State Palliative Care Policies and Emerging Innovations

September 18, 2023

NASHP | NATIONAL ACADEMY FOR STATE HEALTH POLICY

The John A. Hartford Foundation

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Webinar Logistics

- Use the Q&A function at the bottom of your screen to enter your questions and comments throughout the presentations
- We will address questions and comments at the end of the webinar after the presentations
- The slides and webinar recording will be posted after the webinar on the NASHP website and sent out to all webinar registrants

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Agenda

- **Welcome**
  Scott Bane, Program Officer, The John A. Hartford Foundation
- **The State of Palliative Care Services in the US**
  Allison Silvers, Chief Health Care Transformation Officer, Center to Advance Palliative Care (CAPC)
- **Palliative Care – State Activities**
  Salom Teshale, Senior Policy Associate, Aging and Disability, The National Academy for State Health Policy (NASHP)
- **Hawaii's Palliative Care Activity**
  Judy Mohr Peterson, Med-QUEST Administrator, Hawaii Department of Human Services
- **Q&A**

Welcome

Scott Bane

Program Officer, The John A. Hartford Foundation

The State of Palliative Care Services in the US

Spotlight on Home-based Palliative Care
https://www.capc.org/documents/1100/

Center to Advance Palliative Care™

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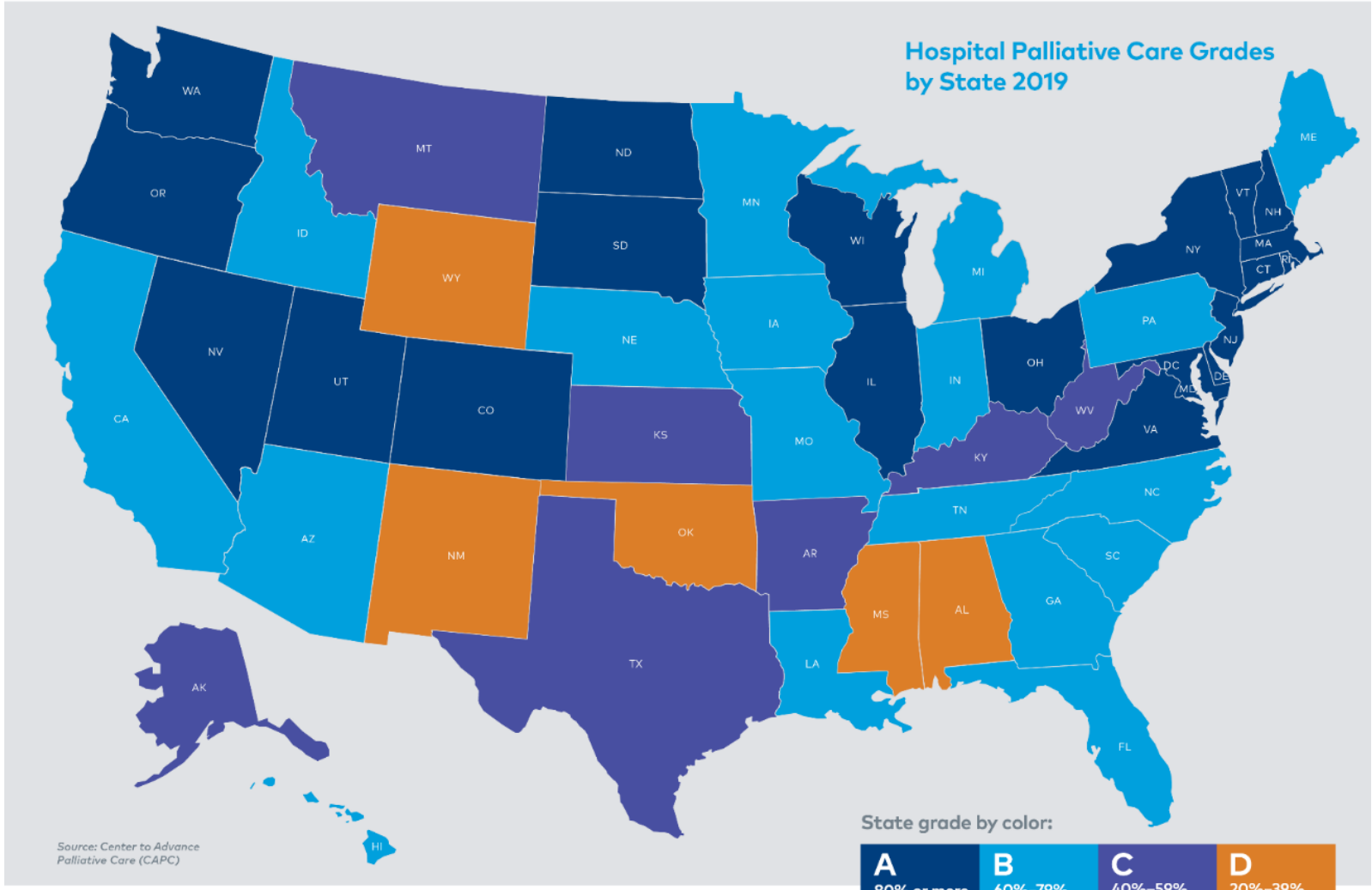
Access to Palliative Care: 83% of US hospitals with 50+ beds report palliative care teams



