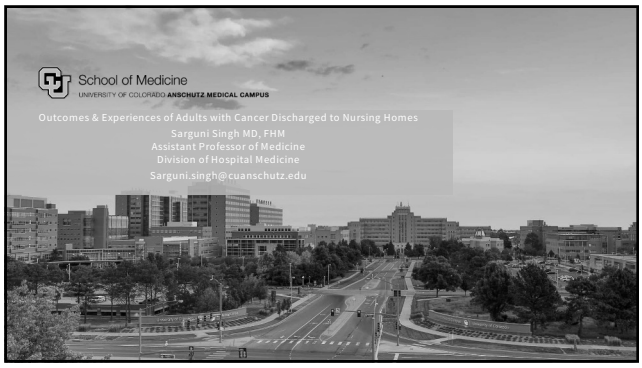


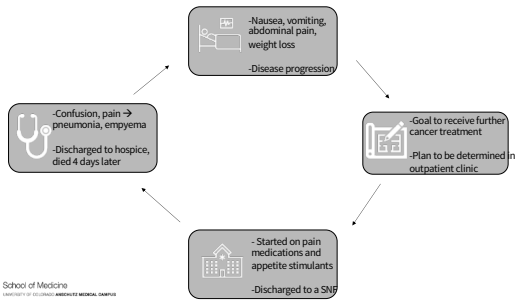
Disclosures

I have no financial disclosures to report.

Learning Objectives

- Review outcomes and experiences of older adults with cancer in skilled nursing facilities
- Understand health policy and system level drivers of skilled nursing facility use
- Describe communication practices for high-risk patients receiving skilled nursing facility care

Mr. S a 70 yo M with pancreatic cancer



School of Medicine
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

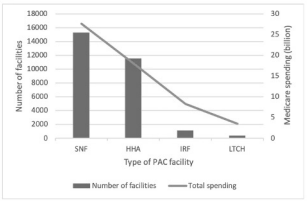
Post-Acute Care

- Skilled nursing facilities (SNFs)
- Home Health agencies
- Inpatient rehabilitation facilities
- Long-term care hospitals

- Each location uses a separate reimbursement system, employ different quality metrics, and have different regulatory requirements

- $60 billion, 15% Medicare spending

Figure 1. The number of institutions and total spending by four types of PAC institutions (2019)



Source: MedPAC (2021)

Lee, Ajin. Stanford Institute for Economic Policy Research. 2022.

School of Medicine
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

Skilled Nursing Facilities

- To provide skilled nursing and rehabilitation services after a hospitalization
- Increasing use since the 1990's, 26% SNF use in 2015, average LOS 26 days
- No clear evidence on which populations benefit from post-acute SNF care
- Nearly 1/3 of Medicare beneficiaries use the SNF benefit in the last 6 months of life
- Active area of healthcare payment reform

School of Medicine
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

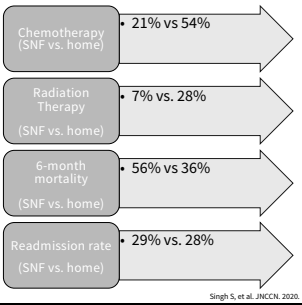
Older Adults with Advanced Cancer in SNFs

- Unique needs due to the juxtaposition of geriatric syndromes, comorbidities, and cancer
- Significant correlation between functional status and survival for patients with cancer
- Two important limitations
  - Rarely receive cancer-directed treatment in the SNF
  - Low penetration of palliative care within SNFs
- High risk for receiving goal-discordant care

School of Medicine
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

SNF Outcomes

- SEER-Medicare analysis, 2010-2013
- Stage II –IV, n = 58,770
  Pancreas: 12%
  Colorectal: 31%
  Lung: 51%, (77% NSCLC)
  Bladder Cancer: 6%
- Average age
  Home: 76.2
  Home Health: 77.9
  SNF: 81
- 21% of patients discharged to a SNF



Singh S, et al. JNCCN. 2020.

School of Medicine
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

Survivorship Analysis – New Cancer

- Evaluate survivorship of patients with a new cancer diagnosis discharging to a SNF based on subsequent clinical trajectory

  Group 1: No treatment and no hospice

  Group 2: No treatment and hospice

  Group 3: Treatment but no hospice

  Group 4: Treatment and then received hospice

- Measure MDS-ADL Long Form Score to evaluate patterns of functional change during SNF stay

School of Medicine
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

Survivorship Analysis – New Cancer

- 71% of patients with new stage II – IV colorectal, lung, bladder, or pancreas cancer did not receive further cancer therapy (n = 6,791)

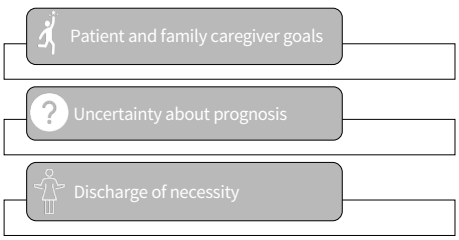
  Group 1: No treatment, no hospice – 45.7%(3,103)
  Group 2: No treatment, hospice – 25% (1,696)
  Group 3: Treatment, no hospice – 20.8% (1,413)
  Group 4: Treatment, hospice – 8.5% (579)

- Patients who received treatment but not hospice lived the longest
- Patient's whose MDS-ADL score improved more between their first and last assessment in SNF had a decrease in their risk of death
- Minimal improvement in MDS-ADL scores during SNF stay

School of Medicine
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

Singh S, et al. JAMDA. 2022.

Why send a patient with advanced cancer to a SNF?



