



**HFMA Conference
April 2026**

**Hospice & Palliative Care
Challenges & Solutions Community
Based Care**

-Erin Hamilton-

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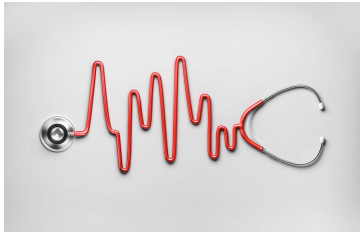
Bio & CV

Hospice & Palliative -Regional Vice President



Agenda

- Hospice Trends, Facts & Figures
- Challenges & Solutions
- Clinical Outcomes
- Case Profiles
- Call To Action



Hospice & Palliative Care: National Snapshot -NHPCO Facts & Figures
National Alliance for Care at Home
Sept 2024 Edition

Utilization
1.9M+
Medicare Patients Served

Adoption
53%
Use Hospice at End of Life

Late Referrals
31%
Stay \leq 7 Days

Site of Care
56%
Care Delivered at Home

Market Growth
+40%
Providers Since 2019

Trend
Shift
Earlier Hospice Engagement &
Palliative Innovation

The home-based care model is growing demand and earlier engagement opportunities with palliative integration systems.

Challenges-Federal & State

Total Cost of Care (TCOC)

Margin Performance & Revenue Cycle Integrity

LOS & Throughput

Readmissions & Avoidable Utilization

Payer Mix & Risk Contracts

Limited LTC capacity

High acute utilization

Neighbor island access gaps

Sandwich Generation

Workforce Efficiency & Capacity

Trends & Solutions- Hospice & Palliative Innovation

- Hospice & Palliative Care is shifting upstream & moving into the home.
- Upstream Care → Earlier Access driving integration
- Experience → Patient & Family Centered
Improved satisfaction
- Innovative Palliative Models = < TCOC
- Home-Based Care → Hospital Without Walls-
Hospital-at-home models growing

Sustainability with Integration



AVOIDABLE EMERGENT
UTILIZATION



AVOIDABLE
ADMISSIONS



PROLONGED INPATIENT
STAYS

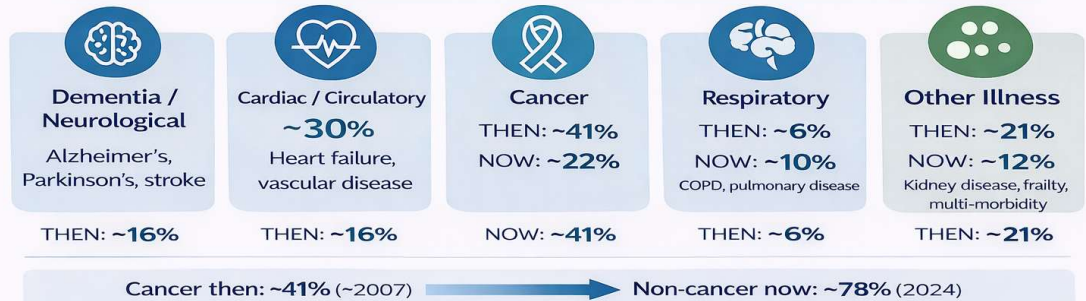


LATE OR POSTPONED
HOSPICE
ENGAGEMENT/REFERRALS



HOSPICE & PALLIATIVE CARE TEAM

Hospice Has Shifted from Cancer → Advanced Illnesses like Dementia, Neurological, & Cardiac / Circulatory



*NHPCO 2024 Facts & Figures

Integration Drives Earlier Access & LOS



SHIFT FROM END-OF-LIFE TO SERIOUS
ILLNESS CARE



CONCURRENT CARE EXPANDING CARE
MODELS - EMBEDDED IN ACO, MA,
COMMERCIAL AND MEDICAID MODELS



DRIVING EARLIER REFERRALS= INCREASED
LOS - USING AN EXISTING SYSTEM THAT IS
BOTH STATE AND FEDERALLY COVERED



The Opportunity : Key adopting the RIGHT Hospice & Palliative Agency that is **credentialed** & specialized.

Palliative, Concurrent Care, Supportive Care & Hospice-Reduce utilization & improves patient experience. Opportunity—can reduce late-stage hospice referrals & open doors for earlier palliative integration w/ home based care.

1. Shifting care OUT of hospitals to Credentialed & Specialized Hospice & Palliative Organizations

→ Site of Care Shifts –Hospital at Home-Site -Expanded reimbursement for home based acute care, fewer traditional inpatient stays, more care outside of hospital.

