Aspire’s Palliative Care Approach

Palliative Care: A Medical Specialty

Old

Key Question
“Would you be surprised if this patient passed away within the next year?”

Common Disease Categories
• Cancer (Stage IV)
• Advanced Heart Failure (Class III-IV)
• Advanced COPD (Stage III-IV)
• Advanced ESRD
• Advanced Dementia

New
### The Advantages of a National Palliative Care Provider

<table>
<thead>
<tr>
<th>Palliative Care Today</th>
<th>Aspire’s Palliative Care Practices</th>
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<tbody>
<tr>
<td>• Outpatient palliative care is the “Wild West” with many models and pilots but few with sufficient scale</td>
<td>• Developing a consistent, systematic approach to outpatient palliative care with sufficient scale to develop and implement best practices</td>
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<td>• Lack of clarity on mechanism for identifying target patient population</td>
<td>• Establishing consistent processes for identifying the target patient population</td>
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<td>• Limited palliative care clinicians in many markets</td>
<td>• Each of Aspire’s practices is led by an established local palliative care physician from that market</td>
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<td>• Lack of on-the-ground management and operational capacity in most markets</td>
<td>• Investing in additional on-the-ground management and operational capacity in each market</td>
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<td>• Inadequate support systems (e.g., IT systems)</td>
<td>• Developing scalable systems including a proprietary EMR, 24/7 call center, and policies and procedures</td>
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<td>• No standard quality metrics and limited ability to track existing metrics</td>
<td>• Developing clear quality metrics, including systems for monitoring and reporting these metrics</td>
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<td>• Concerns about financial return on investment</td>
<td>• Demonstrating the business case for palliative care, in part by taking on financial risk</td>
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**Investment of $$$, people and time**
Aspire’s Palliative Care Model

Customer & Aspire Health
- Identify patients using a combination of Aspire’s algorithm and the customer’s data

Customer
- Medicaid Managed Care Plans
  - Commercial Health Plans
  - Medicare Advantage Plans
  - ACOs
  - Specialist Physician Groups
- Under Bundled Payments

Initial Palliative Care Assessment
- A palliative care NP conducts a comprehensive palliative care assessment in the patient’s home or an outpatient clinic

PCPs & Specialists
- Refer patients directly to palliative care depending on the preferences of the customer

PCPs & Specialists
- Consulted on care plan changes & receives alerts on patient’s status changes as desired

Palliative Care Support Team
- Home or outpatient clinic palliative care visits from physicians, NPs, SWs and chaplains as needed
- Regular telephonic outreach to the patient and their family
- 24/7 access to palliative clinicians, including home visits
- Access to Aspire’s patient & family educational materials
- Weekly care support team meetings led by a palliative care physician to review each patient’s status

Customer
- Regularly receives data on patient’s status & provides Aspire Health monthly cost and utilization data by patient
Aspire’s Palliative Care Support Team
Aspire’s Capacity: Patient Identification Analytics

- Aspire has created a patient identification algorithm that allows Aspire to partner with health plans and ACOs to identify patients who may benefit from Aspire’s services.

- For large health plans, Aspire is willing to conduct an analysis of the health plan’s claims data to identify how many patients could benefit from Aspire’s services as well as project the potential cost savings opportunity from providing Aspire’s services to those patients.

- A sample output from an analysis is on the right.

Chart: Revenue & Costs: Palliative Population Last 7 Months of Life
Aspire’s Capacity: Proprietary EMR

- Aspire has built its own proprietary EMR that contains **palliative care specific assessments** and workflows.

- The EMR has an **e-prescribe** capability that includes allowing for the prescription of **controlled substances**.

- This EMR allows Aspire to track palliative care specific **outcomes data** such as changes in symptom scores and advanced care planning.

- This EMR also generates one-page **patient summary reports** that are automatically sent to a patient’s primary physician (see sample at right).

- Aspire’s EMR can also produce **customized reports for health plans** as well as build API or HL-7 interfaces to facilitate data sharing with health plans as desired.
Aspire Outcomes Data: Enrollment Rate

Referred Patients Enrolling in Aspire Program

- Enrolled: 88%
- Decline: 12%
Primary Diagnosis of Patients Enrolled in Aspire Program

- CHF
- COPD
- Cancer
- Dementia
- Other
- ESRD
Aspire Outcomes Data: Advanced Care Planning

Advanced Care Planning:
Aspire Program vs. National Benchmark

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

Advanced Care Plan / Living Will / POST Completed
Recent Advanced Care Plan Discussion

Aspire
AHRQ Benchmark

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Aspire Outcomes Data: Hospice Utilization

Reason for Discharge: Aspire Program

- Hospice
- Death
- Patient or Family Declines
- Other

Hospice Median Length of Stay: Non-Aspire vs. Aspire Referrals

- Non-Aspire Hospice Referral Median Length of Stay
- Aspire Hospice Referral Median Length of Stay
Aspire Outcomes Data: Hospitalizations

Admissions Per Thousand:
Aspire Program vs. Non-Aspire Program

- Non-Aspire Patients in Last Seven Months of Life: -72%
- Non-Aspire Patients Who Met Enrollment Criteria: -56%
- Aspire Patients:
Aspire’s Leadership Team

Board Members
- Sen. Bill Frist (Board Chair)
- Mike Tudeen (Member)
- Gene Fleming (Member)
- Matt Downs (Member)

Corporate Leadership
- Brad Smith (CEO)
- Dr. Andrew Lasher (CMO)
- Jay Benn (COO)
- Diane Seloff (CAO)

Clinical Leadership
- Dr. Martha Twaddle (Illinois)
- Dr. Janet Bull (North Carolina)
- Dr. Elizabeth Kvale (Alabama)
- Dr. David McGrew (Florida)

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