School of Medicine
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

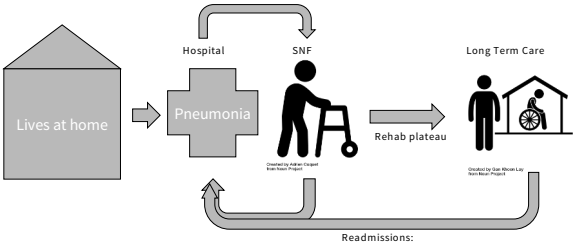
Medicare Policies

Policy	Potential Impact
Prospective payment for hospital care	Discharge "quicker and sicker"
Patient Driven Payment Model	Incentivizes complexity without providing means to address goals of care
No continuous coverage for ADL help	Restricts options for those without resources to pay privately
Lack of incentives for hospital at home	Hospital is only option
Hospice and SNF not covered concurrently	Incentivizes hospitalization
Medicare SNF day rate > Medicaid nursing home day rate	Incentivizes hospitalization

School of Medicine
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

Singh S, et al.. JAGS. 2021.

"Rehabbed to Death"



Readmissions:
Falls, Delirium, Cancer Progression, Death

School of Medicine
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

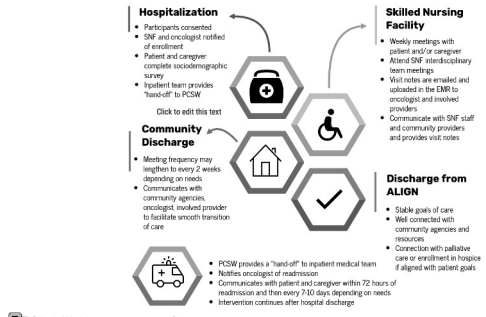
Flint LA et al.. NEJM. 2019.

Assessing and Listening to Individual Goals and Needs (ALIGN)

- Palliative Care Social Workers visit with patients and family caregivers every 1-2 weeks during their SNF stay and up to 45 days after SNF discharge
- National Consensus Project for Quality Palliative Care Guidelines
- Domains:
  - Illness and treatment understanding
  - Goals of care and advance directive completion
  - Education about palliative care and hospice
  - Living situation
  - Family Caregiver needs

School of Medicine
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

Singh S, et al. JPM. 2023.



Qualitative Interviews

- Semi-structured qualitative interviews
- 6 patients and 13 family caregivers
- 37 interdisciplinary clinicians in oncology, hospital medicine, palliative care, hospice, skilled nursing facilities, and home health care
- Content analysis to identify themes related to acceptability of ALIGN and to understand contextual factors to inform implementation and adaptations

School of Medicine

Patient and Family Caregiver Themes

- Helped reconcile misaligned expectations of rehabilitation with the reality of the patient's progressive illness
- Helped manage uncertainty and stress about forthcoming medical decision-making
- Longitudinal nature of ALIGN allowed for iterative value-based goals of care discussions during a time when many patients were changing their preferences for care
- Activated participants to advocate for their needs

School of Medicine

Patient Quote

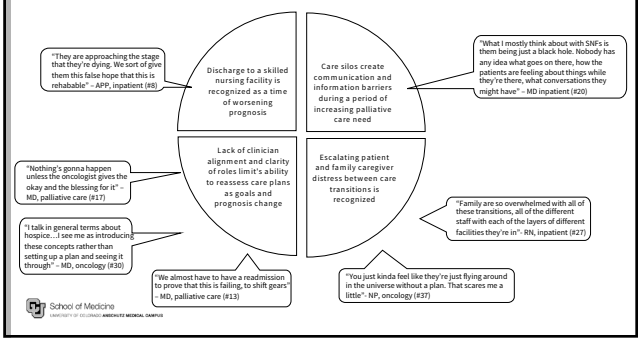
"Speaking about my death, which I'm really not afraid of dying. I'm really afraid of being warehoused in one of those three-beds-to-a-room nursing homes. I've visited people there. One I visited once a week for 3 years. I don't want my mind to rot"

School of Medicine
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

Family Caregiver Quote

"He's just so stubborn. He just doesn't wanna talk about any of that. He's the man of the – he's macho man. We never really talked about his goals. It was always, oh, you're gonna get cured. You're gonna get cured. That's our goal. We want no cancer whatsoever. We never sat down and talked about realistic goals"

School of Medicine
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS



School of Medicine
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

Guiding Principles

- Recognize that for some patients the disability they are experiencing is part of their end-of-life trajectory
- Recognize and acknowledge the uncertainty of the situation
- Consider framing time in a SNF as a trial of treatment
- Be aware that patients and families may have increased receptivity to discussing palliative care and hospice during this time
- Provide patients and family caregivers language to speak up about what is important in care things don't go as they hope

School of Medicine
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

Communication Prompts

- "I'm worried that you may never go home, and that time may be short for you"
- "Would you like to talk about what this means?"
- "We hope going to a SNF will help you get home, but we also need to prepare for if that doesn't happen"

School of Medicine
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

Multiple choice questions

1. What percentage of older adults with advanced pancreatic, colorectal, lung, and bladder cancer receive chemotherapy after discharge to a skilled nursing facility?

    a. 21%
    b. 34%
    c. 40%
    d. 56%

2. What health policies place older adults with advanced cancer discharged to skilled nursing facilities at risk for receiving potentially aggressive and unwanted care near the end of life?

    a. Medicare does not provide coverage for both hospice care and skilled nursing facility care at the same time
    b. Skilled nursing facility payment models do not incentivize delivery of palliative care
    c. Lack of Medicaid funded long term services & supports limit options to stay at home
    d. all of the above