Advancing Palliative Care for Adults with Serious Illness: A National Review of State Palliative Care Policies and Programs

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This work is supported by a grant from The John A. Hartford Foundation, a national philanthropy based in New York City dedicated to improving the care of older adults.
Logistics

- All lines will be muted during today’s webinar.
- You may use the chat box feature to ask a question or leave a comment.
  - The chat box is not visible in full screen.
- Please complete the evaluation survey that will appear after the webinar.
Welcome from The John A. Hartford Foundation
Rani Snyder, Program Director, The John A. Hartford Foundation

Findings from NASHP’s National Review of State Palliative Care Policies and Programs
Rachel Donlon, Project Director, NASHP

Overview: Palliative Care in Texas
Jimmy Blanton, Director, Health Quality Institute, Texas Health and Human Services Commission

Audience Q&A

Wrap Up
Priority Areas

Family Caregiving

Age-Friendly Health Systems

Serious Illness & End of Life

Rani E. Snyder
Program Director

www.johnahartford.org
NASHP’s National Review of State Palliative Care Policies and Programs: Key Findings

RACHEL DONLON
PROJECT DIRECTOR
NASHP

JANUARY 17, 2019
NASHP’s Methodology

• **Overarching Research Question**
  - How are states supporting palliative care services, both in hospitals and communities, through their roles as licensors, regulators, payers, conveners?

• **Palliative Care Definition**
  - Interdisciplinary, patient-centered care for individuals with serious illness
  - Can be provided in a hospital, community, or home.
  - Delivered alongside curative treatment at any time following serious illness diagnosis

• **Methodology**
  - Identify key policy levers
  - Review and analyze state policy materials
  - Cast a wide net
  - Provide opportunity for broad state review and comment
Prominent Themes from our Findings

While the majority of states have not developed a comprehensive policy strategy around palliative care, many states are taking steps toward increasing access to and quality of palliative care, such as:

- Implementing state regulations that define and/or set standards of care, establish health care facility and provider requirements
- Integrating palliative care into existing Medicaid programs that often serve individuals w/ serious illness (e.g., MLTSS, PACE) through fee schedules, contract requirements, quality strategies
- Promoting public awareness through multi-sector taskforces, public health agencies
State Palliative Care Definitions and Standards

- **About half** of all states defined how/where/by whom palliative care is delivered within their regulations; however, the majority do so within the context of hospice services and provider requirements.

- **8 states** define palliative care and/or set standards of care outside of hospice regulations:
  - 3 states define palliative care in health care facility licensing regulations
  - 1 state defines palliative care in its HCBS regulations
  - 4 states define palliative care within advanced care planning or public health laws/regulations
Healthcare Facility and Provider Requirements

National Landscape
- 7 states have palliative care-related requirements for health care facilities (e.g., delivering palliative care, patient education)
- 7 states require provider training (e.g., CMEs) related to palliative care, end of life care, pain management

State Example
Maryland
- Defines palliative care in health care facility regulations
- Health care facility regulations mandate hospitals with more than 50 beds have a palliative care program, such as:
  - Staffing standards,
  - interdisciplinary care planning,
  - education/training, and
  - available services.
**State Palliative Care Coverage and Reimbursement**

**National Landscape**
- 8 states incorporate a specific palliative care benefit into Medicaid state plan or waivers
- 7 states employee health plan programs report offering distinct palliative care benefits

**State Example**
*California*
- Implemented palliative care benefits for a wide range of Medicaid beneficiaries, including:
  - Advance care planning
  - Assessment and consultation
  - Care planning
  - Pain management
  - Mental health services
  - Care coordination
Quality Improvement

National Landscape

- **5 states** have embedded palliative care-related metrics or quality improvement initiatives into state health reform initiatives

State Example

**New York**

- Palliative care included as optional clinical improvement project for Performing Provider Systems under its DSRIP waiver.
- Metrics related to:
  - Pain and symptom management
  - Physical symptom management
  - Mental health
  - Advance directives
Public Awareness and Stakeholder Engagement

- State legislatures have adopted statutes/policies, many of which drew upon model legislation (American Cancer Society Cancer Action Network):
  - **27 states** have taskforces or councils on palliative care
  - **15 states** have legislation requiring public health agencies to develop and disseminate resources about palliative care
NASHP’s 50 State Scan was released on December 18th, 2018

How to Access?

- NASHP’s Palliative Care Web Hub: [https://nashp.org/state-strategies-to-address-palliative-care/](https://nashp.org/state-strategies-to-address-palliative-care/)
  - Under “Tools”, select “State Palliative Care Policies”
  - Then click on the resource you would like to download:
    - Full report
    - Appendix A (Findings from scan of state regulations)
    - Appendix B (Findings from scan of Medicaid programs)

Questions?