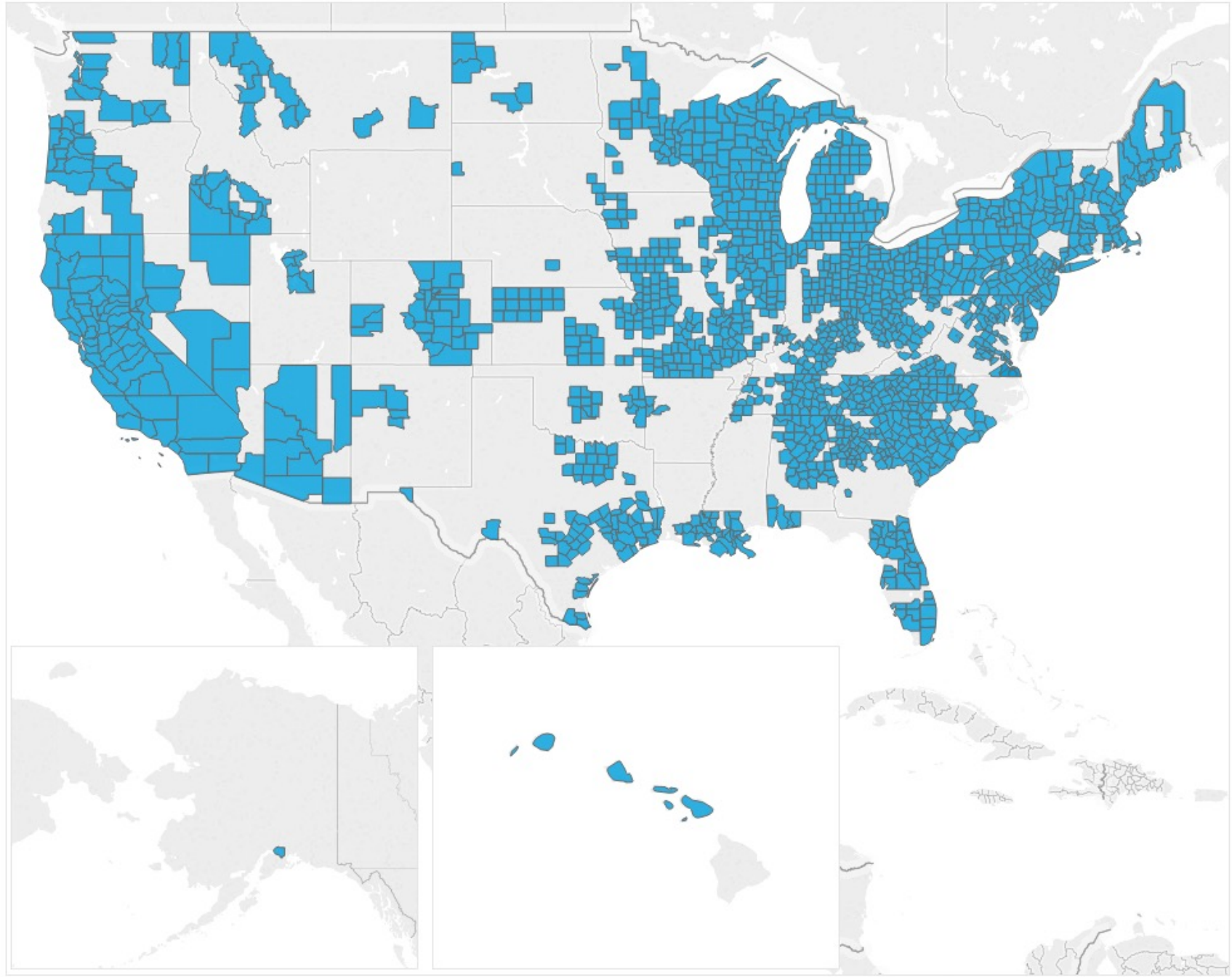
Hospital types ***less*** likely to offer palliative care:

- Southern (59%)
- For-profit (35%)
- Public (60%)
- Sole community provider (40%)
- Rural (17%) hospitals

