

# Webinar: States' Promising Practices to Improve Care of Serious Illness

*May 15, 2025*



NATIONAL ACADEMY  
FOR STATE HEALTH POLICY

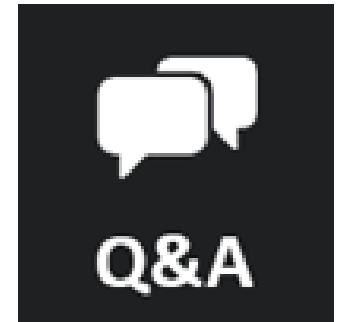


The  
John A. Hartford  
Foundation

[nashp.org](https://nashp.org)

# 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





# Agenda

- **Welcome**

Wendy Fox-Grage, Senior Director, the National Academy for State Health Policy (NASHP)  
Scott Bane, JD, MPA, Senior Program Officer, The John A. Hartford Foundation

- **CAPC Scorecard**

Stacie Sinclair, MPP, Associate Director, Policy and Care Transformation, Center to Advance Palliative Care (CAPC)

- **Kansas 2024 Palliative Care Report**

Douglas Neal, MPH, Palliative Care Program Manager, Kansas Department of Health and Environment  
Kate Shoemaker, LMSW, AHPSW-C, Palliative Care Social Worker, University of Kansas Health System

- **The Minnesota Approach to Palliative Care**

Mary Olsen Baker, MSG, MPA, Manager, Quality Assurance and Information Unit, Minnesota Department of Human Services

- **Q&A**

# Welcome

## Wendy Fox-Grage

Senior Director

National Academy for State Health Policy

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# Welcome

**Scott Bane**

Senior Program Officer

The John A. Hartford Foundation



# 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.



# NASHP Palliative Care Resources

*available at [nashp.org/palliative-care](https://nashp.org/palliative-care)*

- [50-state trackers](#) on palliative care advisory councils, information/education programs, and legislation/budgetary action
- [State Resource Guide](#) on connecting patients to palliative care, supporting a palliative care workforce, and paying for palliative care
- Brief: [State Palliative Care Advisory Councils Are Advancing Serious Illness Care](#)
- [Additional resources](#) on educating the public about palliative care, building a palliative care benefit, and state palliative care policies and programs
- Subscribe to NASHP's [palliative care newsletter](#) to stay up to date!

# States' Promising Practices to Improve Care of Serious Illness

Center to  
Advance  
Palliative Care™

capc

# Serious Illness in America

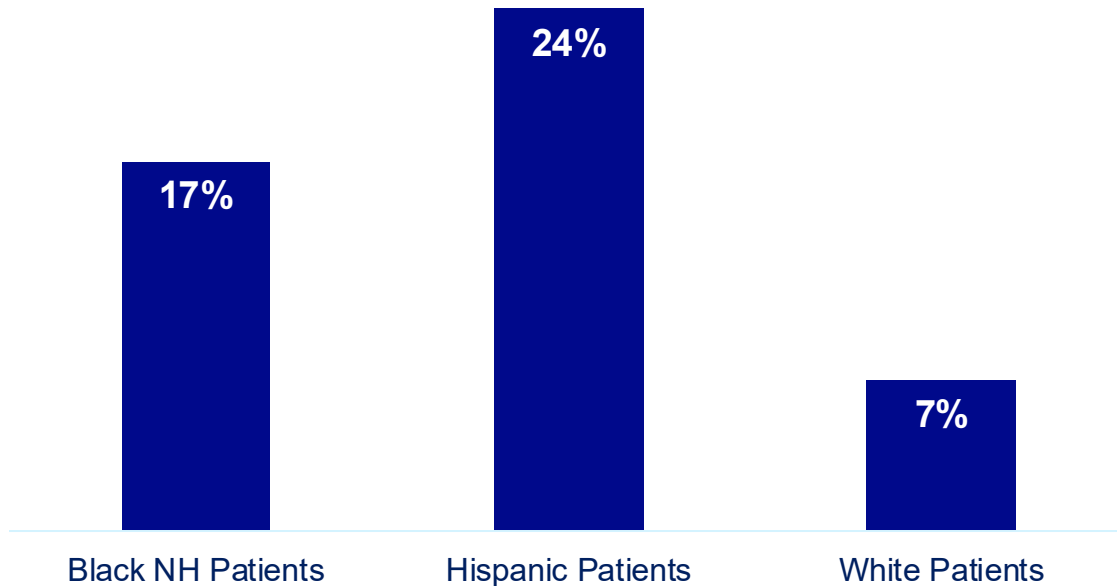
- Serious illness is a health condition that carries a high risk of mortality AND either negatively impacts a person's daily function or quality of life, OR excessively strains their caregivers (Kelley, 2018)
- Examples include metastatic cancer, heart failure, kidney failure, advanced dementia, and frailty
- At least 13 million adults and approximately 700,000 children are living with a serious illness today

