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Sutter Health  
4830 Business Center Drive, Suite 140  
Fairfield, CA 94534  
<http://www.suttercareathome.org/aim/>

Monique Reese, DNP, ARNP, FNP-C, ACHPN  
Chief Clinical Officer, Sutter Care at Home  
4830 Business Center Drive, Suite 140  
Fairfield, CA 94534  
Office: (707) 864-7543  
[reesemc@sutterhealth.org](mailto:reesemc@sutterhealth.org)

Valeria Balmaceda  
Executive Assistant  
Office: (707) 864-4670  
[balmacv@sutterhealth.org](mailto:balmacv@sutterhealth.org)

**Re: Advanced Illness Management at Sutter Health**

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Identify topical area(s) of focus in this application:

- Patient Experience
- Quality Improvement

Sutter Care at Home (part of the Sutter Health network) has been providing care to Northern California for over a hundred years. As one of the region's largest not-for-profit, community-based home care providers, our services include home health care, hospice, infusion therapy, respiratory care and home medical equipment and bereavement and grief support. We are relentless in our search for ways to enhance the well-being of our patients, primarily people living with chronic and terminal illness.

In 2009, Sutter Health launched a small pilot for a new program called Advanced Illness Management (AIM), an entirely new approach to that part of life between relative wellness and hospice care at the end. The result of this pilot has been nothing short of revolutionary. AIM has earned the wholehearted support of the Chief Executive Officers and Boards of Directors of both Sutter Health and Sutter Care at Home. Our staff's innovative and tireless work to develop, implement and refine the AIM program is key to our programs success. AIM is a local and national solution to how we care for each other during one of our most vulnerable times in life.

*Monique Reese, DNP, Chief Clinical Executive, Sutter Care at Home*

# Executive Summary

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Thanks to modern medicine and technology, many life-threatening illnesses, including many cancers, are now chronic conditions. As health declines across the final year to 18 months, life grows increasingly complex and costly. This is a time of deep personal significance, yet the average American spends it on multiple office visits with myriad physicians, plus frequent hospital admissions and trips to the emergency room. Unless they enter a hospital or nursing home or remain utterly homebound, people in this phase of life are largely expected to manage on their own. As a result, their care represents a huge contributor to medical costs nationwide.

Sutter Health's Advanced Illness Management (AIM) program was conceived and implemented to change the personal experience of advanced illness and the way health care at this stage of life is supported and financed. In just a few years, AIM has reduced hospitalizations and ER visits for seriously ill patients, improved pain management and reduced intensive care stays, all while reducing Medicare and Medicaid costs by 32 percent.

All of these solutions are scalable and can benefit patients and their families, health care providers and insurance funders throughout California and the nation.

## **Background and relevance of the problem being addressed and effort undertaken.**

Medicare spends \$214 million annually for every 5,000 patient in the last year of life. Nearly 30 percent of all payments are made in the last year of life. Patients living with advancing illness represent five percent of the population that spends the highest amount of Medicare dollars and requires the most time and resources from providers.

About 30 percent of Medicare dollars are spent on caring for chronically ill patients during the last two years of life. By ensuring that these patients receive coordinated care and avoid unnecessary ER visits and hospital admissions, Sutter Health is improving the patient experience and the quality of care while lowering costs.

Sutter Health's AIM program was created at an important crossroads in care delivery for patients facing serious illness. For more than two decades, researchers have documented serious deficiencies in end-of-life care, and leading health care organizations have called for an overhaul of care delivery models. While palliative care has grown as a specialty, end-of-life care remains aggressive, burdensome and expensive. A 2013 study of Medicare decedents between 2000 and 2009 found that ICU use and burdensome care transitions close to death increased in the final month of life. Analysis also found that while the use of hospice, which offers high quality end-of-life care but requires a life expectancy of less than six months and clear comfort-oriented goals, increased from 22 percent to 42 percent, short stays in hospice (fewer than 3 days) also more than doubled (4.6 to 9.8 percent). Data suggests that shifts towards comfort-oriented care goals are occurring with higher frequency but are occurring late in the illness course and following a period of increasingly intensive treatments.

Sutter Health's Advanced Illness Management (AIM) program facilitates home-based care for this population. We analyzed Medicare fee-for-service 2010-2014 decedents to determine the impact of AIM on participants' end-of-life expenditures, utilization and care experience. Final month per-beneficiary Medicare expenditures for AIM patients averaged \$5,267 less than expected, and inpatient payments averaged \$6,419 less.

## **Describe the effort, including the scope, process, strategies and tactics utilized, challenges encountered and how they were addressed.**

AIM is a scalable continuous care management program that focuses on patient engagement, self-management support, and care coordination combined with palliative-care principles and clinical support. AIM services are provided regardless of reimbursement or clinical acuity.

AIM care managers focus on patient preferences, emphasizing home and community-based care options as alternatives to hospital-based care. AIM team members use standardized tools and are guided by five care principles: (1) patients' personal goals and advanced care planning as a continuous process, (2) "red-flag" symptom identification and self-management to improve in-home stabilization of symptoms and minimize emergency visits, (3) medication reconciliation and management, (4) ongoing coordination with the primary care physician, and (5) the use of health-literate person-engagement and self-management support tools. AIM services encompass both high-touch home visits and telephone management support.

