Promoting Spiritual Care as an Insurer

Establishing a New Best Practice in Palliative Medicine

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Regence
Oregon and Utah

Regence
Idaho and select counties of Washington

Our Palliative Care Focus

CAMBIA health foundation

2009

+

Echo Health Ventures

2011

+

Health Plans
(Regence, BridgeSpan, Asuris)

2014

+

Provider and Community Engagement

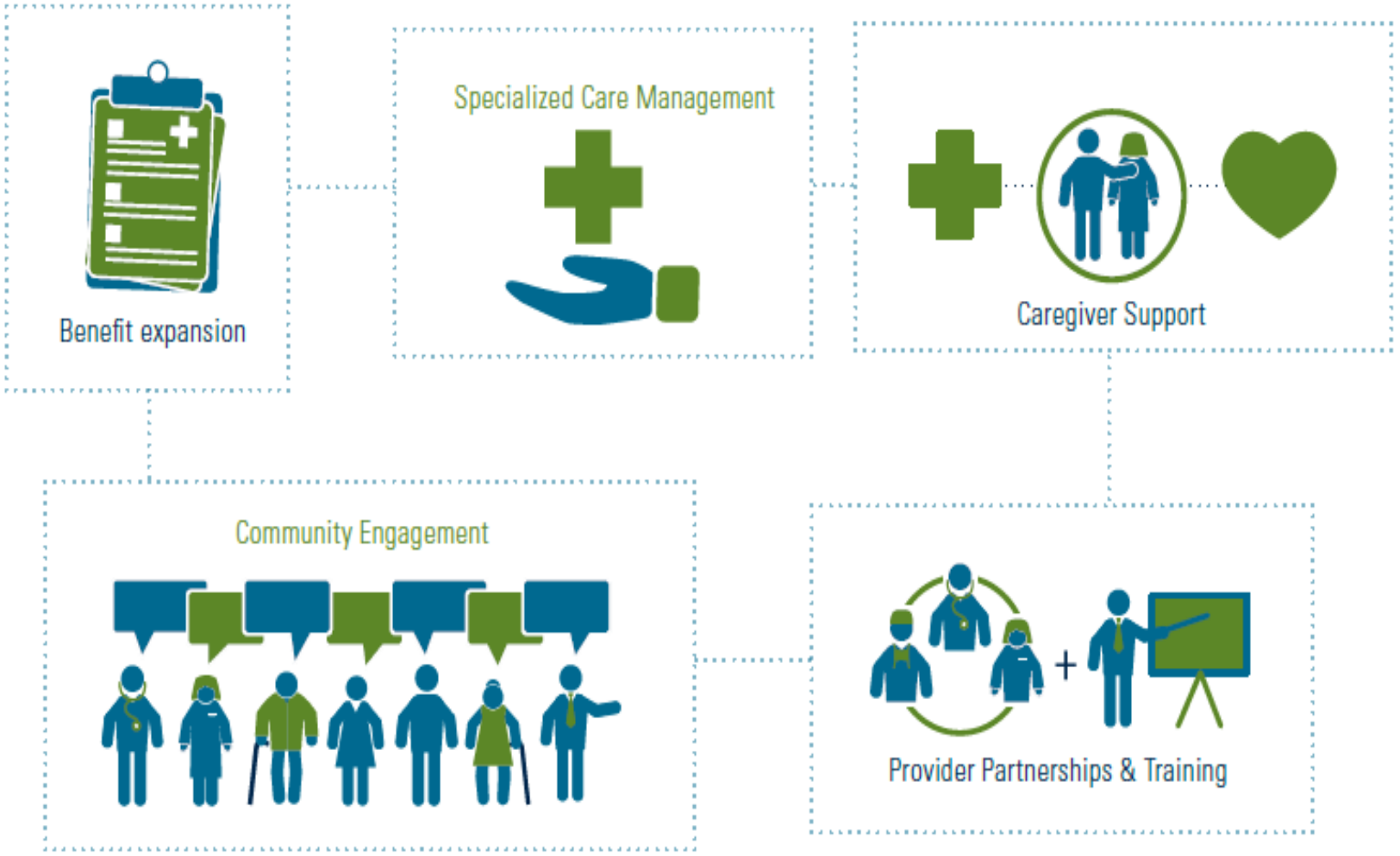
Regence Oregon and Utah

Regence Idaho and select counties of Washington

National Influence

- National roadshow (urging action)
- Key contributor to CAPC (Center to Advance Palliative Care) payer provider workgroups
- Working individually with other payers (to consult on launching their programs)

