

Adding a Contemplative Voice to the Conversation on End-of-Life Care

Palliative care, including hospice care and related end-of-life choices, are gaining more acceptance as a part of the standard of care in the U.S. healthcare system. Despite the increasing acceptance among patients, their families and clinicians, significant barriers remain. Creating a cogent, holistic approach to integrating the clinical and social aspects of truly innovative end-of-life care into the conventional, well-established standard of care still eludes many well-intentioned stakeholders looking to bring much needed innovations to reality. Issues with reimbursement, eligibility, logistics, communications, accreditation, coordination and the will to have the conversation all create sub-optimal outcomes whereby the care solution is fragmented, comes too late and in a too-transactional manner.

To address these issues, the Zen Hospice Project (ZHP), a San Francisco-based residential hospice and locally prominent player in the contemplative care space, pioneered a creative and effective working model in partnership with a major hospital system. L.E.K. was privileged to assist ZHP in devising a strategy to become a more influential voice in the evolving conversation about end-of-life care among physicians, patients, families and payers (both private insurers as well as government entities).

ZHP has had a tremendous impact on residents and their families under their care and the local community for more

than three decades. Given the unique focus on death as a human and not merely a medical event, as well as the practical operational and clinical best practices developed in that time, ZHP's model provides physician groups, insurers, hospital systems and other key stakeholders unique insights on how to incorporate palliative care and hospice more closely and in more intimate fashion with broader care management. Moreover, ZHP's partnership with a leading academic medical center provides a concrete "in-production" model of how improvements to the healthcare value chain can lead to better outcomes.

Background

Empowering proactive end-of-life care choices has been gaining prominence with physicians, patients and caregivers as the United States comes to grips with an aging population, rising awareness of options, the emergence of patient-centric models of care and acknowledgment of economic realities. Despite increasing acceptance, significant structural and cultural challenges remain. These challenges include:

- **Financial issues.** Patients and their families are often left on their own to explore options for end-of-life care, and due to gaps in coordination and coverage, are left with significant financial burdens once choices are made

Adding a Contemplative Voice to the Conversation on End of Life Care was written by **Tip Kim** and **Joan Kim**, managing directors, and **Kevin Grabenstatter**, a principal in L.E.K. Consulting's San Francisco's office. For more information, contact healthcare@lek.com.

- **Knowledge gap.** Providers in charge of the patient's care often do not have the right information or infrastructure and standard referral processes to offer end-of-life options to their patients
- **Inadequate training.** Many physicians, who are rightfully perceived by their patients as the "curers," are not sufficiently trained to engage in these conversations and are reluctant to suggest palliative treatment pathways until very late in the course of the patient's illness
- **Cumbersome processes.** Reimbursement mechanisms and coverage determination by health plans (including Medicare) for hospice and palliative care are unwieldy and lack consideration for the full array of services and support required at the end of life
- **Insufficient preparation.** Too often, patients delay active planning and the process of establishing their advanced directives

As a result, patients are not afforded the full range of all the options, and care is given based by default, rather than by choice. Despite tremendous improvements in the quality of care available, many individuals' wishes are not understood or honored as death approaches – during perhaps the most profound period of life, when personal control and self-determination are most precious. Financially, the healthcare system in this country absorbs tremendous cost at the end of life, without a measurable improvement to the quality of life (often to the detriment of the quality of life), and individual patients and their families are also left with personal financial burdens.

"Creating a cogent, holistic approach that integrates the clinical and social aspects of truly innovative end-of-life care with the conventional, well established standard of care is greatly needed."

*Joan Kim
Managing Director
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Innovative Model With Profound Benefits

Led by Executive Director Dr. BJ Miller, a renowned expert in palliative care, ZHP was founded in 1987 as an innovative program for *contemplative end-of-life care*. On the cultural and spiritual side, ZHP's approach to contemplative care aims to cultivate compassionate presence in a thoughtful way as the patient's end-of-life transition begins, support a patient's personal explorations and decisions in an intimate and thoughtful environment, and provide comfort while seeking to further the idea that death is a shared universal human experience. ZHP deepens the humanistic and spiritual aspects at the core of palliative care – an interdisciplinary model of care organized around relief of suffering and fostering of quality of life for patient, family and caregiver. This spiritual side is complemented by hard assets (a residential hospice), practical operating practices (integration of clinical care and supportive care) and staffing (training, coordination with volunteers and family) that deliver on the practical side of end-of-life care.

