

Healthcare and Community Collaboration: A Health Plan Model to Improve End-of-life Care

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October 24, 2006

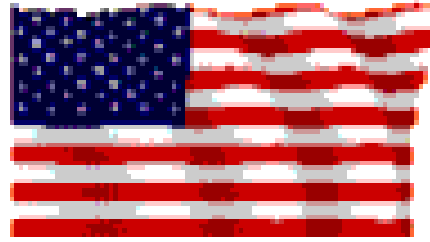


Compassion and Support
at the End of Life



Compassion and Support
at the End of Life

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- "...along with burning flags and resisting the draft there is another un-American activity...dying..."
- "...our Constitution upholds the rights of life, liberty and the pursuit of happiness...death is not there..."

Elizabeth Cohen
Author, news writer and columnist
EPEC, Binghamton, March 7, 2003



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Objectives

- **Recognize impact of ineffective advance care planning, pain management and late hospice referrals**
- **Illustrate opportunities for healthcare and community collaboration**
- **Define performance goals and track basic metrics**
- **Explain new benefit models**
- **Demonstrate results to date**





End-of-life Care Costs

- **Total health care costs**
 - \$1.4 trillion
 - 14% of the gross domestic budget (GDP) ⁱ
- **End-of-life care costs**
 - 10-12% of total health care budget
 - 27% of Medicare budget ⁱⁱ

ⁱ Wood, A., et al. *The Cardiopulmonary and Critical Care Journal*, 126: 1403-1406, 2004.

ⁱⁱ Emanuel, E.J. *Journal American Medical Association*, 275(24), 1996



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Regional Variations in Medicare Spending

- **Large regional variations in the percentage of deaths occurring in hospitals**
- **High-spending regions**
 - more inpatient-based and specialist-oriented care
 - however, no improvement in
 - health outcomes, including mortality rates
 - quality of care
 - access to care
 - patient/family satisfaction



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Dartmouth Atlas

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End-of-life Care Cost Savings

- Dollars are wasted on unwanted, unnecessary and futile treatments
- Reducing amount spent on ineffective treatments will help reduce the total cost of end-of-life care
- Cost savings estimate: 3.3 % of total costs ⁱⁱⁱ
- $3.3\% \times \$1.4 \text{ trillion} = \59 billion



ⁱⁱⁱ Terry Sanford Institute of Public Policy, Duke University.

www.pubpol.duke.edu/courses/pps255s/2004/w-team-a/benefits.htm, 2004



Continuum of Care Model

Medical Management of Chronic Diseases

Integrated with Palliative Care

Goals of Care shift

12 mo

6mo

Diagnosis

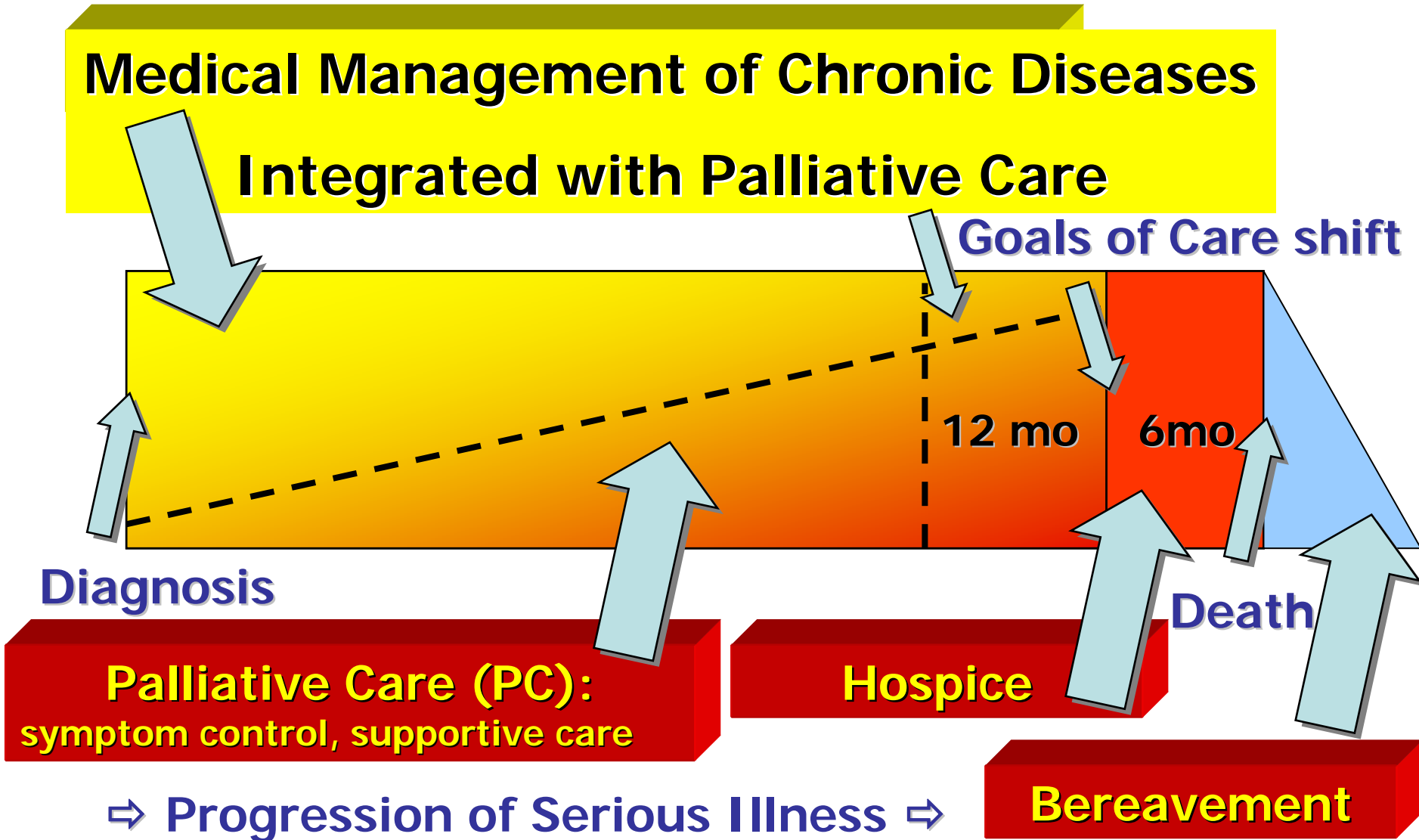
Death

Palliative Care (PC):
symptom control, supportive care

Hospice

Bereavement

⇒ Progression of Serious Illness ⇒





Community-wide End-of-life/ Palliative Care Initiative

- **Advance Care Planning**
 - Community Conversations on Compassionate Care
- **Honoring Preferences**
 - Medical Orders for Life-Sustaining Treatment (MOLST)
- **Pain Management and Palliative Care**
 - Community Principles of Pain Management
 - CompassionNet
- **Education and Communication**
 - Education for Physicians on End-of-life Care (EPEC)
 - Community web site: www.compassionandsupport.org





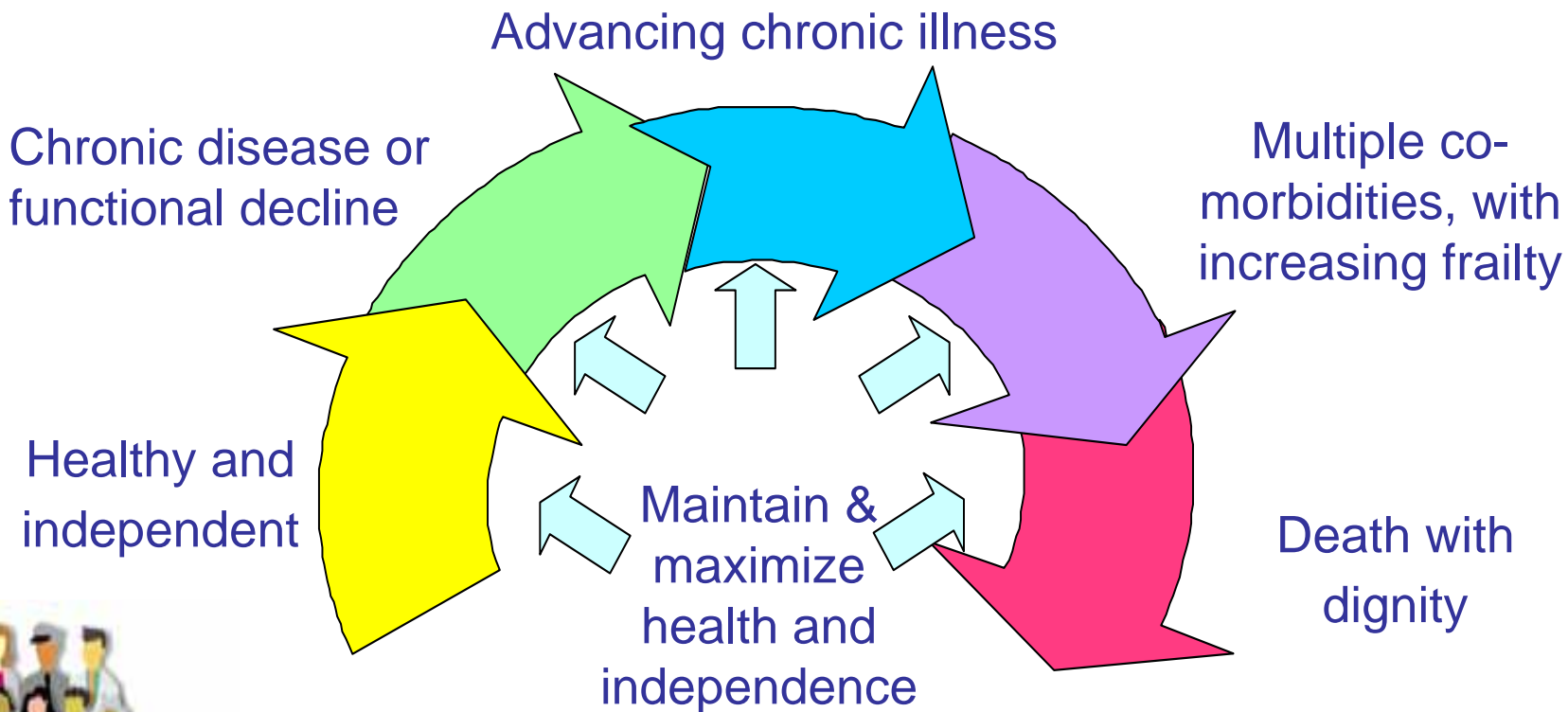
Advance Care Planning

Traditional Advance Directives



Advance Care Planning

Compassion, Support and Education along the Continuum



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Advance Directives

- **1991 - Patient Self-Determination Act**
 - 20% had a form of Advance Care Directive
 - 75% approved of a Living Will

- **2002 - Means to a Better Endⁱ**
 - 15 -20% Americans have ACD
 - no significant change in a decade
 - 20% of LTC patients have ACD

- **2005 –Pew Research Center for the People and the Pressⁱⁱ**
 - 29% - Americans have ACD

ⁱ *Means to a Better End: A Report on Dying in America Today, November 2002*

ⁱⁱ *The Pew Research Center for the People and the Press.*

More Americans Discussing and Planning End-of-life Treatment. January 5, 2006



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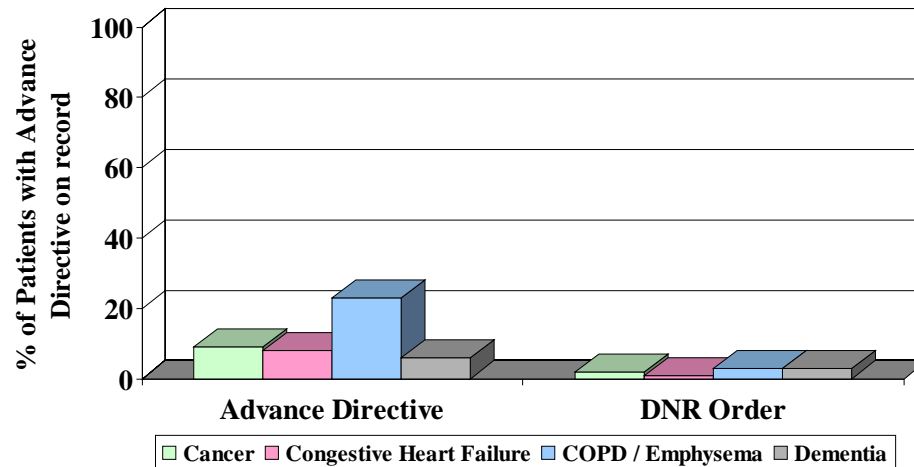


Advance Directives

HOME CARE PATIENTS WITH CHRONIC ILLNESS

End-of-Life Survey

Percent of Home Care Clients with Chronic Illness having an Advance Directive or a DNR order



What percentage of patients with cancer, heart failure, COPD/emphysema or dementia has an Advance Directive or a DNR order in place?

Question 3. What percent of patients with cancer, heart failure, COPD/emphysema or dementia have an Advance Directive or DNR order in place?

*Community End-of-Life Survey Report
January 2001*





Community Data

- **40% seniors report physicians have not addressed Advance Care Planning**
- **75% of deaths in Monroe County were 65+**



EBCBSRR Senior Survey, 2001





Advance Care Planning Community Goals

- Document the designated agent (surrogate decision maker) in a Health Care Proxy for every patient in primary, acute and long-term care and in palliative and hospice care.
- Document the patient/surrogate preferences for goals of care, treatment options, and setting of care at first assessment and at frequent intervals as condition changes.