# Families facing serious illness often do not get what they need from the US health care system

- **Poor communication with clinicians**
  - Misunderstanding of prognosis
  - Little information on 'what to expect' with their illness
  - Treatment decisions not informed by patient values and goals
- **Poor pain and symptom management**
  - Pain and other symptoms drive the majority of emergency department visits
- **Significant burden on family caregivers**
  - More than 1/5 of Americans are caregivers
  - Impacts physical health, psychological well-being, and financial circumstances

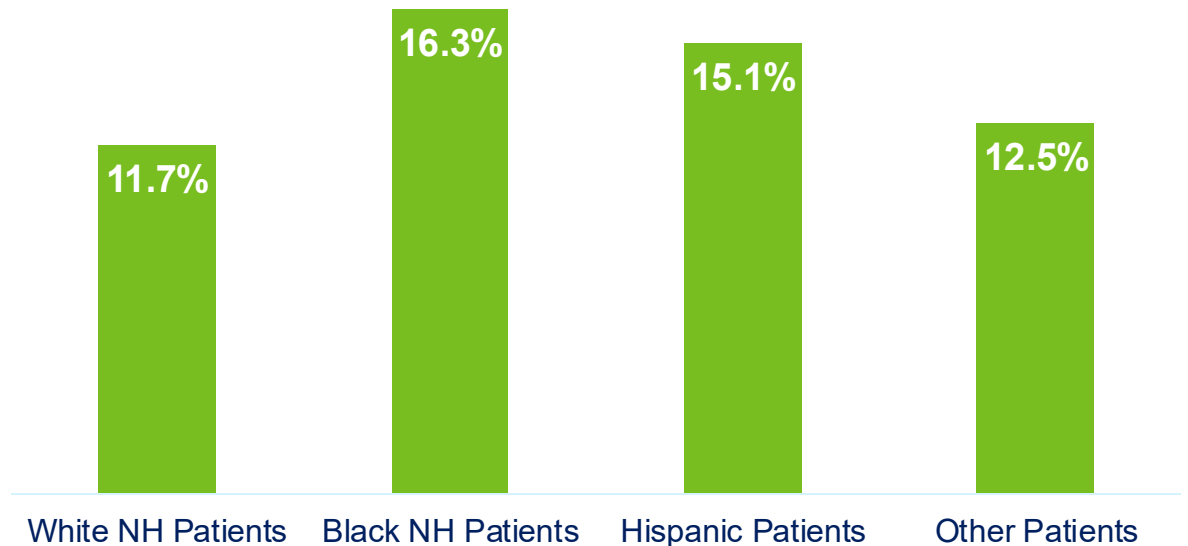
# Care Experiences for People Living with Serious Illness

