HOME BASED PALLIATIVE CARE PILOT
BLUE CROSS BLUE SHIELD NC
MISPERCEPTIONS OF PALLIATIVE CARE

Specialized care for people with serious illness

Relieved symptoms, pain, and stress — no matter the diagnosis or stage of the disease

Improved quality of life for the patient, family and caregivers

Death
End of Life
HOW IS PALLIATIVE CARE AND HOSPICE DIFFERENT

Palliative Care

- No life expectancy limit
- Covered under Medicare or traditional medical insurance
- More aggressive treatment of symptoms without compromising quality of life

Quality of life

Emotional, physical & spiritual support

Hospice Care

- Life expectancy of six months or less
- Covered under Medicare
- Pain management to allow patient to die with dignity
How can we ensure members, providers and caregivers understand the scope of palliative care, proactively seek services when necessary and, when they do, have access to the appropriate care?

Innovation Challenge

Extend services not paid through FFS

Create a pmpm reimbursement model to cover all services delivered by the interdisciplinary team

Engage palliative care providers in NC and National thought-leaders
PALLIATIVE CARE GROUND WORK

Blue Cross CARE 360 Partners

Offering specialized support services focusing on pain management, relief, and overall improved quality of life.

UNC Palliative Care Program

Serving Alexander, Burke, Cabarrus, Caldwell, Catawba, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, McDowell, Rowan Counties.
PALLIATIVE CARE PILOT: INTERDISCIPLINARY TEAM

*24/7 Support to prevent unwanted care
CARE 360 PILOT DETAILS

Enrollment to date of April 2019

175 Members

Currently Enrolled

79

In Pilot 5 Months or More

49

In Pilot 1 Month or Less

46

Pilot Evaluation

1. Send Surveys Out to Pilot Providers

Control Group Study to evaluate performance
DEFINING SUCCESS

Positive Patient & Caregiver Experience

- Improve Quality of Life
- Support both Caregivers and Family
- Manage Expectations
- Reduce Stress and Anxiety
- Reduce unwanted care
- Patient feels like a partner in their care

Decreased Unplanned Care

- Utilization: ED, ICU days, ambulance
- Preventable hospital admission and readmission rates