Patients who enroll in AIM live at home supported by a team of specially trained physicians, nurse practitioners, registered nurses and medical social workers whose purpose is to maximize patient independence and quality of life while minimizing health crises. The AIM team helps manage symptoms, medications, preparations for medical appointments, and communications with physicians. The team is

available 24/7 to enrollees and their families, providing support even during periods when the patient feels better. Perhaps most valuable to patients is the guidance provided around life decisions and goal setting for whatever time remains of living. AIM is a major improvement on the present system.

The AIM intervention was associated with a substantial reduction in inpatient and overall Medicare FFS payments in the final month of life. The magnitude of inpatient savings relative to total savings also indicated a shift in care from hospital to home as death approached.

AIM intervention was also associated with lower hospital utilization and fewer hospital and ICU deaths. Given research showing that most patients wish to age at home, these findings suggest that AIM contributes to honoring patient preferences as they age. In this regard, AIM can serve as a model for other health care organizations striving to provide high-quality person centered care for their patient populations.

The single greatest challenge is surge in demand. According to California's census, there are nearly 10 million baby boomers here. A report from the [Public Policy Institute of California](#) indicates that our state's over-65 population is expected to increase by four million by 2030. To meet the care needs of this large and growing population requires aggressive expansion of senior care and unremitting medical staff recruitment and training.

Additional challenges include:

- Workforce development – educating teams on palliative care and enhancing the focus of care to include palliative care in the home health platform
- Physician Practices – referral for palliative care and identifying AIM appropriate patients
- Staffing and recruitment
- Engaging stakeholders – reaching potential referral sources, articulating the eligibility criteria
- Electronic Health Record complexities – documentation system variations between multiple electronic health records.

### **Describe the results of the effort.**

Originally piloted in two counties, AIM's outcomes proved so promising that in 2012 the Center for Medicare and Medicaid Innovation gave Sutter Health \$13 million to assess the program's scalability during a larger, three-year test of concept. Sutter's own contribution of \$17.8 million brought the project budget to \$30.8 million. Between 2012 and 2015, this funding made it possible for AIM to reach nearly 10,000 patients in 19 Northern California counties at a cost of about \$3,000 per patient, a 32 percent reduction in the cost of care.

Most importantly, people felt better. They had less pain, 30 percent fewer trips to the ER, 50 percent fewer hospitalizations, and at least 70 percent fewer days in intensive care. AIM patients were 31 percent more likely to enroll in hospice, 29 percent less likely to die in the hospital, and 48 percent less likely to die in the ICU. Of all new AIM participants, 96 percent completed their Advanced Care Planning (ACP) documents within 90 days of enrollment. An unexpected trend was that 67 percent of patients with ACPs modified them one or more times while with AIM – evidence of the continuing dialog regarding patient's personal goals.

Patients and physicians reported satisfaction with the program in the range of 95 percent, well above the standard 80 percent.

By 2015 it was clear that AIM had the potential to fix a whole range of challenges in health care: the gap in insurance coverage; the “revolving-door” that has patients spinning from home to hospital and back; the economic cost; the impact on families.

Today, 3,000 patients are enrolled in AIM at any one time. Most (82%) are seniors who are at a point where they must decide whether to continue seeking aggressive treatment or make the transition to comfort care only. Forty-three percent have heart disease, one in three has metastatic or recurrent cancer, one in four has lung disease, one in seven has a neuromuscular disease such as ALS. Nearly two-thirds have two or more serious conditions. AIM gives them the life they want without sacrificing the care they need.

### **Discuss the significance of the results. How do the results demonstrate outstanding achievement?**

Sutter Health’s AIM program showed reduced hospitalizations and improved care transitions, contributing to an improved quality of life for patients enrolled in AIM. The success of the pilot program was crucial to Sutter Health receiving the CMMI grant.

Since 2010, the AIM launch:

- Reported a 75 percent reduction in ICU days, an average decrease of one or more days for hospital stays, and more than 50 percent reduction in hospitalizations at 90 days post-enrollment.
- Showed high patient and family satisfaction (4.7 out of 5).
- Reduced costs for payers by \$5,000 per patient at 90 days post-enrollment.

### **Describe sustainability and scaling of the achievements.**

Many organizations provide home care, palliative care and hospice, but so far only Sutter Health has created anything like AIM, with its capacity to bridge the care gap across the continuum and the funding gap between life-as-usual and the end of life.

Sutter’s AIM program has succeeded in improving the quality of life for thousands of patients: nearly 3,000 every day. In 2015, AIM provided care for 953,000 people, representing a 12.5 percent increase in total enrollment. Nearly 2,000 physicians have referred their patients to AIM so far and that figure continues to climb as AIM is offered in more California counties.

