



2018 ANNUAL REPORT

C-TAC
COALITION TO TRANSFORM
ADVANCED CARE

ABOUT C-TAC

C-TAC is a diverse alliance of consumer advocacy groups, healthcare professionals and providers, private sector stakeholders, faith-based organizations, and healthcare payers with the shared mission of ensuring ***all Americans, especially the sickest and most vulnerable, receive comprehensive, high quality, person- and family- centered care that is consistent with their goals and values and honors their dignity.***

Letter from the Executive Director

Who do you work for? I got that question early on at C-TAC from a volunteer. And got it wrong.

The Board of Directors, I answered. It's one of those moments when you know you've said the wrong thing, before you've even finished.

There's so much to do, it's easy to focus on the work -- at the cost of losing sight of the ultimate goal. That's why I appreciate Shirley Roberson, an advocate who's living with a serious illness, and the tangible image of the big goal she gave us of the Blue Chair at the last Summit. Those chairs are now here, in every person's office, to remind us to stop and ask: Is this going to ultimately help patients and families?

So, in the words of Peggy Maguire (President, Cambia Health Foundation) at the 2018 Summit, let's commit to remembering Shirley, the Blue Chair, and the patients and families across the country in the work we're carrying out.

With that in mind, here's what we're taking on in 2019:

- Supporting the demonstration of an alternative payment model that serves the advanced illness, based in part on the Advanced Care Model that C-TAC submitted to the U.S. Department of Health and Human Services in 2017.
- Establishing metrics of success that allow states to see how they measure up to their peers in terms of advanced care quality, as well as best practices to guide their future efforts.
- Supporting family caregivers by collaborating with trusted voices, from Driving Miss Norma authors Tim Bauerschmidt and Ramie Liddle to faith community leaders.
- Engaging with those who made commitments during the 2018 Summit, monitoring progress and providing assistance however we can.
- Pulling everyone together again to assess progress and recommit to action at the 2019 Summit in Minneapolis, MN (Oct 9-11).

This annual report outlines the progress we're making and highlights important collaborations, such as our recent initiative with the National Association of Area Agencies on Aging (N4A).

In the coming months expect more news on some exciting new partnerships. And please get in touch (if you haven't already) about opportunities to support your organization.

Thank you again,



Jon Broyles
Executive Director
Coalition to Transform Advanced Care (C-TAC)

Letter from the Co-Chairs

2018 was a milestone year for C-TAC and the movement to transform advanced care. The fifth Annual National Summit on Advanced Illness Care in Denver was the first outside the Beltway, a significant achievement and the culmination of a year of hard work. In the presence of more than 400 Summit attendees, healthcare organization leaders made commitments to develop turnkey initiatives for advanced illness care in the months to come. Patient advocate Shirley Roberson kicked off the event by encouraging attendees to take a seat in the Blue Chair – a metaphor for understanding the patient perspective as a first step to transforming advanced illness care delivery

The year got off to a strong start with the passage of the *RAISE Family Caregivers Act*, which C-TAC and leading organizations helped push through Congress. In February, the President signed the *Bipartisan Budget Act*, which included the C-TAC-supported *CHRONIC Act of 2018*.

In March, the DHHS' Physician-Focused Technical Advisory Committee (PTAC) unanimously recommended C-TAC's Advanced Care Model (ACM) for testing. We reinforced our commitment to shared decision making when we co-hosted a conference in April on decision aid certification at the Petrie-Flom Center for Health Law Policy, Biotechnology, and Bioethics at Harvard Law School. In May, C-TAC teamed up with Capital Caring, the American Heart Association, the National Coalition on Health Care, and the National Partnership for Hospice Innovation to host a Capitol Hill briefing on policy progress and solutions in advanced care.

C-TAC welcomed our inaugural Caregiver Fellows, Tim Bauerschmidt and Ramie Liddle, authors of *Driving Miss Norma: An Inspirational Story About What Really Matters at the End of Life*. The fellowship expands the scope of our work on supporting family caregivers. C-TAC was also on hand in October during the National Share the Experience Conference, hosted by our independent affiliate Respecting Choices®, which convened over 200 healthcare leaders around the theme of thoughtful leadership and collaboration.

