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Enhancing Serious Illness Care: Integrating Palliative Principles & Illumia Team Care

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Carrie Hyde, MD

Chief Medical Officer- Illumia Health

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Objectives

- Explain the core principles of palliative care and differentiate between primary and specialty palliative care to enhance the delivery of serious illness care in primary and specialty settings.
- Identify opportunities for collaboration with Illumia Health and other community-based palliative care programs to optimize patient outcomes and align with value-based care initiatives.
- Describe common disease trajectories, apply prognostication frameworks, and determine appropriate timing for palliative care referrals across various serious illnesses.

What percent of your patients die every year?

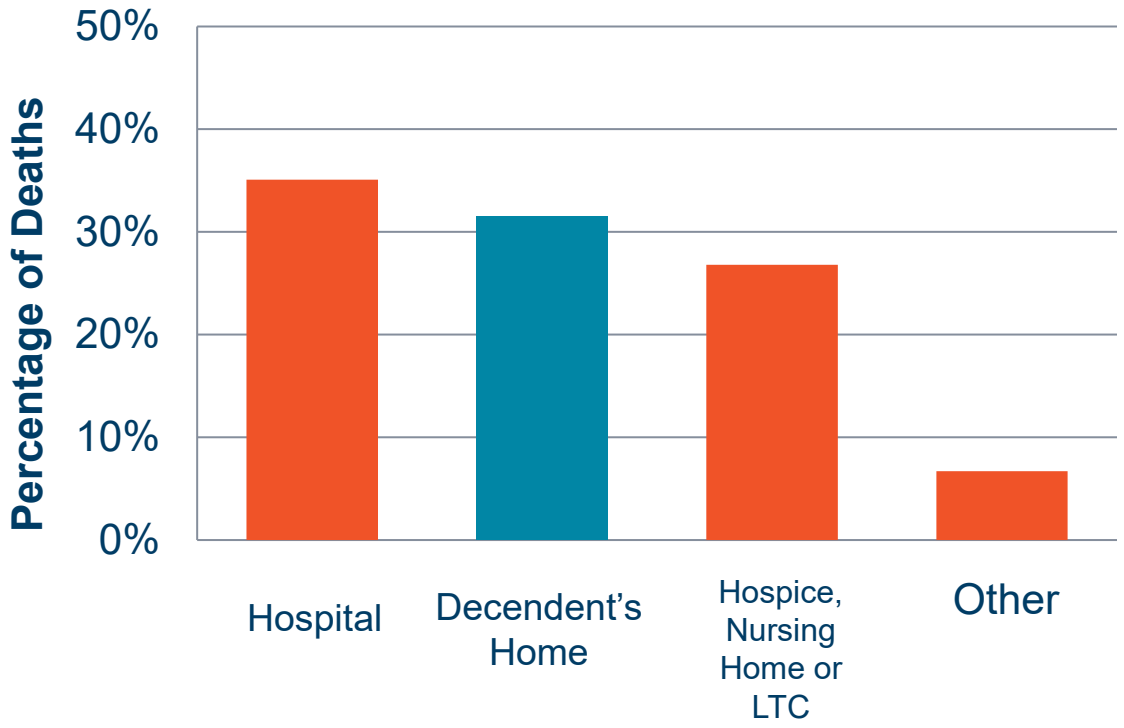
- Average Panel Size 1500-2000
- Average US Mortality Rate 0.88
- Most panels skew to older, sicker than average.
- Some estimates ~1.5%

How many patients die every year?

- If your panel is 1500 patients – an average of 20-30 patients per year
- On average, this means 40-60 patients in the last year of life

Seniors are not receiving care that is concordant with their goals towards the end of life

