



Supporting People with Serious Illness during the Pandemic: The Growing Need for Palliative Care

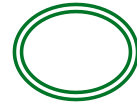
June 30, 2020
1:00-2:00pm ET



The John A. Hartford
Foundation

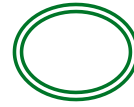
This work is supported through funding from the John A. Hartford Foundation

Agenda



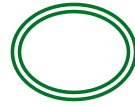
- Introductions: NASHP and The John A. Hartford Foundation
- The Vital Role of Palliative Care During COVID-19 and Beyond
- Palliative Care in Colorado Medicaid
- Discussion/Q&A
- Wrap up and evaluation

Logistics



- Your lines will be muted during the webinar.
- To ask a question or make a comment, please use the Q&A function.
 - ✦ The “chat” function will also be available to communicate if you are having technical difficulties
- Please complete the evaluation in the pop-up box after the webinar to help us continue to improve your experience.
- Thank-you!

Today's Speakers



Kitty Purington, JD

Senior Project Director, *NASHP*

Amy Berman, RN, LHD, FAAN

Senior Program Officer, *The John A. Hartford Foundation*

Salom Teshale, PhD

Policy Associate, *NASHP*

Dr. Diane Meier, MD

Director, *Center to Advance Palliative Care*

Lauren Thompson, BSN, RN

Clinical Operations Nurse Consultant,

Colorado Department of Health Care Policy & Financing

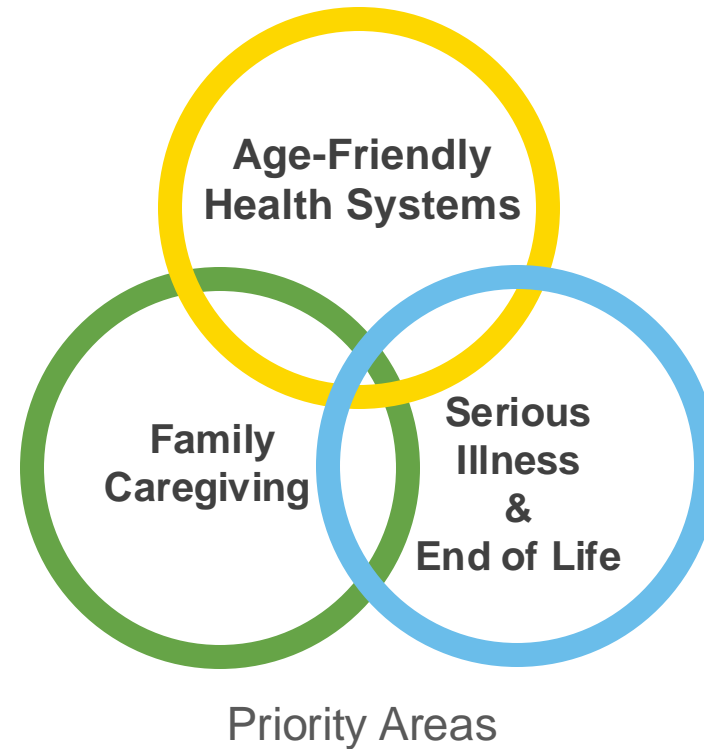




The John A. Hartford Foundation

Dedicated to Improving the Care of Older Adults

Amy Berman, RN, LHD, FAAN
Senior Program Officer



Who We Are



The John A. Hartford Foundation
Dedicated to Improving the Care of Older Adults

Improving the Care of Older Adults

\$ 625,000,000

amount invested in aging
and health since 1982



Palliative Care

- **Focuses on improving the quality of life for people facing serious illness:**
 - Pain & symptom management
 - Communication & coordinated care
 - Appropriate from time of diagnosis
 - Can be provided w/ curative treatment

Resource: Center to Advance Palliative Care
www.CAPC.org



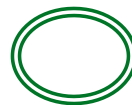
Why Palliative Care Matters





NASHP's Palliative Care Toolkit for States

NASHP Toolkit

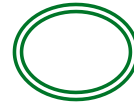


As the landscape of palliative care policies varies across the country, NASHP's toolkit is broken down into 3 subcategories to provide information for policymakers at all stages of the policy development and implementation process.