- Contact Rachel Donlon ([rdonlon@nashp.org](mailto:rdonlon@nashp.org))
Overview: Palliative Care in Texas

Jimmy Blanton
Director, Health Quality Institute
Medicaid and CHIP Services
Texas Health and Human Services
• In 2015, House Bill 1874 established the Palliative Care Interdisciplinary Advisory Council (PCIAC) and the Palliative Care Information and Education Program.

• The Council and program work to make Texas a national leader in providing high quality palliative care to patients and families.
In the preamble to HB 1874, the Legislature found that:

1) Palliative care is person-centered, family-focused care that provides a patient with relief from the symptoms, pain, and stress of a serious illness;

2) Palliative care is provided by a team of physicians, nurses, and other health care specialists to ensure an additional layer of support to a patient during the treatment of a serious illness;

3) Palliative care is appropriate for a patient of any age and at any stage of a serious illness; and

4) Evidence shows that palliative care can reduce medical costs in addition to helping a patient recover from a serious illness more quickly and easily.
Palliative Care Council: Duties

HB 1874 charges the PCIAC to:

• Assess the availability of patient-centered and family-focused interdisciplinary-team-based palliative care in Texas for patients and families facing serious illness;

• Help ensure that relevant, comprehensive, and accurate information and education about palliative care is available to the public, health care providers, and health care facilities; and

• Provide recommendations consistent with its charges.

• Council deliberations are available through webcast at: https://hhs.texas.gov/about-hhs/leadership/advisory-committees/palliative-care-interdisciplinary-advisory-council
## Palliative Care Council: Professional Representation

### Current Council Representation

<table>
<thead>
<tr>
<th>Role</th>
<th>Count</th>
</tr>
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<tbody>
<tr>
<td>Physician Members</td>
<td>7</td>
</tr>
<tr>
<td>Advanced Practice Registered Nurses</td>
<td>2</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>1</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>1</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>1</td>
</tr>
<tr>
<td>Social Worker</td>
<td>1</td>
</tr>
<tr>
<td>Spiritual Care Professional</td>
<td>1</td>
</tr>
<tr>
<td>Advocate Members</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total Council Members</strong></td>
<td><strong>18</strong></td>
</tr>
</tbody>
</table>
State Activities

Since 2016, the Council and Program have:

• Published two legislative reports with recommendations and guidance for increasing the availability of patient and family focused palliative care in Texas;

• Launched the first Texas Health and Human Services (HHS) system palliative care website resource for patients, families, and professionals;

• Conducted annual palliative care continuing education events starting in 2017;

• Established methods and started to track and report on key palliative care measures; and

• Elevated the profile of serious illness care as a significant area of opportunity for raising overall healthcare quality in Texas.
Palliative Care Council: Recommendations

In their inaugural 2016 report, the Council:

• Addressed the frequent misunderstanding by healthcare professionals and the public that palliative care is synonymous with end of life care

• Proposed that palliative care be recognized as having two branches:
  • Supportive Palliative Care (SPC) – available as early as possible during the course of serious illness
  • Hospice Palliative Care (HPC) – available during the terminal stage of serious illness

• This initial report was largely educational

Palliative Care Council: Recommendations

In their 2018 report, the Council recommended:

1. Adopt Statutory Language for Supportive Palliative Care
2. Prioritize Advance Care Planning
3. Address Palliative Care Provider Shortages
4. Expand SPC Programs as a Value-Based Model
5. Establish a Statewide Palliative Care Dashboard
6. Seek a Balanced Response to the Opioid Crisis

A life-changing or serious illness can alter your quality of life. When you have a serious illness, the support of your medical team, family and friends makes a difference. This is where palliative care comes into play.

You may think palliative care is only for people with a terminal illness – but that’s not entirely true. Any person diagnosed with a chronic, serious illness can benefit from palliative care to improve their quality of life. Supportive palliative care starts from day one.

The focal point of palliative care is to provide better holistic symptoms management, pain, stress and symptom management for as long as your illness lasts, in coordination of ongoing concurrent treatment or if prognosis is six months or less, hospice care.

**What is Palliative Care?**

Palliative care is patient-centered and family-focused. Palliative care is provided by a team of palliative care doctors, nurses, social workers and others who work together with a patient’s other doctors to provide an extra layer of support. (Center to Advance Palliative Care)
Palliative Care Information and Education Program

Providing Education to Physicians, Nurses, and Social Workers:

• The Palliative Care Information and Education Program has organized and hosted two interdisciplinary continuing education (CE) events awarding more than 600 credits to physicians, nurses, and social workers.