Location of Death for Medicare Beneficiaries – 2018

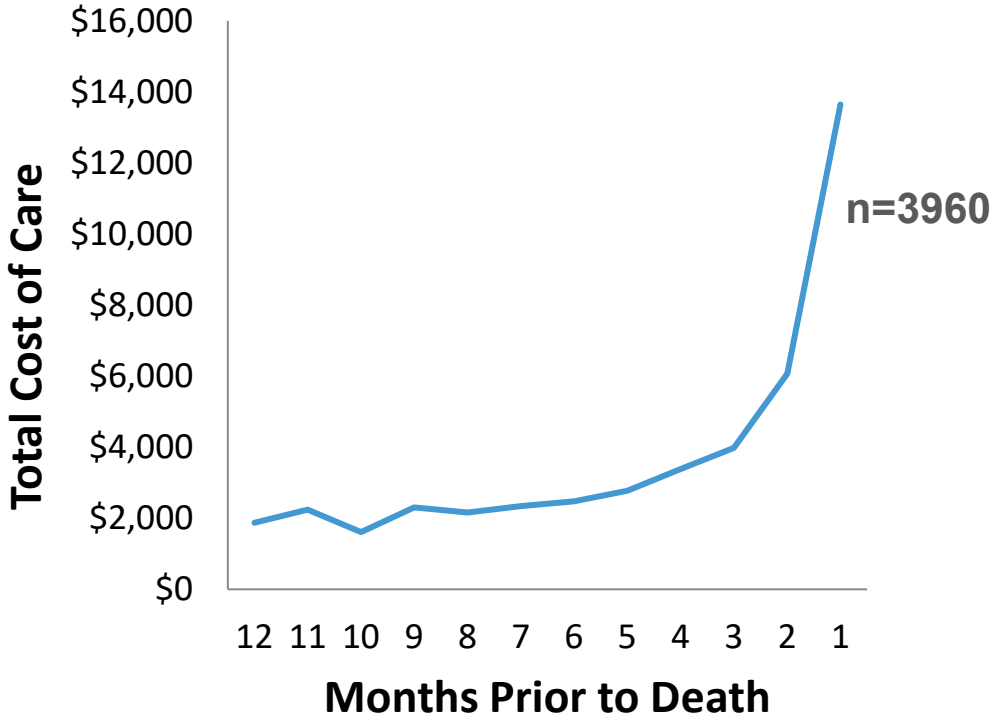


~70+% of Medicare enrollees prefer to pass away at home

~30% pass away at home

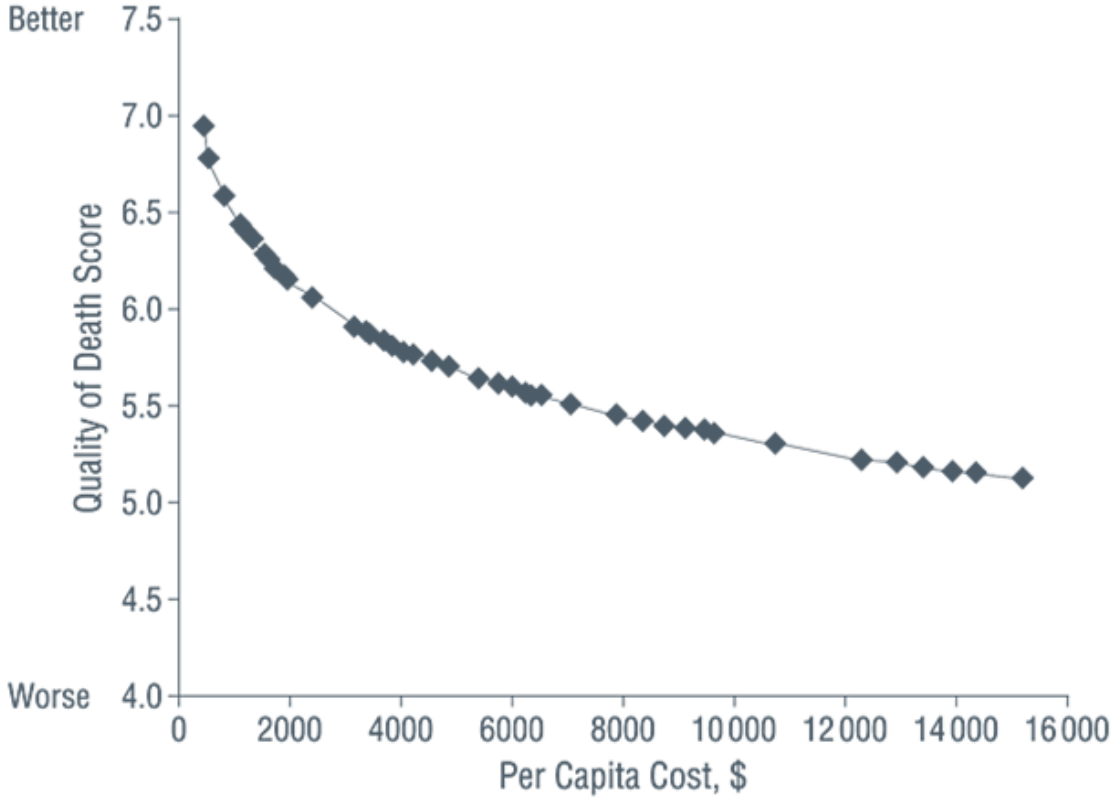
Costs Rise 5-fold in the Last 6 Months of Life

TCOC by Month Prior to Death[1]



Caregivers Perceive Doing More as Lower Quality Towards the End of Life

Association Between Cost and Perceived Quality of Death[2]



[1] Source: Claims data. Enrolled group includes 2022 through 5/31/2022. Not enrolled includes all of 2021.
[2] Zhang, B. et al. *Arch Intern Med* 2009;169:480-488.

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What is Palliative Medicine?

- “Pal-le-uh-tiv” care
- Palliative care is specialized medical care for people with serious or chronic illnesses. This type of care is focused on providing patients with relief from the symptoms, pain, and stress of a serious illness- whatever the diagnosis and in whatever stage.
- Advanced Illness Management- Illumia Health