2. Investing in serious illness care

→ Palliative + hospice

3. Using Existing federal & state models to increase speed to care & the right level of care at the right time

Solutions of Care Integration



Growth in Medicare Advantage and ACO partnerships



Hospice as cost-management strategy



Focus on reducing ED visits and admissions



Shared risk and payer alignment

Clinical Study Journal of Palliative Medicine

- Increase AHCD & Goals of Care. Introduce IDG Specialist team w/ 24/7 access.

Acute care cost reduction
36% ↓ PMPM costs

JOURNAL OF PALLIATIVE MEDICINE
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Original Articles

Supportive Care for Superutilizers of a Managed Care Organization

Ritabelle Fernandes, MD, MPH^{1,2} Ed G. Fess, MD, MBA,³ Sandy Sullivan, RN,³
Mona Brack, RN,³ Tara DeMarco, MBA,² and Dongmei Li, PhD⁴

Abstract

Background: Ohana Health Plan, Inc., (OHP) is one of the first managed care organizations offering supportive care services targeted to superutilizers. Bristol Hospice Hawaii, LLC, partnered with OHP to provide interdisciplinary supportive care services to home-bound OHP members.

Objectives: The purpose of this study was to measure symptom relief, satisfaction, resource utilization, and cost savings associated with supportive care.

Design: Prospective study.

Setting: Over 12 months, 27 superutilizer members residing in the community were referred by OHP, 21 members were enrolled into supportive care.

Measurements: Data were collected upon admission and repeatedly thereafter using the Edmonton Symptom Assessment Scale (ESAS) and the Missoula-Vitas Quality of Life Index (MVQOLI). The Family Satisfaction with Advanced Cancer Care (FAMCARE) Scale was administered at discharge. Emergency department (ED) visits and hospital utilization were tracked.

Results: Median age was 63 years; more than half had cardiac diagnoses. Majority of members were Hawaiian and other Pacific Islander. Median length of stay in supportive care was 90 days. Five (23%) members enrolled in hospice following supportive care. Symptom improvement occurred in pain ($p < 0.0001$), anxiety ($p = 0.0052$), and shortness of breath ($p = 0.0447$). This model has shown a 79.5% reduction of ED visits per thousand members and a 75% reduction of hospitalizations per thousand. Overall net savings was 36%. Discussions and documentation of end-of-life wishes increased from 23% to 85%.

Conclusion: Supportive care is highly effective in reducing costs associated with superutilizers. Our experience demonstrates the effectiveness of supportive care approaches in this population through improved care and lower health care costs overall.

Keywords: chronic advanced illness; hospice; pacific islander; palliative care; superutilizers; supportive care

Introduction

IN THE UNITED STATES, it is estimated that the top 1%, ranked by their health care expenses, accounted for 22.7% of total health care expenditures with an annual mean expenditure of \$97,956.¹ National health spending is projected to grow at an average of 5.5% per year for 2017–2026 to

reach \$5.7 trillion by 2026.² The overall health share of U.S. gross domestic product is expected to rise from 17.9% in 2016 to 19.7% in 2026.²

There is growing evidence of the effectiveness and cost savings associated with palliative care.^{3–6} According to the National Consensus Project, palliative care may be defined as patient- and family-centered care that optimizes quality of

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Impact

- ↓ ED & inpatient events
 - Shift to outpatient & managed care
 - Earlier hospice engagement
 - Reduced LOS & penalties
 - Better Bed Utilization
- Rewarding quality end of life care
- “cost shifting NOT cost cutting”

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Conclusions: Supportive care is highly effective in reducing costs associated with superutilizers. Our experience demonstrates the effectiveness of supportive care approaches in this population through improved care and lower health care costs overall.

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Continuum of Care Case Studies



1 Case Study: Hospital GIP

- High-acuity patient admitted
- Required intensive symptom management
- Transitioned from GIP → routine hospice
- Avoided prolonged inpatient stay



#2 Case Study -Patient Story

- Patient on O'ahu for acute care
- Wanted to return home to Hawai'i Island
- Continuity of hospice care enabled transition
- Improved family experience + reduced cost



Call to Action & Closing

The future of Hawaii Healthcare ..

- Community based care = Better outcomes + lower cost
- Drive value-based outcomes
- Align finance , clinical strategy & quality
- More patients using hospice
- Patients still referred too late
- Hospice = home-based value solution=Ohana