B. WIEBE IT OR NOT!

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MCC…

Does this acronym mean anything to you? I've known it forever – in a different context (you can ask me!), but here it is with newer meaning:

"Multiple Chronic Conditions."

We'll be hearing much more about it. MCC. It refers to those with more than two chronic conditions, and ***accounts for 75 million Americans.*** For the purpose of this definition, chronic illnesses are "conditions that last a year or more and require ongoing medical attention and/or limit activities of daily living."

Doesn't that describe so many of the patients we care for in primary care medicine day after day?! Well, government understands that these MCC patients cost a lot of money and is paying attention to it. Even before the Health Care Reform bill was passed, a working group of the US Department of Health and Human Services has been looking at the challenges of providing good care to those with MCC and how to do it better and cheaper.

Here are some facts about MCC: It has been demonstrated that those with MCC have higher mortality rates and reduced functional status – this is no surprise to us. However, they also have more adverse drug events, more duplication of tests, more un-necessary hospitalizations, and are more likely to receive conflicting medical advice.

It's a big reality and of course the cost implications are big. 27% of the population has MCC, 66% of health care spending is directed at those with MCC, and those with MCC also have higher out-of-pocket costs. The 66% figure alone should leave us unsurprised that those interested in reducing Federal Health Care costs would be interested in this group! And indeed they are. ***Here are some of the goals of the MCC working group***, so far:

1. To provide better tools and information to health care providers to better care for patients with MCC.
2. To maximize use of proven self care strategies to enable patients with MCC to function better in their communities.
3. To foster Home Care and Public Health changes to improve the health of patients with MCC, and to provide incentives to providers to reduce re-hospitalizations and duplication of services.

I expect we'll see the impacts of this working group in policy changes over time.

In the meantime, on a different MCC front, the Indiana State government through the Indiana Comprehensive Health Insurance Association is initiating a pilot project to determine if Hospices can control expenditures through case management in the last years of life through a palliative care approach. Family Hospice and Palliative Care has been asked to be the vehicle for this project for a six county area of Northeast Indiana. The project will be initiated this summer.

In the meantime, it's imperative to provide good symptom management for people with MCC. ***For those with MCC who are at the end of life, and whose goals have shifted from "curative" to "comfort care," Family Hospice & Palliative Care can help.*** MCC… We'll all hear more about it.

BWiebe it or not.

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Medical Director

Be aware

that CMS regularly sends to beneficiaries of the Medicare Hospice Benefit documents described as Explanation of Benefits, or Medicare Summary Notices. These documents detail the hospice services provided, and their value, in a manner which appears to suggest the hospice agencies actually receive the amounts indicated as "Hospice Facility Claims" - amounts which are far in excess of the actual amounts which the hospice receives. CMS actually pays the hospice agency a per diem amount of $139.97 for hospice home care patients. If concerns come to your attention regarding information on these CMS mailings, we'd be glad to assist to interpret and explain.