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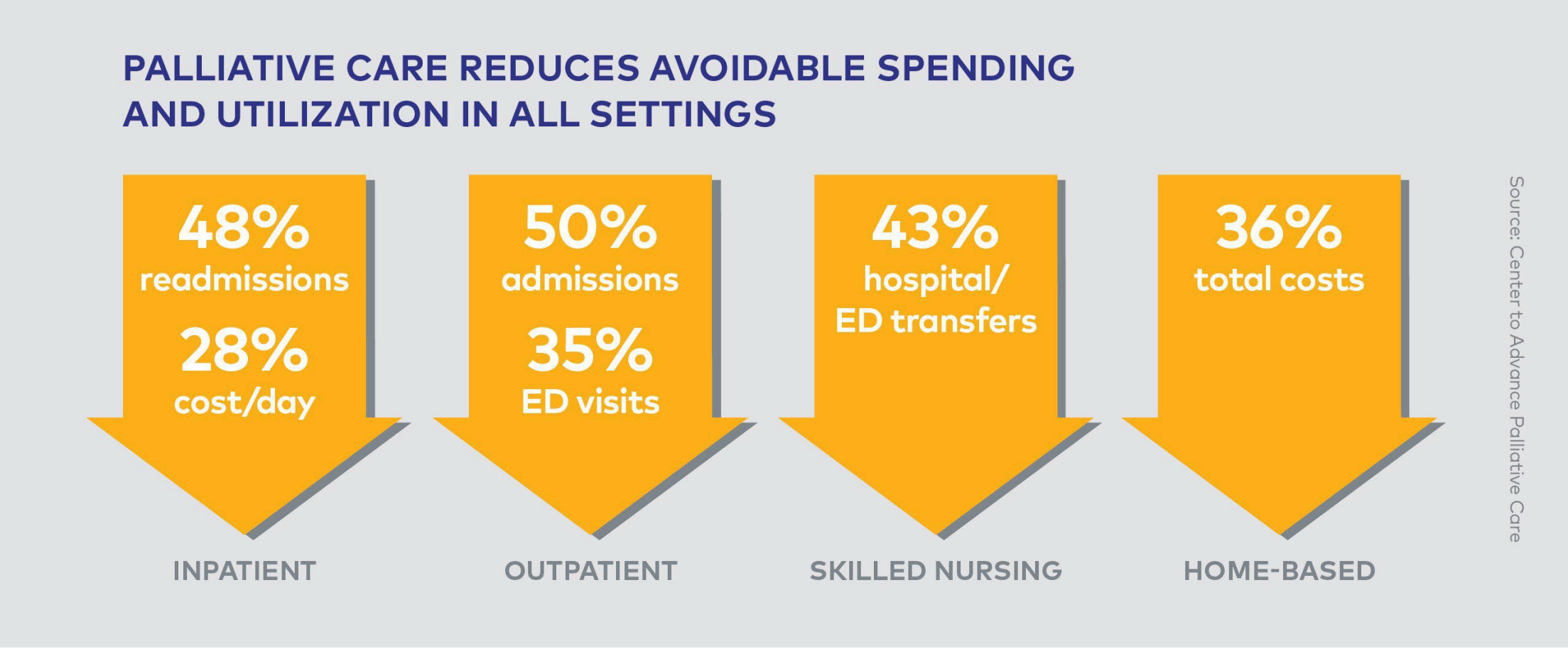
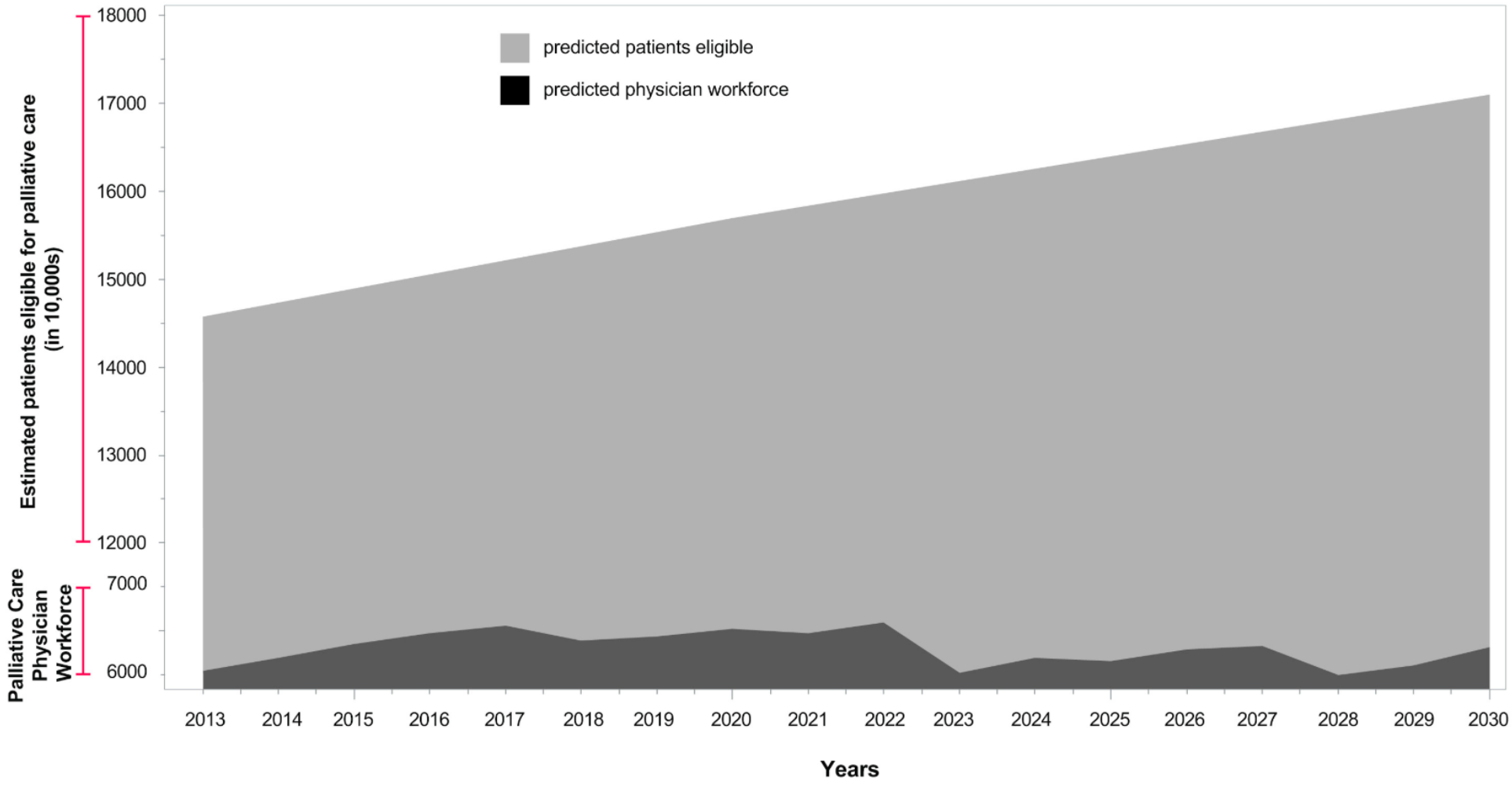
Benefits of Palliative Care