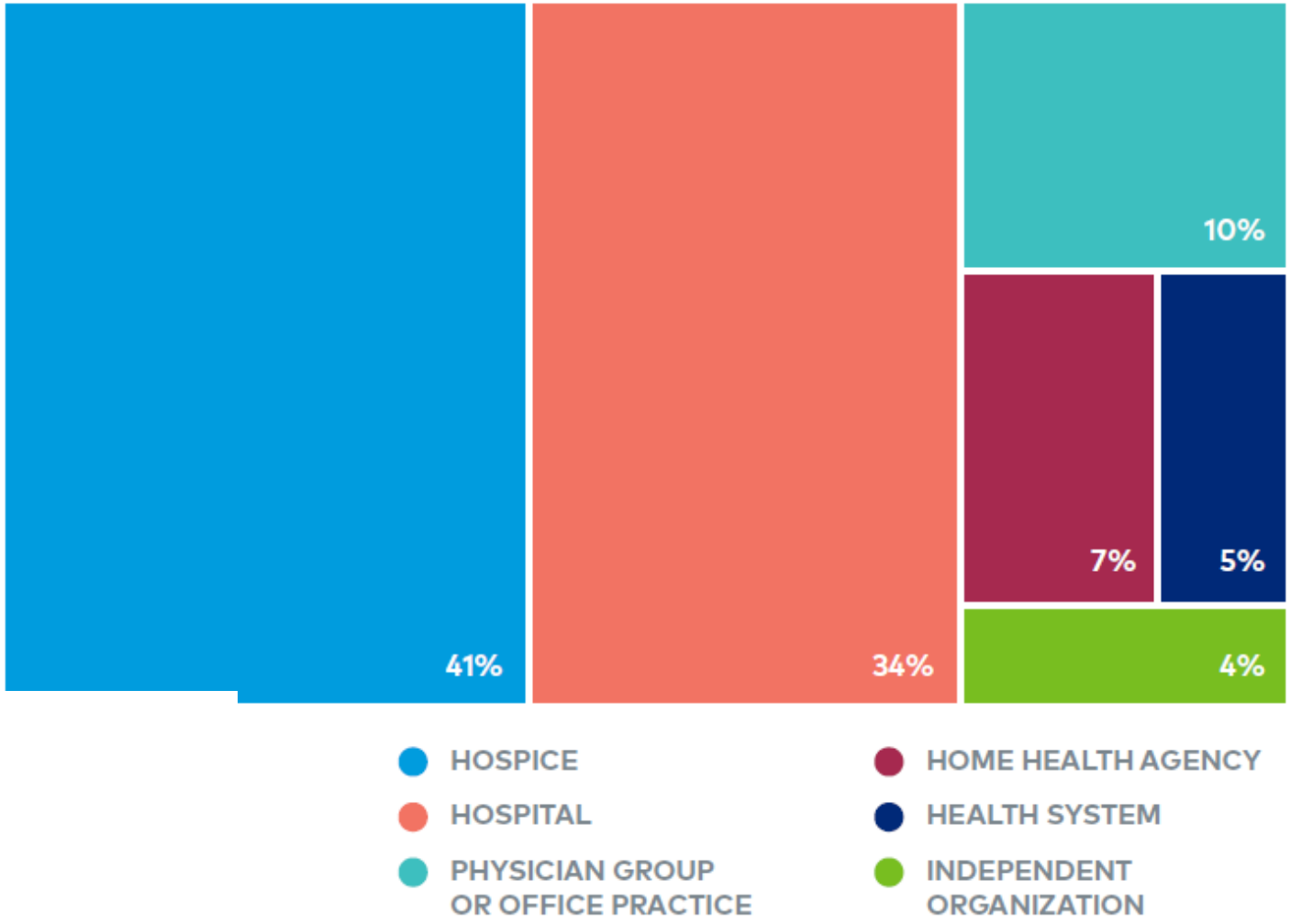
Access to Palliative Care:

At least half of US counties have a home-based palliative care program (85% urban and 39% rural)

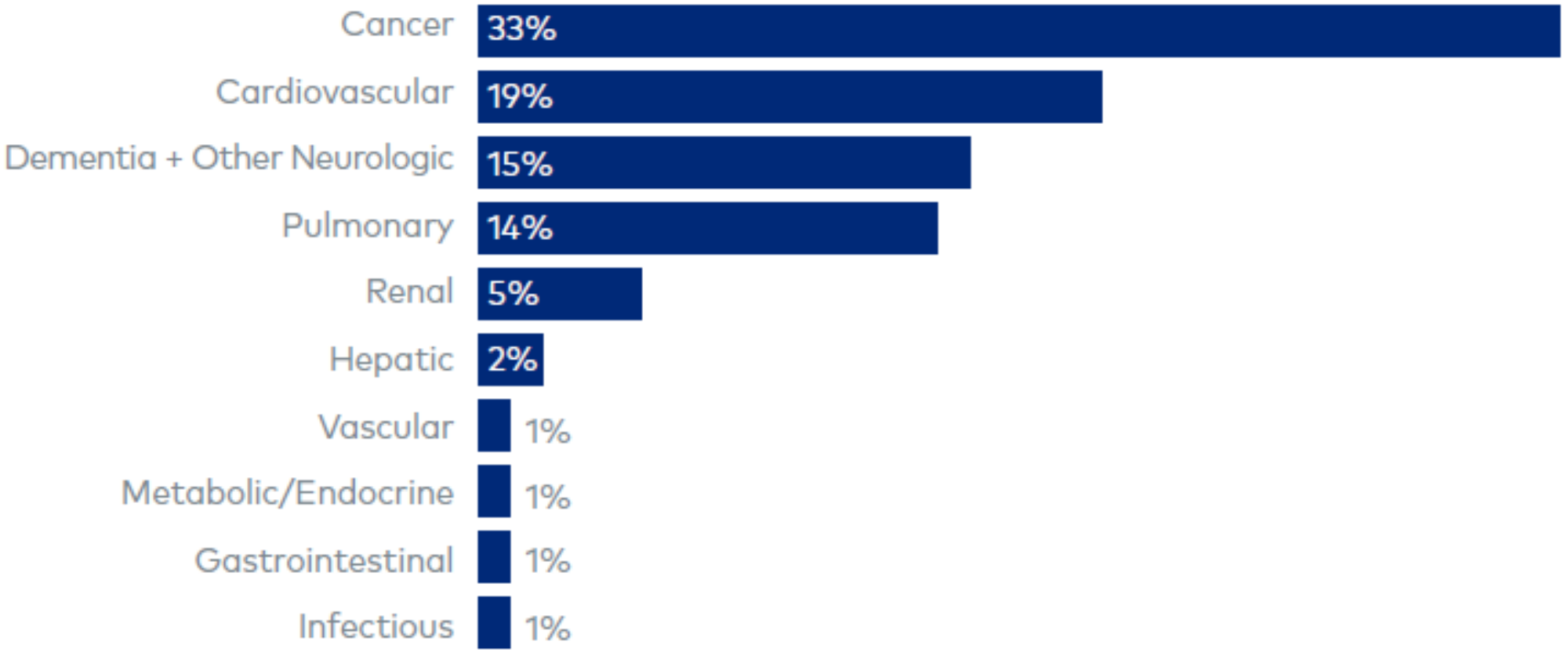
Survey results 2019



Hospices and Home Health operate 48% of home-based programs, and Hospitals another 34%