Older Adults Reporting Never Having Their Preferences Considered



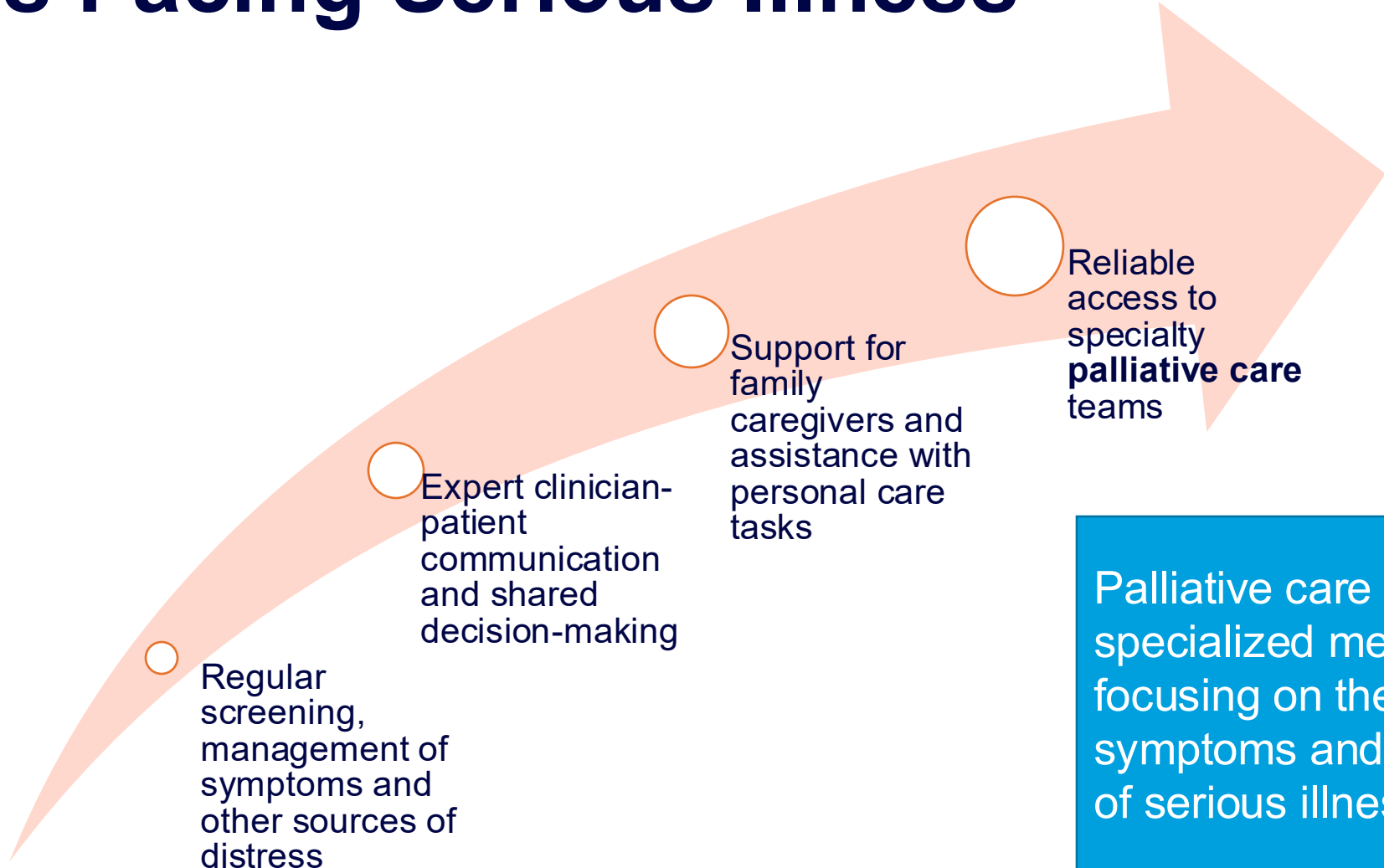
Source: Community Catalyst 2022

More than 1 ED Visit, Last Month of Life One Year Post-Diagnosis



Source: Karanth J Thorac Onc 2018

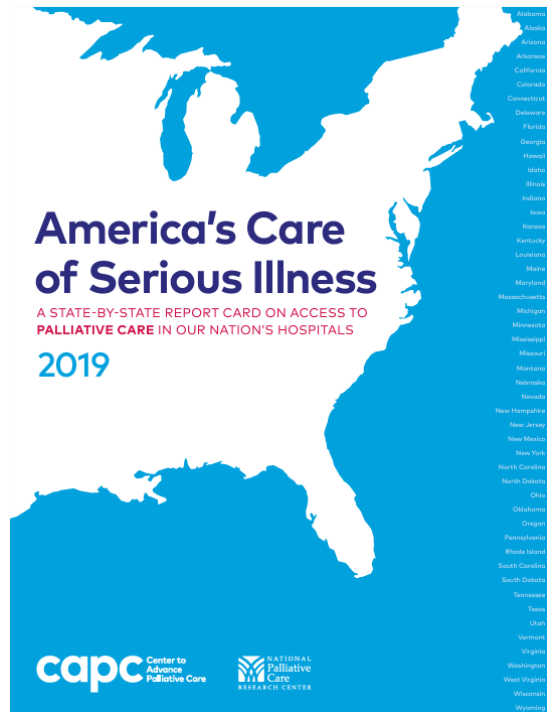
# Key Factors in High-Quality Care for Families Facing Serious Illness



Palliative care is specialized medical care focusing on the symptoms and stresses of serious illness

# The Serious Illness Scorecard Builds on the Prior CAPC “State by State Report Card”

- The Report Card measured prevalence of hospital-based palliative care programs in each state
- Four editions between 2006 and 2019
- Inpatient palliative care access had grown dramatically, but is now leveling off
- Palliative care now extends well beyond the 4 hospital walls
- The broader health care system continues to adopt palliative care principles and practices



# CAPC has evaluated each state's capacity to deliver high-quality care to people with serious illness

Home Summary Key Findings Ratings Recommendations Figures State Reports About Contact

## America's Readiness to Meet the Needs of People with Serious Illness

2024 SERIOUS ILLNESS SCORECARD:  
A STATE-BY-STATE LOOK AT PALLIATIVE CARE CAPACITY

[How does your state rate?](#) [How can I improve my state's rating?](#)

[Download the full report](#)

**capc** Center to Advance Palliative Care™

# The Serious Illness Scorecard Uses Ten Variables Across Five Domains

## Specialty Palliative Care Availability

- Proportion of state's hospitals (> 50 beds) with self-reported palliative care program or unit
- Count of state's certified hospice and palliative care professionals per 100,000 population

## Payment for Palliative Care Services

- Existence of state legislation or regulation expanding payment for specialty palliative care (adult or pediatric)
- Existence of unique services for enrollees with serious illness at the state's largest health insurance provider

## Structured Champions, Advocacy, and Support

- Existence of active state palliative care advisory council
- Existence of regional, state, or local palliative care coalition (adult or pediatric)

## Building Skills Outside Specialty Palliative Care

- Existence of relevant medical and/or nursing continuing education requirements
- Count of clinicians who completed at least one CAPC course per 10,000 clinicians in the state

## Foundation for Functional and Caregiver Support

- Existence of Medicaid Waiver for Children with Serious Illness
- AARP Long-Term Services and Supports (LTSS) Scorecard ranking