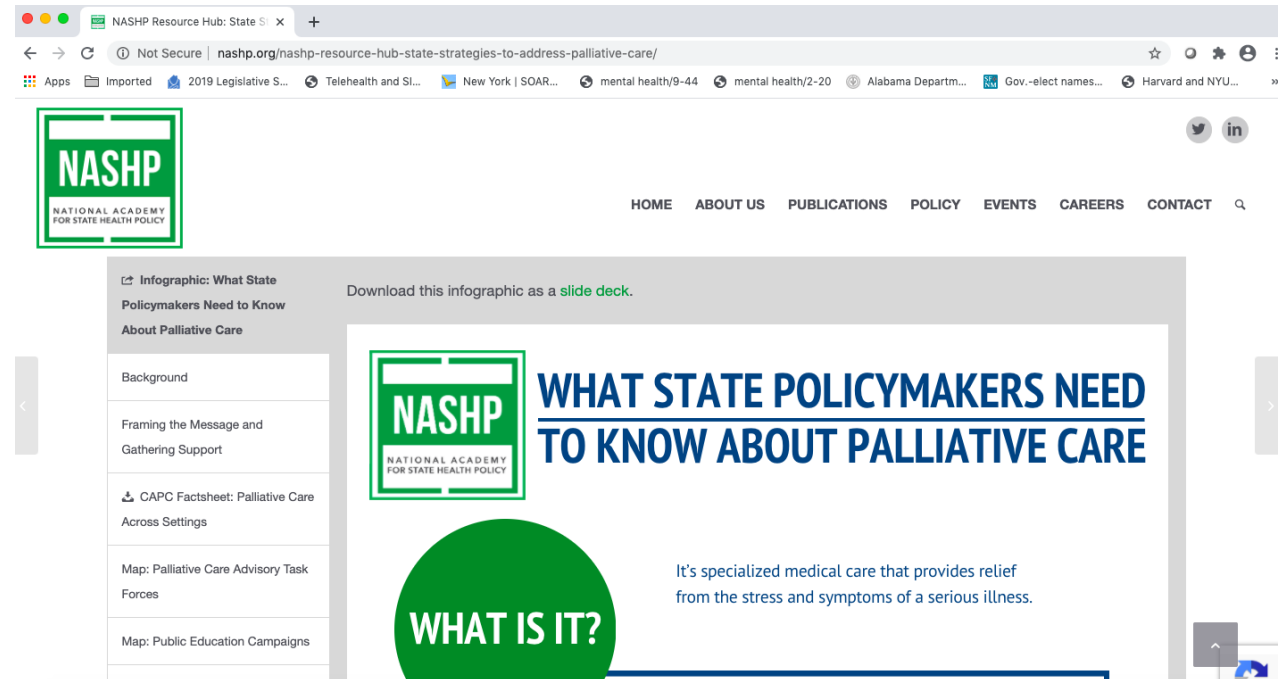
- ***Category 1 has recently been released - be on the lookout for Categories 2&3 in coming weeks***

Category 1: Framing the Message and Gathering Support	Category 2: Building Infrastructure and Promoting Quality	Category 3: Sustainability and Value: State reimbursement strategies
<i>What state policy makers need to know about palliative care</i>	<i>How states can build capacity and infrastructure to deliver palliative care services</i>	<i>How states can leverage funding mechanisms to support palliative care</i>

Visit NASHP's Resource Hub!



For more information and resources, please visit the [NASHP Resource Hub: State Strategies to Address Palliative Care](https://nashp.org/nashp-resource-hub-state-strategies-to-address-palliative-care/)



