

VOICES

Jim McDevitt, President, Trella Health

In this Voices interview, *Hospice News* sits down with Trella Health President Jim McDevitt to get his take on the greatest challenges for hospice providers today, where they can find opportunity in light of today's operating environment, and why he thinks data is at the core of providing care at the right time and the lowest cost.



First, what would you classify as the top three challenges hospice care providers are facing today?

Jim McDevitt: I feel the three top challenges that hospices face today revolve around a number of misconceptions, and I think those misconceptions are leading to an underutilization of hospice as a care setting.

I think the first challenge involves providers who are hesitant to recommend hospice as the appropriate care setting. Some of that comes from patient choices, some of it comes from available treatment options and perhaps, even from

the disease trajectory. In some instances, where patients have complex cases and there are multiple specialists involved, it's difficult to determine which physician is in the best position to make the call to introduce hospice, when it may be the right choice for care planning.

In my mind, the second challenge is that patients and families struggle with the concept of hospice. I think the transition to hospice care often involves the family not knowing when the time is right.

Lastly, I think physicians and patients struggle to understand the time frame when hospice is appropriate. I think many Medicare beneficiaries are not aware that hospice can be utilized once their condition is terminal, and when they're within six months of life expectancy.

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During your experience as president of Trella, how has the operating environment for hospices changed?

McDevitt: I think of two things relative to the operating environment. One is that many providers in post-acute care are affected by the nursing shortage, and the shortage only continues to worsen. The individuals who work in hospice are amazing people – the work that they do for families and the work they do for patients is unmatched – but it’s an emotional job and it leads to fatigue and burnout. It is also known that hospice and palliative care providers have some of the highest burnout rates in the industry.

The second change I’ve observed is that hospices themselves have become much more sophisticated in a relatively short period of time. I think the industry has concluded that it needs advanced data solutions and information to become advisors to their referral partners. Relationships will always be important in post-acute care, but a change I’ve witnessed is that analytics and data are now playing a significant role as referral sources are seeking information to best guide their patient populations.

How has the environment for healthcare technology or companies like Trella changed?

McDevitt: The second point I made above regarding changes with the use of data is a reflection of the impact companies like us can make. A greater demand for data has made our job at Trella much easier. It’s amazing how quickly prospects that we talk to, whether large or small, dial into what role data and analytics can play in adding value.

Where would you say that providers can find opportunity in today’s market relative to those challenges you mentioned?

McDevitt: I think it’s in two areas. The first is identifying physicians who are waiting too long to refer patients to hospice. With the Trella solution, hospices can demonstrate how early referrals can improve the patient and family experience while also lowering costs.

The second area is for hospice providers to identify the specialties that are known for underutilizing hospice care. Hospice providers have a major opportunity in addressing those groups of underutilizing physicians and communicating their organizations’ value as well as the value of hospice generally.

Ultimately, hospices can use the data to work with the physicians to fill the hospice gap for specific patient populations that have been underserved.

There's an increasing focus on care coordination and the push for value-based care. How can hospice providers ensure they're developing the right referral partnerships to provide the best outcomes?

McDevitt: Hospice providers need to ensure they have the full addressable market of referral sources in their sights. In addition to physicians and facilities, which I think are a predominant focus of providers, there are home health agencies, skilled nursing facilities and assisted living facilities that can all be key referral sources to hospice providers.

In addition, hospital providers need to understand how hospice fits in the care continuum. Hospitals need to be educated on the value of hospice, and when the time is right to refer. I think the result of that is ensuring hospice providers can verify that the right patient is in the right care setting at the right time. Hospices need to advocate for themselves when targeting their referral sources.

When it comes to sales and marketing, are you able to share any best practices among your customers that are having success with upfront education about hospice services in general?

McDevitt: I can provide a few examples. The customers we work with that have the most success in educating providers are clearly articulating the benefit of hospice as a care setting in their organization. Obviously, they are advocating for themselves specifically. Some of these hospices are going one step further by identifying their specific diagnostic specialty in each category and for what level of acuity. They do this by using our data and analytics. I see this as a "best practice," and gives them a leg up on their competition working with the same referral sources.

Our customers also present compelling metrics to providers to demonstrate why a longer length of stay will be one of better quality. They can use the data to show that in addition to improving the patient and family experience, identifying hospice-appropriate patients sooner will reduce the cost of care, and most importantly, reduce readmission rates.

Of course teamwork is an important part of business today. Can you speak to how teams are using systems and the Trella platform today to grow their businesses and make them more efficient?