Expanding our work beyond Washington, we developed a case study on the Massachusetts Coalition for Serious Illness Care and a new 2018 State-Level 2018 State-Level ACTSM Index. Once finalized, this tool will allow states to measure their performance on a variety of advanced illness care measures based on their unique population. Using this insight, they can implement best practices for improvement.

During her closing remarks at the 2018 Summit, C-TAC Board Member Rev. Yvonne Delk said that creating a model of care requires bringing everyone to the table. With Shirley and her Blue Chair in mind, we invite you to take a seat and join us as we get to work in 2019.

Sincerely,



Tom Koutsoumpas
Co-chair and Co-founder



Bill Novelli
Co-chair and Co-founder

2018 BOARD OF DIRECTORS

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Tom Koutsoumpas

President and CEO • National Partnership for Hospice Innovation

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Alexandra Drane

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Richard Umbdenstock

President Emeritus • American Hospital Association (AHA)

Mark Ganz (*incoming*)

President and CEO • Cambia Health Solutions

MEMBERS

As of January 2019, the Coalition is proud to include the following organizations leading advanced care transformation nationwide.

- A|D Vault, Inc. / MyDirectives
- AAMC
- AARP Inc.
- Advocate Aurora Health
- Aetna
- Aging with Dignity, Inc
- Alive Hospice
- Allina Health
- Alzheimer's Association
- American Academy of Home Care Medicine (AAHCM)
- America's Health Insurance Plans (AHIP)
- American Association of Colleges of Nursing (AACN)
- American Hospital Association
- American Osteopathic Association
- American Heart Association
- Anthem, Inc.
- America's Physician Groups (APG)
- As You Wish Advance Care Planning
- Ascension
- American Society for Clinical Oncology (ASCO)
- Aspire Health, Inc.
- Big Bend Hospice
- Blue Shield of California
- Bluegrass Care Navigators
- Bluestone Physician Services
- Bon Secours Health System
- Caldwell Hospice
- Call9, Inc.
- Cambia Health Foundation
- Camanio Care, Inc.
- Capital Caring
- CareCentrix
- Care Dimensions
- CareFirst
- Carolina Caring
- Cedars-Sinai Medical Center
- Centene Corporation
- Community Health Accreditation Partner (CHAP)
- Cigna
- CIVHC (Center for Improving Value in Healthcare)
- Common Practice, LLC
- Compassus
- Cornerstone Hospice
- CSU Institute for Palliative Care
- Curadux, LLC
- Eli Lilly and Company
- Fidelity Health Care
- Geisinger
- Gerontological Advanced Practice Nurses Association
- Good Samaritan Hospice Inc
- Good Shepherd Community Care
- Gordon and Betty Moore Foundation
- Gundersen Health System
- Healthcare Chaplaincy Network
- Healthcentric Advisors
- Highmark
- Home Centered Care Institute
- Honoring Choices Florida
- Honoring Choices Idaho
- Honoring Choices Massachusetts
- Honoring Choices Pacific Northwest
- Honoring Choices Virginia
- Honoring Choices Wisconsin
- Hope HealthCare Services
- HopeWest
- Hosparus Health
- Hospice & Palliative CareCenter

- Hospice and Palliative Nurses Association (HPNA)
- Hospice of Acadiana, Inc.
- Hospice of Chattanooga
- Hospice of Cincinnati
- Hospice of Marion County
- Hospice of Santa Cruz County
- Hospice of the Piedmont
- Hospice of the Valley
- Hospice of the Western Reserve
- Improving Care Coalition
- Intermountain Healthcare
- Iowa City Hospice
- John A Hartford Foundation
- Joliet Hospice
- JourneyCare
- Kaiser Permanente
- Kōkua Mau
- LeadingAge
- Lovell
- Medecision
- MedStar Health
- Mission Hospice
- MJHS Hospice & Palliative Care
- Minnesota Network for Hospice and Palliative Care (MNHPC)
- Mountain Valley Hospice
- Nathan Adelson Hospice
- National Academy of Elder Law Attorneys (NAELA)
- National Alliance for Caregiving
- National Alliance for Hispanic Health
- National Coalition on Health Care
- National Council on Aging
- National Partnership for Women & Families
- National POLST
- Novant Health
- National Partnership for Hospice Innovation
- Oncology Nursing Society
- Peninsula Agency on Aging, Inc.
- Priority / Spectrum Health
- Ralph C. Wilson Jr Foundation
- ResolutionCare Network
- Samaritan Healthcare & Hospice
- Sangre de Cristo Hospice & Palliative Care
- SCAN Foundation
- Seniorlink
- Sharp HealthCare
- Social Work Hospice and Palliative Care Network
- Stratis Health
- Stupski Foundation
- Sutter Health
- Teleios Collaborative Network
- The Carolinas Center
- The Center for Hospice & Palliative Care
- The Conversation Project (NHDD)
- The Goodyear Tire and Rubber Company
- Trillium Institute
- Trinity Health
- United/Optum Health
- Unity Hospice
- University of Virginia Health System
- UPenn School of Nursing
- US Medical Management
- Vanderbilt Health
- Visiting Nurse Associations of America
- Vital Decisions
- Vitas Healthcare
- VNA Health Group
- Vynca
- WiserCare, Inc.