*National Quality Forum, Framework and Preferred Practices
Quality Palliative Care & Hospice Care, 2006, Adapted for New York State*





Advance Care Planning Community Goals

- **Convert the patient treatment goals into medical orders and ensure that the information is transferable and applicable across care settings, including long-term care, emergency medical services, and hospital, i.e., the Medical Orders for Life-Sustaining Treatments—MOLST, a POLST Paradigm Program.**



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*National Quality Forum, Framework and Preferred Practices
for Quality Palliative Care & Hospice Care, 2006, Adapted for New York State*

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Advance Care Planning Community Goals

- **Make advance directives and surrogacy designations available across care settings**
- **Develop and promote healthcare and community collaborations to promote advance care planning and completion of advance directives for all individuals**



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*National Quality Forum, Framework and Preferred Practices
for Quality Palliative Care & Hospice Care, 2006, Adapted for New York State*

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Advance Care Planning Campaign Rochester 2002





Community Resources

Advance Care Planning

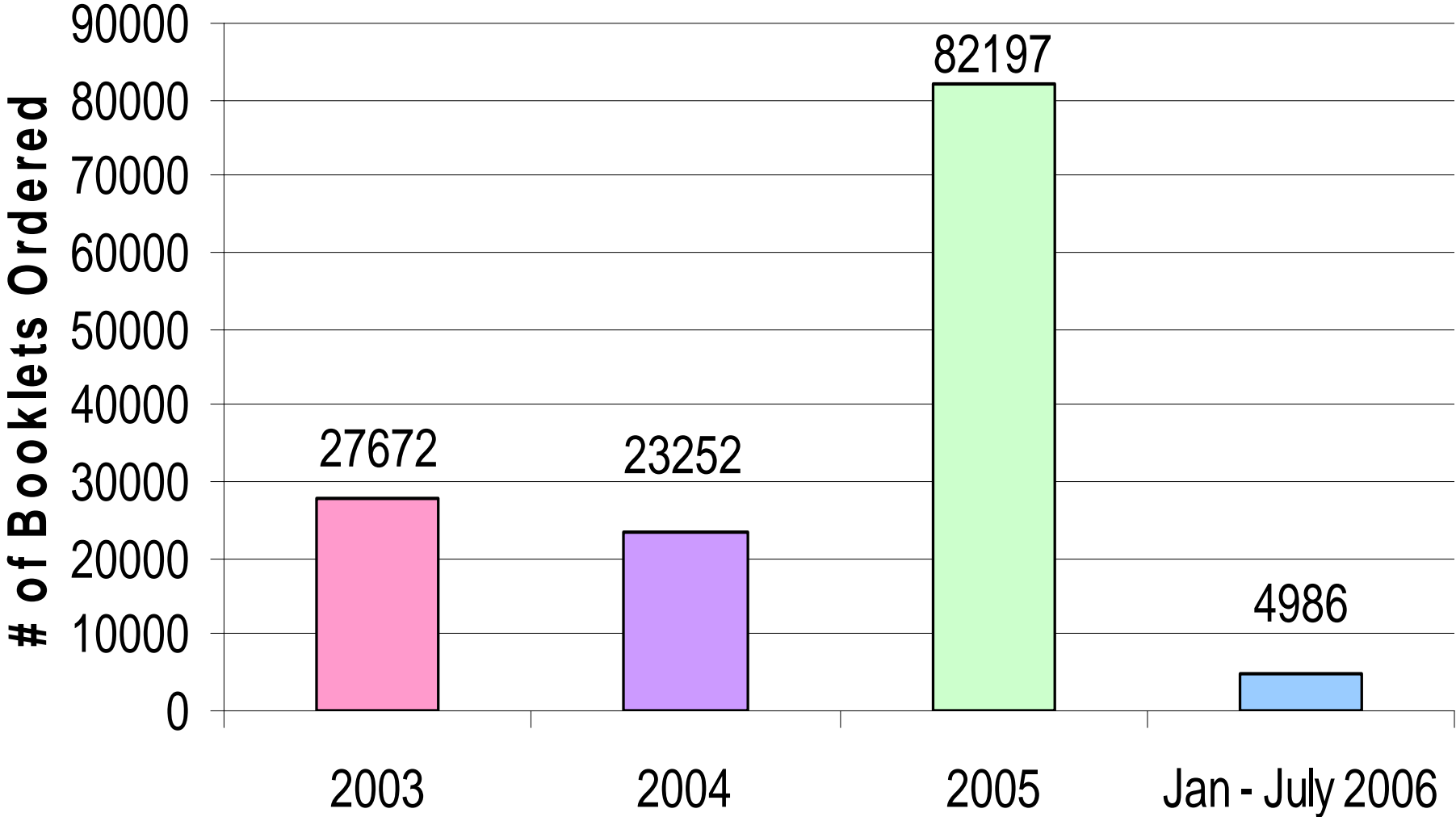
- Advance Care Planning Booklet (English, Spanish)
- Advance Care Planning Poster and Tent card
- Behavioral Readiness “tools”
- Community Conversations on Compassionate Care (CCCC)
- Advance Care Planning Facilitator Training
- Life Choices Program



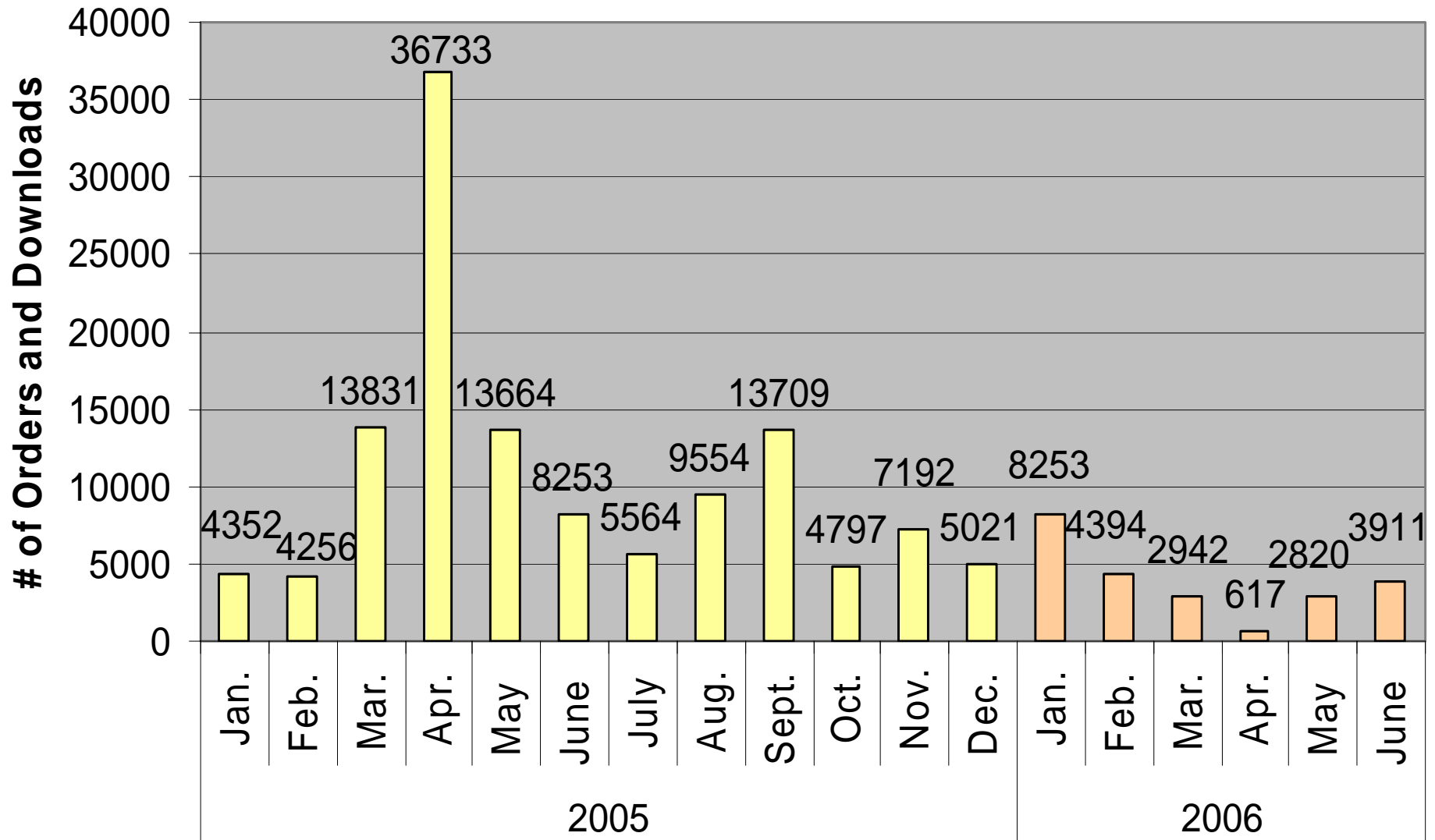
For these resources and more, visit
www.excellusbcbs.com
www.compassionandsupport.org



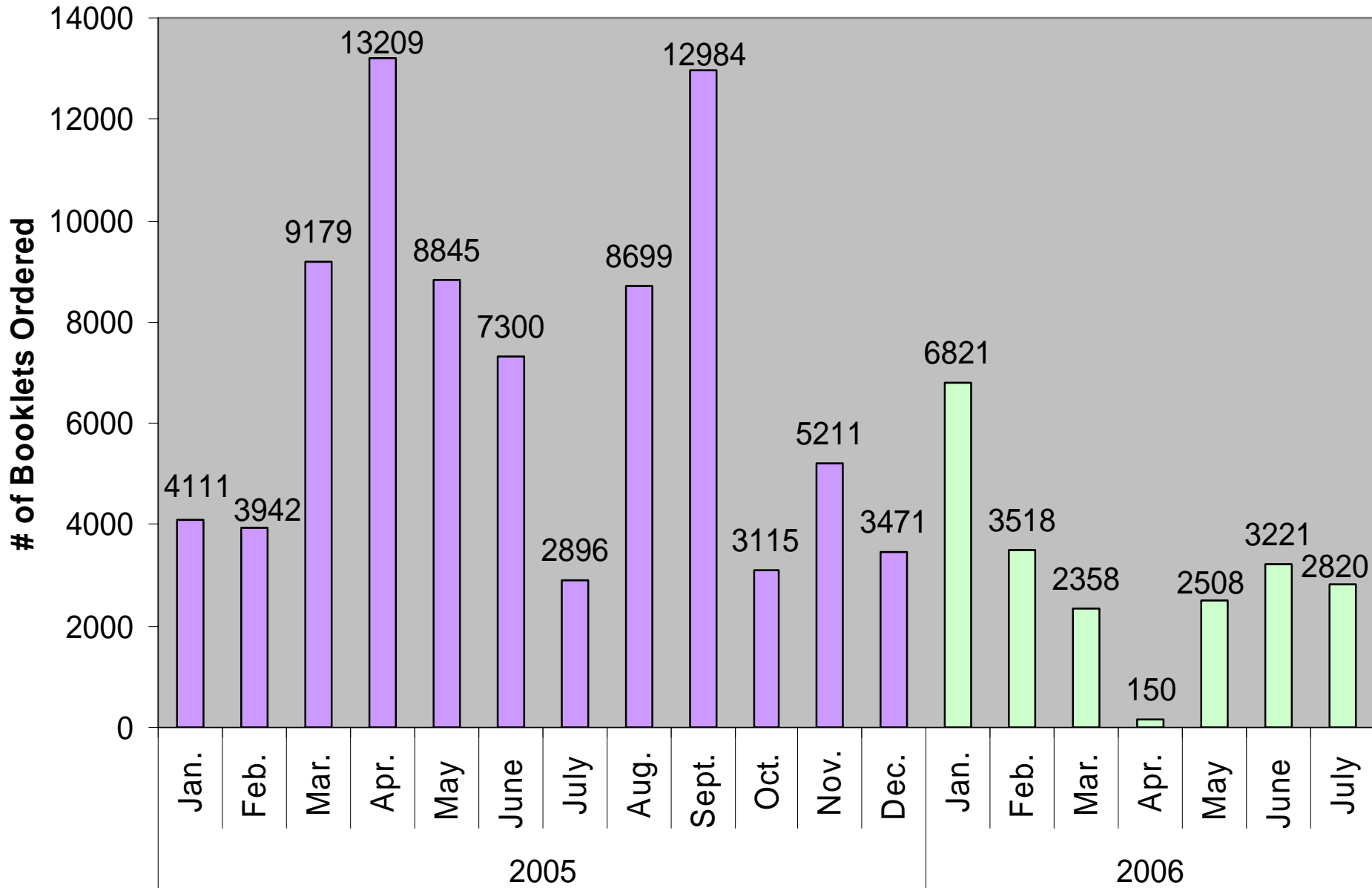
Total Number of ACP Booklets Ordered per Year 2003 - July 2006