McDevitt: When you picture enterprise organizations, especially some of the larger organizations in hospice, they are motivated to make investments in data-driven growth. It is twofold: the data is being used by clinical and sales teams, and they partner together to develop solutions and provide technical consultative sales models. They become most effective when the clinical side blends with the sales and marketing teams.

On the hospital exec side, they're expecting the hospice providers to uncover valuable insights. They're expecting them to bring something to the table other than just a relationship. They want the advice coming from their hospice providers to improve their overall post-acute care strategies and help them meet their goals.

These goals include making sure their patient outcomes are better and are reducing the total cost of care. In terms of our hospice customers, they are using our solution to understand the market and identify where they should grow geographically.

What do you think is particularly useful for sales and marketing teams in light of the changing payment landscape?

McDevitt: The hospice industry is not undergoing or transitioning to a new payment model like home health with the patient-driven groupings model (PDGM) or skilled nursing with the patient-driven payment model (PDPM). I think it's only a matter of time before hospice providers are directly affected by a transition to value-based care.

For instance, CMS has already announced through their Value-Based Insurance Design (VBID) model, that it will allow participating Medicare Advantage plans to include Medicare's hospice benefits starting in 2021. It's coming.

What we see in the market is a higher percentage of Medicare beneficiaries that are participating in Medicare Advantage plans. In some states, it's in excess of 40%. We've also seen an overall rise in hospice utilization nationwide. I think both Medicare Advantage and fee-for-service beneficiaries are going to be made aware of high-quality hospice services, and hospice providers can also play a major role in promoting that awareness.

If the hospice carve-in in Medicare Advantage does lead to cost and quality improvement during this test, we could see hospice become a standard Medicare Advantage benefit in the next few years. If that scenario occurs, sales and marketing teams are going to need the same approach with Medicare Advantage plans that they have with their current referral sources. They can do so by being well-armed with data-driven insights that are personalized to their markets and use it to educate, partner, collaborate and drive to a new group of stakeholders for hospice services.

Regardless of what happens with the MA plans, I still think it's important for hospice providers to understand payment reform generally, and specifically in home health and skilled nursing facilities. Skilled nursing facilities today pay significant penalties for unplanned hospital readmissions. Perhaps a skilled nursing facility, as an example, is caring for hospice-appropriate patients, who are frequently going back in and out of the hospital, but haven't had hospice referred to them.

In those cases, if in fact hospice was part of the care plan, they could benefit significantly by having those patients referred to hospice and no longer incurring the costly readmission penalties. I think from the patient side, patients are also likely to experience improved quality of care upon transitioning to hospice. Lastly, the families would also benefit.

Can you tell us some of the things that you're working on that will help providers become more efficient in their operations?

McDevitt: We've been in the market since 2016, and since that time we've been focused on surfacing insights and making our information and data more consumable. This includes new metrics in addition to more trended metrics. We've also added significant sales management functionality to ensure the sales teams that work for hospices are being operated in the most efficient manner possible.

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I'm also excited to share our most recent project, a new solution called Marketscape for hospice. One of its most compelling features is the ability to share data-driven insights with referral sources in a very personalized presentation. You can do that directly within our Marketscape for hospice solution.

Marketscape is a continuation of what we've been doing here at Trella and leading post-acute providers, including hospice organizations, to make better use of data. As a company, we've invested significantly in this new solution.

Marketscape will be rolled out soon. We're currently doing a limited release to our existing customers. It will be more broadly available in January 2020. We're eager to see how it will improve our customers' businesses and increase their development and productivity.

Finally, can you tell us a little bit about the name change from Excel Health to Trella Health?

McDevitt: A lot of people have asked about that. After our first few years of growth and innovation, we're really excited to select a new name and visual identity that reflects our company's mission and core values, which is about caring and being driven. It's about being innovative and being owners of Trella. All of our employees are owners.

Excel, while widely known within the post-acute care market, was also widely associated and connected to spreadsheets and reporting. That's not what we're about. While we do provide access to the industry's most recent and complete set of Medicare claims data, our solution goes way beyond that. Our Trella name comes from the idea of a trellis; a strong, reliable support system that promotes growth.

For us, it represents empowering meaningful change by supporting our customers' growth. We do this by helping them gain more patients, connect with the right partners, and have deeper relationships and advisory relationships with those referral sources in developing and improving upon their networks.

Editor's note: This interview has been edited for length and clarity.

Trella Health (formerly Excel Health) is a data-driven technology solution that empowers post-acute care providers and their referral sources to work together across the care continuum. Learn more at www.trellahealth.com.