



Advanced Illness Support

Information for referring providers

Questions? Contact Bryan O. Buckley, Advanced Illness Support program pilot, at Bryan.Buckley@bcbsma.com

Why are you piloting an Advanced Illness Support program?

We are piloting payment for a home-based palliative care program that is based on national consensus guidelines. Programs like this have been shown to:

- Increase quality of life and satisfaction with care for patients and their families
- Improve the ability of members to cope after their loved ones die
- Enable members to receive care at home, reducing hospital admissions, readmissions, and ED visits

How will my patient benefit?

We offer this pilot in partnership with community-based agencies who have established home-based palliative programs. Your patients who are enrolled in this program pilot will get access to:

- In-home visits from an interdisciplinary care team, including physicians, nurses, social workers, and spiritual care providers (if desired)
- 24/7 access to home urgent care visits
- Telephone access for symptom advice and concerns
- Caregiver support and respite
- Case management
- Advanced care planning

Pilot eligibility

Members are eligible if they meet the clinical guidelines on the next page and	Members are ineligible if they
<ul style="list-style-type: none"> • Live in Massachusetts covered service areas • Are members of Blue Cross of Massachusetts HMO or PPO products • Are members of the Federal Employee Program (FEP) 	<ul style="list-style-type: none"> • Are members of other Blues plans • Are members of our Medicare Advantage, HMO Essentials, or Indemnity products • Belong to Harvard or MIT student health plans • Already enrolled in hospice, living in long-term care facility, or their diagnosis is primarily psychiatric • Live in areas not covered by the pilot: Franklin and Berkshire counties, Cape Cod and the Islands, or the towns of Athol, Chesterfield, Goshen, Plainfield, Royalston, and Williamsburg

What are the clinical guidelines for referring patients to the program?

You should consider referring patients with one or more of the following situations:

- **Functional decline:** There is decline in function or worsening of feeding intolerance, unintentional weight loss, or caregiver distress.
- **Uncontrolled or difficult to manage symptoms:** Patient has one or more emergency department (ED) visits prompted by difficult-to-control physical or uncontrolled symptoms, example: pain, shortness of breath, vomiting.
- **Complex social circumstances:** Inadequate home, social, family support. Conflict among patient/family regarding goals of care patient refusing to engage in goals of care or advanced care plan activities, hoping for a miracle, and/or refusing hospice.
- **Not surprised:** You would not be surprised if the patient died in the next one to two years.
- **Acute care use:** ED visit, hospitalization, or hospital readmission within past 12 months, especially when prompted by uncontrolled symptoms related to the underlying disease or by inadequate home, social, or family support.

Anything else I need to know?

The partnering agencies will do an in-home assessment using the Palliative Performance Scale (PPS) to confirm if the patient is eligible. The PPS scale is an assessment tool that measures functional status through five domains. Patients with a score of $\leq 70\%$ on the scale are considered for the pilot.

You will be fully informed about your patient's status by participating agencies, which are required to coordinate with treating providers.

Cost

For this pilot program, we are streamlining all palliative care services into one bundled payment which is billed as a single specialty visit for the entire month of services.

- For **commercial members**, copays, co-insurance, and deductible rates apply to this program pilot and will be billed as a single specialty medical care visit for each month of services.
- For **Federal Employee Program** members, there is no cost.

Participating agencies include:

- VNACare Network
- Care Dimensions
- Hope Health
- Baystate Home Health & Hospice

How do I refer a patient?

Call our Case Management Assistance area at **1-800-392-0098** and they will coordinate enrollment into the Advanced Illness Support Program pilot.