2019 NATIONAL SUMMIT ON ADVANCED ILLNESS CARE

Cultivating the Next Generation of Leaders
October 9-11, 2019 | Minneapolis Marriott City Center




POLICY

C-TAC pursues a comprehensive policy agenda to help guide advocacy initiatives, including delivery system reform, preference-driven care, caregiver and consumer support, as well as public and professional engagement.

C-TAC continues to collaborate with our bipartisan allies on Capitol Hill to ensure that all Americans living with advanced illness receive comprehensive, high-quality, person- and family-centered care that is consistent with their goals and values and honors their dignity.

C-TAC federal policy priorities include:

- Promoting person-centered care coordination.
- Supporting payment structures for innovative models.
- Establishing best practice-based care.
- Identifying comprehensive quality measures.
- Ensuring impact and accessibility of advance directives.
- Increasing availability of resources for family caregivers.
- Expanding the advanced care workforce.



Andrew MacPherson, Senior Policy Advisor, C-TAC discusses progress on Capitol Hill

Legislative Progress

The following is a snapshot of C-TAC's legislative milestones in 2018.

Bipartisan Budget Act of 2018

The Bipartisan Budget Act of 2018 signed by President Trump in February 2018 included the C-TAC-supported *Creating High-Quality Results to Improve Chronic Care* (CHRONIC) Act of 2018, which has several important provisions including a Government Accountability Office Study of Comprehensive Longitudinal Care Planning, the extension of the Independence at Home Model by two years, and, crucially, the expansion of Medicare Advantage Supplemental Benefit flexibility.

RAISE Family Caregivers Act

C-TAC worked closely with other organizations resulting in the passage of the *Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act* in January 2018. The newly-enacted law requires the Secretary of the Department of Health and Human Services (HHS) to develop a national strategy to support family caregivers. It mandates the creation of a Family Caregiving Advisory Council to provide recommendations on effective models of both family caregiving and support to family caregivers, as well as recommendations for improving coordination across federal government programs.

Palliative Care and Hospice Education and Training Act (PCHETA)

In 2018 C-TAC worked closely with other organizations to lead the effort on the *Palliative Care and Hospice Education and Training Act* (PCHETA). The bill successfully passed the House in July 2018 and moved to the Senate. The bill would improve training of health professionals in palliative care, expand national research programs in palliative care, and educate families and health professionals about the value of palliative care. C-TAC will continue leading efforts on the passage of PCHETA in the Senate.

Patient Choice and Quality Care Act (PCQCA)

In 2018, C-TAC led and shaped strategy across stakeholders for the *Patient Choice and Quality Care Act* (PCQCA). This bill would establish a demonstration in Medicare closely aligned with the C-TAC Advanced Care Model. C-TAC will continue identifying co-sponsors for PCQCA and meeting with PCQCA champions in Congress.

Other legislation that C-TAC is working on with other organizations includes the *Removing Barriers to Person-Centered Care Act*, the *Compassionate Care Act*, and the *Older Americans Act*.

Regulatory Progress

A substantial portion of C-TAC's policy objectives are achievable through regulatory reform, particularly with regards to Medicare and Medicaid programs.

Advanced Care Model

In February 2017, C-TAC submitted the Advanced Care Model (ACM) to the U.S. Department of Health and Human Services (HHS). The ACM proposes a model both for advanced care delivery and advanced care payment. It is specifically designed to meet the needs of individuals with advanced illness and their family caregivers by breaking down silos among professional groups, bridging traditional medical and social services, providing comprehensive care management, concurrent case management support, and systematic advance care planning.

