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Senate Committee on Aging

Roundtable on "Continuing the Conversation: The Role of Health Care Providers in Advance Care Planning"

May 21, 2014

I. Introduction

Chairman Nelson, Ranking Member Collins, and Members of the Committee, thank you for inviting me to speak today before the Committee. My name is Randy Krakauer and I am the National Medical Director for Medicare at Aetna.

Aetna has been a long-time supporter of a comprehensive, person-centered approach to care management of members. Currently, with over 1 million Medicare Advantage members, the largest number of enrollees in group Medicare Advantage, and national recognition as a leader in end of life care, we believe Aetna has demonstrated that we have the right care management teams, technology, and innovative partnerships to improve health outcomes. In fact, our person-centered collaborative care model with NovaHealth in Maine has resulted in fewer hospital stays and readmissions compared to the unmanaged beneficiary population in the state.[1]

We support this Committee's efforts to improve advanced illness management. We believe that programs focused on palliative and hospice care can have a favorable impact on beneficiary satisfaction and quality of care. However, current Medicare rules serve as a barrier to providing optimal care to beneficiaries with advanced illness. For example, beneficiaries must forego curative treatment before they can enter hospice. In addition, beneficiaries can only access hospice if they have a terminal diagnosis of six months or less to live. These restrictions present a challenge to beneficiaries if they want to consider hospice while continuing treatment of their illness.

In 2004, Aetna decided to launch the Compassionate Care[SM] Program to allow members access to the care they wanted to help manage their illness. Research demonstrates that there is a significant gap between the care people would like to receive at the end of life and the care they actually receive.[2] Our intent is to provide specialized case management to meet the unique needs of members with advanced illness. We welcome the opportunity to share the results of the program and provide recommendations to improve quality of care for individuals with life-threatening conditions.

[1] Thomas Claffey, Joseph Agostini, Elizabeth Collet, Lonny Reisman, and Randall Krakauer. "Payer-Provider Collaboration in Accountable Care Reduced Use and Improved Quality in Maine Medicare Advantage Plan." Health Affairs 31, No. 9 (2012).
[2] California Healthcare Foundation, Final Chapter: Californians' Attitudes and Experiences with Death and Dying, "Preferred Location Of Death, 2011," "Location of Death, 1989, 2001, 2009," February 2012.

II. Advanced Illness Management Demonstrates Results

Advanced illness occurs when one or more conditions become serious enough that general health and functioning decline, and treatments designed to improve the underlying medical condition begin to lose their impact. At this time, treatment goals become supportive and palliative – designed to relieve suffering, pain, depression and anxiety. In the last month of life among seniors, 80 percent of care is received in an acute care setting, often not medically reasonable or appropriate.[3] Better advanced illness management represents an important opportunity to improve beneficiary and family satisfaction, increase quality of care, and reduce the use of medically unnecessary services.

Aetna's Compassionate Care Program has demonstrated that it can improve results for members. We reach out to members who may need our advanced care management support based on feedback from our nurse case managers, referrals from physician offices, as well as by looking at an individual's medical history and diagnoses. Our nurse case managers engage members and their families to discuss advanced care planning choices and options, coordinate care across providers, and provide emotional and psychosocial support that is culturally sensitive. Case managers also collaborate with social workers to identify resources members may need, including home-delivered meals, financial needs, and transportation.

We serve approximately 7,700 individuals each year and offer the program for certain commercial members and Medicare members. For commercial members we offer additional flexibilities in the program, including an option to get curative care while in hospice and the ability to enroll in hospice with a 12-month terminal prognosis instead of six months as required by Medicare. We also provide coverage for an unlimited number of hospice inpatient days and eliminate outpatient hospice dollar limits under the health plan. Family members also benefit from the addition of 15 days of respite care and bereavement services. As a result of the program, commercial members have experienced an increase in hospice election rates, improved satisfaction, and reduced acute utilization.

We have also had strong results in the Medicare population, primarily due to the strong case management that is part of Compassionate Care. Members experienced an 82 percent hospice election rate, an 82 percent reduction in acute days, an 88 percent reduction in intensive care days, and an 80 percent reduction in emergency room use.[4] We believe that the results could be even better if Medicare rules were

[3] Ronald Williams and Randall Krakauer. "The Challenge of Non-Communicable Diseases and Geriatric Conditions." Global Population Ageing: Peril or Promise, Geneva: World Economic Forum, 2011.

[4] Randall Krakauer, "Invictus: Increasing Patient Choice in Advanced Illness and End-of-Life Care," Frontiers of Health Services Management, Spring 2011.

modified to allow more flexibility with the hospice benefit. In particular, beneficiaries should have access to hospice earlier and they should be allowed to receive curative treatment along with hospice.

The benefits of the program are clear to our members and their families. One of our case managers shared the following note after a discussion with the wife of a member: "wife stated member passed away with hospice. Much emotional support given to spouse. She talked about what a wonderful life they had together, their children, all of the people's lives that he touched… she said she is so grateful for the outpouring of love. Also stated that hospice was wonderful, as well as everyone at the doctor's office, and everyone here at Aetna."[5]

III. Opportunities Remain to Improve Outcomes

Aetna's success in managing advanced illness serves as a model for policy makers to consider for Medicare Advantage. In particular, changes should be made to allow concurrent curative treatment while beneficiaries are in hospice. Also, hospice eligibility should be expanded from the current six-month advanced illness diagnosis to 12 months. Allowing curative treatment while in hospice gives health plans the ability to perform more case management, which has been the primary driver of favorable outcomes in the Compassionate Care Program.

We applaud the Centers for Medicare and Medicaid Services (CMS) for launching the Medicare Care Choices Model demonstration that allows fee-for-service beneficiaries to receive concurrent curative and hospice care. We encourage CMS to consider extending this demonstration to Medicare Advantage plans.

Finally, we support the efforts of Committee members to incorporate advanced illness measures into the Star Ratings program. We believe that measuring health plans' progress in caring for members with advanced illness helps ensure that individuals and their families receive the compassion and support that is critically important at the end of life. We will continue working with organizations such as the National Quality Forum and the Coalition to Transform Advanced Care to identify the appropriate measures and facilitate better care for advanced illness on a large scale.

[5] Ibid.

IV. Conclusion

We share the Committee's goal of assuring access to high-quality health care programs for Medicare beneficiaries. Indeed, advanced illness management represents an important opportunity for favorable impact at the intersection of quality and cost in Medicare. We are ready to offer our expertise to help develop new demonstration programs on hospice benefits, palliative care and advanced illness management. We are also prepared to share our results.

Thank you.