Most importantly, people are better able to define what their life is like in their final months, while receiving exemplary, personal and compassionate care. Health care providers and families have a compelling alternative to assisted living for ailing, elderly patients. Insurance programs and providers have an option for covering excellent end-of-life care while savings millions of dollars in unnecessary hospitalizations.

Beyond patient benefit, AIM has garnered national attention. Medicare leaders are analyzing data from the three-year trial. Preliminary results point toward a lead role for AIM in the development of a new

national model, uniquely combining cost savings with improvements to quality of life, for advanced illness management.

Toward that end, Sutter Health has taken a lead role in the Coalition to Transform Advanced Care (CTAC), which also includes AARP, the American Hospital Association and some 150 other respected groups. CTAC's goal is to address the regulatory, payment and other challenges to a multi-state demonstration project that will test a new payment model for balancing government savings with more effective management of advanced illness. Through CTAC, Sutter Health is working with Medicare decision makers, lawmakers and others to advocate for insurance coverage of AIM.

This moment in the history of AIM is reminiscent of the American hospice movement shortly before Medicare acknowledged its value and made it a benefit. (Private insurance coverage quickly followed.) If the hospice analogy holds true as expected, reimbursement for AIM will be approved by about 2021. Sutter Health is investing monies to bridge current funding gaps and provide increased patient benefit while Medicare completes its value analysis of AIM and considers adding advanced illness management to its list of reimbursable services. The long-term strategy is to create a stable payment and funding model for all AIM care.

### **Describe key lessons learned and any advice to colleagues who might try to undertake a similar effort.**

#### **Two key lessons learned thus far are:**

- Communication is key to successful patient care, and
- Growth of services are essential

#### **Patient Communications**

Individuals facing the end of their lives need highly personalized, compassionate care. Our foundational level of practice is the Integrated Care Model, a person-centered approach to care based on evidence, communication and collaboration. The three model focus areas address:

- Patient values, needs and preferences drive the care planning and provision process
- Employment of evidence-based practices related to the use of expert clinical guidelines, patient engagement, self-management support and health literate care
- Care coordination and communication to ensure seamless care continuum.

The Advanced Illness Management Program (AIM) builds on this foundational level of practice by equipping clinicians with best practices related to shared decision making, advance care planning and palliative care. Sutter Health's AIM care teams have collaborated with patients to create tools to improve their knowledge, skill and confidence with the healthcare process and to provide an exceptional patient and family experience. Three powerful examples of tools are Stoplight tools, Quality of Life tools and a patient Personal Health Record.

The stoplight tools are health literate tools designed to help patients and families assess the symptoms often faced by those with an advanced illness, and list the specific action steps patients need to take to manage these symptoms and obtain help in a timely manner. Stoplight tools, translated into 10 languages, focus on condition or symptom management and high-alert medication monitoring.

The patient personal health record is also a health literate tool so patients and families can keep important information related to their values, needs and end-of-life preferences, and share it with all

members of the care team. The record facilitates engagement in care and trust through a shared communication tool.

## **Growth**

To meet existing demand, Sutter must maintain and expand AIM to reach more of the patients. Doing so will fundamentally transform the system and, most significantly, make life worth living for patients during the most precious months of their lives.

Sutter Health has invested millions of dollars to expand services, including:

**AIM Transitions Home Visits.** Transitions is the linchpin service in AIM's continuum of care. RN care coordinators, masters-level social workers and licensed vocational nurses teach the patient and family how to remain crisis free as long as possible. Most enrollees receive one home visit per week, for four to six weeks, after which the patient moves to telephone support. If the patient needs additional care, the team makes it happen.

**AIM Telephone Support.** For stable patients who have been taught how to manage their own care but who still need coaching and support, AIM provides a phone bank of experienced home health and hospice nurses who have undergone added training in how to probe gently for information, listen for subtle changes and assess whether a medication change, home visit or even an ambulance may be warranted. On any given day, 1,600 AIM enrollees get telephone support. In 2015, nurses made 28,000 calls, providing continued independence, safety and well-being.

**AIM for Hospitalized Patients.** Almost half of AIM enrollees were originally referred during a hospital stay. AIM works with the patient, family and physician to oversee enrollment. When admission is necessary, the AIM liaison alerts hospital staff to the patient's wishes, needs and changes since the previous stay. In 2015, nearly 1,200 patients benefitted from AIM for Hospitalized Patients.

**AIM After Hours.** Questions and changes in symptoms don't just happen on weekdays. AIM provides uninterrupted coverage at night and on weekends and holidays with a telephone service staffed by nurses who manage time-sensitive clinical concerns. In 2015, the After Hours program logged 10,000 phone conversations with 4,700 patients.

**AIM Staff Training.** Sutter Health developed an enhanced training program that focuses on patients' personal goal setting and engagement, symptom and medication management, physician follow-up, trust building, cross-cultural sensitivity and end-of-life conversations. Since 2013, more than 700 registered nurses and masters-level social workers have completed AIM training, all of which are designed to be scalable and replicable.

**AIM Research.** Sutter Health analyzes findings to further refine the AIM care model for a larger rollout.