In 2018, the Department of Health and Human Services (DHHS)' Physician-Focused Technical Advisory Committee (PTAC)* unanimously recommended C-TAC's Advanced Care Model for testing. C-TAC continues to engage frequently with the Centers for Medicare and Medicaid Services (CMS) and the Center for Medicare and Medicaid Innovation (CMMI) on the development of the Advanced Care Model.

In June 2018, Secretary Azar wrote a public letter on the PTAC process and an alternative payment model demonstration for the advanced illness population, saying, "I am particularly interested in the two serious illness models submitted by the Coalition to Transform Advanced Care (C-TAC) and the American Academy of Hospice and Palliative Medicine (AAHPM)."



In late 2018, C-TAC leaders met with CMS Administrator Seema Verma to discuss the next steps in payment reform.

Physician Fee Schedule

The 2019 MACRA Quality Payment Program and Physician Fee Schedule Final Rule was announced in late 2018, reflecting many of C-TAC's submitted comments, including the reduction from five to three E/M codes, and a mandatory multi-year review prior to implementing any new process.

Other Regulatory Priorities

C-TAC has been working internally to develop a targeted telehealth policy strategy, as this is a key area with the potential to impact many aspects of advanced illness care. Additionally, C-TAC has been a strong advocate for excluding the advanced illness population from the new opioid legislation; we believe there are many patients with advanced illness for whom opioids are appropriate to ease suffering.



Amy Bassano, Deputy Director, CMML, reaffirmed the CMS' commitment to a payment model demonstration for the advanced illness population in Denver.

SUPPORTING FAMILY CAREGIVERS

To better understand the struggles faced by family caregivers, C-TAC undertook a digital ethnography study of over 6,700 conversations from websites where family caregivers discuss caring for a loved one. The analysis provided a vivid depiction of the state of family caregivers in the United States and the need to do more to support these individuals and their families. This project was supported by funding from the Cigna Foundation.

Overall, the draining nature of the work is a top issue for family caregivers who often feel their work lacks meaning. 69% of caregivers reported a net negative experience with caregiving. They also struggled with a lack of knowledge about the disease they're caring for, what to expect in the process, and how to cope with the demands of caregiving. Finally, their financial burdens are significant.

In 2018, C-TAC named Driving Miss Norma authors Tim Bauerschmidt and Ramie Liddle as our inaugural Caregiver Fellows. Tim and Ramie continued their work as advocates by engaging with caregivers directly and sharing resources that ease the burden of caregiving. They published blog posts on the C-TAC website which explored issues related to caregiving through the lens of their experience.

C-TAC has also committed to sharing valuable resources with caregivers through two pilot projects that were supported by the Cigna Foundation. Rev. Gus Reyes, Director of the Baptist General Convention of Texas' Christian Life Commission, collaborated with C-TAC to share copies of AARP's Prepare to Care guide in English and Spanish among faith communities in Texas. In a second pilot project, Jewish Sacred Aging Founder Rabbi Richard Address created a guide to caregiving that is informed by Jewish teachings.

Through these projects, C-TAC strives to meet family caregivers where they are and provide tools and guidance.

“Caregiving is hard work; it takes a toll on all aspects of a caregiver’s life. We are honored to now partner with C-TAC to help provide encouragement and resources to the “unsung heroes.”

- Tim & Ramie



Tim, Norma, and Ramie enjoying an afternoon in the sun.

COMMUNITY WORK

The movement to improve advanced illness care in America plays out on the ground with people and their families interacting with their providers, community hospitals, and faith congregations.

Coalition Building

In 2018 C-TAC launched a series of regional executive roundtables to learn about the needs of healthcare stakeholders in different parts of the country and to more tightly align the Coalition's agenda with these needs. The following roundtables were held, each bringing approximately 30 stakeholders to the table.