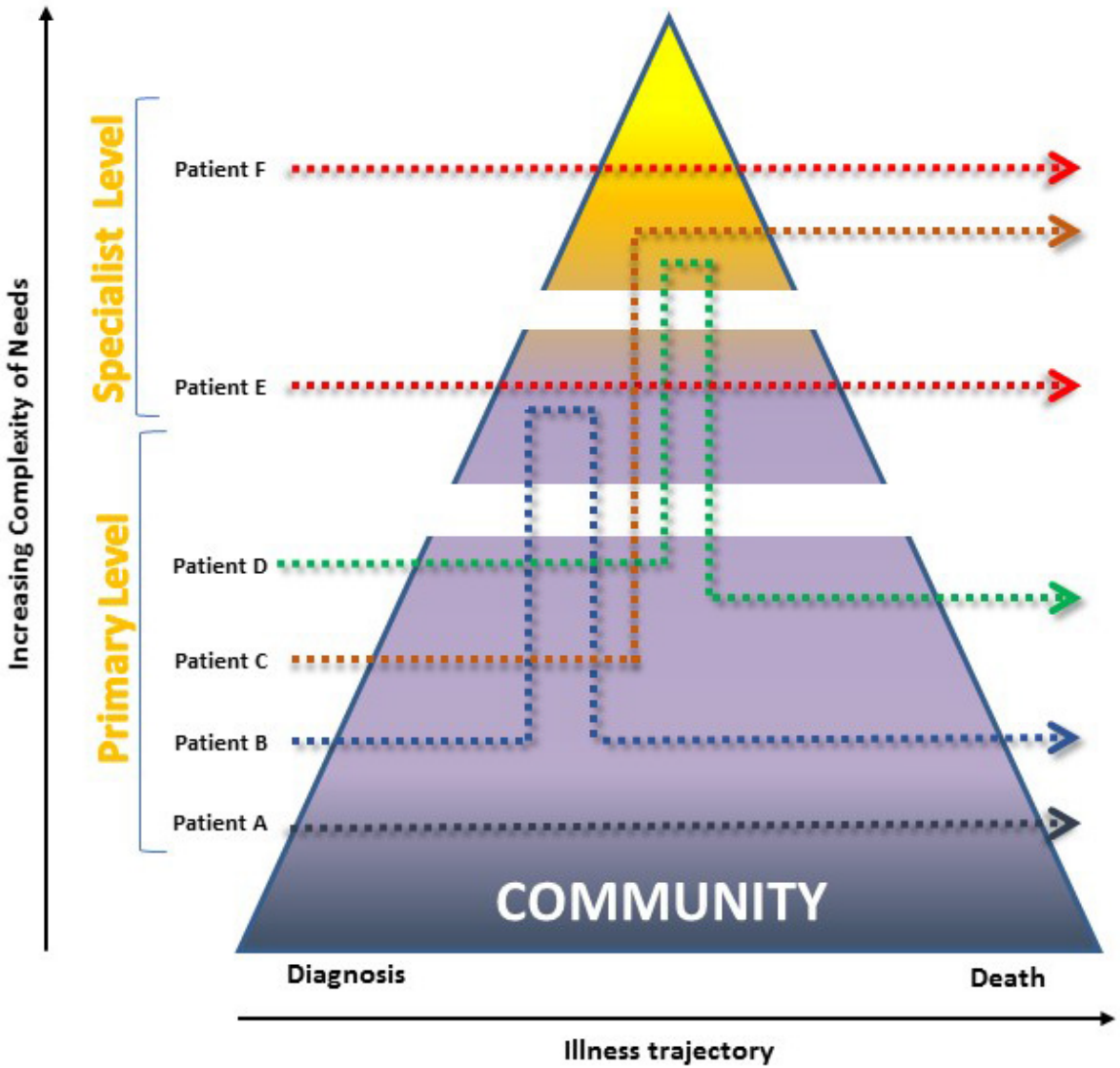


The palliative care workforce is not keeping up with demand



Kamal, et al. Future of the Palliatve Care Workforce: Preview to an Impending Crisis. 2022.

Who provides palliative care?



- **A small number of patients with complex needs require transfer of care to specialist palliative care services**
- **Some patients may occasionally require assistance of a specialist palliative team (a consultation or shared care support)**
- **Most patients require only primary-level Palliative Care (Palliative Care Approach)**
  - Family medicine clinic
  - Oncology team
  - Internal med clinics
  - Cardiology clinics
  - COPD clinics

PCPs and Primary Palliative Care

- Identification and discussion of terminal illness
- Initial discussions of prognosis
- Initial discussion of goals of care
- Introduction of Advance Directives
- Pain management
- Non-pain symptom management

Benefits of primary care-led, integrated palliative care

- Study of 1778 patients across eight value-based care practices
- Enrolled in Palliative Care for at least seven days
- Results
  - 5.4 more days at home ($p < 0.001$)
  - 0.4 fewer hospitalizations ($p < 0.001$)
  - 17% fewer deaths in a hospital ($p < 0.001$)
  - $10,393 lower overall healthcare costs ($p < 0.001$).

Illumia was launched to address the palliative care gap with a value-based advanced illness model

- Delivering **holistic palliative care in the home** through a team of Nurse Practitioners, Registered Nurses, Licensed Social Workers, and Medical Directors
- Providing **24/7 onsite coverage** for urgent patient needs
- Leveraging **claims data and in-person assessments** to optimize patient selection and right-size care through risk stratification
- Working in **collaboration** with the patient's Primary Care Physician, caregivers, and families
- Preparing patients for appropriate, timely **transitions across the care continuum** through ongoing education, planning, and prognostication
- Fostering a culture of **patient-centered care**

Illumia delivers a risk-based palliative solution tailored for health plans and risk-bearing providers, with the goal of enhancing patient outcomes, lowering healthcare costs, and facilitating seamless transitions of care