• The events informed healthcare professionals on advance directives, palliative care legislation at the state and national level, palliative care trends in Texas, and pain management in the midst of the opioid crisis.
Palliative Care Data Analytics

Texas In-house CAPC Analysis Methods

- Center to Advance Palliative Care (CAPC) periodically publishes a state level report card (Texas received a “C” rating in 2015)
- Program staff nearly replicated the report card for Texas using in-house data from the American Hospital Association (AHA)
- Although some differences in methods are noted, the overall results from the in-house data were similar:
  - CAPC Texas grade for 2012/2013 – 42.9%
  - In-house Texas grade for 2014 – 42.0%
- Use of in-house data allows for customization of analytics and timely monitoring
### Palliative Care Inpatient Programs

#### Hospitals Reporting Palliative Care Service Programs, U.S. & Texas, 2012-2015

<table>
<thead>
<tr>
<th>Source</th>
<th>Year</th>
<th>Number</th>
<th>Percent</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAPC U.S.</td>
<td>2012/13</td>
<td>1,591/2,393</td>
<td>67%</td>
<td>659/732</td>
<td>90%</td>
</tr>
<tr>
<td>In-house Texas</td>
<td>2014</td>
<td>86/205</td>
<td>42%</td>
<td>42/59</td>
<td>71%</td>
</tr>
<tr>
<td>In-house Texas</td>
<td>2015</td>
<td>96/207</td>
<td>46%</td>
<td>41/58</td>
<td>71%</td>
</tr>
<tr>
<td>In-house Texas</td>
<td>2016</td>
<td>98/201</td>
<td>49%</td>
<td>44/58</td>
<td>76%</td>
</tr>
</tbody>
</table>

Note: Results are based on CAPC cohort definitions. Analyses were limited to general medical and surgical, cancer, or heart hospitals with fifty or more licensed beds based on data from the American Hospital Association Annual Survey of Hospitals. Veterans Administration and Indian Health Service facilities were excluded.
## Palliative Care Workforce

### Palliative Care by Profession in Texas

<table>
<thead>
<tr>
<th>Professional Category</th>
<th>Number 2015</th>
<th>Number 2017</th>
<th>% Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians with Palliative Specialty</td>
<td>275</td>
<td>332</td>
<td>21%</td>
</tr>
<tr>
<td>Primary</td>
<td>51</td>
<td>78</td>
<td>53%</td>
</tr>
<tr>
<td>Secondary</td>
<td>224</td>
<td>254</td>
<td>13%</td>
</tr>
<tr>
<td>Certified APRNs</td>
<td>46</td>
<td>73</td>
<td>59%</td>
</tr>
<tr>
<td>Certified Hospice Medical Directors</td>
<td>19</td>
<td>26</td>
<td>37%</td>
</tr>
<tr>
<td>Palliative Medicine Fellows</td>
<td>20</td>
<td>27</td>
<td>35%</td>
</tr>
</tbody>
</table>
DSRIP

**Delivery System Reform Incentive Payments (DSRIP) help promote palliative care programs:**

- As part of the Texas Medicaid transformation waiver, DSRIP incentivizes hospitals and other providers to improve access to care and care delivery, targeting Medicaid and low income uninsured individuals.

- During the most recent five-year period, DSRIP paid out about $316 million for palliative care initiatives.

- Current palliative care related measures include:
  - Clinical assessment of pain within 24 hours of screening
  - Documentation of preferences for life sustaining treatments
  - Documentation of a discussion on spiritual/religious concerns
  - Bowel regimen offered/prescribed for adults treated with an opioid
  - Dyspnea screening and treatment
  - Hospice admission for less than 3 days (cancer deaths)
  - No hospice admission (cancer deaths)
Next Steps:

New Initiatives for 2019:

• Developing a statewide, public facing dashboard for key palliative care measures

• Analyzing newly available data on advance care planning in Texas
  • Questions added to 2018 Texas Behavioral Risk Factor Surveillance System (BRFSS) survey
  • Comprehensive questionnaire and large sample allow for powerful cross tabulations by age, region, income, insurance, health status, gender, race/ethnicity, and other factors

• Promoting palliative care as a value-based model in the Texas Medicaid program
  • Texas Medicaid has specific goals for value-based contracting
  • Palliative care is a proven value-based model

• Engaging new stakeholders and partners!
Questions?

Contact Jimmy Blanton:
512-380-4372
Jimmy.Blanton@hhsc.state.tx.us

Palliative Care Information and Education Website:
https://hhs.texas.gov/services/health/palliative-care

Palliative Care Interdisciplinary Advisory Council Website:
https://hhs.texas.gov/about-hhs/leadership/advisory-committees/palliative-care-interdisciplinary-advisory-council
To ask a question, please type it into the chat box in the lower left hand corner of your screen.
Related NASHP Resources

NASHP’s Palliative Care Resource Hub

- The Hub serves as a repository for all of NASHP’s state policy resources related to palliative care, including:
  - Blogs, issue briefs, and webinars
  - 50-state scan of palliative care policies
- The Hub will be updated on an on-going basis. Check back often! [https://nashp.org/state-strategies-to-address-palliative-care/](https://nashp.org/state-strategies-to-address-palliative-care/)

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