ZHP has created models of care and consulted with hospital systems, physician organizations, hospices and other key stakeholders in the value chain

on the key elements of a holistic and spiritual care model that can integrate seamlessly with the operational and economic realities of the current healthcare delivery system. Among its core elements:

- **Patient engagement** process and model by which patients and their loved ones have their preferences considered and their voices heard
- **Care pathways** that make available the full array of end-of-life alternatives as standard, established parts of the care continuum accepted and endorsed by clinicians and those bearing financial responsibility

- Comprehensive, widely available, **trusted sources of information**, education, counseling and support to enable patients to make informed choices, and for other organizations to use as a foundation for their end-of-life care model
- **Specific protocols** (staffing, coordination, communication, transitions of care) that proactively seek to integrate medical, non-medical, spiritual and social support structures
- Focus on right care, right time, right setting by establishing **economically viable alternatives to acute care** to further complete the care continuum, with resulting improvements in care and reductions in total cost
- **Integration of the hospital's Palliative Care Service** and by extension ZHP as a standard care option: broad awareness of the program, ongoing education of clinicians, sharing of success stories and outcomes, etc.
- **An ongoing feedback loop** with patients and providers in the program to ensure immediate attention and continuous improvement
- **A licensed, home-away-from-home setting** focused on comfort for patients and families. Around-the-clock nursing (1 LVN/RN and 1 CNA per shift) is provided, and the clinical staffing level allows the ZHP Guest House to accommodate patients with highly complex medical or psychosocial needs
- **Integration of clinical care with supportive care** provided by three shifts per day of volunteers, qualified and trained in ZHP's model of spiritually-based contemplative bedside care
- **Full array of supportive services**, partly provided by a dedicated group of volunteers and partly by staff
- **Hospital underwriting the cost** for a specified capacity at the Guest House, with beds that are

"The benefits of ZHP's model span economic and quality of care aspects for the direct participants and demonstrates how insurers, physicians, hospitals and other providers can seamlessly integrate with community-based organizations that are stifled by accreditation issues, payment mechanisms, eligibility requirements, operational challenges and funding."

*Tip Kim
Managing Director
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These care models are put into practice every day at the ZHP Guest House, a six-bed inpatient hospice facility in San Francisco licensed as a Residential Care Facility for the Chronically Ill.

ZHP's partnership with a major hospital system offers a new groundbreaking model with remarkable benefits. Key elements of the ZHP partnership with a leading academic medical center include:

- **A dedicated social worker** from the leading academic medical center's palliative care service identifies likely candidates to counsel and educate patients, introduce and facilitate discussions with the ZHP team, and enable a fully-informed decision on the part of the patient and the family
- reserved exclusively for the partner-hospital patients, ensuring availability to those in need of end-of-life care

The benefits of this model span economic and quality of care aspects for the direct participants: the patient, the physician, the hospital and the payer. Perhaps more importantly, the model demonstrates how the conventional healthcare value chain (one consisting of insurers, physicians, hospitals and other providers) can seamlessly integrate with community-based organizations, volunteer organizations and the whole

ecosystem of social organizations that serve the same population, but which currently operate in a parallel universe due to accreditation issues, payment mechanisms, eligibility requirements, operational challenges and funding.

Looking Forward

Under its new pathway, ZHP is creating specific programs to assist other organizations in achieving successful, sustainable and practical models in end-of-life care. Among the programs now in development:

- Information resources for families, caregivers and other organizations
- Staff and volunteer training programs for hospital and physician staff, payer care model teams
- Advisory services on best practices, established models and care pathways
- Partnership opportunities to expand current residential care models in other facilities

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