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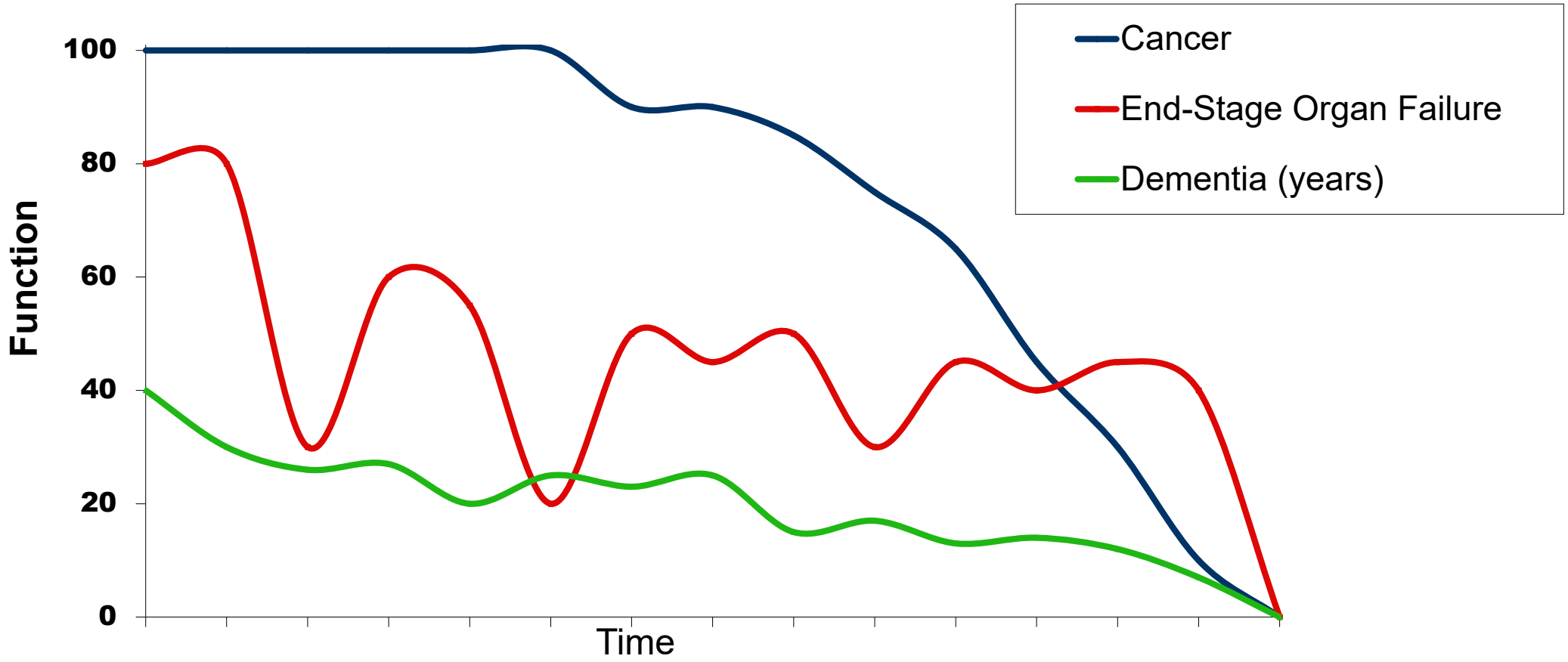
Patient-PCP Experience: Benefits for the Patient

- Chronic disease management and reduction of unnecessary admissions
- detailed assessment of home environment
- **High touchpoint model:** in-person, proactive visits 2-4 times per month: no cost to patient
- Progress note from each visit sent to PCP within 48-72 hours
- **Proactive medication prescribing** (eg HF, COPD, infection), DME coordination, mobilize home care services
- Avoidance of ER/Hospitalization when able, patient advocacy when patient's have higher medical needs

Trajectories of Illness & Uncertainty in Prognosis



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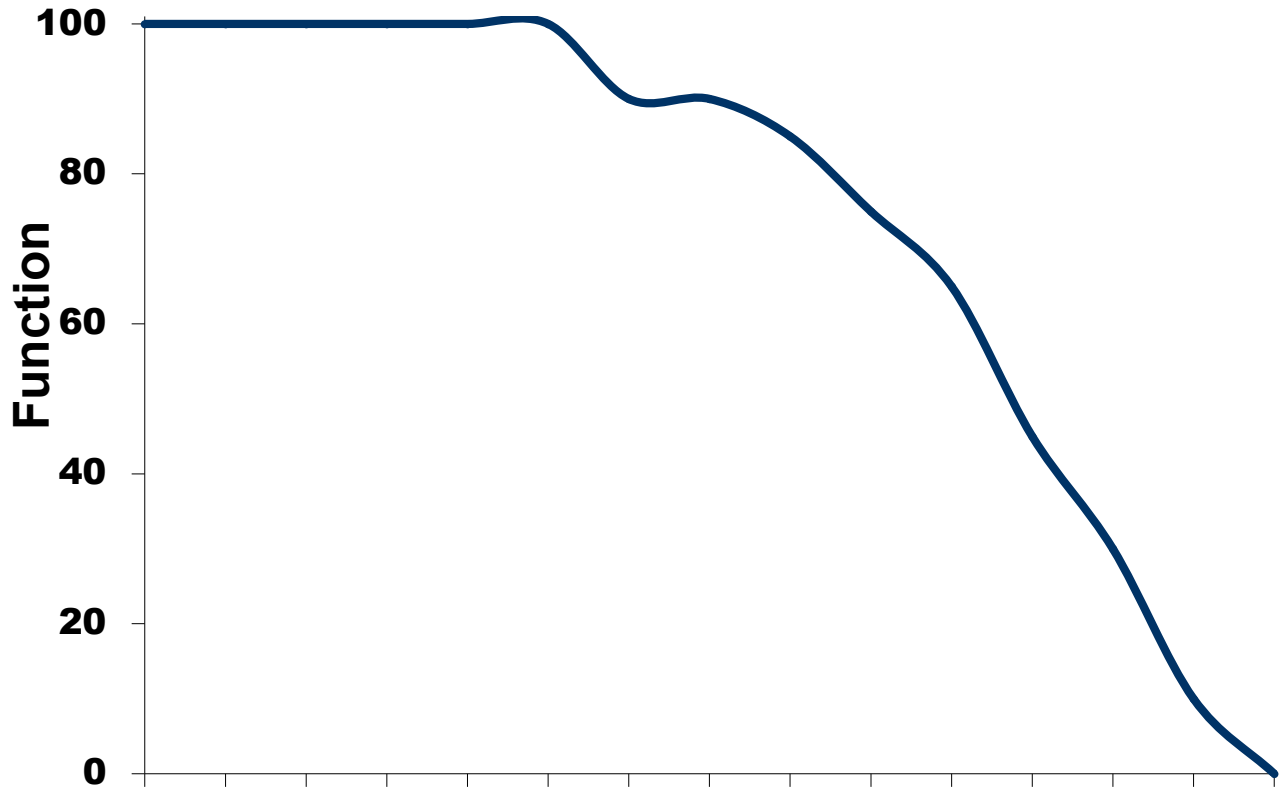
(slide adapted from Joanne Lynn, MD, Rand Health/CMS)