Total Number of ACP Booklets Ordered & Downloaded per Month 2005 - June 2006

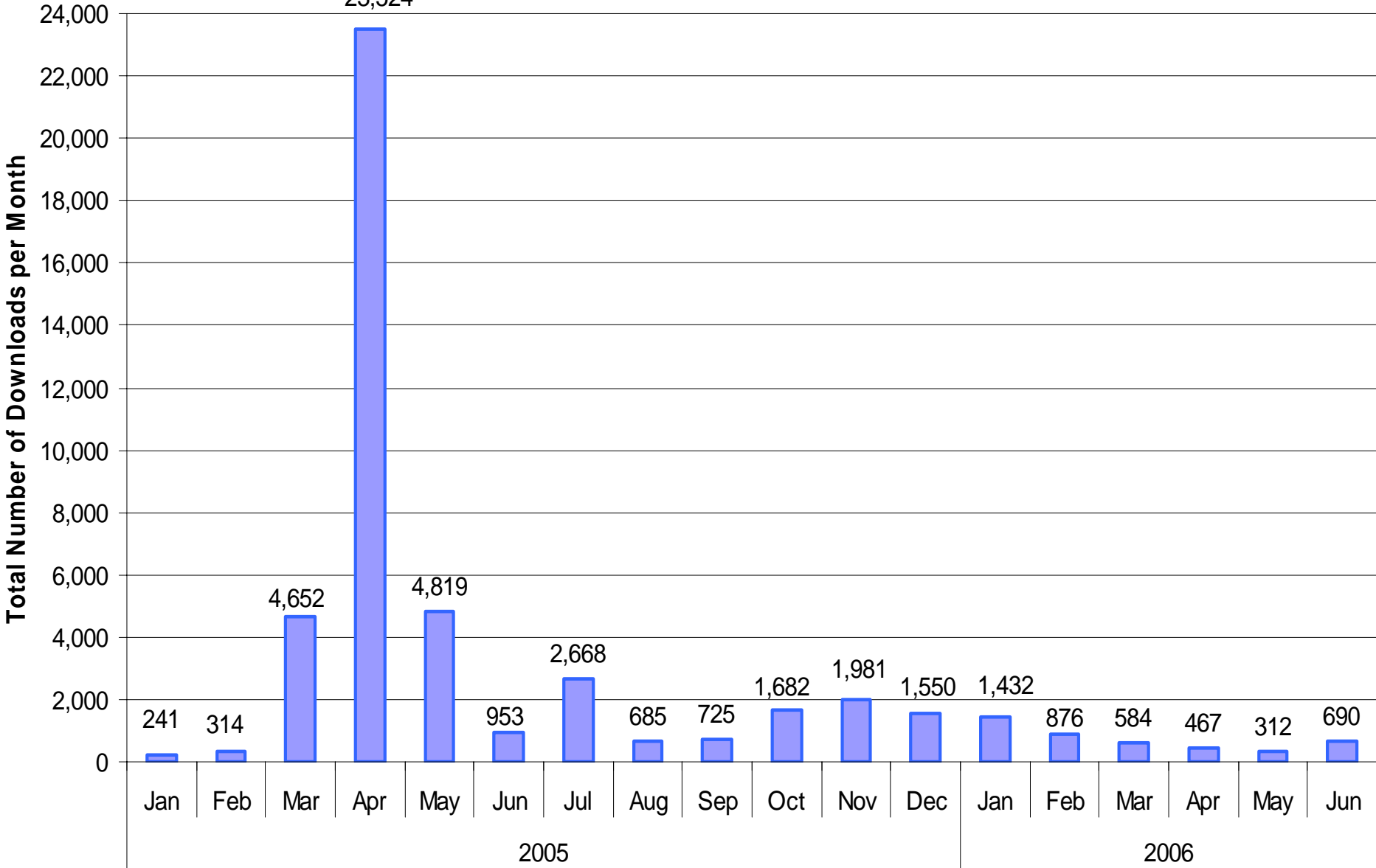


Total Number of ACP Booklets Ordered per Month 2005 - July 2006



Total ACP Booklet Web Downloads per Month

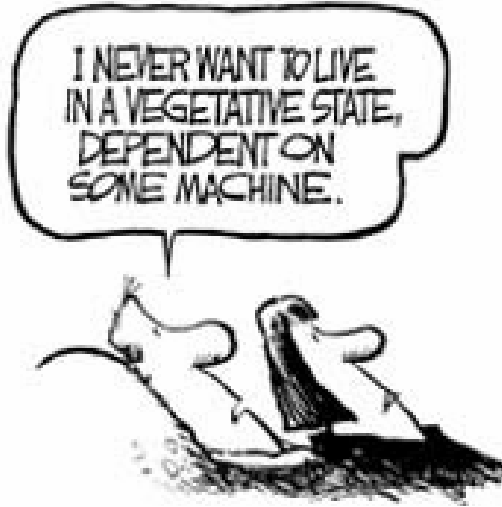
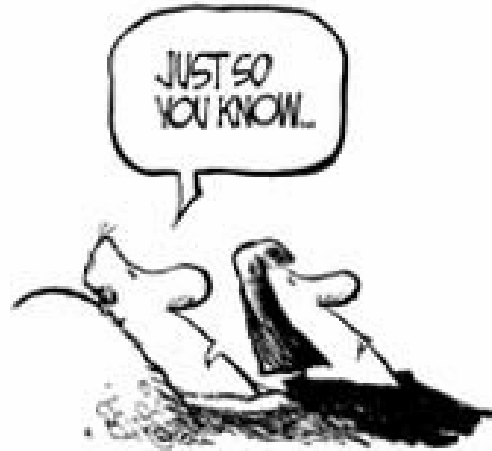
2005 - June 2006





Functional Health Literacy

WILBREMAN





Community Conversations on Compassionate Care

- **1-2 hour facilitated workshop on advance care planning**
- **Goals**
 - Increase comfort level in discussing death and dying
 - Increase conversations that lead to completion of an Advance Care Directive

A Community-wide End-of-life/Palliative Care Initiative project





CCCC Facilitator Training Agenda

- **8-hour training**
 - Advance Care Planning Along the Health-Illness Continuum
 - The Patient Voice in End-of-life Transitions
 - Life-Sustaining Treatments
 - Medical Orders for Life-Sustaining Treatments (MOLST)... a POLST paradigm
 - CCCC workshop logistics
 - Facilitation training



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CCCC Facilitator Training

- **Trainees receive**
 - comprehensive binder of information
 - workshop “tools”
 - facilitator resources
 - CD-ROM, featuring the binder information in PDF format and CCCC PowerPoint presentation with facilitator speaking notes

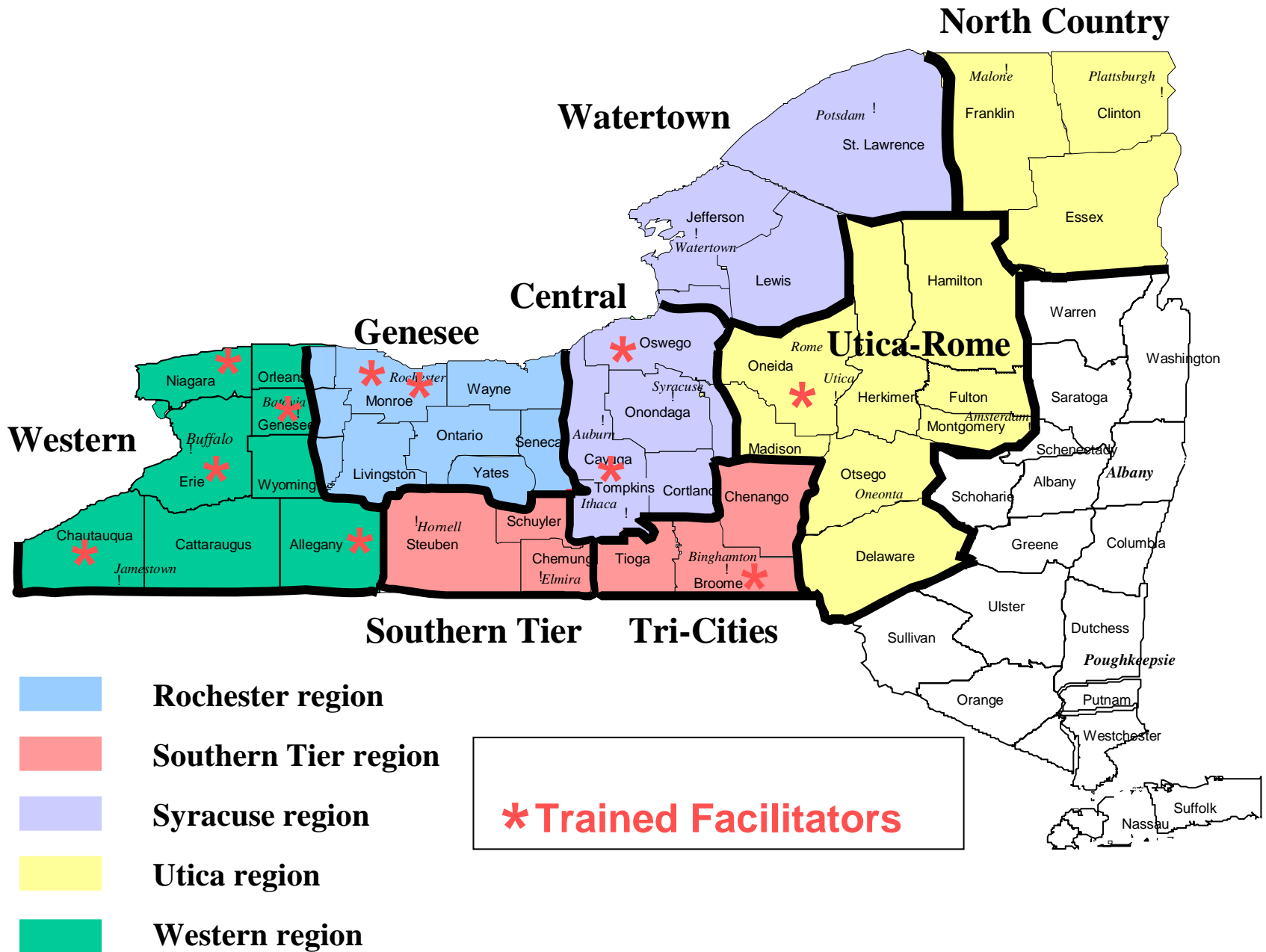




CCCC Facilitator Training

- **Excellus BlueCross BlueShield support**
 - partnership with trainees to offer the CCCC workshop in the community and to facilitate 1 on 1 discussions
 - supplies workshop folders and booklets
 - collects post-workshop data
 - analyzes pre-and post-workshop data for partners







CCCC Results

- # 241 CCCC workshops
- # 5521 participants
- # 422 trained facilitators





Stages of Readiness to Complete

Staging Questions: Health Care Proxy Readiness

Please complete the questionnaire and return it to Dan Fontana, Medical Affairs Department, 47 Hill, Excelsus, Attn: 1401 Court St., Rochester, NY 14647. Thank you.

1. Family designating a person to speak for you about your medical care should you become unable to speak for yourself is called designating a health care proxy. The best way to designate the person to speak for you is to complete a Health Care Proxy Form. Which answer best describes your level of readiness to fill out a Health Care Proxy Form?

I see no need to fill out a Health Care Proxy Form.

I see the need to fill out my Health Care Proxy Form, but I have barriers or reasons why I have not done it.

I am ready to fill out a Health Care Proxy Form or I have already started.

I already filed out my Health Care Proxy Form and it reflects my wishes.

I already filed out my Health Care Proxy Form but it needs to be changed.

We are interested in knowing if age, ethnicity, sex, education, or health care background affects people's attitudes about health care proxies. We would appreciate your help in answering the following questions. Responses to voluntary and all information will be kept confidential.

2. Are you? Male Female

3. Into which of the following age groups do you fall?

<input type="checkbox"/> 18-25	<input type="checkbox"/> 50-54	<input type="checkbox"/> 72-74
<input type="checkbox"/> 26-33	<input type="checkbox"/> 55-59	<input type="checkbox"/> 75-79
<input type="checkbox"/> 34-41	<input type="checkbox"/> 60-64	<input type="checkbox"/> 80-84
<input type="checkbox"/> 42-49	<input type="checkbox"/> 65-69	<input type="checkbox"/> 85 and over

4. What ethnic group best describes you?

<input type="checkbox"/> African American, not of Hispanic origin	<input type="checkbox"/> Mexican, Hispanic, not of Mexican or Puerto Rican origin
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> White, not of Hispanic origin
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Other _____
<input type="checkbox"/> Puerto Rican	

5. Which of the following best describes the highest level of education you have completed?

Up to and including some High School

High School Graduate (including G.E.D.)

Some College (including an Associate Degree)

Four-Year College Degree

Advanced Degree (i.e. Masters, Ph.D., M.D.)

6. Have you ever worked in a health care related job?

Yes, I currently work in a health care-related field.

Yes, I have worked in a health care-related job in the past.

No, I have never worked in a health care-related job.

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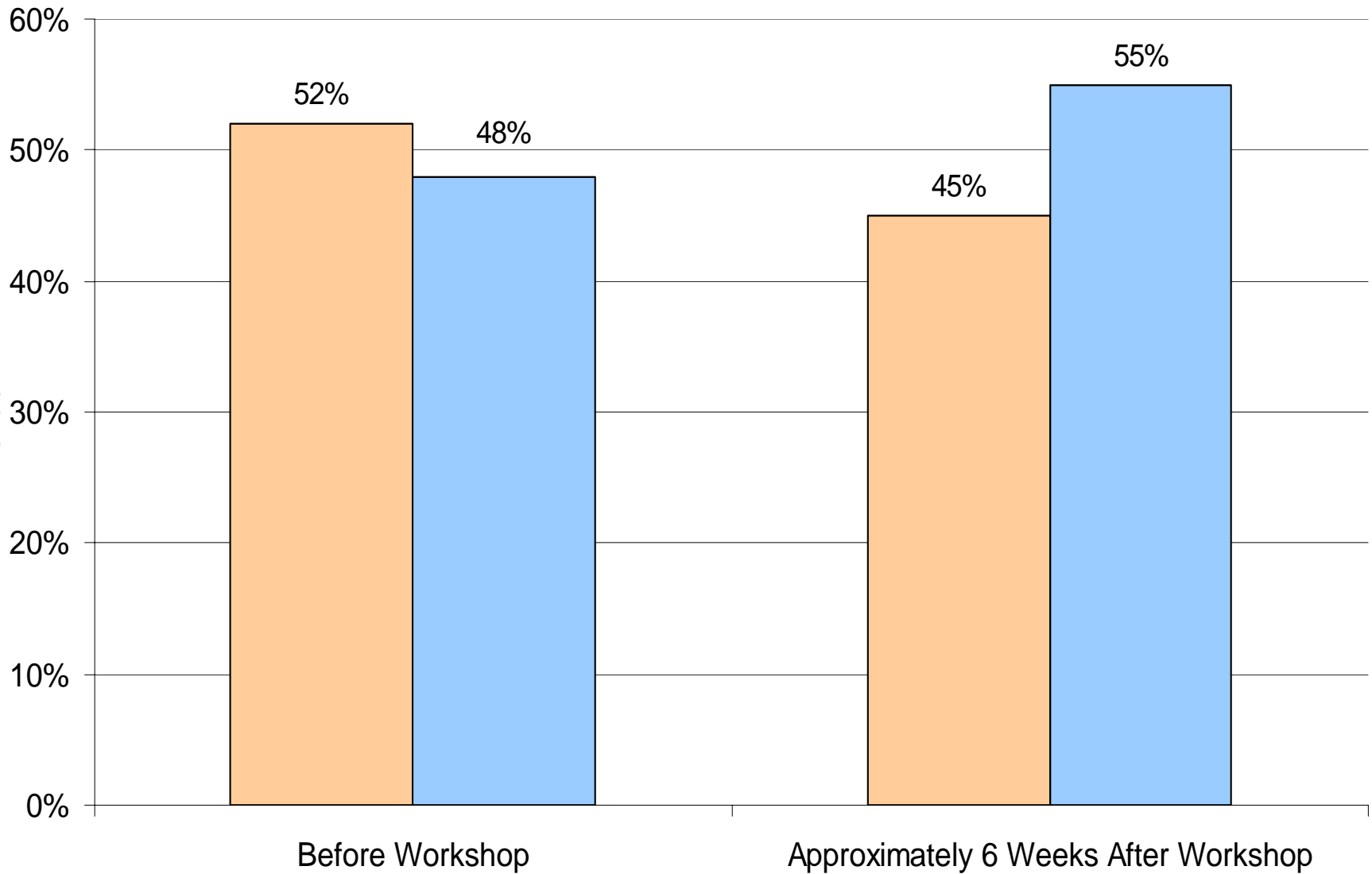
Drs. Bomba and Doniger, 2002