Cancer remains the most common illness cared for by palliative care teams



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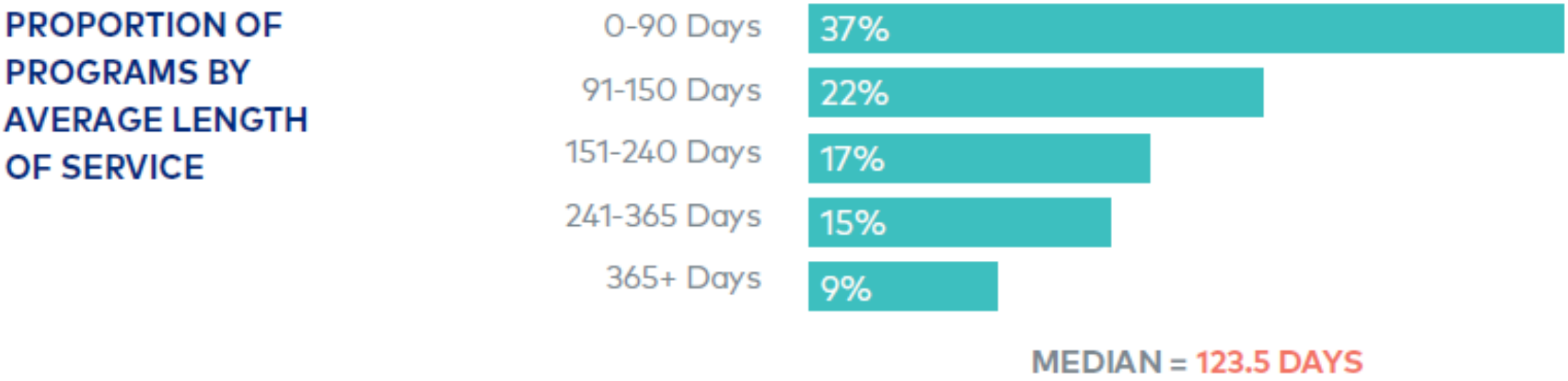
Programs Report a 4 Month Average Length of Service



31% of patients are discharged to hospice and 7% die

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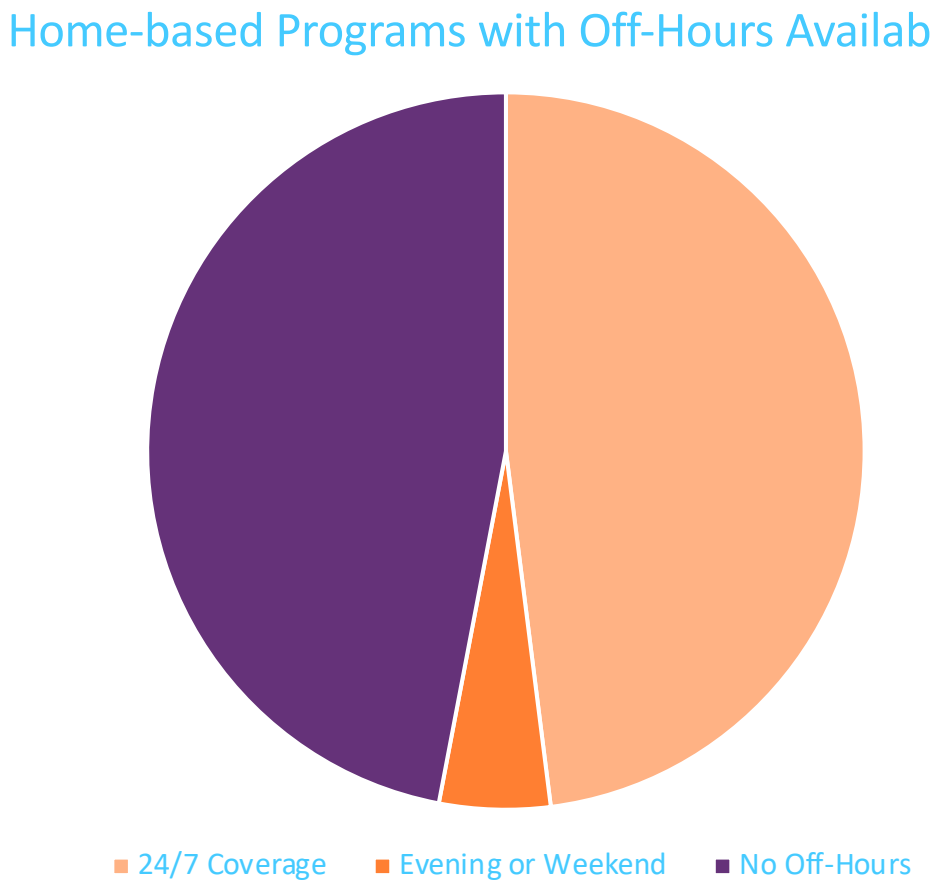
Currently, just over half of programs provide off-hours access to clinicians