- Empowering Family Caregivers (Dallas, TX)
- Transforming Advanced Illness Care (Palo Alto, CA)
- Building Community Partnerships for Change (Nashville, TN)
- Empowering Family Caregivers (Denver, CO)
- Developing an Oregon Serious Illness Coalition (Portland, OR)
- Building Community Partnerships for Change (Providence, RI)
- Addressing the Cost of Advanced Illness Care in America (Washington, DC)

Faith Community Engagement

Faith leaders are an essential partner in supporting people with advanced illness and the loved ones who care for them. Support received from the Cigna Foundation has allowed C-TAC to undertake caregiving pilot projects with Rabbi Richard Address, Founder of Jewish Sacred Aging, and Rev. Gus Reyes, Director of the Christian Life Commission at the Baptist General Convention of Texas. Members of C-TAC's Interfaith and Diversity Workgroup gathered at the 2018 Summit in Denver to discuss future opportunities for collaboration and are developing a strategic plan to inform their efforts.

Case Study: Massachusetts Coalition for Serious Illness Care

In April, we produced a case study examining the Massachusetts Coalition on Serious Illness, a network of 90 state-based organizations focused on improving care for people with advanced illness. The report yielded important lessons for those who are interested in coalition-building, namely the importance of setting clear goals, cultivating a diverse membership and collecting data on progress. This case study can serve as a resource for those working in other states who would like to promote high-quality, person-centered advanced care.

RESEARCH

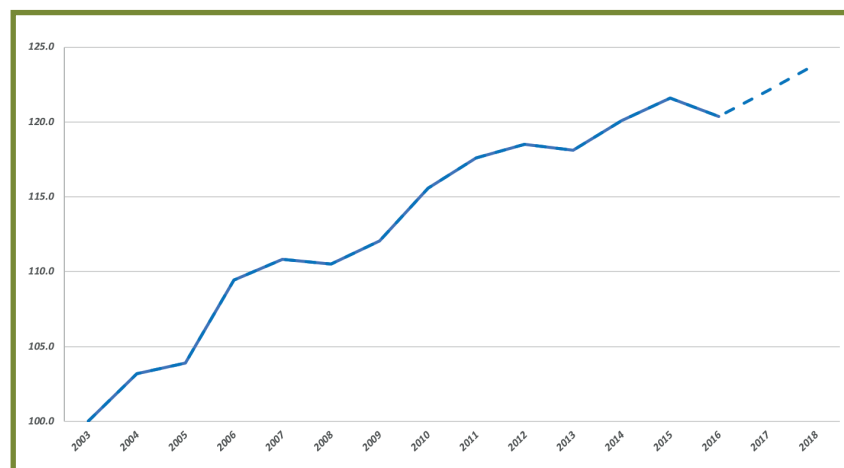
Advanced Care Transformation (ACT) IndexSM

C-TAC developed the Advanced Care Transformation Index (ACT IndexSM), which provides an evaluation of efforts by policymakers, health systems, clinicians, and the public to improve the quality of life for the advanced illness population and their families. The Index provides a readily-understood, consolidated overview that will encourage the nation to monitor performance over time and focus its efforts and resources on the most promising opportunities for improving care, lowering costs and supporting the caregivers who serve this population.

C-TAC designed the ACT Index in 2017 by combining 25 key healthcare performance measures into a single composite measure of the growth of our nation's effectiveness in caring for the advanced illness population.

The 2018 ACT Index similarly uses key healthcare measures of success but focuses on the goal of providing a composite advanced illness care score specific to each state. The state-specific scores will inform states about their performance on a variety of healthcare measures based on their unique population. Preliminary state-specific scores reveal wide variations between states, ranging from one state that performs at 140% of the national average and another that performs at 89%. These variations present an opportunity for performance improvement that benefits all via collaborative learning.

As part of the 2018 ACT Index, C-TAC is developing an automated ACT Index calculator and an ACT Index Best Practices Library, and plans to identify ACT Index coaches in each state, all toward the goal of helping states improve their performance on advanced illness care measures of success.



The National ACT Index Grew 20% between 2003 and 2016, a compound annual growth rate of 1.4%.

CARE MODELS

Advanced Care Model

In February 2017, C-TAC submitted the Advanced Care Model (ACM) to the U.S. Department of Health and Human Services (HHS). The ACM proposes a model both for advanced care delivery and advanced care payment. It is specifically designed to meet the needs of individuals with advanced illness and their family caregivers.

The ACM creates an advanced illness care service under Medicare by using a value-based payment structure and taking on accountability for the quality of care a person receives. It delivers comprehensive, person-centered care management; concurrent curative and palliative treatment; care coordination across care providers and settings; comprehensive advance care planning; shared decision-making with the patient, family, and providers; and 24/7 access to clinical support.