- See no need
- Recognize need, but have barriers
- Ready to complete
- Advance Care Directive reflects wishes
- Advance Care Directive needs update



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Community Conversations on Compassionate Care



Workshop Attendee Responses

Do Not Have Advance Directives Do Have Advance Directives



Health Care Proxy Readiness Form

Baseline Statistics

	Have Advance Directives	Do Not Have Advance Directives
--	--	---

Internal Employees	30%	70%
UPitt* and STEP EMS** Attendees	38%	62%
EPEC Attendees	49%	51%
<u>Facilitator Training Workshop Attendees</u>	<u>60%</u>	<u>40%</u>
All Attendees Including Community Members	48%	56%

Data was collected immediately prior to the workshop using the Health Care Proxy Readiness form.

* Geriatrics Conference for Health Care Professionals, University of Pittsburgh

** Emergency Medical Services conference, Rochester, NY



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Quality Management

Adult Preventive Health Guideline

- Counsel all individuals regarding completion of advance care directives
- **Advance Directives:** Advance Care Planning is a process that requires conversation and results in the completion of an Advance Directive. An Advance Directive allows patient preferences and goals to drive care and to guide shared medical decision making in the event the patient is unable to communicate. Studies have demonstrated that physician counseling markedly increases the completion rate of Advance Directives.



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Quality Management

Quality Indicators

- **All regions: baseline data collection 2004**
 - medical record recredentialing process
 - HEDIS sampling at Lifetime Medical Group
 - % of Advance Care Directives completed
- **WNY: Patient Management Reminder (PMR)**
 - ACP moved into Preventive Health
 - add stages of readiness to PMR





Is a completed Advance Care Directive in the patient's medical record?

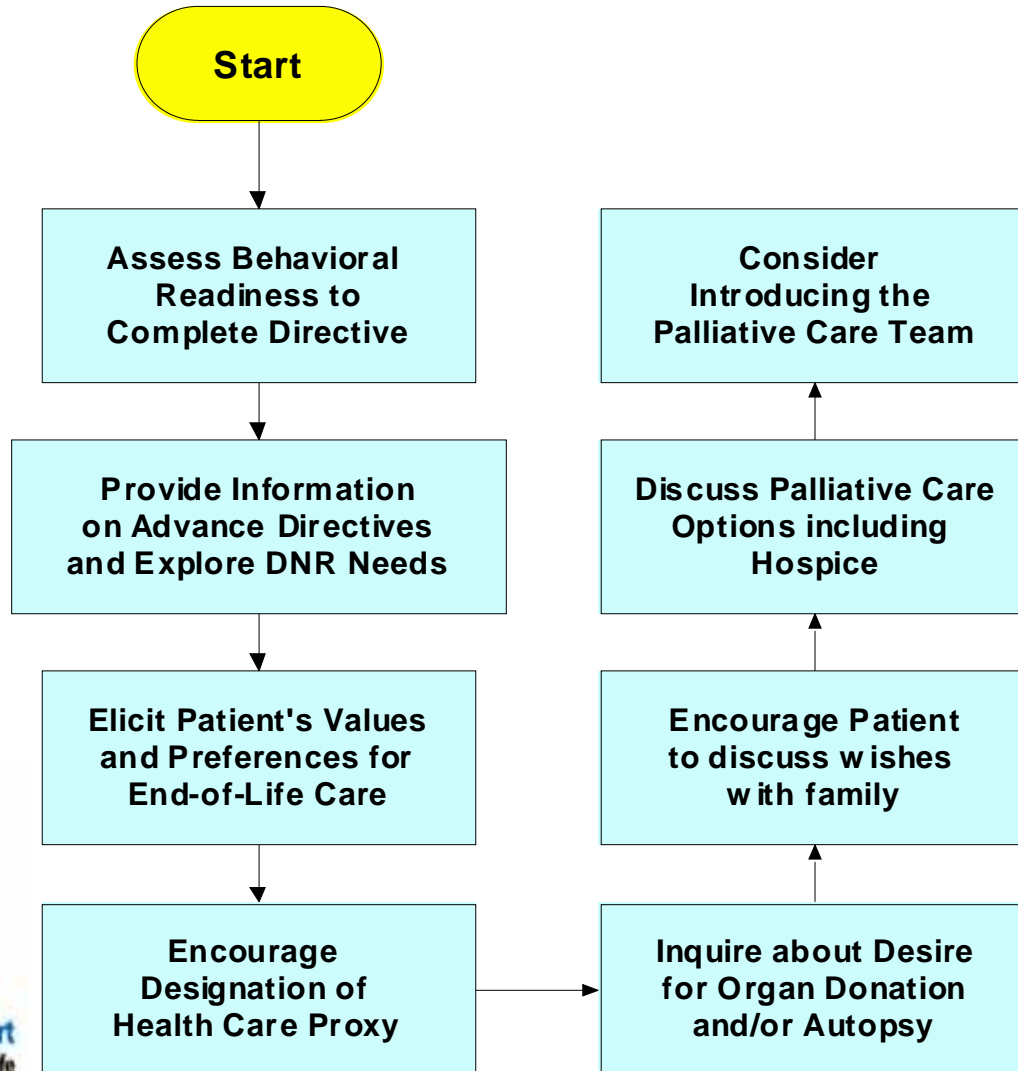
<hr/>	<u>Numerator*</u>	<u>Denominator**</u>	<u>Average</u>
HEDIS			
Buffalo Health Centers	62	1074	5.77%
<u>Rochester Health Centers</u>	<u>80</u>	<u>1042</u>	<u>7.68%</u>
Total	142	2116	6.71%
 Recredentialing			
Western New York	7	67	10.45%
Central New York, Southern Tier and Utica	12	421	2.85%
<u>Rochester</u>	<u>29</u>	<u>257</u>	<u>11.28%</u>
Total	48	745	6.44%

* # of reviewed charts with a completed advance directive

** # of charts reviewed



Advance Care Planning





Health Care Decision Employee Survey 2002 Results

- **6 question survey**
 - Knowledge
 - Self-reported completion rates
 - Demographics
- **Response**
 - 35% response rate (2272 of 6537 surveys)
 - 66% in 35-54 age range
- **Results**
 - 30% completed Health Care Proxy
 - 18% completed Living Will
 - 77% report understanding ACD
 - No difference based on medical background



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Health Care Decision Employee Survey 2006

- **23 question survey**
 - Knowledge
 - Motivation and behavioral readiness
 - Self-reported completion rates
 - Demographics
- **Response**
 - 52% response rate (2133 of 4111 surveys)
 - 65% in 35-54 age range
- **Results**
 - 33.5% completed Health Care Proxy
 - 33.4% are ready to complete a HCP
 - 30% have identified barriers to completion
 - 17% completed Living Will



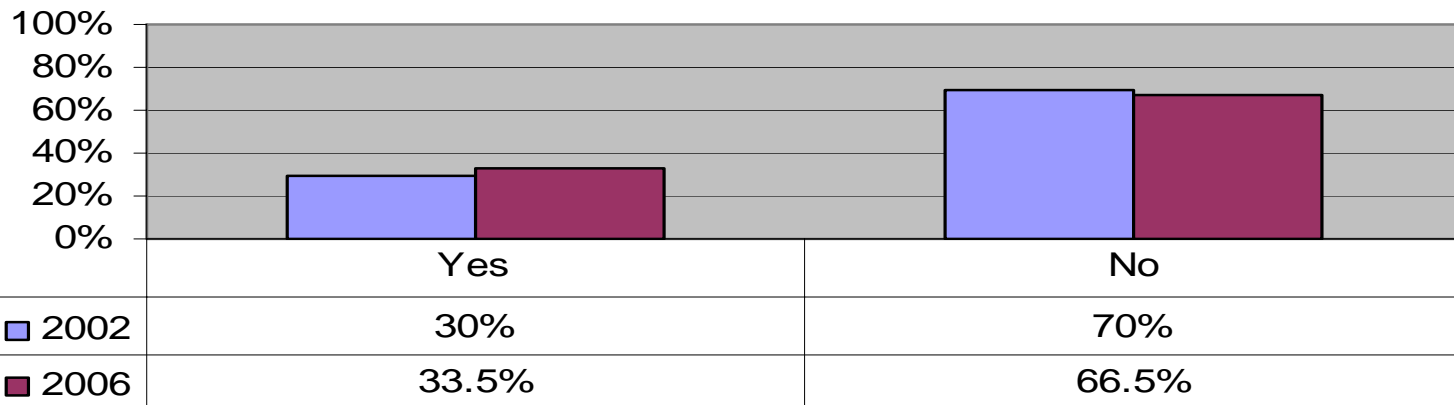
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Results Comparison Between 2002 and 2006 surveys

Have you designated a HCP and completed a HCP form?



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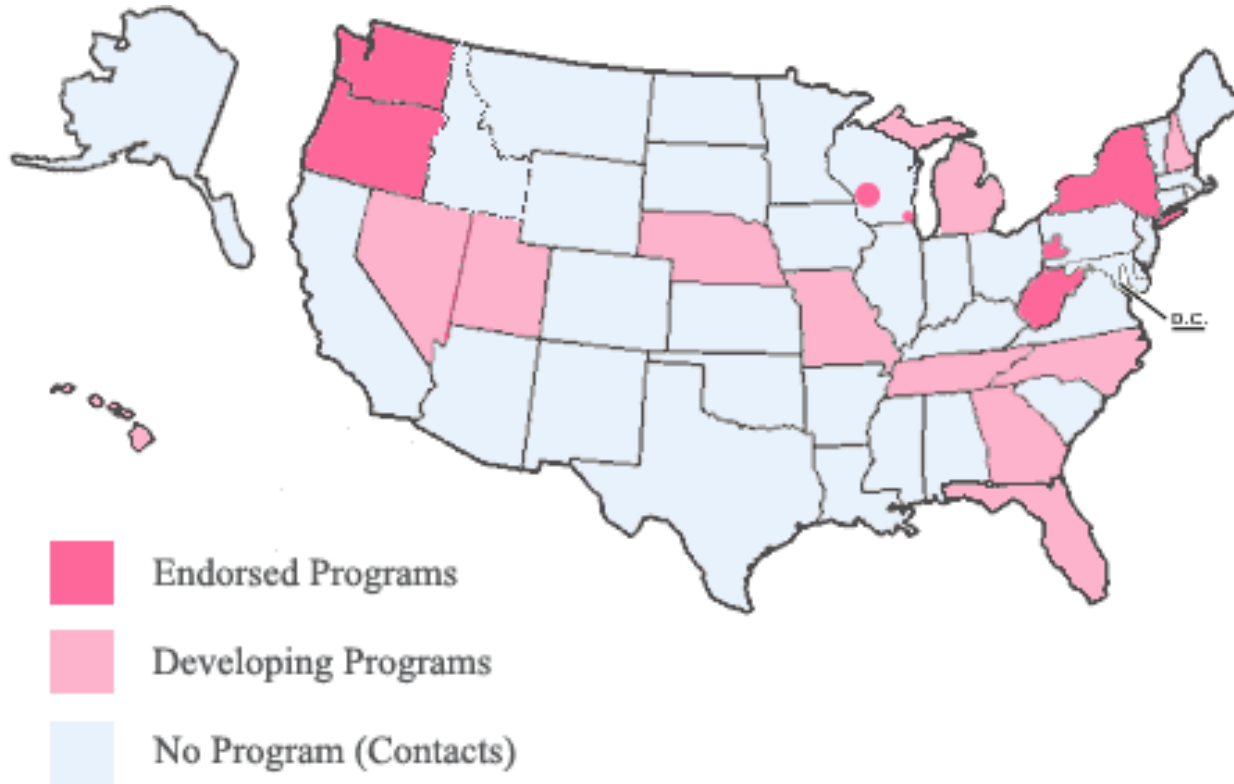


Advance Care Planning

Medical Orders for Life-Sustaining Treatment
(MOLST)



POLST Paradigm Program



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Paradigm of communication, documentation, and system responsiveness

POLST Paradigm, July 2006. www.polst.org





POLST

- A decade of research in Oregon has proven that the POLST Program more accurately conveys end-of-life preferences and yields higher adherence by medical professionals.