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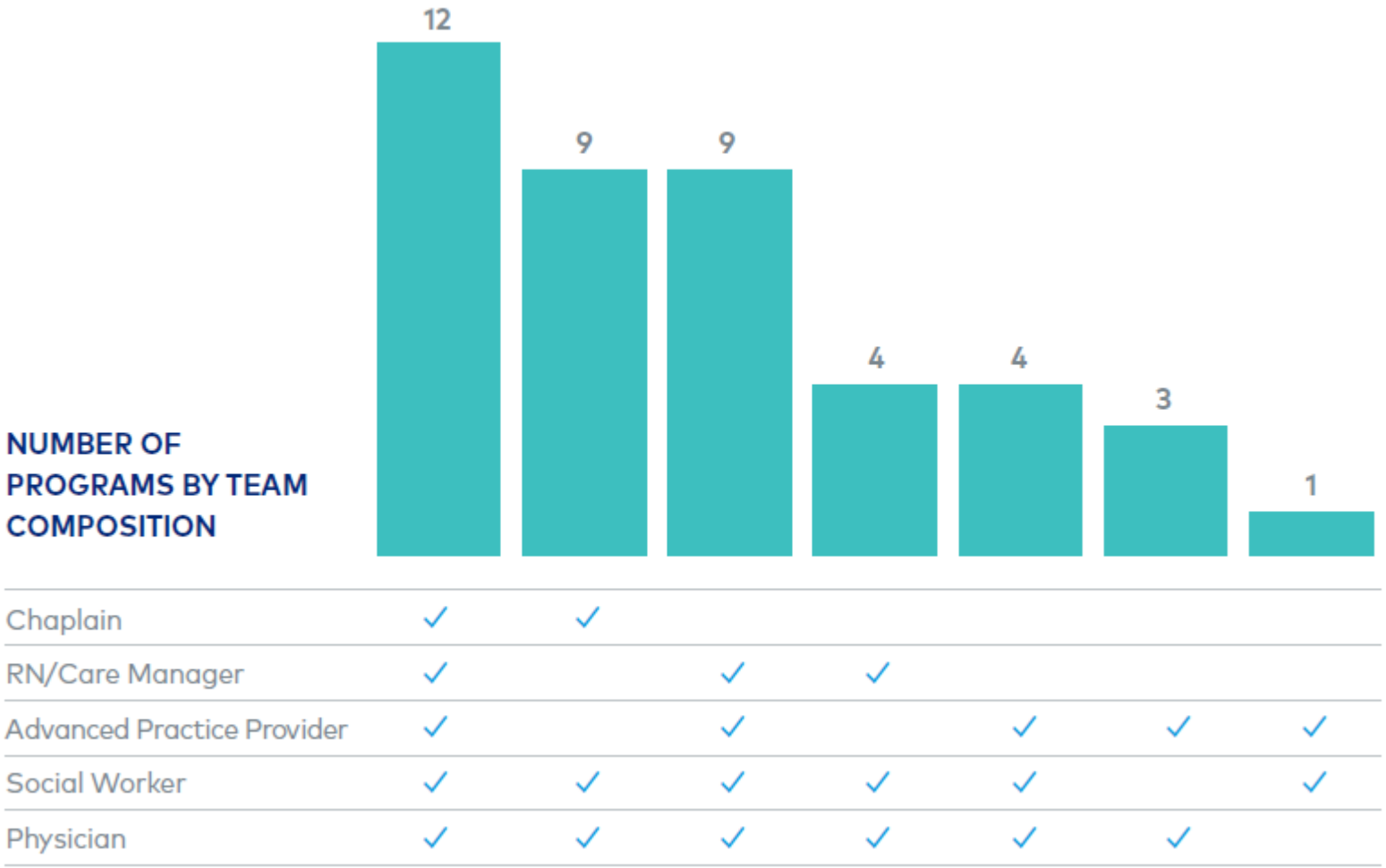
Palliative Care team composition varies, with Physician and Social Workers most common



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Best Practice Dictates Recommended Competencies and Capabilities

- **Team members must have either specialty certification in palliative care or documentation of** specific competencies in palliative care, preferably with a goal of working toward certification. At least one prescriber on the team should have specialty certification in palliative care. Specific pain and symptom management competencies gained through education programs such as CAPC Designation may be used while working toward specialty certification.
- **Reliable access to other health professionals and services should be provided,** such as to pharmacists, community health workers, physical therapists, or personal care services; linkage agreements are acceptable documentation.
- **24/7 access to a clinician with proven competencies in pain and symptom management and access to the patient's medical record** must be provided, using telehealth as warranted.
- **Team members should have demonstrated capability to conduct a comprehensive patient assessment** to include, at a minimum:
  - *Pain and symptom distress*
  - *Functional status*
  - *Cognitive status*
  - *Caregiver burden*
  - *Spiritual needs*
  - *Social needs, including but not limited to financial vulnerability, housing, transportation, nutrition, and safety*

Palliative Care – State Activities

Salom Teshale, Senior Policy Associate, Aging and Disability

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About NASHP

The National Academy for State Health Policy (NASHP) is a nonpartisan organization committed to developing and advancing state health policy innovations and solutions.

