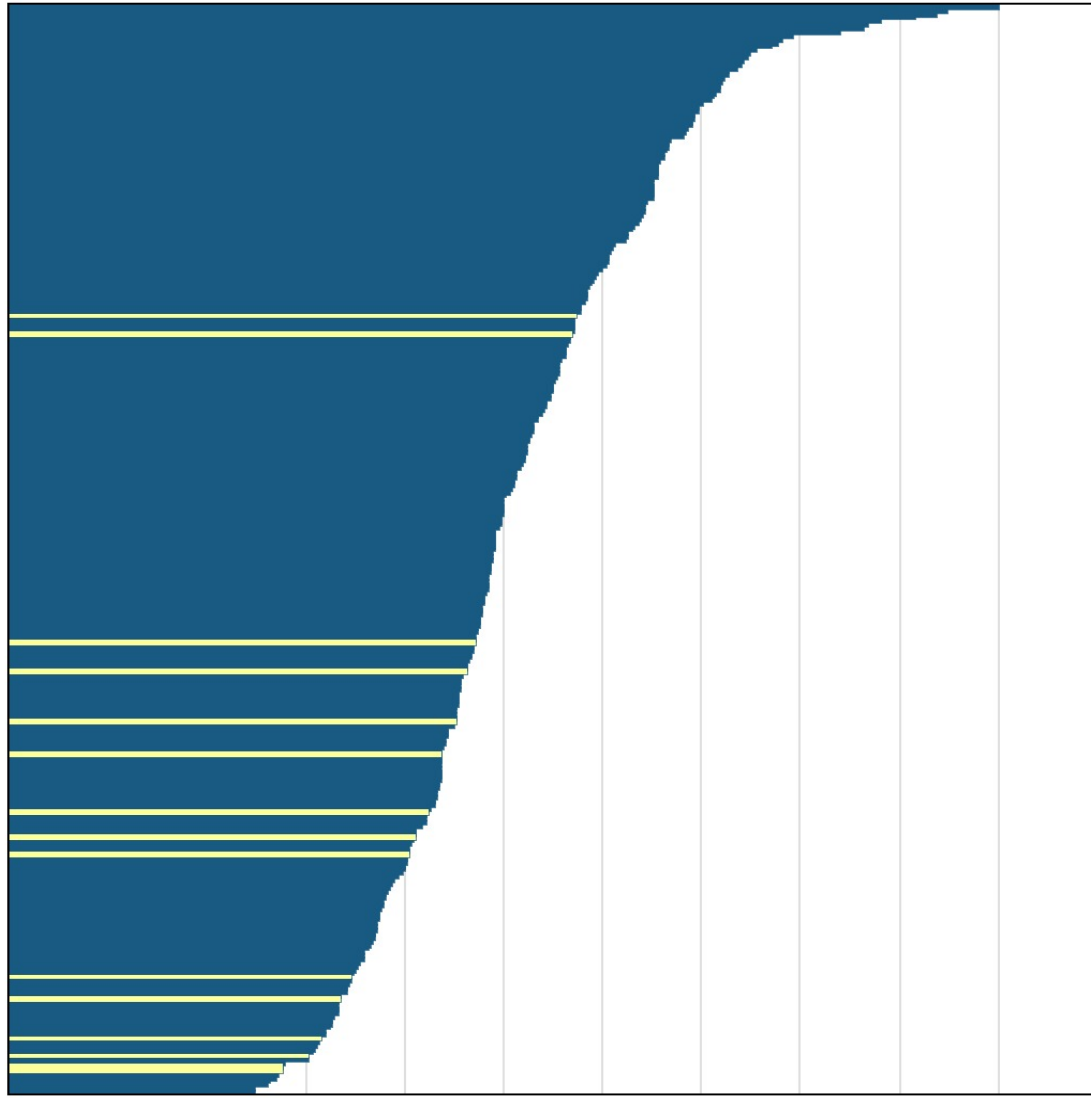
Conclusions about Physicians

- **Value Palliative Care Highly**
- **Want long lengths of stay for their patients**
- **More than 25% want Palliative Care to 'do it'**
- **When given their own, personal data by their own specialty, they improve**

DOES IT MATTER IN SAN DIEGO?

RANKING OF CALIFORNIA HOSPITALS ON PERCENT DIED NO HOSPICE IN 2019 (JULY 2018 TO JUNE 2019)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% 11...



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Medicare Fee For Service Claims 2019

Died within 6 months of Initial Hospital Discharge

HOSPITAL OF INITIAL HOSPITALIZATION	NO HOSPICE	DAYS WITH HOSPICE
CALIFORNIA STATE HOSPITAL AVERAGE	46.9%	12
SHARP CORONADO HOSPITAL AND HLTHCR CTR - 050234	27.7%	15
SCRIPPS MEMORIAL HOSPITAL - ENCINITAS - 050503	27.8%	20
TRI-CITY MEDICAL CENTER - 050128	30.4%	15
PALOMAR HEALTH DOWNTOWN CAMPUS - 050115	31.6%	15
SCRIPPS GREEN HOSPITAL - 050424	33.6%	12
POMERADO HOSPITAL - 050636	34.7%	16
SCRIPPS MEMORIAL HOSPITAL LA JOLLA - 050324	40.4%	16
UC SAN DIEGO HEALTH HILLCREST - HILLCREST MED CTR - 050025	41.1%	11
KAISER FOUNDATION HOSPITAL - ZION - 050515	42.4%	12
GROSSMONT HOSPITAL - 050026	43.8%	14
SHARP MEMORIAL HOSPITAL - 050100	45.2%	14
SCRIPPS MERCY HOSPITAL - 050077	46.4%	13
SHARP CHULA VISTA MEDICAL CENTER - 050222	47.1%	11
ALVARADO HOSPITAL MEDICAL CENTER - 050757	57.0%	10



OhioHealth

BELIEVE IN *WE*™