# High-Performing States by Domain

Specialty Palliative Care Availability	Payment for Palliative Care Services	Structured Champions, Advocacy, & Support	Building Skills Outside Specialty Palliative Care	Foundation for Functional and Caregiver Support
<ol style="list-style-type: none"> <li>1. Alaska</li> <li>2. Colorado</li> <li>3. Connecticut</li> <li>4. Delaware</li> <li>5. Maine</li> <li>6. Maryland</li> <li>7. Massachusetts</li> <li>8. Minnesota</li> <li>9. Nebraska</li> <li>10. New Hampshire</li> <li>11. New York</li> <li>12. North Dakota</li> <li>13. Ohio</li> <li>14. Oregon</li> <li>15. Pennsylvania</li> <li>16. Rhode Island</li> <li>17. South Dakota</li> <li>18. Vermont</li> <li>19. Washington</li> </ol>	<ol style="list-style-type: none"> <li>1. California</li> <li>2. Colorado</li> <li>3. Florida</li> <li>4. Hawaii</li> <li>5. Maine</li> <li>6. Massachusetts</li> </ol>	<ol style="list-style-type: none"> <li>1. Alabama</li> <li>2. Illinois</li> <li>3. Louisiana</li> <li>4. Maryland</li> <li>5. Massachusetts</li> <li>6. Minnesota</li> <li>7. Montana</li> <li>8. New Jersey</li> <li>9. Oregon</li> <li>10. Texas</li> </ol>	<ol style="list-style-type: none"> <li>1. Alaska</li> <li>2. Connecticut</li> <li>3. Iowa</li> <li>4. Kentucky</li> <li>5. Michigan</li> <li>6. New Hampshire</li> <li>7. New Jersey</li> <li>8. New Mexico</li> <li>9. New York</li> <li>10. Ohio</li> <li>11. Oregon</li> <li>12. Pennsylvania</li> <li>13. Rhode Island</li> <li>14. Vermont</li> <li>15. Virginia</li> </ol>	<ol style="list-style-type: none"> <li>1. Alaska</li> <li>2. Arizona</li> <li>3. California</li> <li>4. Colorado</li> <li>5. Connecticut</li> <li>6. Delaware</li> <li>7. Illinois</li> <li>8. Iowa</li> <li>9. Maryland</li> <li>10. Minnesota</li> <li>11. Nebraska</li> <li>12. New Mexico</li> <li>13. New York</li> <li>14. North Dakota</li> <li>15. Oregon</li> <li>16. Wisconsin</li> </ol>

# Reflections on State Performance in 2024

- Encouraging to see more high performers than low performers
- In many cases, states with structures for advocacy and/or education performed better
- Unsurprisingly, payment for palliative care services was the worst-performing domain
  - Certain large private payers, such as Elevance and CVS/Aetna, helped to bolster some states
- Long-term services and supports for both adults and children are getting stronger in some states

# Promising Practices in States

- ❑ Define palliative care in state policies
- ❑ Incorporate palliative assessments into existing Medicaid programs
- ❑ Explore Medicaid reimbursement for community-based palliative care
- ❑ Establish/expand loan forgiveness for palliative care professionals
- ❑ Incorporate palliative skills in continuing education requirements
- ❑ Provide grants to enable palliative care consultations to rural hospitals and FQHCs
- ❑ Add a palliative care module to the state risk surveillance system (BRFSS)
- ❑ Establish a palliative care advisory council

# Success Factors

- Meaningful coordination across all interested parties
- Prioritize! What is the most pressing problem to solve?
- Understand current resources
  - Some states collect information on palliative care programs and specialists via survey
  - CAPC and NASHP have useful resources – no need to reinvent the wheel
- Plan for implementation

Menu ☰

# America's Readiness to Meet the Needs of People with Serious Illness


2024 SERIOUS ILLNESS SCORECARD:  
A STATE-BY-STATE LOOK AT PALLIATIVE CARE CAPACITY

How does your state rate?

How can I improve my state's rating?

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capc Center to Advance Palliative Care™



<https://scorecard.capc.org/>

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## State Policy in Palliative Care

Last Reviewed: December 13, 2024

Facebook X LinkedIn Email

State policymakers increasingly recognize the value of palliative care—not only to the local health care delivery system and state Medicaid programs, but also to employers and families. Palliative care is one of the few solutions that simultaneously improves care quality, reduces burden on family caregivers, and results in more cost-effective use of resources.



Some states have spearheaded policy initiatives to increase access to palliative care, but more needs to be done.