Cancer

When to consider palliative care:

- Stage 3-4 disease
- Presence of uncontrolled symptoms
- Symptoms with active chemo/radiation
- Decreasing functional status



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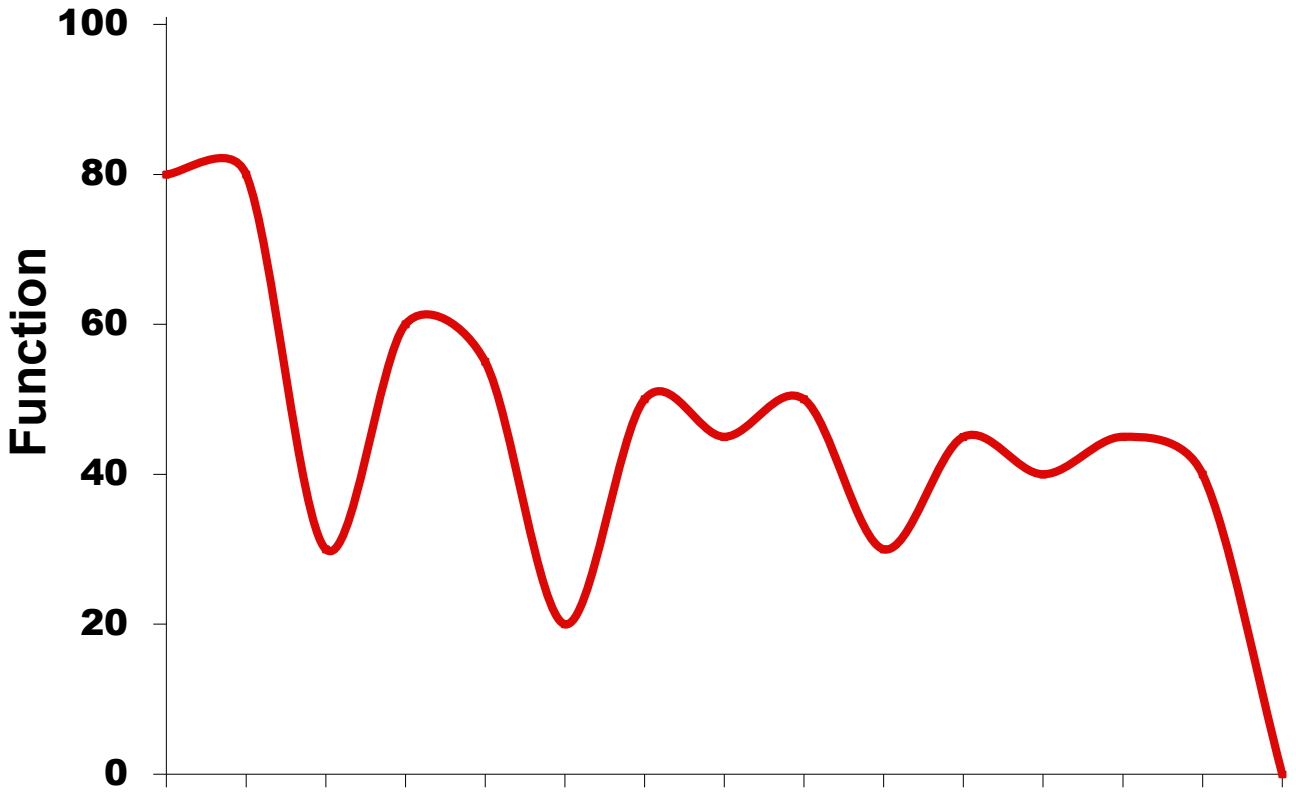
Organ Failure

When to consider palliative care:

- End stage disease with recent hospitalization
- Heart Failure: NYHA IV and/or de-escalation of therapy
- Respiratory: COPD, Pulmonary Hypertension, IPF
- Renal: Shortened dialysis sessions due to symptoms



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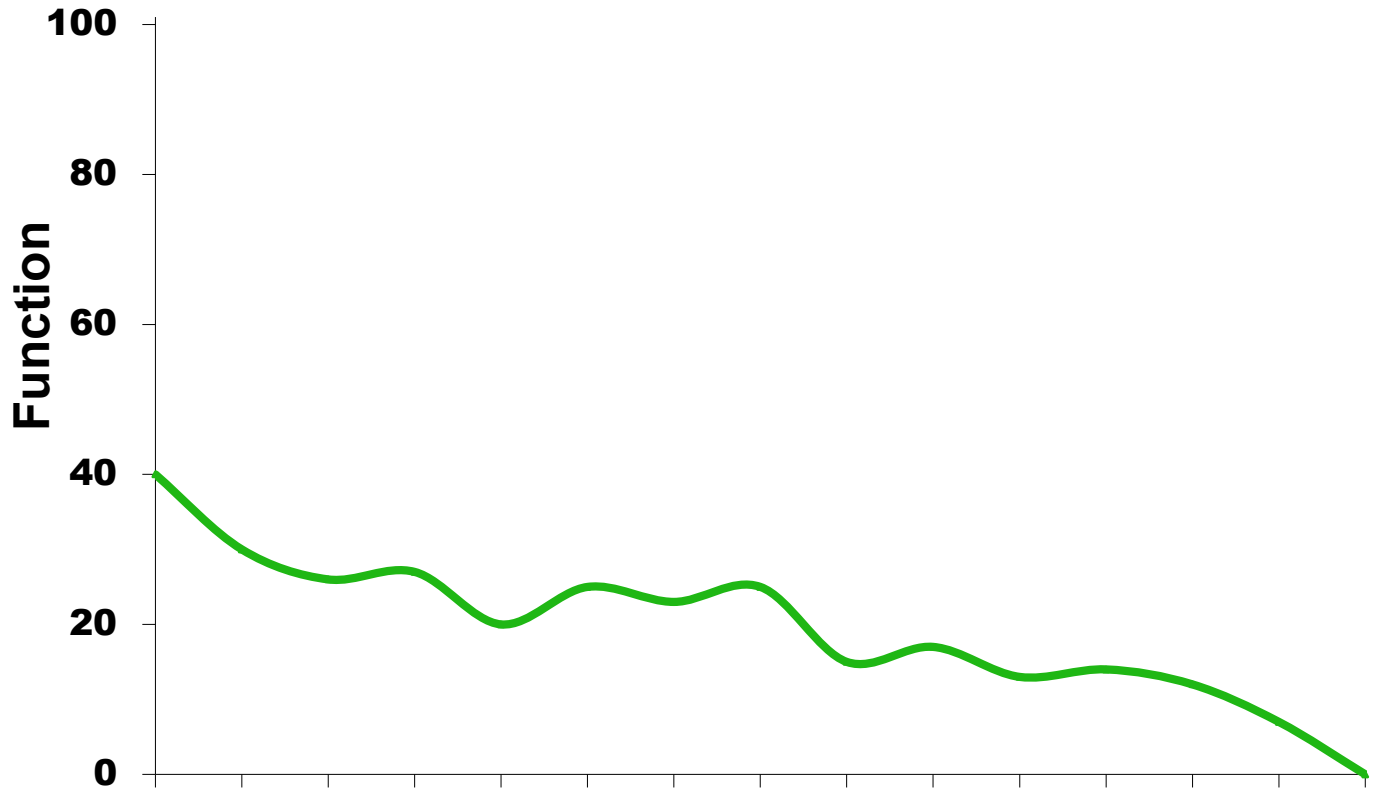
Dementia