Lee, Brummel-Smith, et al. JAGS. 2000; 48(10): 1219-1225
Meyers, et al. J Gerontol Nurs. 2004; 30(9): 37-46
Schmidt, Hickman, Tolle, Brooks. JAGS. 2004; 52(9): 1430-1434



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POLST

- The POLST Program has been a key vehicle in Oregon's successful efforts to increase the effectiveness of advance care planning and decrease unwanted hospitalizations at the end of life.



Tolle SW, Tilden VP. J Palliative Med. 2002; 5(2): 311-317





MOLST

The image shows a pink MOLST (Medical Order for Life-Sustaining Treatment) form. The form is titled "MOLST" and contains several sections with checkboxes and lines for text. The sections include:

- Section 1:** "I am a patient of the following health care provider(s) and I am currently receiving care from them." (checkbox)
- Section 2:** "I am a patient of the following health care provider(s) and I am currently receiving care from them." (checkbox)
- Section 3:** "I am a patient of the following health care provider(s) and I am currently receiving care from them." (checkbox)
- Section 4:** "I am a patient of the following health care provider(s) and I am currently receiving care from them." (checkbox)
- Section 5:** "I am a patient of the following health care provider(s) and I am currently receiving care from them." (checkbox)
- Section 6:** "I am a patient of the following health care provider(s) and I am currently receiving care from them." (checkbox)
- Section 7:** "I am a patient of the following health care provider(s) and I am currently receiving care from them." (checkbox)
- Section 8:** "I am a patient of the following health care provider(s) and I am currently receiving care from them." (checkbox)
- Section 9:** "I am a patient of the following health care provider(s) and I am currently receiving care from them." (checkbox)
- Section 10:** "I am a patient of the following health care provider(s) and I am currently receiving care from them." (checkbox)

- Created November 2003
- Adapted from Oregon's POLST
- Combines DNR, DNI, and other Life-Sustaining Treatments
- Revised October 2005
- Incorporates NYS law
- Collaboration with NYSDOH
- Approved Inpatient DNR form
- Legislation passed
- Community Pilot



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Goals of the MOLST Program

- **Document an individual's treatment preferences:**
 - DNR
 - Intubation and mechanical ventilation
 - Other life-sustaining treatment
 - Future hospitalization and transfer
- **Coordinate physician orders with patient preferences**
- **Communicate wishes across health care settings**
- **Improve EMS personnel's ability to treat according to patient wishes**
- **Reduce repetitive documentation**



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MOLST Community Pilot



State of New York
Department of Health
Nonhospital Order Not to Resuscitate
(DNR Order)

Person's Name: _____

Date of Birth: ____/____/____

Do not resuscitate the person named above.

Physician's Signature _____

Print Name _____

License Number _____

Date ____/____/____

It is the responsibility of the physician to determine, at least every 90 days, whether this order continues to be appropriate, and to indicate this by a note in the person's medical chart.

The issuance of a new form is **NOT** required, and under the law this order should be considered valid unless it is known that it has been revoked. This order remains valid and must be followed, even if it has not been reviewed within the 90 day period.

DCH3474 (2/92)

Regional Pilot in Monroe and Onondaga Counties,
Approved NYSDOH, October 2005

Governor signed MOLST bill, October 11, 2005
Governor signed Chapter Amendment July 26, 2006





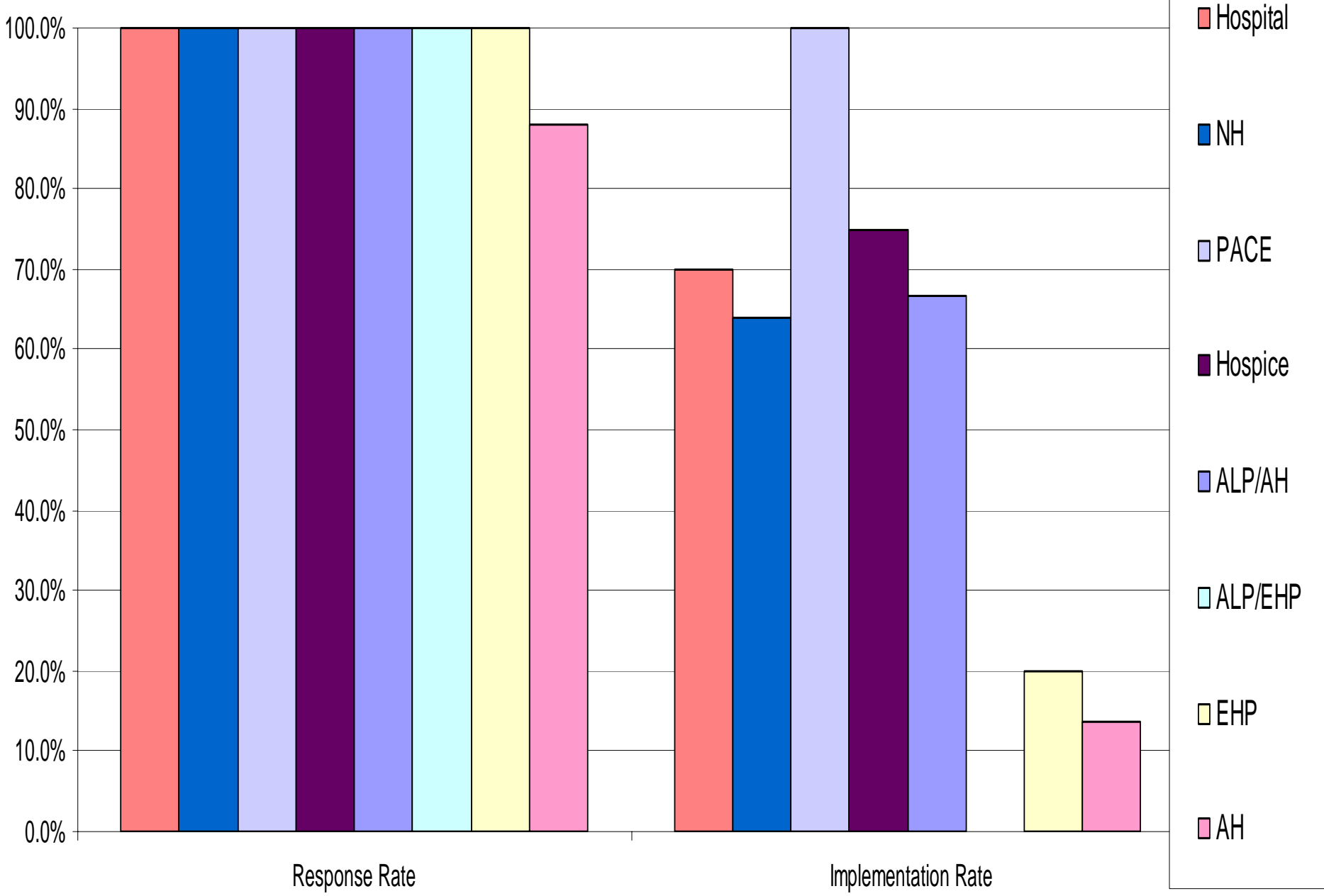
Monroe & Onondaga Counties Community Implementation Team

- Facilitate the implementation of the pilot
- Ensure adequate training
- Audit appropriate utilization
- Develop and track quality measures
- Establish standardized metrics
- Assist facility implementation throughout state
- Ensure the MOLST program moves beyond the pilot phase

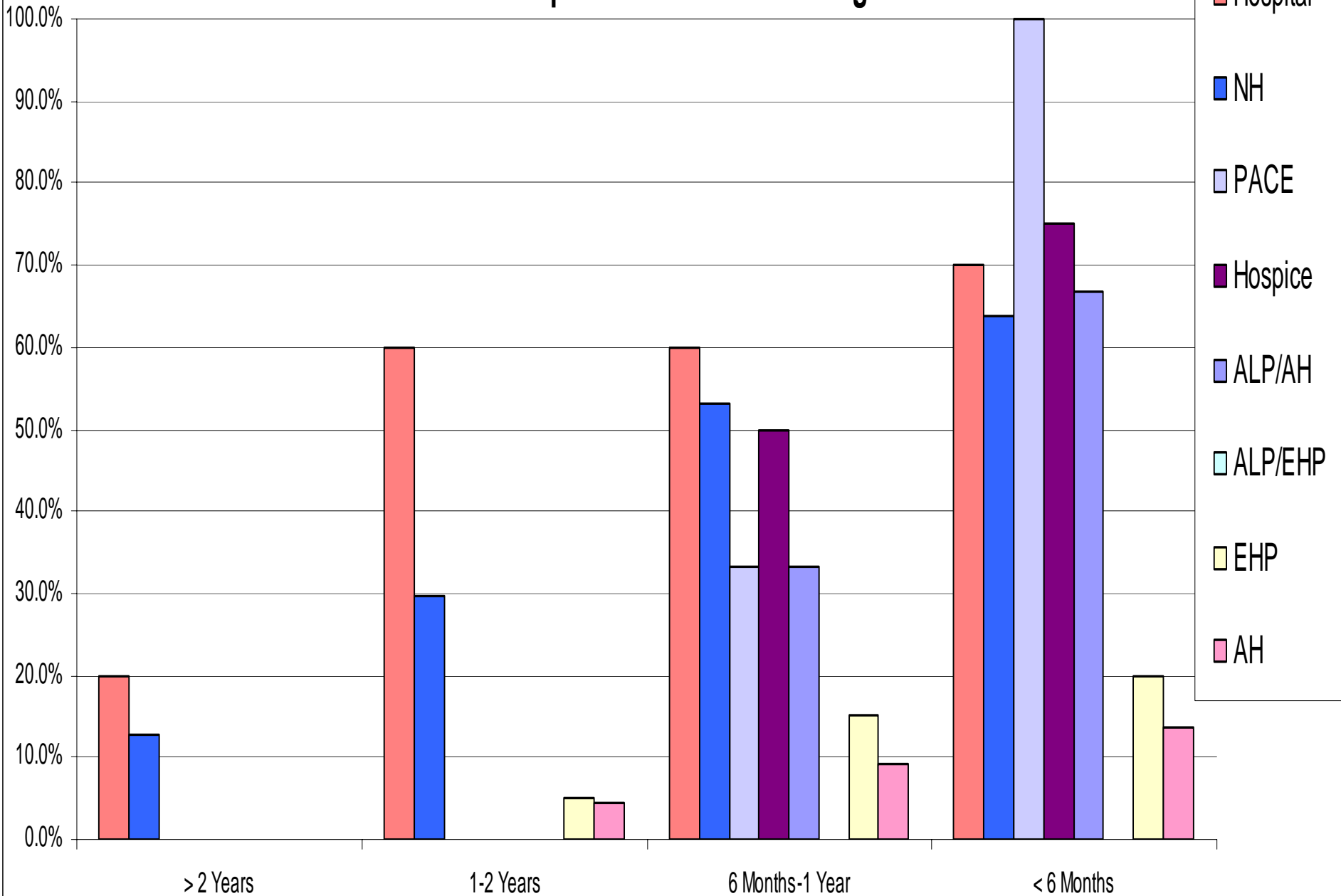
To receive periodic email updates on status of MOLST pilot
Contact patricia.bomba@lifethc.com



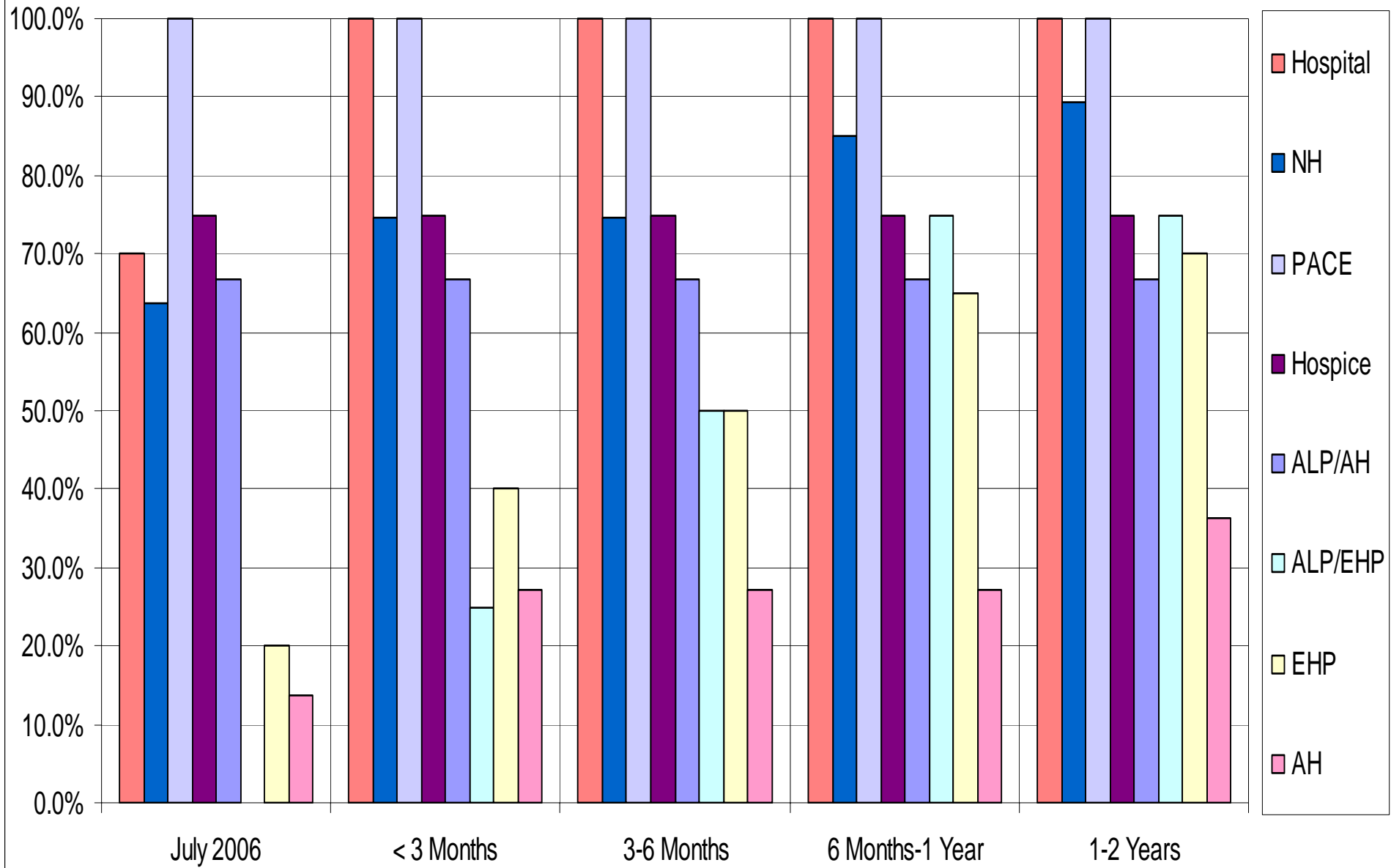
Total MOLST Survey Response & Implementation Rates