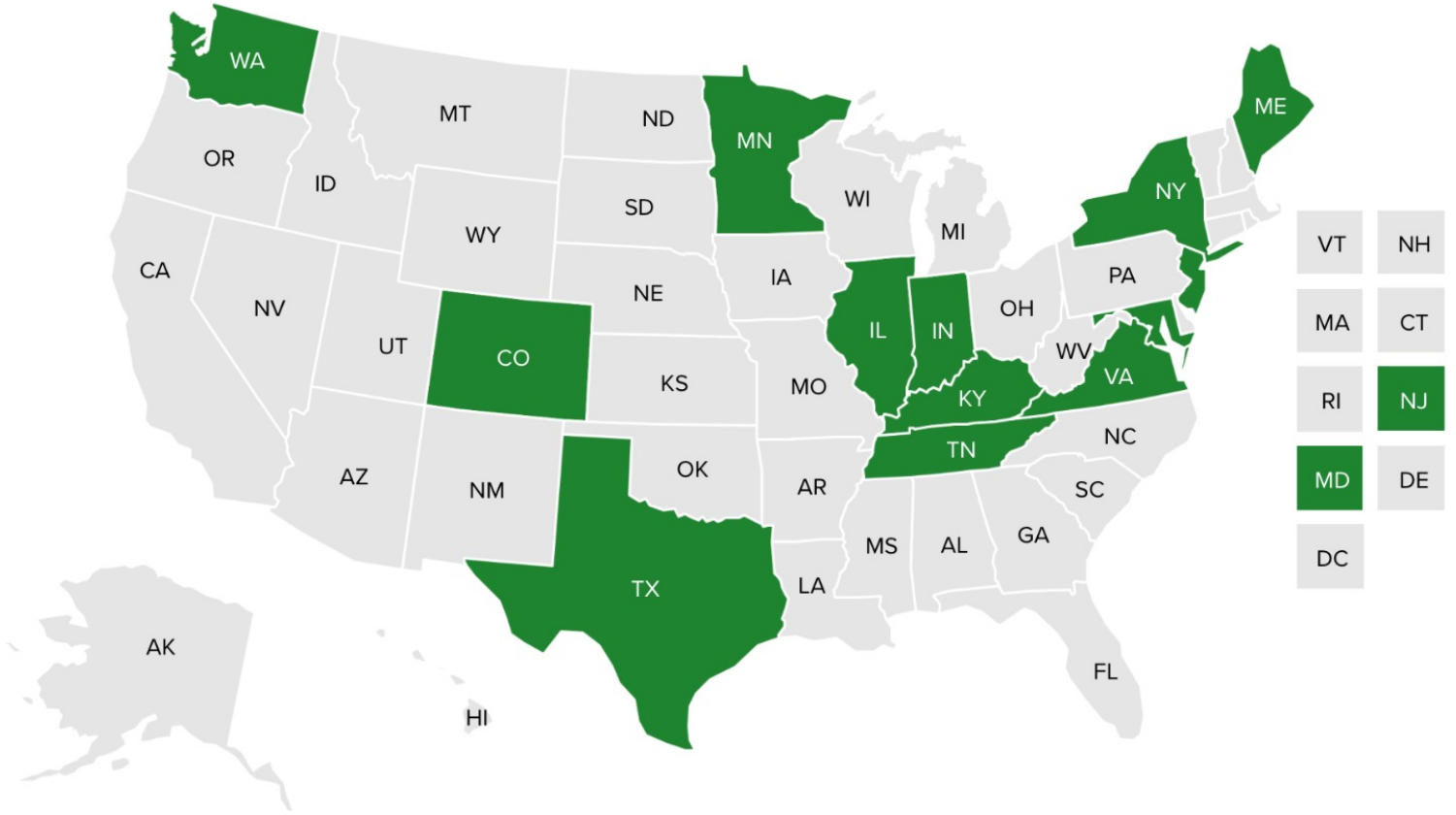
NASHP provides a unique forum for the productive exchange of strategies across state government, including the executive and legislative branches.

State Activity in Palliative Care

- Budgets and legislation activity
- Task force/advisory groups activity
- Palliative care education campaigns
- How States Can Embed Palliative Care in Health Care Reform Initiatives

