

Case Study: How Mass General Brigham ACO used Smart Hospice AI/ML decision support to optimize palliative and hospice utilization

This case study is based on a presentation given at the National Value-Based Payment Summit Special Edition, Jan 29 - Feb 2, 2024, by Amy Baughman MD (Medical Director Care Continuum, Mass General Brigham), Kaitlyn Schweikert (Population Health Program Manager, Newton-Wellesley Hospital) and Anant Vasudevan MD MBA (Chief Medical Officer, Radial)



Background: Mass General Brigham's "Right Patient, Right Place, Right Time" initiative

Mass General Brigham (MGB), a global leader in the practice of medicine, decided to partner with Radial, a healthtech company funded in part by NIH and the National Science Foundation. This partnership was in support of Mass General Brigham's "Right Patient, Right Place, Right Time" initiative. Led by MGB's Population Health Management team, the goals of this initiative are to facilitate home-first care, improve inpatient capacity, and ensure limited Skilled Nursing Facility (SNF) beds are available for patients who need it most.

MGB had identified an opportunity to increase palliative/hospice referrals, especially among patients with repeat SNF stays. MGB's internal data showed that over 10% of Medicare Shared Savings Program (MSSP) ACO members were dying within 30 days after discharge from a SNF. For ACO members with 3+ SNF stays, 90-day mortality approached 30%.

MGB Newton-Wellesley Hospital (NWH), a 273-bed community teaching hospital, was chosen as the initial Radial deployment site. Staffing and Population Health programming were already in place at NWH. MGB ACO and NWH Population Health teams were collaboratively managing care across the continuum, including post-acute and end-of-life.

Solution: Smart Hospice A zero data entry platform to optimize palliative and end-of-life care

Radial Smart Hospice is a real-time decision support solution that offers dynamically updated and prioritized identification of patients who stand to benefit from timely palliative care and/or hospice assessment. The technology also delivers clinical justification that drives meaningful collaboration between population health teams, inpatient care teams, and palliative providers.

National statistics show that too few patients are referred to palliative/hospice, and those who do are referred too late

Outpatient providers feel ill-equipped to have difficult palliative/hospice conversations

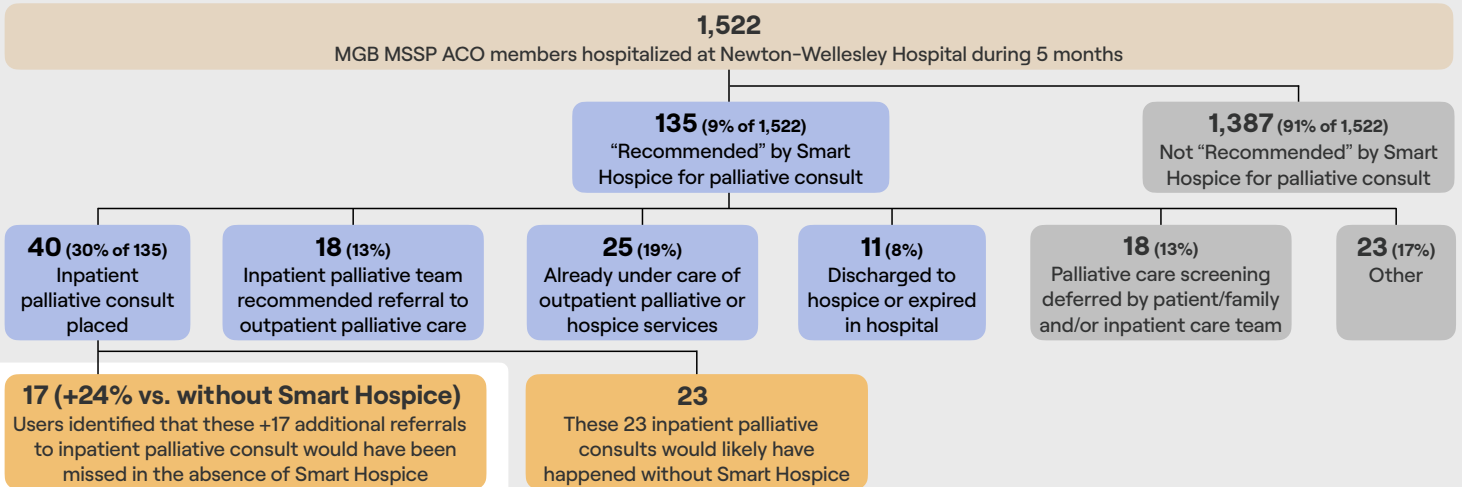
The science confirms that palliative and hospice care is beneficial to patient quality of life

During a hospital stay, patient/family may be more open to a conversation about goals of care

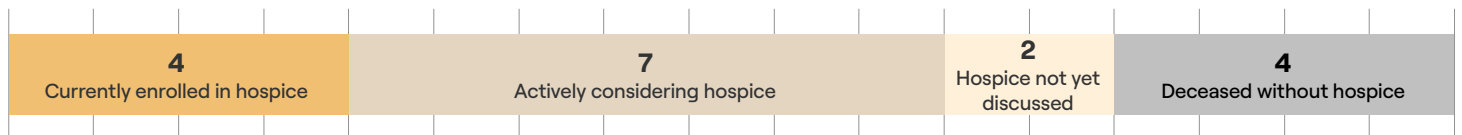


Results: +24% boost in inpatient palliative consults, increased hospice consideration

Prior to the launch of Smart Hospice, the team identified opportunity to drive +15 additional referrals to hospice per year for MSSP ACO members hospitalized at NWH. During the first 5 months of Smart Hospice deployment, users identified +17 additional referrals to inpatient palliative consult that would have been missed in the absence of Smart Hospice.



Status of the +17 additional referrals as of January 2024:



Smart Hospice impact (5 months):

\$850,000

Total Medical Expenditure savings if all 13 of the above non-deceased referrals to inpatient palliative care convert to timely hospice involvement:

- 4 who are actively enrolled in hospice as of January 2024, *plus*
- 9 actively considering and/or not yet discussed

equivalent to \$2 million annualized

Conclusion: delivering compassionate care that prioritizes patient/family choice

The collaboration between Mass General Brigham and Radial was successful in boosting timely referrals to palliative and ultimately hospice services. In addition to the quantitative outcomes shown above, the team surveyed key stakeholders within the Palliative Care, Hospitalist, Case Management, and ICU teams both pre- and post-deployment. Respondents reported concrete improvements in palliative/hospice care integration at Newton-Wellesley Hospital. +25% more respondents stated they felt the level of inpatient palliative care utilization was "just right," with a similar boost in respondents who stated they had the right tools and information to justify a palliative consult.

In summary, the Smart Hospice initiative was effective in optimizing the delivery of compassionate care that prioritizes patient/family choice, in alignment with MGB's broader "Right Patient, Right Place, Right Time" strategy. [Learn more and view the full video presentation at www.radialanalytics.com](https://www.radialanalytics.com).

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