The Vital Role of Palliative Care During COVID-19 and Beyond

Diane E. Meier, MD

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June 30, 2020

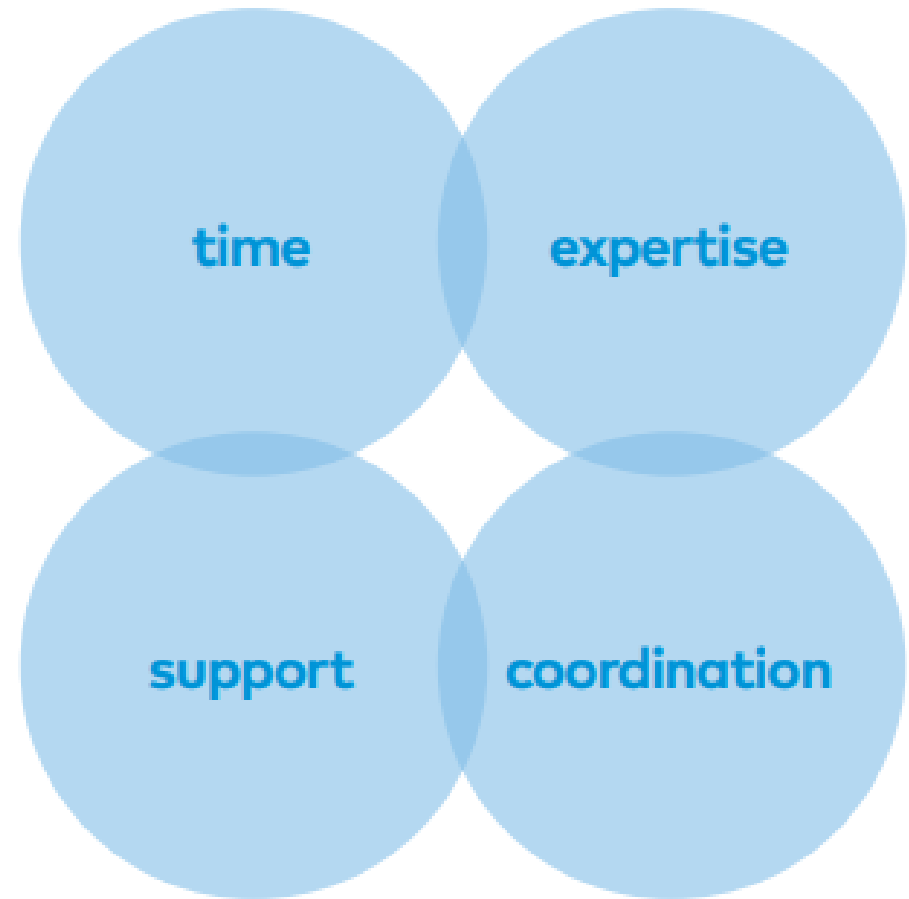


Health Care During COVID-19

- **>122,000** deaths in the US <https://www.worldometers.info/coronavirus/country/us/>
- Impact is highly geographically variable
- Disproportionate harm to African Americans and people of color
- Unemployment rate >16%, 22 million job losses
<https://www.washingtonpost.com/business/2020/06/05/may-2020-jobs-report-misclassification-error/>
- US relies on employment-based insurance >>> more uninsured
- While health systems are re-opening, people are avoiding healthcare organizations and usual sources of income are reduced

Palliative care addresses the whole-person needs of people living with serious illness

- Specialized care for people w/ serious illness
 - Relief of symptoms, stress – and communication
 - Delivered by an interdisciplinary team
Continuous, coordinated, care
 - Improves care quality
- Based on need, not prognosis
- Accompanies life-prolonging and curative treatments
- **Goal: Improved quality of life for patient and family**



Palliative care improves quality and lowers cost = value

Numerous studies have found that palliative care:

- Reduces **symptoms** and **pain**
- Improves **quality of life**
- Reduces unnecessary **emergency department visits, hospitalizations,** and time spent in the **intensive care unit**
- Overall **cost savings**

During COVID-19, palliative care has ensured that care is aligned with patient's goals.

Palliative Care: Essential Services During COVID-19

The screenshot shows a news article from The Washington Post. The main headline is "Covid or No Covid, It's Important to" followed by "Dlora". The sub-headline is "A Family Rallied on 2 Continents as a Loved One Fought Covid-19". The byline reads "By Sheri Fink, Ainara Tiefenthäler and Victor J. Blue". The article text states: "Family members gathered on conference calls to send her messages of courage, and prayed together for a miracle." There is a photo of medical staff in a hospital room. The Washington Post logo and tagline "Democracy Dies in Darkness" are visible at the top of the article preview.

As an oncologist, I have to help my patients negotiate a new set of dangers.