Total MOLST Implementation: 2 Years Ago - Present



Total MOLST Outlook: Two Years in the Future





Community Resources

Medical Orders for Life-Sustaining Treatment (MOLST)

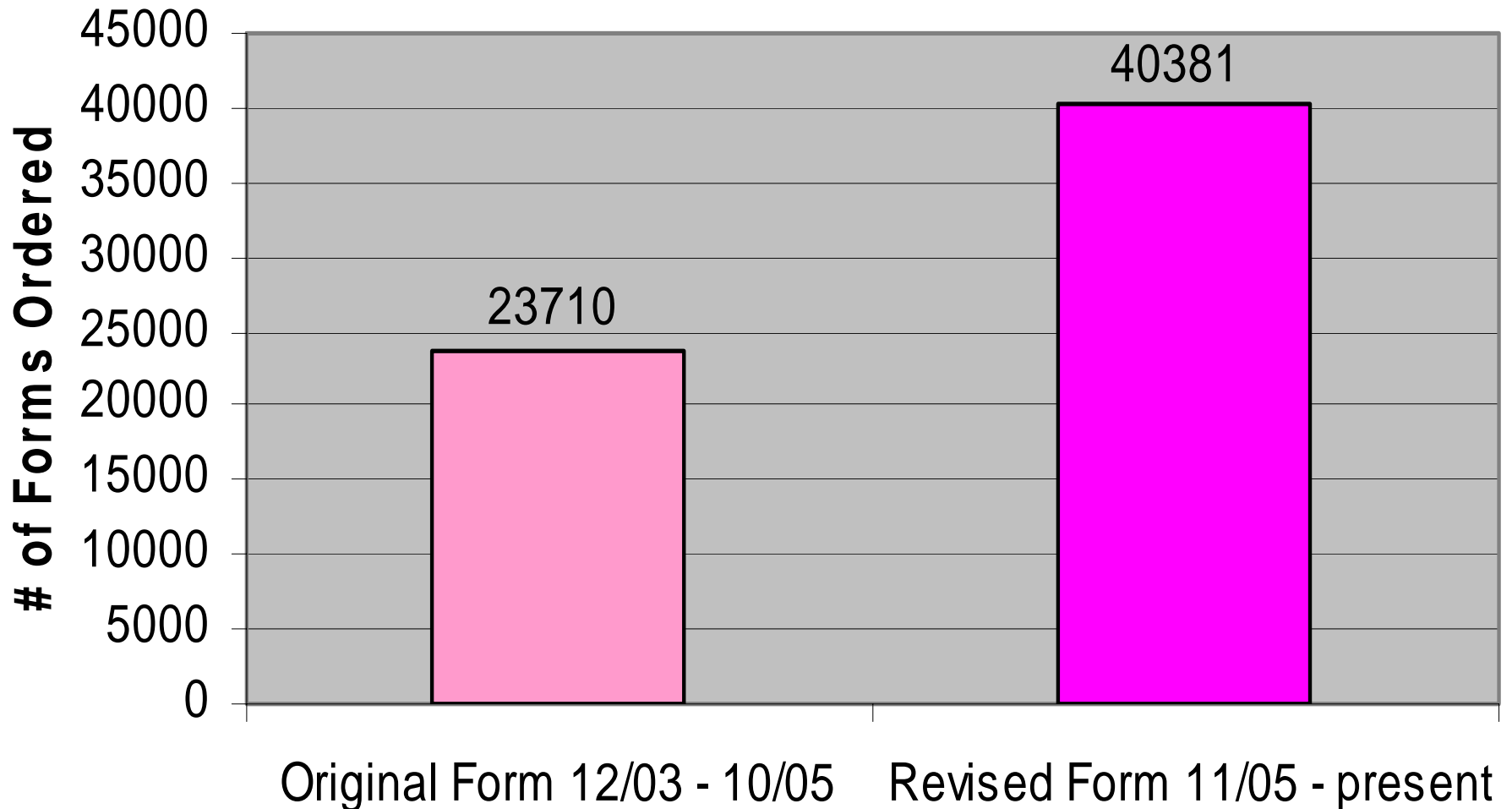
- MOLST 8-Step Protocol
- MOLST Guidebook
- MOLST Patient & Family Brochure (English, Spanish)
- Sample Facility Policies & Procedures
- Sample Facility Implementation Workplans
- Sample Facility Education Workplans
- MOLST Training Manual
- MOLST Train-the-Trainer Sessions
- MOLST Conferences



For these resources and more, visit
www.excellusbcbs.com
www.compassionandsupport.org



MOLST Order Form Comparison Between Original and Revised Form





Pain Management and Palliative Care

Community Principles of Pain Management



Prevalence

- **Pain is common**
 - leading reason people seek care
 - represents 80% of all physician visits
 - 25 million: acute pain due to injury or surgery
 - 50 million: chronic pain due to chronic or terminal illness
 - leading cause of disability
- **Pain is undertreated**
 - elderly, children, minorities, substance abusers





Economic Cost of Pain

- **Annual expenditures related to chronic pain**
 - NIH estimates \$100 billion
 - medical expenses, lost income, lost productivity
- **Pain accounts for approximately**
 - 25% of all sick days
 - 21% of emergency room visits
- **Undertreated pain increases utilization and costs**
 - extended length of stay
 - increased ER visits
 - increased office calls
 - increased lengthy, unplanned office visits
 - repeat hospital admissions
 - lost income & insurance coverage



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Impact on Quality of Life

- **Poorly managed acute pain**
 - medical complications (e.g. pneumonia, DVT)
 - prolonged recovery and LOS
 - progress to chronic pain
- **Undertreated chronic pain**
 - altered immune function
 - sleep disturbance
 - impaired functional ability (ADL's, IADL's)
 - impaired psychological function
 - compromised cognitive function
 - decreased socialization
 - impaired quality of life





Health Plan Interventions

- **Clinical Guidelines**
- **Community Resources**
- **Educational Interventions**
- **Pharmacy Interventions**
- **Outcomes research study**
 - decrease utilization
 - meperidine (Demerol®)
 - propoxyphene (Darvon®)
 - appropriate utilization
 - opioids
 - acetaminophen
- **Disease and Case Management**



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Community Resources

Community Principles of Pain Management

- **Provider Pain Clinical Guidelines Booklet**
- **Provider Pain “toolkit”**
 - Laminated guide: Adult, Pediatric, Nurse
- **Equianalgesic Opioid Pocket Card**
- **Patient Pain Guide (English, Spanish)**
- **Regional Pain Day: Enhancing Pain Management to Achieve Functionality**
- **LTC Pain Train-the-Trainers Symposium**
- **Education for Physicians on End-of-life Care (EPEC)**



For these resources and more, visit
www.excellusbcbs.com
www.compassionandsupport.org





Outcomes Research Study

- **Comparative retrospective analysis**
- **Population pre- and post implementation**
- **Primary objective**
 - acetaminophen combination products
 - propoxyphene
 - meperidine
- **Secondary objective**
 - create an understanding of pain patients





Key Pharmacy Messages

- **Clinical Rationale**
 - APAP 4+ grams - liver toxicity
 - risk of combination and OTC products
 - use with alcohol
 - meperidine - unsafe and ineffective
 - propoxyphene - unsafe and ineffective
 - both meperidine and propoxyphene are on DeBeer's Criteria of drugs to be avoided in elderly



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Baseline Demographics

Dx Code	Description	% of Members
719	Other and Unspecified Disorders of Joint	22.4%
789	Other Symptoms Involving Abdomen and Pelvis	16.3%
724	Other and Unspecified Disorders of Back	15.6%
729	Other Disorders of Soft Tissue	12.0%
726	Peripheral Enthesopathies and Allied Syndromes	8.9%
715	Osteoarthritis and Allied Disorders	7.7%
739	Nonallopathic Lesions, Not Elsewhere Classified	6.6%
784	Symptoms Involving Head and Neck	6.3%
723	Other Disorders of Cervical Region	6.0%
847	Sprains and Strains of Other and Unspecified Parts of Back	5.3%

(Members may have more than one diagnosis code, total may exceed 100% due to members being counted in more than one diagnosis.)



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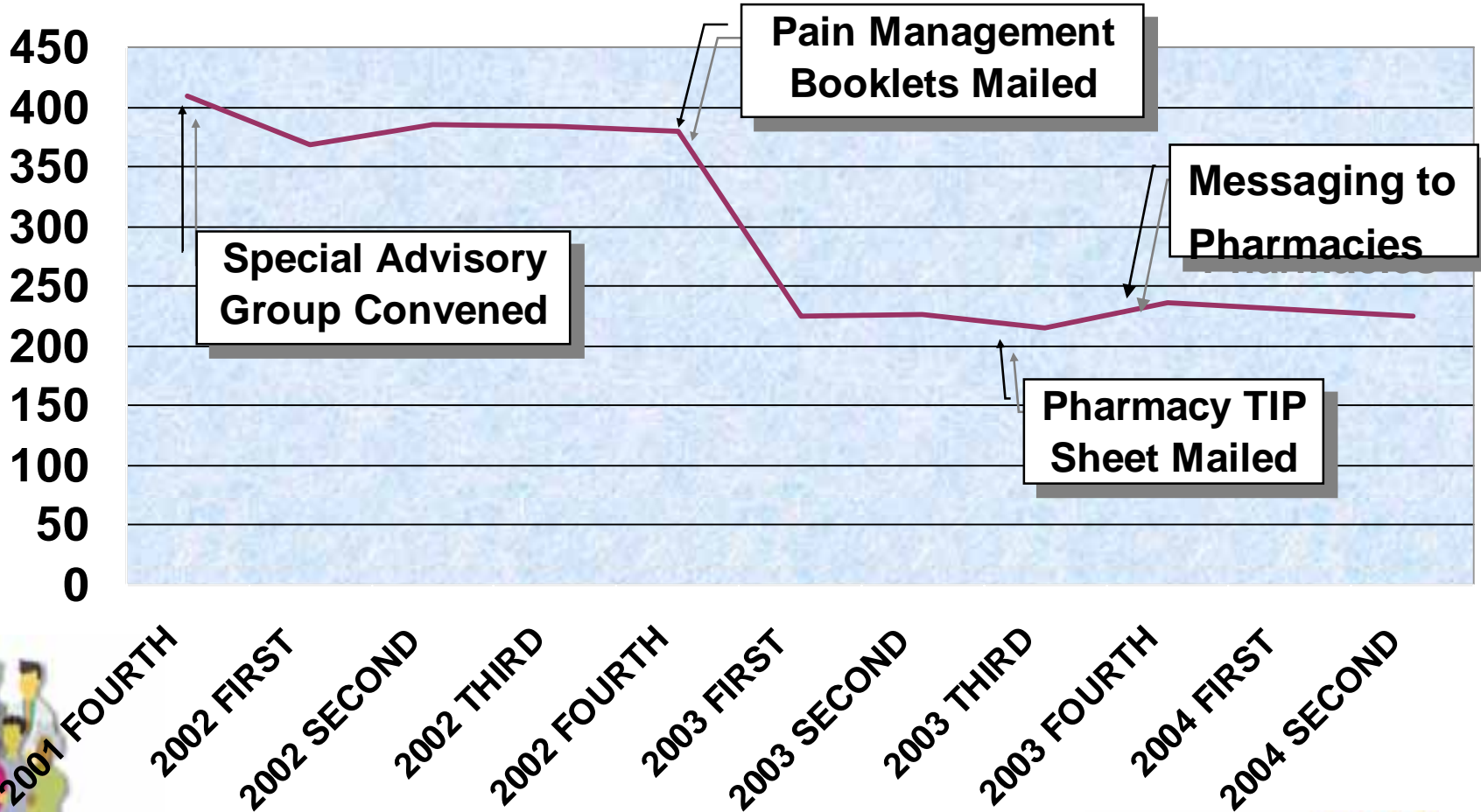
Excellus



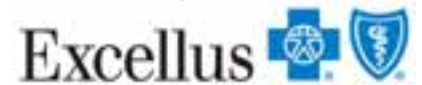
Propoxyphene Utilization:

RX/1,000 Members > 65

Prescriptions Per 1,000 Members



Compassion and Support
at the End of Life

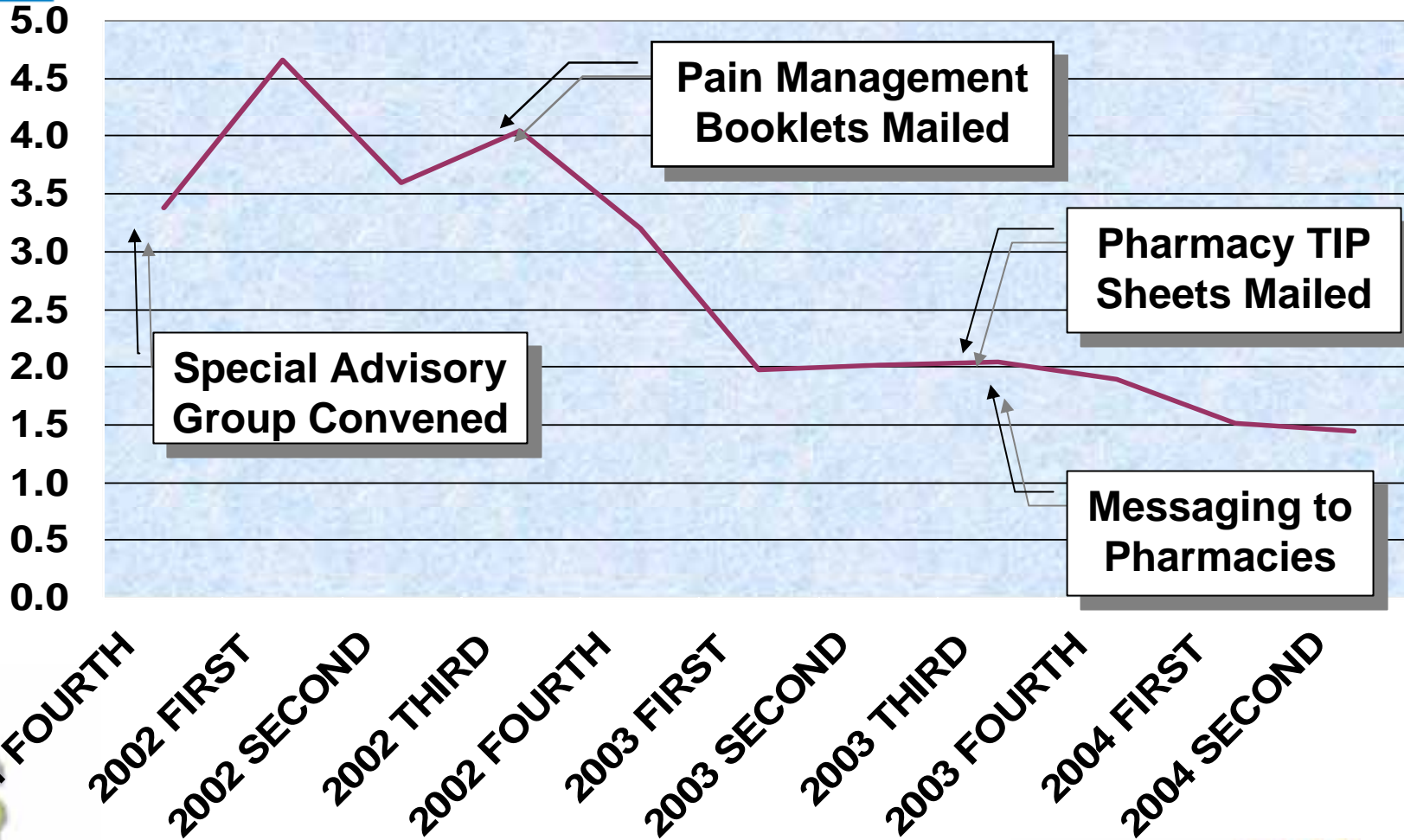




Meperidine Utilization:

Rx/ 1,000 Members > 65

Prescriptions Per 1,000 Members



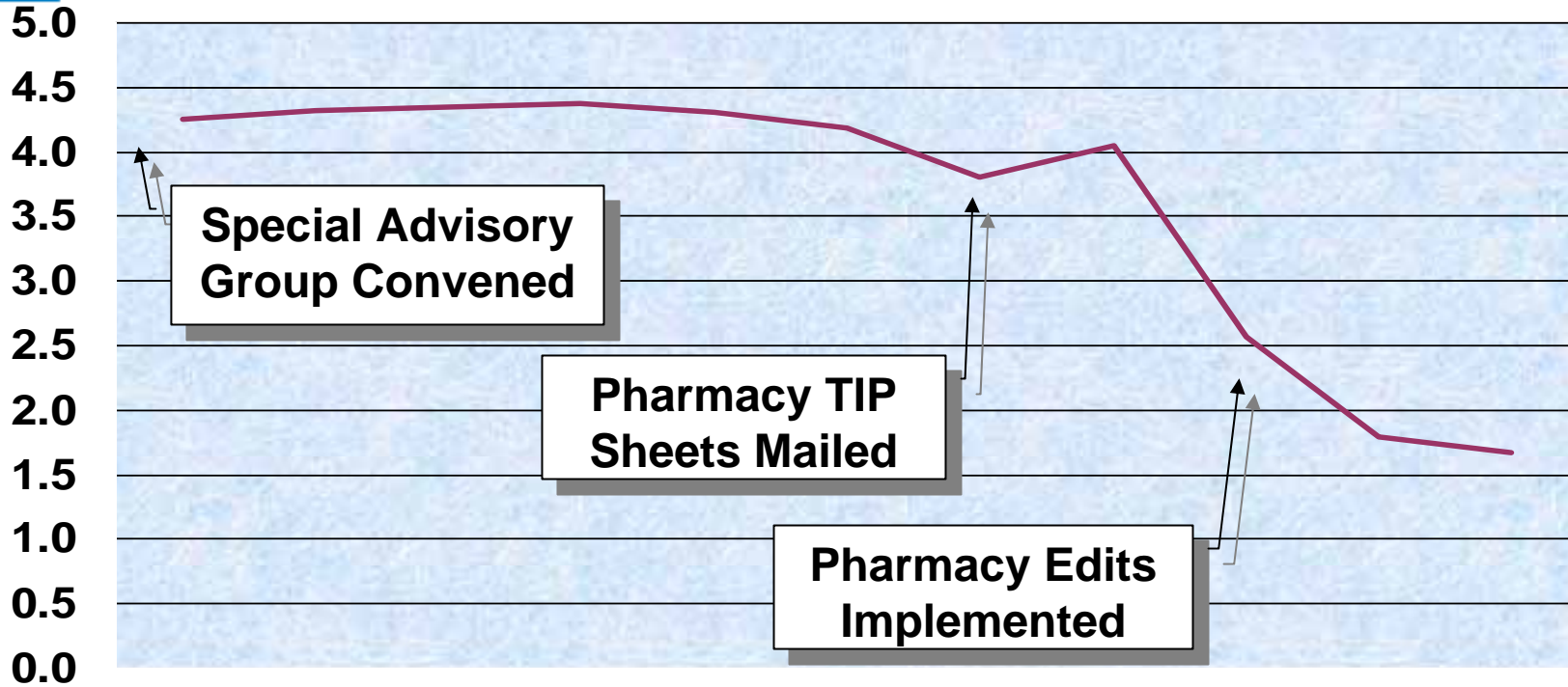
Compassion and Support
at the End of Life



APAP Utilization:

RX >4grams/ 1,000 Members

Prescriptions Per 1,000 Members



Special Advisory Group Convened

Pharmacy TIP Sheets Mailed

Pharmacy Edits Implemented



Compassion and Support at the End of Life





On-line Adjudication

- **Follow four groups of patients in outcomes research study**
- **Track inappropriate dosing of OxyContin**
- **“Soft” messaging to pharmacist from health plan**
 - “Drug not recommended in age >65”
- **“Hard” messaging to pharmacist from health plan**
 - claim not paid unless override code is given
- **Quantity limits and therapeutic duplication edits**
 - monitor appropriate usage of APAP and OxyContin
- **Opioid mailings to providers twice annually**



Compassion and Support
at the End of Life



Innovative Palliative Care Benefit Models

CompassionNet



CompassionNet
Surrounding families with support

- **Purpose:**

- To assist children with life-threatening illnesses to live as normally as possible, by providing their families access to a continuum of care, with the objectives of alleviating suffering and assuring quality services regardless of the site of care over the course of their disease. To support the independence, integrity, caregiving and other functions of the families/guardians of these children, by providing full access to services and resources that sustain effective coping and positive family dynamics.

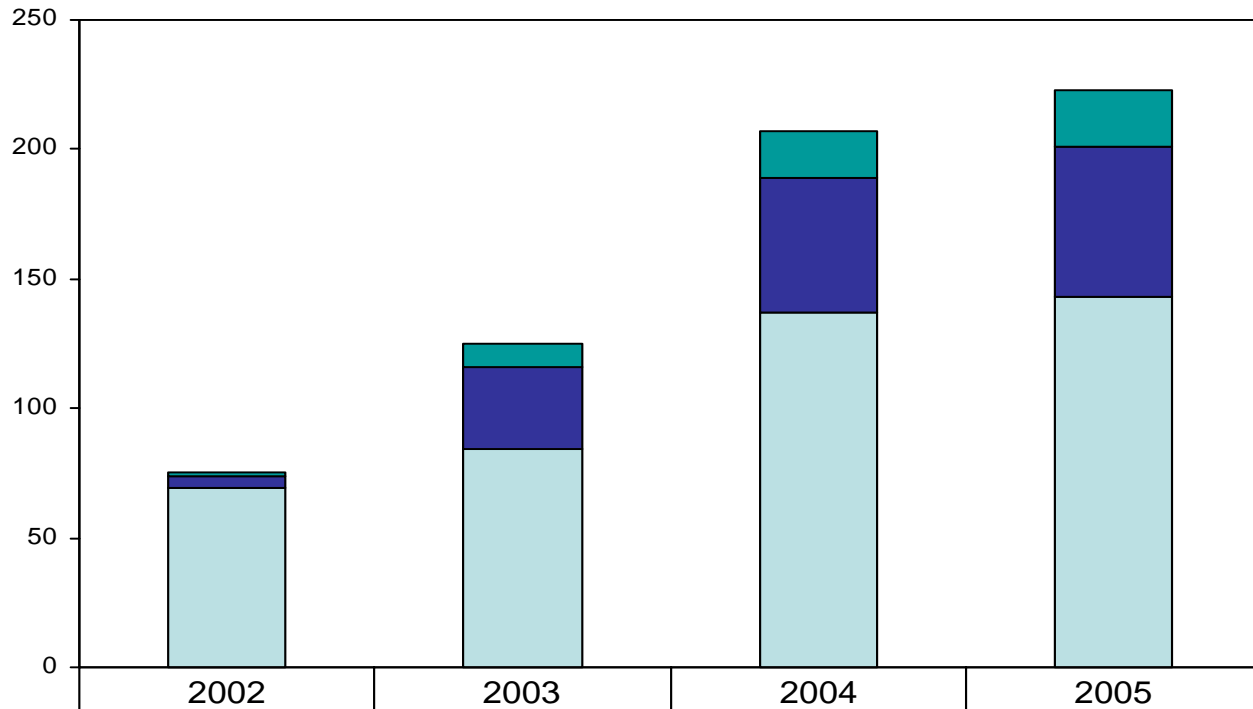


Compassion and Support
at the End of Life

Excellus The Excellus logo, featuring the word "Excellus" in a serif font, followed by a blue cross icon and a blue shield icon with a white caduceus symbol.



CompassionNet Growth



	2002	2003	2004	2005
BCBSUR	1	9	18	22
BCBSNY	5	32	52	58
BCBSRA	69	84	137	143



Compassion and Support
at the End of Life





CompassionNet

Site of Death

Year	Number of Deaths (BCBSRA)	Deaths At Home	% of Deaths At Home with CompassionNet	Cost of Care Savings Avoided Terminal Hospitalizations (\$46,000) <small>(Milliman and Roberts, 2004)</small>
2003	19	11	58%	\$506,000
2004	16	8	50%	\$368,000
2005	11	8	73%	\$368,000