Use this toolkit to learn the issues and opportunities, explore recent state initiatives, and access guidance on implementation. If you are developing or have completed a successful state policy initiative related to palliative care and would like to share your work with other states, please contact [paymentandpolicy@capc.org](mailto:paymentandpolicy@capc.org).

### What's in the Toolkit

- The State-Level Palliative Care Policy Landscape +
- Getting Started at the State Level - Palliative Care Champions +



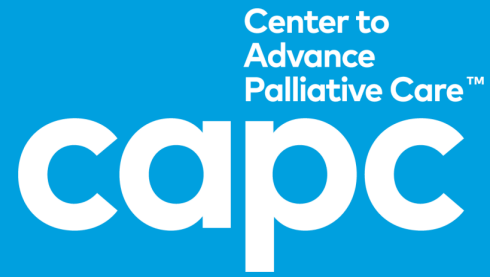
<https://www.capc.org/toolkits/state-policy-in-palliative-care/>

The screenshot shows the CAPC website homepage. At the top left is the CAPC logo. To its right is a navigation menu with links for Resources, Clinical Training, Connect, Events, Jobs, Membership, and About. Further right are search and user profile icons. The main header features a blue-tinted photograph of a diverse group of healthcare professionals in a meeting. Overlaid on this image is the text: "Welcome to the Center to Advance Palliative Care". Below this, a white box contains the text: "Celebrating 25 years of providing essential tools, training, technical assistance, and connection for all clinicians caring for people with a serious illness." To the right of this box is another white box with the heading "Looking for resources for people living with serious illness?" and the text "Visit GetPalliativeCare.org to learn more about palliative care and where to find it in your area." Below the main header is a section titled "What's New at the Center to Advance Palliative Care" with the subtext "Events, ideas, and resources for improving the care of people living with a serious illness." At the bottom left of this section is a blue button labeled "CLINICAL TRAINING COURSE". At the bottom right is a circular icon with a bird and a red notification bubble containing the number "8".

<https://www.capc.org/>

The screenshot shows the Get Palliative Care website homepage. At the top is a navigation menu with links for Home, About, Donate, and Search. To the right are social media icons for Facebook, Twitter, and YouTube, along with a language selector showing "EN". The main header features a photograph of an elderly woman smiling and hugging a young girl. Overlaid on the right side of the image are two buttons: a blue one labeled "Access the Provider Directory" and a purple one labeled "Handout for Patients and Families" with a PDF icon. Below the image is a text block: "Are you or a loved one living with a serious illness? Palliative Care can help. Palliative care is specialized medical care focused on relieving the symptoms and stress of a serious illness. It is appropriate at any age and at any stage, and you can have it along with curative treatment. The goal is to improve your quality of life." Below this text is a section titled "The Latest" with a list of links: "Articles & Stories", "Videos", "Podcasts", "Webinars", and "News".

<https://getpalliativecare.org/>



## **Stacie Sinclair**

Associate Director, Policy and Care Transformation

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PALLIATIVE CARE



# 2024 Palliative Care Annual Report



# 2024 Palliative Care Report

In April 2023, the Council published a 5-Year Palliative Care State Plan outlining four priority areas and recommendations to improve the care of Kansans with serious illness. Over the past year, the Council has worked to publicize those priority areas, build collaborative relationships with partners in the community, and engage legislative interest to move priorities forward.

The Council and its community collaborators organized their efforts through work groups focused on access (including emergency preparedness and disaster planning), education and health care workforce training (education and workforce), and public and community awareness.