The Work of the Health Plan: PCS



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Components of the Palliative Care Benefit

- **Advance Care Planning:** Regence reimburses providers for holding and documenting goals of care discussions with their patients (focusing on member preferences).
- **Home Health Medical:** Regence reimburses providers for care of our members with serious illness in their homes.
- **Home Health Psycho-Social:** Regence reimburses providers for social, emotional, and spiritual care of our members with serious illness in their homes.
- **Specialized Care Management:** Regence has launched two levels of palliative care case management: one team for the support of seriously ill adults and one team for the support of seriously ill children and their families.
- **Caregiver Benefit:** Our specialized case management teams will work with any caregiver of a Regence member whether they have our insurance or not.

PCS Program Strengths

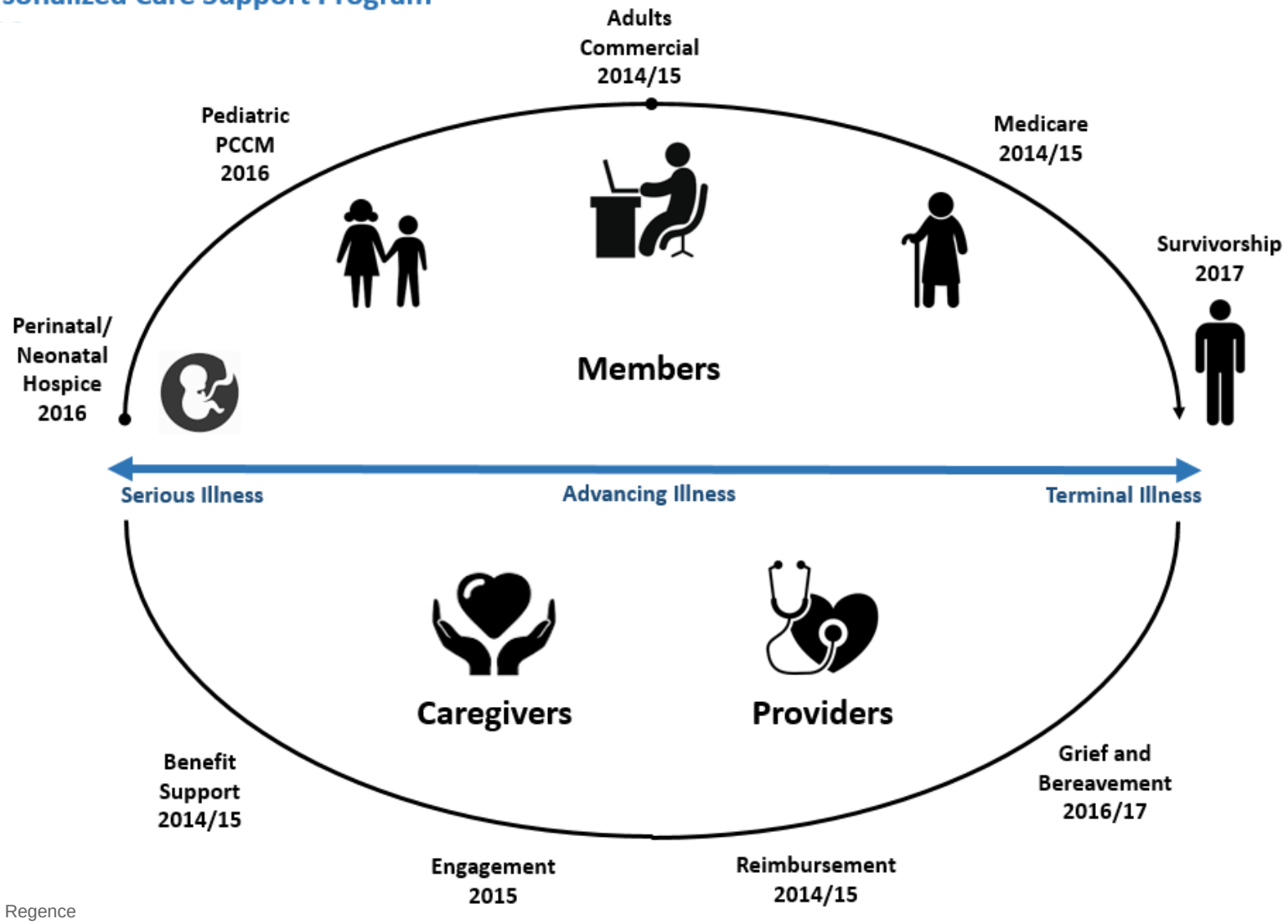
- The benefit is built into our standard medical coverage across all lines of business and is offered to members at zero cost; there is no enrollment necessary. The benefits are activated by physician referral (or attestation of need if a member self-refers).
- The benefit is available to members with serious illness, not only those with terminal illness.
- The benefit is not diagnosis-specific. *Example: the benefits are available to a member who's had a stroke and is healing as well as a member who has terminal cancer.*
- The benefit has removed the homebound requirement for expanded services for MedAdvantage members.
- Regence was the first payer to formalize reimbursement for advance care planning (ACP) discussions; CMS has used our benefit structure to roll out its national ACP provisions.
- Regence is the only national payer with case management support for both adults and children.
- Regence is the only national payer with structured support for perinatal/neonatal hospice.
- Regence is the only national payer with a caregiver benefit.
- **Regence is the only national payer to reimburse for spiritual support.**