June 5, 2020



Innovations in Care Delivery



the COVID-19

Early In

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Emerge

ARTICLE

Pandem

A Beacon for Dark Times: Palliative Care Support During the Coronavirus Pandemic

Jihae Lee, MD¹; L

A team at the Icahn School of Medicine at Mount Sinai in New York City quickly designed, deployed, and revised in real time an innovative telephonic support line to meet the palliative care needs of clinicians and patients during the Covid-19 surge.

May 7, 2020

Palliat
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Specialist

o Planning ons

Ambereen K. Me

By Claire K. Ankuda, MD, MPH, Christopher D. Woodrell, MD, Diane E. Meier, MD, R. Sean Morrison, MD & Emily Chai, MDet al.

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am MBChB,

» Author Affilia

JAMA Oncol. Pu

emic

May 12, 2020



Patient Voices

“Thanks for never letting me feel isolated and in the dark through this very dark time in our lives.”

“It made us feel loved. I know that my hospital and its staff really cares for us!”

“Thank you for doing the work to find out what I wanted.”

CAPC National Survey on Impact of COVID-19 on Palliative Care Teams

- Sent to 1,498 organizations on 5/6 and 5/19
- 239 respondents (16% response rate)
- Organizational home
 - Hospital 66%
 - Hospice 17%
- Service Settings:
 - Hospital – 81%
 - Office/Clinic – 49%
 - Home – 46%
 - Nursing Home – 26%
 - Assisted Living Facility – 25%

Team Roles During Pandemic

- **Telepalliative care: 76%**
- Organizational planning: 69%
- Goals of care supports: 67%
- Training colleagues: 65%
- Well-being of colleagues: 60%
- Increased ICU presence: 46%
- **Home palliative care: 32%**
- Increased ED presence: 25%
- Hotline for colleagues: 8%

Tele-Palliative Care

- Dramatically easier for, and valued by, patients. Enables efficient and broad access for clinic, HbPC, follow up, continuity, NHs, ALFs, home care, office practices
- Clinicians like it too- marked increase in capacity/FTE
- Key question for the future: will we see continued parity with face-to-face payment and site of care flexibilities?
- Many organizations are lobbying CMS and Congress for their continuation.

The Top Three Concerns for Program Leaders Now

1	Telemedicine sustainability:	53%
2	Burnout on team:	52%
3	Financial viability of service line:	42%

Palliative Care Can Support Health Equity

- Palliative care ensures care responsive to priorities and needs of each individual patient and family, focuses on maximizing QOL for people living with serious illness, regardless of age, stage of illness, prognosis, gender, race, ethnicity, etc.
- Palliative care specialists have the training and skills to address implicit bias, cultural competency, and health inequities through high-quality patient/family-provider interactions and advocacy w/ the system
- Teams conduct a comprehensive assessment that considers all aspects of care, including cultural, social, spiritual, and ethical elements
- Cultivate relationship and trust, develop culturally and socially conscious care plans

The Future of Palliative Care: In the COVID Era and Beyond

The New York Times

*Hospitals, Health Care Sector Reel
From COVID-19 Damage*

By The Associated Press

VS.



A pandemic is a cause and powerful amplifier of suffering, through physical illness and death, through stresses and anxieties, and through financial and social instability. Alleviation of that suffering, in all its forms, needs to be a key part of the response.

Palliative Care in Colorado Medicaid



Our Approach and Lessons Learned

NASHP

June 30, 2020


Acknowledgements

Special thanks to NASHP, the Palliative Care Task Force,
and Kitty Purington for all of your guidance,
information, and help!

Current Medicaid Policy

- *Only covered in one waiver (Children With a Life Limiting Illness)*
- Palliative care is currently commonly billed under a physician visit code. Hospital-based palliative care is billed under the APR-DRG.
 - Exp. CPT Code 99497 - Advance care planning

Colorado Definition of Palliative Care in Statute



"Specialized medical care for people with serious illnesses. This type of care is focused on providing patients with relief from the symptoms, pain and stress of serious illness, whatever the diagnosis. The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a team of physicians, nurses and other specialists who work with a patient's other health care providers to provide an extra layer of support. Palliative care is appropriate at any age and at any stage in a serious illness and can be provided together with curative treatment. Hospice providers may perform palliative care services that are separate and distinct from hospice care services."