The ACM's target population is comprised of Medicare beneficiaries with advanced chronic conditions in their last year of life while supporting flexibility for services to be delivered beyond one year.

In 2018, the HHS Physician-Focused Technical Advisory Committee (PTAC) unanimously recommended the ACM for testing.

"HHS is clearly benefitting from PTAC's comments and recommendations as we explore designing a future payment model for seriously ill beneficiaries..."

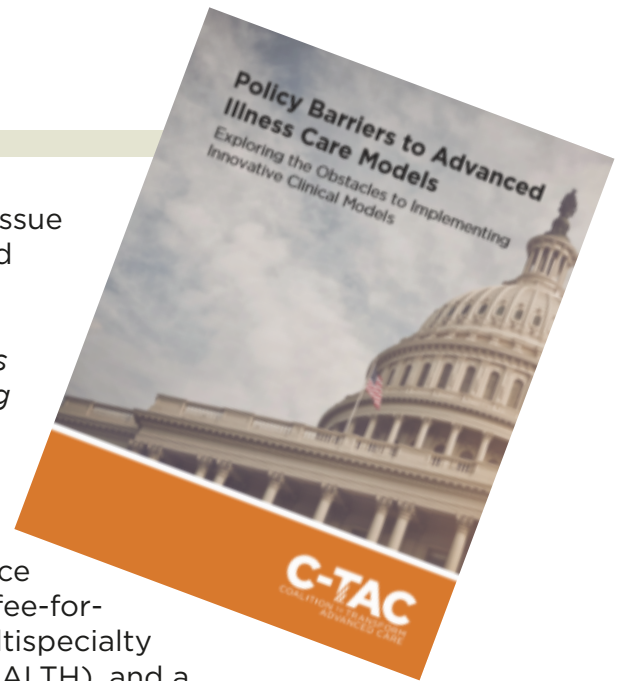
... I am particularly interested in the two serious illness models submitted by the Coalition to Transform Advanced Care (C-TAC) and the American Academy of Hospice and Palliative Medicine (AAHPM)."

- HHS Secretary Alex Azar

REPORTS

C-TAC regularly publishes reports, white papers, and issue briefs on a range of topics dealing with healthcare and advanced care delivery.

C-TAC released the *Policy Barriers to Advanced Illness Care Models: Exploring the Obstacles to Implementing Innovative Clinical Models* report in May, which highlighted innovative models designed to provide palliative care in a community setting to people with advanced illness. They represent a range of organizations and payment types and include a hospice that provides community-based palliative care on an fee-for-service (FFS) basis (Four Seasons), a risk-bearing multispecialty accountable care organization (ACO) practice (ProHEALTH), and a health plan (Aetna). The report also reviews the policy barriers such models face and outlines recommendations to address them.



Payment and Supporting Interdisciplinary Team Care – Medicare’s current FFS payment model does not cover the full range of medical, psychosocial, and spiritual supports people living with advanced illness need, nor all the members of an interdisciplinary team to deliver these services. This discourages the full use of such teams for needed care.

Upfront investment – Current payment models, even new ones such as ACOs, that enable groups of practitioners to coordinate care and share in any savings, typically do not allow for upfront funding for investment in program infrastructure. This makes launching new programs challenging, especially for smaller and rural health systems.

Rules for the provision of services – Medicare Conditions of Participation govern home health and hospice agencies but are outdated and siloed. This impedes the delivery of coordinated services to people at home and prevents the adoption of new innovations in home-based care.

Restrictive eligibility requirements for the Medicare Hospice Benefit – Current eligibility requirements for the Medicare Hospice Benefit force beneficiaries to forgo disease-directed care. This makes clinicians and patients reluctant to consider hospice until late in an illness, resulting in delayed or missed hospice admissions.



In October, C-TAC and America's Health Insurance Plans released the *Leveraging Telehealth to Support Aging Americans* report that explores how telehealth continues to change the healthcare landscape and provides support for older Americans, those living with advanced illness, and those who are geographically disadvantaged or underserved.

About one in seven Americans (15.2 percent) is older than the age of 65. Approximately 80 percent of these individuals have at least one chronic condition; 77 percent have at least two.

Telehealth can improve affordable access to quality care by removing traditional barriers, such as distance, mobility, and time constraints. It has been shown to be as effective as in-person visits for certain conditions.