When to consider palliative care:

- Decreases in ADL tolerance
- Hospitalization in the last year
- Fall with fracture
- Aspiration pneumonia



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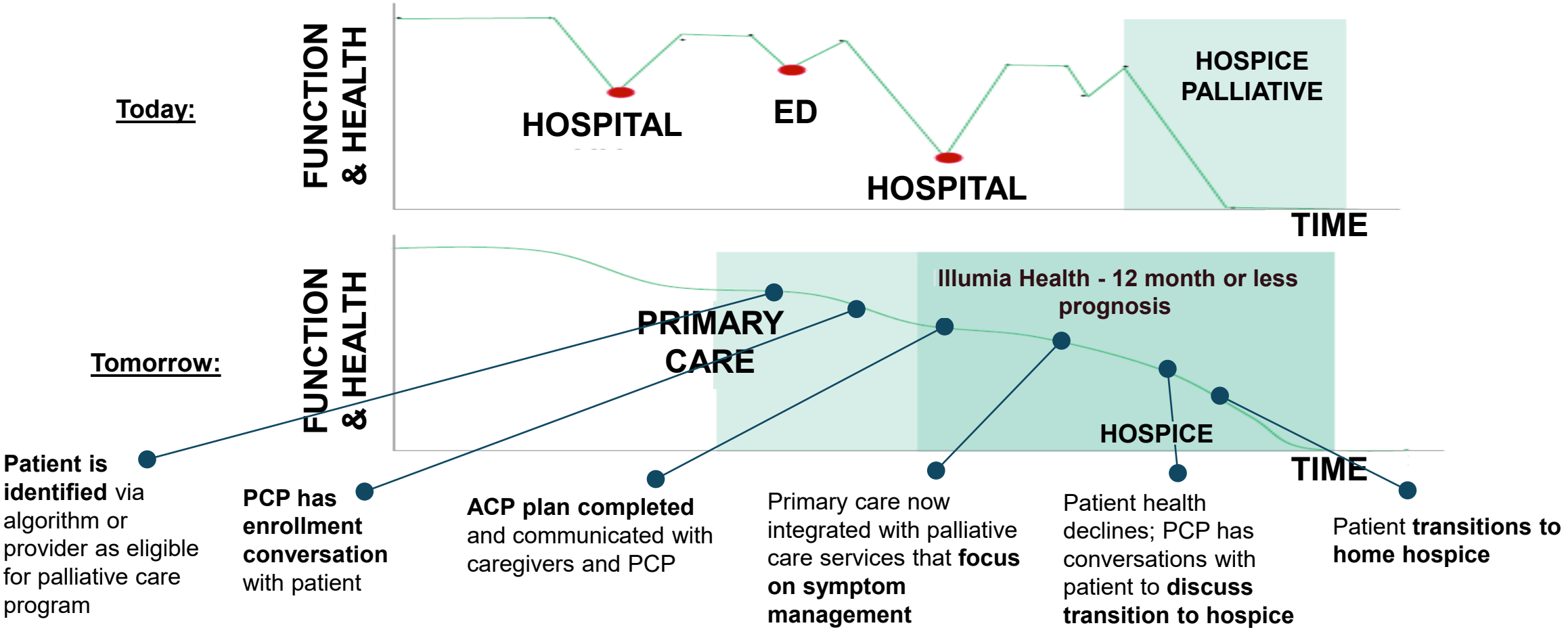
Shifting from reactive to proactive care requires early patient identification and a high touch model of care