PCS Program Impacts

- Total Palliative Care Case Management cases opened since January 1st, 2015: 2495
- Hospital readmission rate: 19%
- Transfer to hospice rate: 61%
- Program growth from launch: 3079%

Our Support Continuum

Personalized Care Support Program



Valuing Spiritual Care

- While we cannot (as an insurance company) mandate or endorse a spiritual path, we are committed to honoring patient preferences for care and quality of life.
- Our home health psycho-social services support the patient's health and well-being, but include (and benefit) the caregiver(s) and family.
- We are focused on cultural awareness and inclusion of all faiths within our support framework. It is through the lens of spiritual care that we can see problems more clearly and address them in a timely way.

The Case of Mrs. Al-Hadar

- In palliative care case management
- Requested home health medical and psycho-social support
- Immediately identified caregiver(s) and decision-maker(s)
- Offered very specific instructions about timing of services
- Refused access to home health aide three times
- Home health service suspended; calling to cancel orders

Has Mrs. Al-Hadar Refused Care?

NO.

Home health aide must not be male.

The Case of Mr. Patel

- In the hospital (extended stay)
- He is refusing food and medication
- He is physically resisting attempts to feed and medicate
- Family does not intervene
- Care team is calling with discharge/DME cancellation and transfer concerns

Has Mr. Patel Refused Care?

NO.

Must be cleansed before taking first meal (hands washed and mouth rinsed at minimum).

Our Benefit Reimbursement in Detail

- Home visit framework
- Subject to regulatory lifetime limits
- No required activities
- Spiritual care provider bills under primary physician's NPI number in "incident to bill" capacity
- Reimbursement amount can vary; may reflect provider system contract payouts if chaplaincy is itemized

Number of Spiritual Care Reimbursements Since Program Launch

0

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Challenges to Engagement

- Unfamiliarity with or disbelief about the benefit
- Reliance on hospital or hospice chaplaincy to address need
- Atypical to add spiritual provider to care team
- Limited coverage for multi-faith outreach

Questions and Answers

Next: Our Questions Back to You

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Regence Idaho and select counties of Washington

Moving the Dial

- What do insurers need to understand about spiritual care as a practice/discipline/industry?
- What clarity is needed around how insurers implement support of spiritual care?
- What opportunities do you see for insurer promotion of spiritual care?
- What are the limits to insurer involvement in promoting spiritual care?