Current State of Colorado Palliative Care



From 2008 to 2020, surveys showed that the state has gone from 8000 consults of Palliative care to over 27000

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As of 2020, 75% of all palliative care programs in the state have at least one physician or nurse certified in Hospice and Palliative Medicine



30% of all hospitals in Colorado surveyed have a Palliative care program, a rise in 5% since 2008

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Motivation for Project

- Passion project of Chief Nursing Officer
- Evidence of cost savings and higher quality of life
- Push to differentiate between Hospice and Palliative
- Feedback from advocates
- **End goal:** budget request to fund a program for palliative

Key Questions

Who would be eligible for the benefit? (limit by disease categories?)

What payment methodology would be used? (CO is a managed FFS state)

Would we try a pilot first or expand to entire state? (proof of concept vs. immediate roll-out with expected timelines)

Requirements of a care team (wanted to stick to fidelity of model without limiting access)

Our Approach

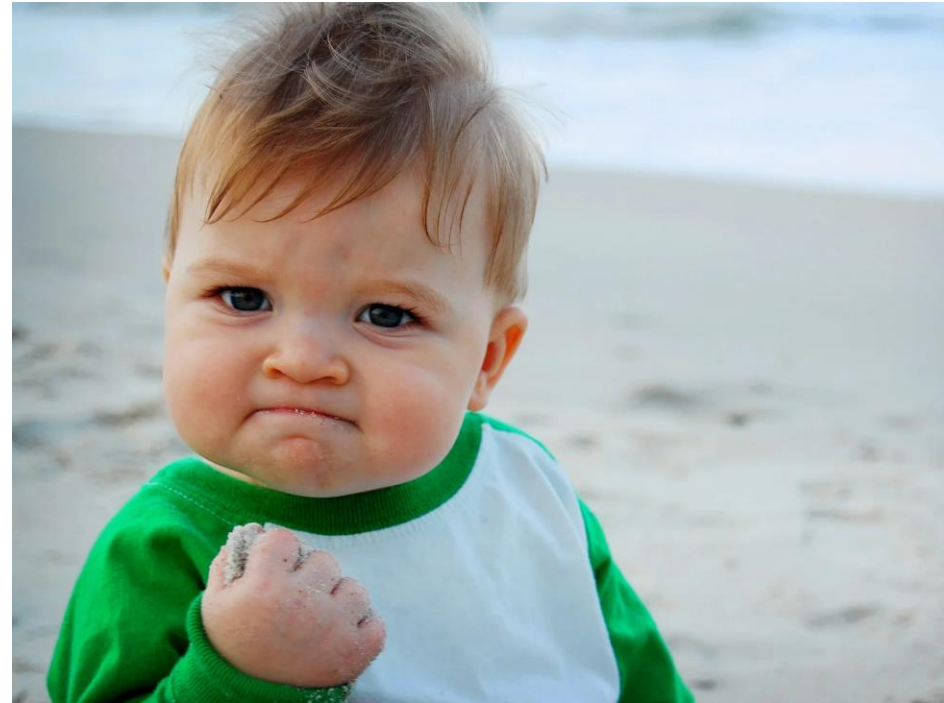
- Formed an internal work team (clinical and research)
- Looked for other state research
 - Analyzed how states such as California, Oregon, Washington, and various states approached Palliative Care for their population
- Met with palliative care program leaders in Colorado
 - Met with practitioners
 - Met with Department of Health officials
 - Surveyed Palliative programs across the state on experiences

Challenges and Opportunities

- Rural vs urban challenges for delivery of services
- Payment under the FFS system
- Who the care team should consist of at minimum
- Reimbursing for evidence based models only (Palliative vs. end of life/hospice)
- Desire to only reimburse evidence based models
- How to better educate patients and providers on benefits of Palliative Care and the services offered
- Care continuum models
- How to measure outcomes and quality of care delivered

Latest Update

- Project on hold due to COVID-related budget reductions



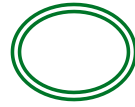


Question & Answer



To ask a question, please use the 'Q&A' feature.

Thank You!



Thank you for joining this webinar!

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