Recognizing telehealth can be a valuable tool for providing convenient health care services to patients. Health plans are working closely with vendors to expand access to these services.

Telehealth has long been viewed as a game-changer for health care service delivery. When fully embraced and executed, telehealth can expand and enhance the delivery of health care services to geographically disadvantaged or underserved populations.

Consumer groups, providers, employers, and health plans all see the expanded use of telehealth as means to give patients more convenient access to high-quality, affordable health care. Beyond promoting remote care that could be provided in the patient's home, telehealth can also help avoid unnecessary and costly emergent or acute care, with an estimated savings of more than \$6 billion annually.

EVENTS

April: “Development and Certification of Decision Aids” (Cambridge, MA)

On April 18, C-TAC and the Petrie Flom Center for Health Law Policy, Biotechnology, and Bioethics at Harvard Law School hosted the “Development and Certification of Decision Aids” conference at the Petrie Flom Center in Boston, Mass.

The conference featured an in-depth examination of the successes and challenges experienced by Washington State, which established a process to certify decision aids serving people at all stages of care, including during serious and advanced illness. Discussions centered on the Washington experience and implications for other states and national efforts to adopt similar programs.

The event was part of the Project for Advanced Care and Health Policy, a collaboration between the Petrie-Flom Center and C-TAC.

“We are so pleased to have so many thought leaders and experts gathered together exchanging ideas and recommendations for the future,” said Mark Sterling, Senior Fellow in Advanced Care and Health Policy at the Petrie-Flom Center and senior strategic advisor at C-TAC. “These leaders are considering the carrots and sticks that policymakers can use to build upon the pioneering work in Washington State.”



THE PETRIE-FLOM CENTER
FOR HEALTH LAW POLICY, BIOTECHNOLOGY,
AND BIOETHICS AT HARVARD LAW SCHOOL

May: Capitol Hill Briefing (Washington, DC)

On May 9, C-TAC teamed up with Capital Caring, the American Heart Association, the National Coalition on Health Care, and the National Partnership for Hospice Innovation to host a Capitol Hill briefing on policy progress and solutions in advanced care.

U.S. Rep. Earl Blumenauer, D-Ore., delivered remarks during the briefing about lawmakers’ role in ensuring that Americans living with advanced illness receive patient-centered care that is consistent with their goals and values.

Other speakers included Tom Koutsoumpas, Co-Founder and Co-Chair, C-TAC; John Rother, President and CEO, National Coalition on Health Care; Keysha Brooks-Coley, Vice President, Federal Advocacy and Strategic Alliances, ACS-CAN; Andrew MacPherson, Senior Policy Advisor, C-TAC; and Kristen Donheffner, Office of U.S. Rep. Blumenauer.

On May 10, C-TAC was honored with the Champion of Care Award at Capital Caring’s 11th Hospice Comes to Washington reception.

June: C-TAC Policy Briefing (Denver, CO)

On June 28, C-TAC and the Center for Improving Value in Health Care (CIVHC) convened healthcare leaders in Denver, Colo. to discuss federal and state policy developments affecting advanced illness care.

C-TAC Senior Regulatory Advisor Marian Grant opened the event by providing an update on federal policy.

“We know these are not theoretical problems. We are going to have to deal with these issues and advanced illness care is the main answer,” said Grant.

Brian Shiozawa, MD, Regional Director, Region 8 of the U.S. Department of Health and Human Services (HHS), shared updates on HHS’ actions related to value-based payment, underscored the administration’s commitment to value-based and person-centered care, echoing HHS Secretary Alex Azar’s praise of C-TAC’s Advanced Care Model.

A panel of healthcare experts went on to showcase some of the innovative work happening on the ground in Colorado, discuss barriers that organizations in Colorado are facing around delivering better care, and explore how to connect healthcare providers with community partners.



2018 NATIONAL SUMMIT



Patrick T. Courneya, MD
Executive Vice President and Chief Medical Officer
Kaiser Permanente

2018 National Summit on Advanced Illness Care

The fifth Annual National Summit on Advanced Illness Care in Denver, Colorado was the first Summit held outside the Beltway – a significant organizational milestone.

The 2018 Summit convened more than 400 healthcare stakeholders including providers, payers, policymakers, advocates, academics, and employers.