Compassion and Support
at the End of Life

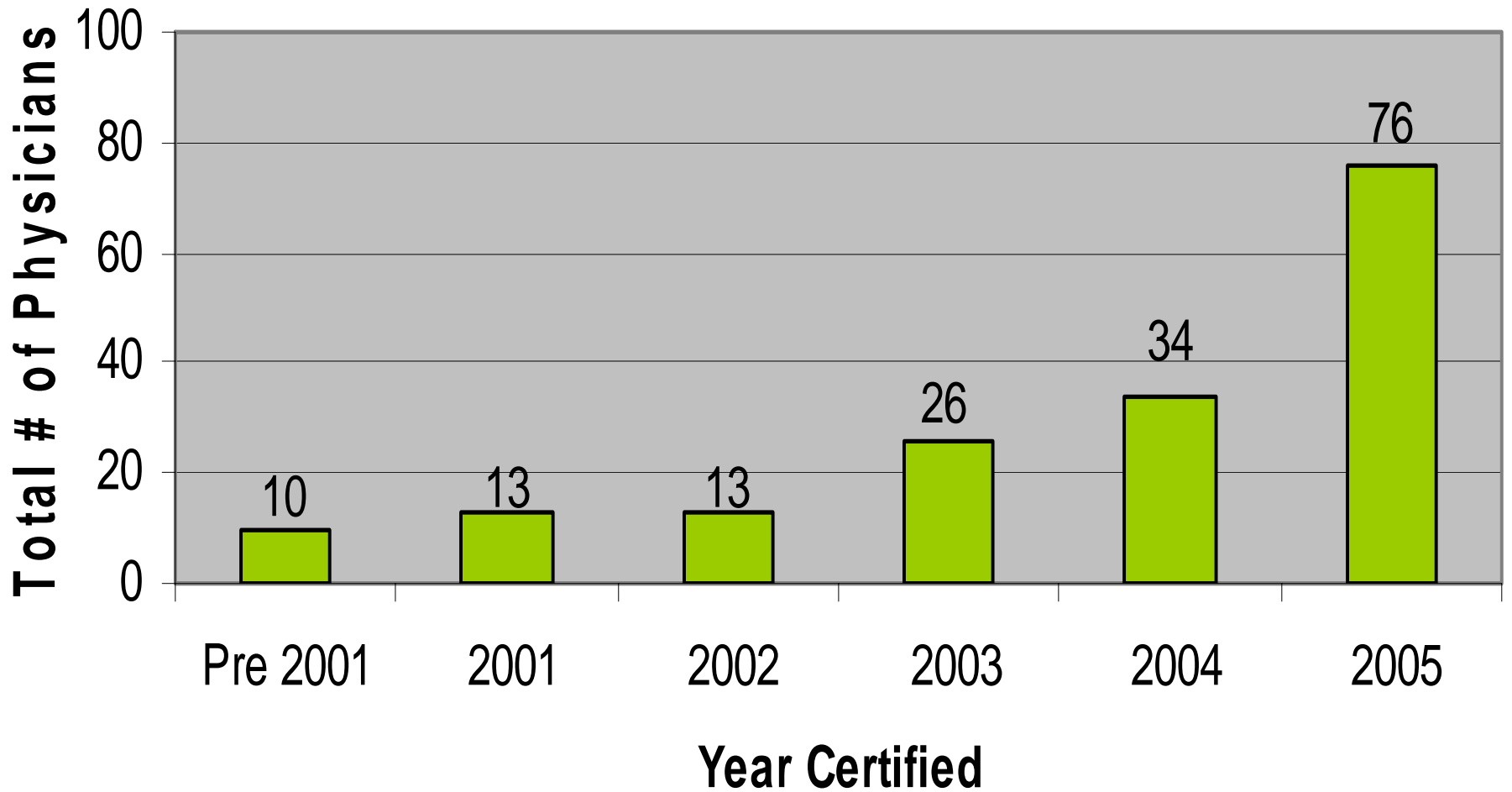




Innovative Palliative Care Benefit Models

Palliative Medicine Physician Reimbursement

Cumulative ABHPM Certified Physicians in the Health Plan Regions

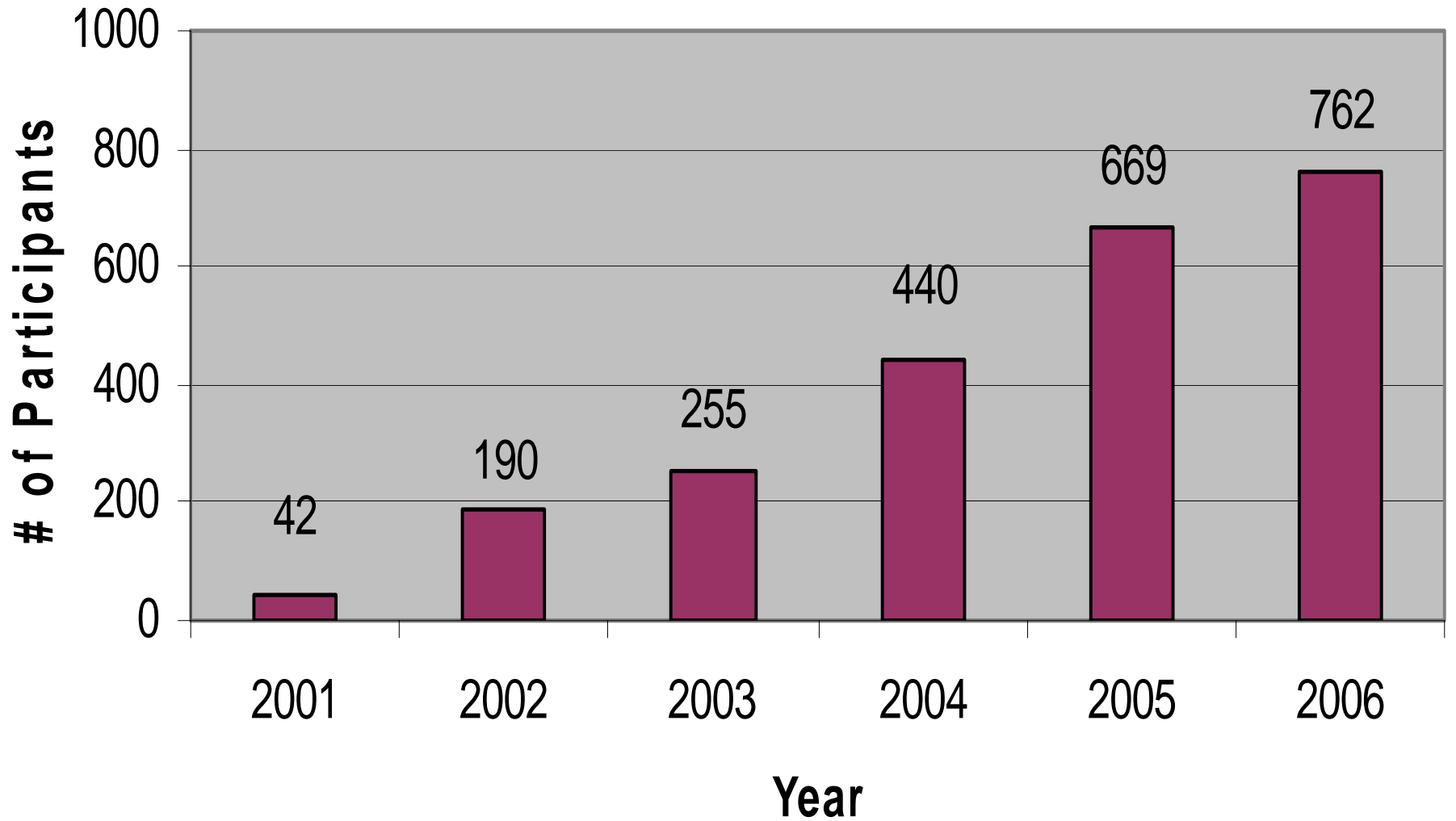




Education and Communication

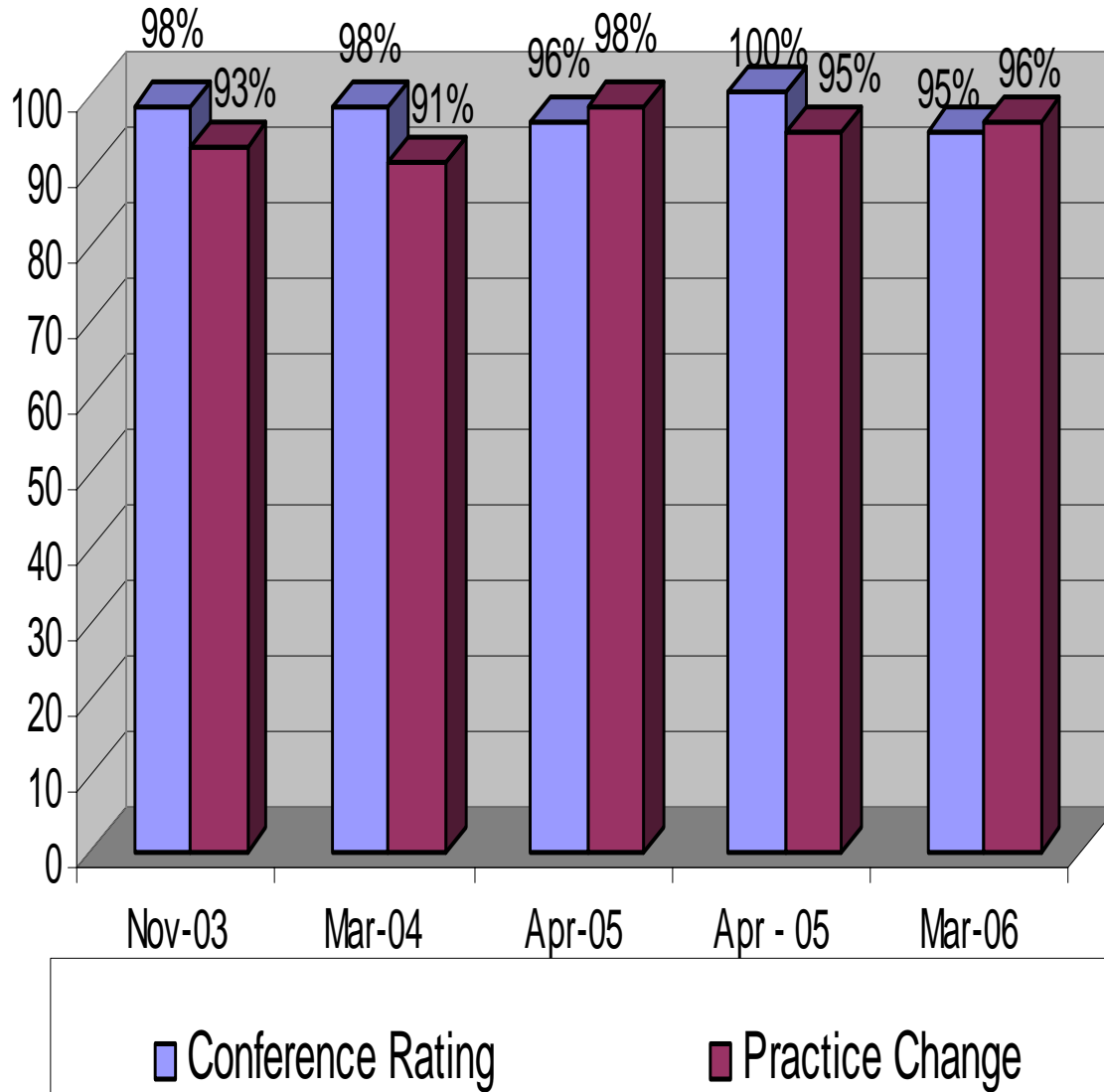
**Education for Physicians on End-of-life Care
(EPEC)**

Cumulative EPEC Participants Trained





EPEC Participant Satisfaction & Practice Behavior Results



Favorable Response
Rate



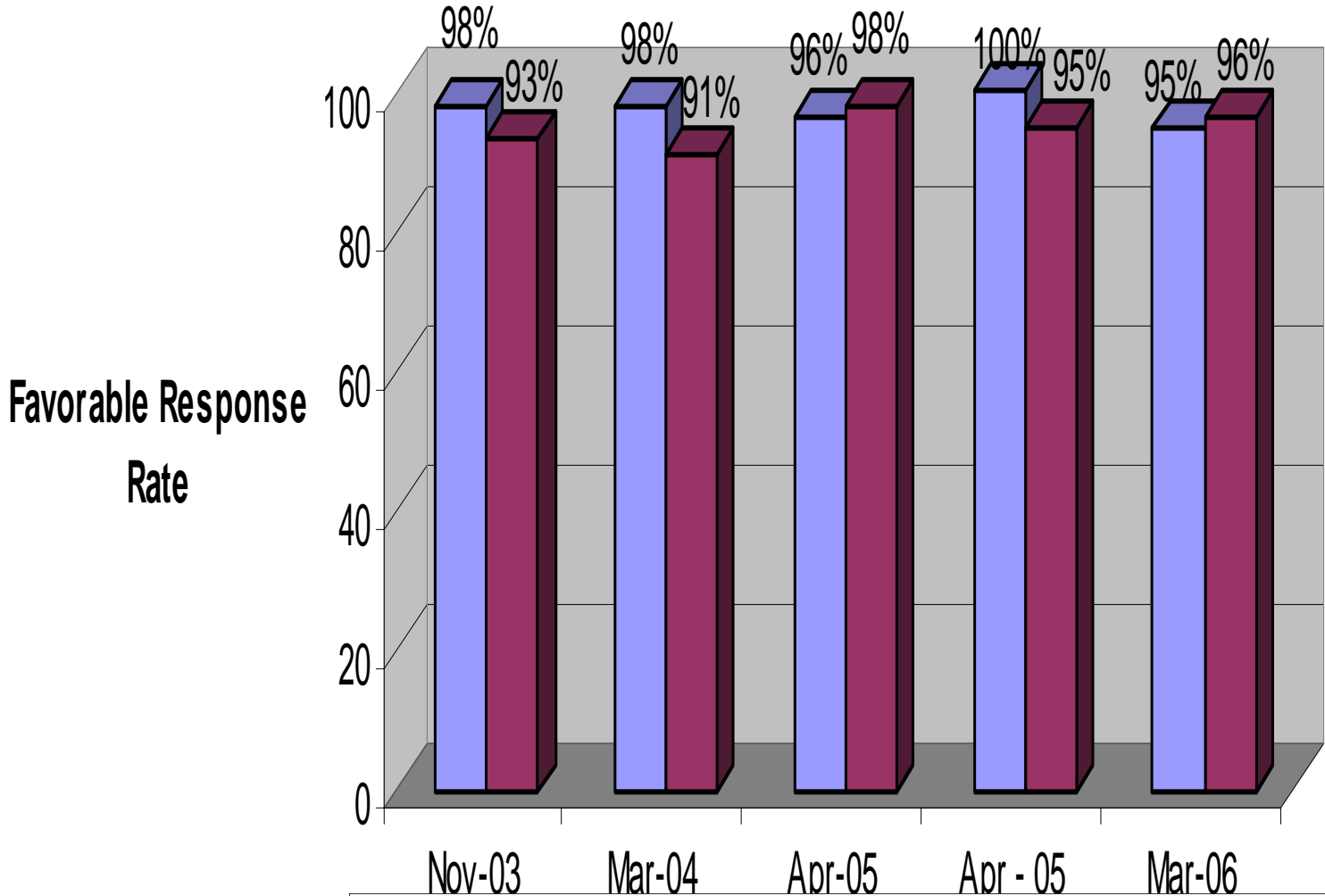
Compassion and Support
at the End of Life

Conference Rating

Practice Change



EPEC Participant Satisfaction & Practice Behavior Results



■ Conference Rating

■ Practice Change



Education and Communication

Community Web site

www.compassionandsupport.org

Blue on demand

THANK YOU

Patricia.Bomba@lifethc.com

www.excellusbcbs.com

www.compassionandsupport.org

Excellus 



Compassion and Support
at the End of Life