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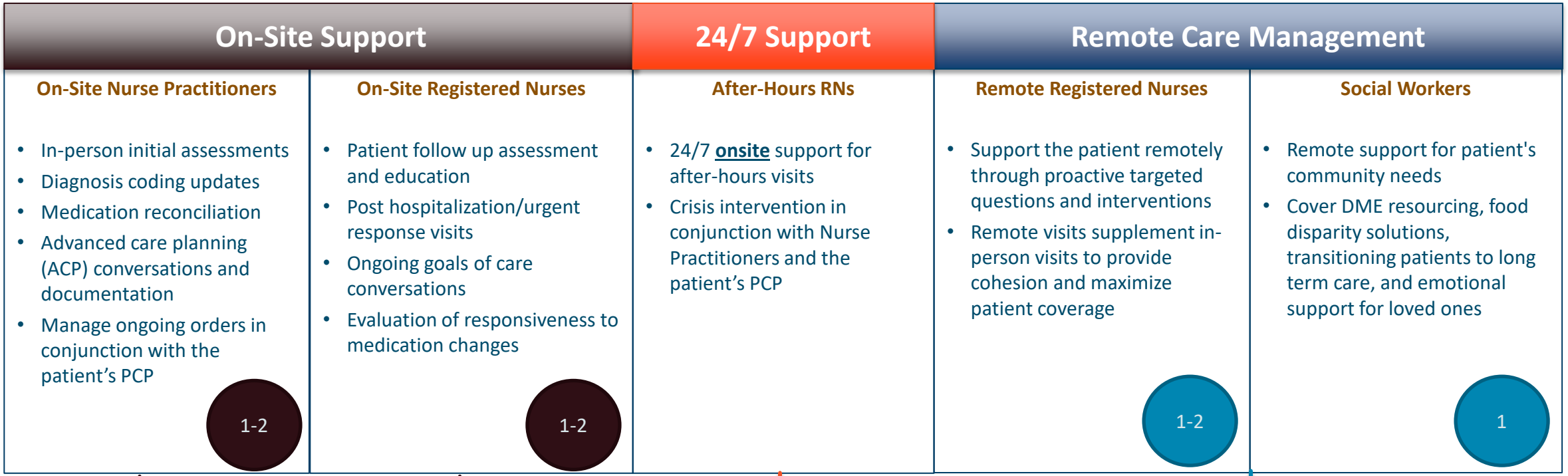
The “what we do and why we do it” behind our care delivery model



- **Extension of PCP used at top of license**; allows for addressing Immediate needs in the home
- **Patient identification** refinement
- Disease & **prognosis** discussions
- Determines if additional visits/touchpoints need to be made

- Visit layering- **subsequent and urgent aimed at ED/hospital intervention**
- Can accompany patient to ED if needed or meet at ED if notified after arrival
- **Skilled in hospice conversations**

- **Aimed at acute interventions** and symptom management, as needed, in order to prevent an ED/hospitalization. Will accompany patient to ED if in home and is needed or will meet there if notified after. Available after business hours, weekends, and holidays.
- **Backed up by a NP telephonically for orders and telehealth visits if needed.**

- These roles are for **proactive interventions** and ongoing patient monitoring
- Work heavily with the team on the ground as changes are noted or identified
- **Skilled in hospice conversations**

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Who is the target patient population for Illumia?

A patient that meets any of the below criteria is likely to benefit from **specialty** palliative care:

- Serious illness diagnosis + 2 or more hospital admissions in the past year attributed to serious illness
- Serious illness + uncontrolled or refractory symptoms (e.g., pain, shortness of breath, mood, depression/anxiety) attributed to serious illness
- Patient at risk of mortality due to serious illness in next 12 months (functional decline, admission risk)

Serious illness diagnoses to keep in mind:

- Advanced cancer (Stage 3 or 4, glioblastoma, pancreatic, esophageal, lung, liver)
- Malignancy on active chemotherapy / radiation
- Heart failure NYHA class IV or with admission for heart failure in past year
- End stage lung disease (COPD, pulmonary hypertension, interstitial lung disease, pulmonary fibrosis)
- End stage renal disease
- Cirrhosis
- Progressive neurologic conditions: Dementia/Parkinson's with ADL challenges or hospitalization in past year, ALS

agilon ***algorithm identifies that, based on the above criteria, ~5% of your total MA patient population may be clinically appropriate for palliative care*** *which may be used as a starting point as you consider whether palliative care is indicated for your patient.*

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How to Introduce Illumia Health, verbiage examples

- "I would like you to have access to my home-based Quality of Life program, Called Illumia Health. They will visit you in your home and provide an extra layer of support in between our visits. They are my eyes and ears in your home and support you living as best you can with your <illness>"

- "We will work together as a team to care for you"

- "I expect you'll benefit from having someone check in on you regularly" (feel free to anchor this in their goal) i.e., so you have someone to call instead of going to the ER again”

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How can we work together for success?

- To ensure best outcomes
  - Our NPs will outreach to you directly for input on medical decisions
  - You remain the clinical decision maker- we collaborate with you
  - Please let us know the best way to connect
  - Messaging to patients and families

Let’s partner to provide the best care to our most vulnerable patients - together.

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Q&A Panel Discussion

Dr. Carrie Hyde
Dr. Jon Copeland (United Physicians, Detroit)
Dr. Jennifer Szurgot (Pinehurst Medical, Pinehurst)

CME Survey

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Palliative Care Resources for PCPs

- Center to Advance Palliative Care (CAPC)- https://www.capc.org
  - Patient facing: https://getpalliativecare.org
- National Coalition for Hospice and Palliative Care (The National Alliance)- https://www.nationalcoalitionhpc.org
- VitalTalk- https://www.vitaltalk.org
- Fast Facts and Concepts – Palliative Care Network of Wisconsin (PCNOW)- https://www.mypcnow.org/fast-facts/
- Project ECHO – Palliative Care - https://hsc.unm.edu/echo/
- National Hospice and Palliative Care Organization (NHPCO)- https://www.nhpco.org
- Serious Illness Care Program – Ariadne Labs - https://www.ariadnelabs.org/
- The Conversation Project- https://theconversationproject.org
- Pallipedia-https://pallipedia.org

--Description of each of these resources in notes section below--

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Key Contacts

Elaine Ziegler
President of Empatia Palliative Care and Illumia Health AIM
Phone: 404-502-5652
Email: elaine.ziegler@gentivahs.com

Dr. Carrie Hyde
Chief Medical Officer for Empatia Palliative Care and Illumia Health AIM
Phone: 501-940-3336
Email: Carrie.Hyde@gentivahs.com

Jenn Reese
VP of Operations for Illumia Health AIM
Phone: 757-653-7617
Email: jennifer.reese@gentivahs.com

Beth Miller
AVP of Advanced Illness Management
Phone: 501-348-4677
Email: beth.miller@gentivahs.com

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