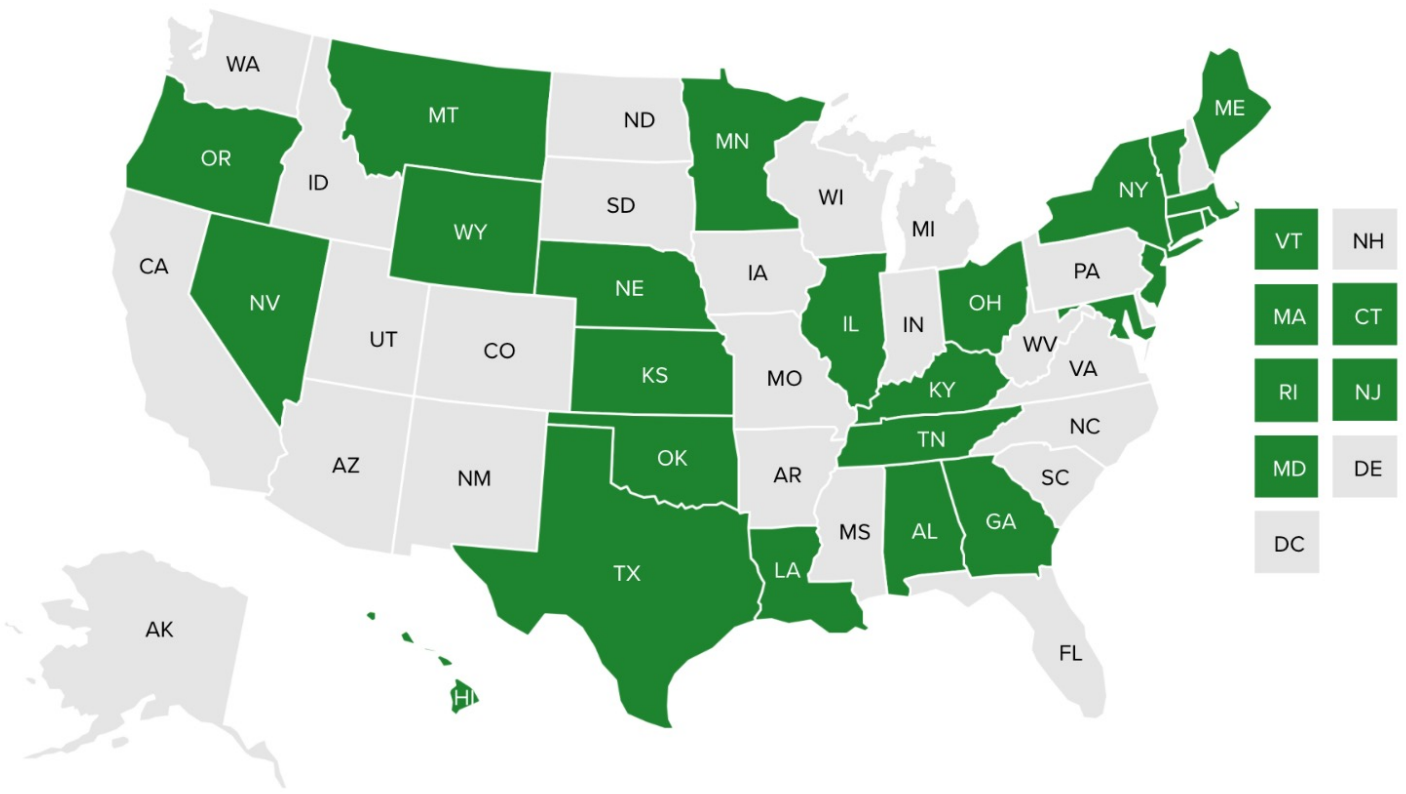
Palliative Care in State Budgets and Legislation

- 13 states made legislative or budgetary progress in relation to palliative care in 2022-2023 (as of July 2023)