Patient advocate Shirley Roberson kicked off the Summit by inviting attendees to take a seat in the Blue Chair – a metaphor for understanding the patient perspective as the first step to transforming healthcare delivery. The concept is based on an experience in which Shirley was not being heard by her physician and instructed him to sit in a nearby chair and listen to her concerns. The Blue Chair theme was interwoven into the Summit sessions which addressed state and community networks, C-TAC’s ACT Index, healthcare payment reform, caregiving, partnering with faith-based communities, workforce challenges, and more.

“What I want you to do is stop talking and go sit in that blue chair. While sitting in the blue chair you must not talk. You must listen. I get to talk. Do you understand what I am asking you to do?”

- Shirley Roberson



Christy Whitney, CEO, HopeWest, and Todd Stivland, CEO, Bluestone Physician Services, discuss care approaches in urban vs rural settings

2018 National Summit: Next Steps

During the fifth Annual National Summit to Transform Advanced Care, leading healthcare organizations announced turnkey initiatives to transform advanced illness care. They will provide updates on their progress at the 2019 National Summit.



The **Cambia Health Foundation** committed to collaboration and innovation, manifested by the launch of an Oregon Serious Illness Coalition, a Person-Centered Ecosystem of Serious Illness Care.

The **Cigna Corporation** announced that it will launch four pilot projects to work with employers on caregiving interventions, analyzing and restructuring the way that caregiving resources are delivered in the workplace.

Additionally, the **Cigna Foundation** has provided a total of \$320,000 to C-TAC for a two-year grant. During this second year of funding, C-TAC has committed to developing partnerships with faith communities, effectively distributing caregiving resources and engaging with our Caregiver Fellows Tim Bauerschmidt and Ramie Liddle to learn how caregiving tools can be shared with an online community.

The **National Association of Area Agencies on Aging** (n4a) has committed to continuing its partnership with C-TAC to work on solutions that can bolster the capacity of the Aging Network to support those who live with advanced illness and their families.

The **Stupski Foundation** has announced that it will invest \$40 million in serious illness care initiatives in the Bay Area and Hawai'i by 2029.

The **American Heart Association** has committed to collaborating with C-TAC, healthcare and community partners, and AHA volunteers and caregivers, to convene additional roundtable discussions about the Blue Chair, engage and educate physicians, and address the needs of caregivers in the workplace.

National Summit: Themes

The Blue Chair

Patient advocate Shirley Roberson kickstarted the Summit by introducing the concept of the Blue Chair – a metaphor for the patient voice and a call for patient- and family-centered care.

Patients and families at the center of care

Summit attendees talked about how people are better equipped to make the right decisions when they are informed about all their care options.

Personal narratives drive passion

We all have a personal story that drives our passion to do this work. On stage, speakers offered a glimpse into how we all can pave our own path.

Unifying influencers across the spectrum

C-TAC prides itself on unifying policymakers across the political spectrum to ensure that advanced care remains a bipartisan issue.

Empowering family caregivers

C-TAC is supporting strategies to provide care to family caregivers. In 2018 C-TAC launched a pilot to test the uptake of caregiver resources in the Hispanic faith community.

Everyone has a role to play

The Summit offered a venue for community-based, faith-based, and state-based leaders to discuss their local initiatives to help this population. A crucial component of C-TAC's mission is giving activists an opportunity to speak directly to an audience of industry leaders.

Payment drives change

C-TAC and our partners have been busy driving groundbreaking evidence-based alternative payment models through the HHS. Without payment reform, we will never be able to scale and sustain care delivery reform.



Linda Burnes Bolton,
Chief Nursing Officer,
Cedars-Sinai, closes the
2018 National Summit.

Respecting Choices®

PERSON-CENTERED CARE

Respecting Choices® is an internationally recognized, evidence-based system for person-centered decision making that transforms the healthcare culture by honoring an individual's goals and values. It involves respectful and open communication between providers, individuals, and families, while keeping the focus of planning on what matters most to each person. By making sure preferences are known, documented, and honored, Respecting Choices® helps identify care that is in-line with the goals of each individual.

Respecting Choices® offers a system of person-centered care that is guided by the best scientific evidence and is aligned with an individual's goals and values.

Founded in La Crosse, Wisconsin, in 1991, Respecting Choices® was developed as a national and international program by the Gundersen Medical Foundation starting in 1999. It now operates as a division of C-TAC Innovations.



Meet the C-TAC Staff



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