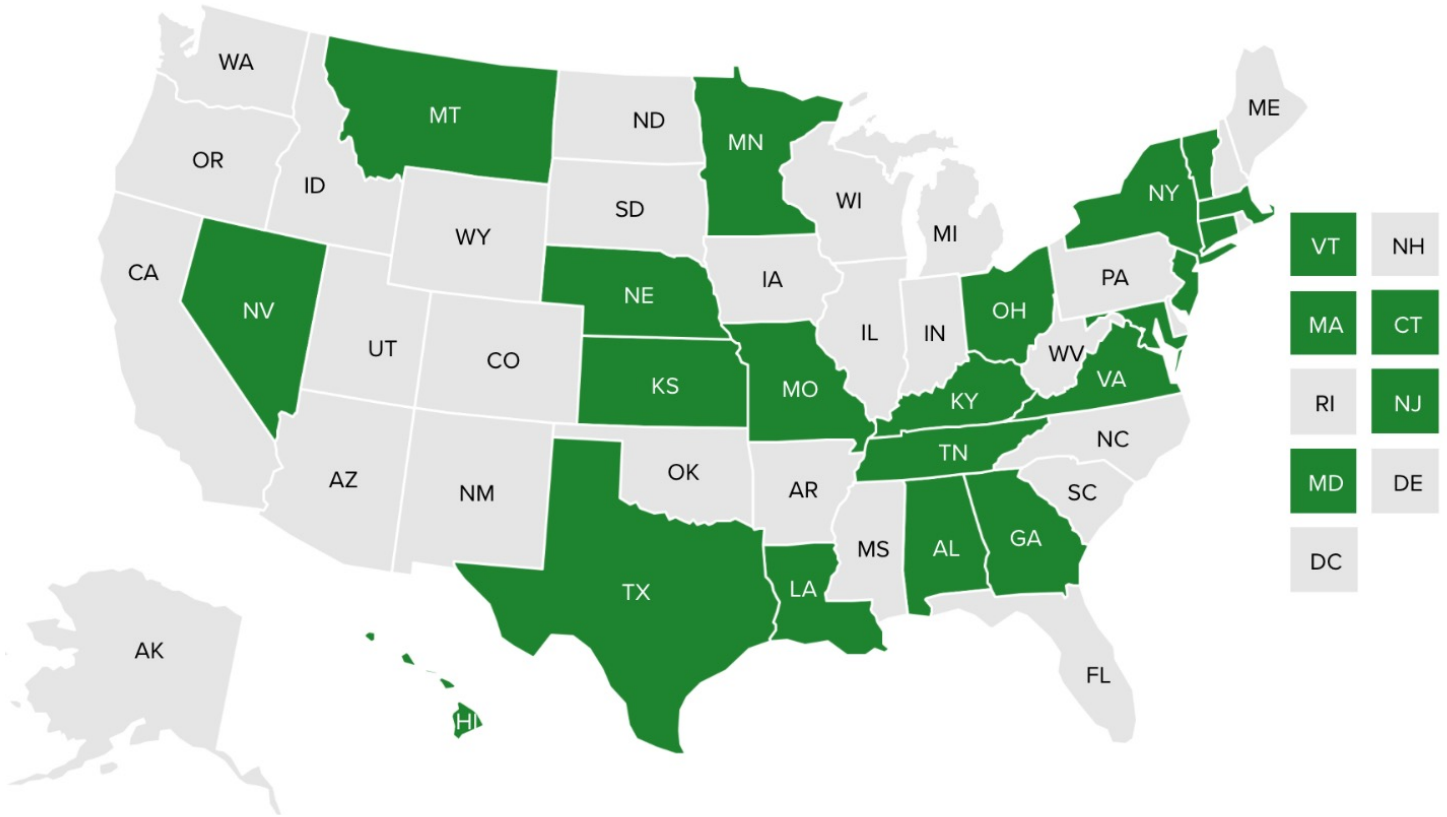
Palliative Care Advisory Task Forces

- 24 states have legislation around a palliative care task force (as of March 2023)



States with Palliative Care Information Programs

- 21 states have palliative care information programs, 16 of which have legislative requirements for such public education (as of June 2023)
- Examples of requirements: information on continuing education, consumer education materials, best practices

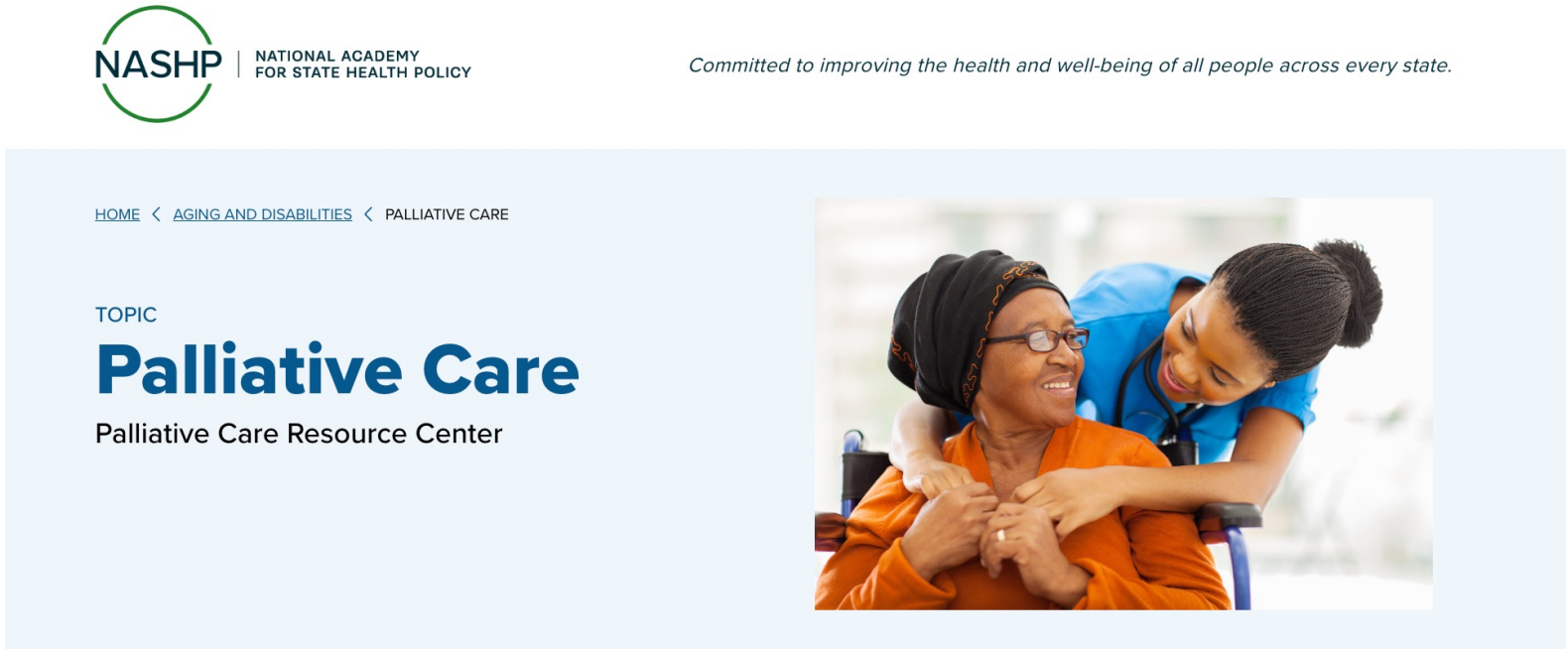


How States Can Embed Palliative Care in Health Care Reform Initiatives

- Explains and provides examples of how states can incorporate serious illness care into existing initiatives, including:
  - Medicaid 1915(c) Home and Community-Based Services Waivers
  - Medicaid Managed Care
  - Medicaid Managed Long-term Services and Supports (MLTSS)
  - Dual-Eligible Special Needs Plans (D-SNPs)
  - Patient-Centered Medical Homes (PCMH)
  - Medicaid Health Homes

NASHP's Palliative Care Resource Hub

- nashp.org/palliative-care
- Blogs, briefs, webinars, state trackers, and other resources
- Currently underway: 2023-2025 Serious Illness Institute (participating states: Colorado, Maryland, Maine, Ohio, Texas, Washington)



Hawaii's Palliative Care Activity

Judy Mohr Peterson, Med-QUEST Administrator, Hawaii Department of Human Services

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Q&A

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Thank you!

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