## **ACCESS**

**State Plan Recommendation 1: Make permanent changes to broaden access to telehealth services.**

**State Plan Recommendation 2: Increase the number of certified palliative care clinicians.**

**State Plan Recommendation 3: Improve reimbursement of the entire interdisciplinary team.**

**State Plan Recommendation 4: Develop a task force to determine the feasibility of statewide assessment to understand the magnitude of seriously ill populations for appropriate resource allocation.**

## **EDUCATION AND HEALTH CARE WORKFORCE TRAINING**

**State Plan Recommendation 1: Increase primary palliative care education in the current workforce caring for individuals with serious illness.**

**State Plan Recommendation 2: Increase palliative care training in the future workforce caring for those with serious illness.**

**State Plan Recommendation 4: Improve access to community and home-based services for individuals with serious/chronic illnesses.**

## **EDUCATION AND HEALTH CARE WORKFORCE TRAINING (cont.)**

### **Work Group Challenges**

While we acknowledge the need for more mechanisms to collect and retrieve data regarding the use of palliative care, we are committed to finding innovative solutions. Building resources to understand where our certified clinicians, practicing interprofessional colleagues, and interprofessional aspirants in providing palliative care are in Kansas is a priority.

### **Ongoing Work Group Recommendations**

- Create didactic and practical educational resources that health systems and schools can use in the interprofessional setting for both currently practicing colleagues and academic programs.
- Build a database of interprofessional individuals providing palliative care services across Kansas.
- Create educational resources for community members and caregivers to reduce the burden of caregiving.

## **PUBLIC AND COMMUNITY AWARENESS**

**State Plan Recommendation 1: Engage and inform Kansans about palliative care with emphasis on how it is differentiated from hospice and the positive impacts of palliative care at any stage of illness.**

**State Plan Recommendation 2: Ensure that key palliative care knowledge is integrated into all communities, including the medically underserved, using culturally and linguistically inclusive and appropriate communication principles.**

## **PUBLIC AND COMMUNITY AWARENESS (cont.)**

### **Work Group Challenges**

Palliative care is often misunderstood by both the public and health care professionals, which can create barriers to accessing this valuable type of care. To improve understanding, it is essential to implement ongoing and innovative strategies that effectively address public perceptions across diverse populations.

### **Work Group Future Goals:**

- Finalize the Kansas Palliative Care Roadmap resource.
- Focus on directed palliative care media campaigns for September's National Healthy Aging Month and April 16, which is National Healthcare Decisions Day in 2025.
- Launch four to five Project ECHO sessions in spring 2025, as well as an innovative remote mentoring program designed to bring together health care providers and subject matter experts representing the full interdisciplinary team to enhance the provision of primary palliative care in Kansas. We also want to influence public perception of palliative care throughout Kansas.
- Combine efforts with our Education and Health Care Workforce Training work group to address overlapping issues.

## **Conclusion and Acknowledgments**

The Palliative Care and Quality of Life Interdisciplinary Advisory Council respectfully submits this annual report for consideration and acknowledgment of the efforts of its members and the network of community collaborators we have built over the past year. There is much work yet to be done. Support for these efforts is of paramount importance as our population ages and lives with ever higher burdens of serious illness.

One of the challenges we face as a council is the pace of legislative appointments. Late in 2024, three of the nine appointed council members with voting privileges will reach their maximum term limit. Only two of the nine will be actual appointees. The others consist of one vacancy and four pending legislative appointments, with some waiting for two years. The council is concerned about its ability to make progress while experiencing these limitations.

## **Dedication**

This annual report is dedicated to the memory of Mr. Eugene Ralph “Gene” Jones III, Liberal, Kan., and his caregiving wife and best friend, Sharon. During their most challenging experiences, they chose to share their perspective to benefit all Kansans living with and caring for those with serious illness. We offer our warmest regards to the Jones family.



## Thank you/Questions

**Kate Shoemaker**

LMSW, AHPSW-C

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# The Minnesota Approach to Palliative Care

## Building Provider Capacity Across the Services Spectrum

May 15, 2025

NASHP Webinar on Palliative Care Initiatives Across States

# Mary Olsen Baker

Quality assurance & improvement manager

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Aging and Adult Services Division, Minnesota  
Department of Human Services

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[mn.gov/dhs](http://mn.gov/dhs)

[mn.gov/board-on-aging](http://mn.gov/board-on-aging)





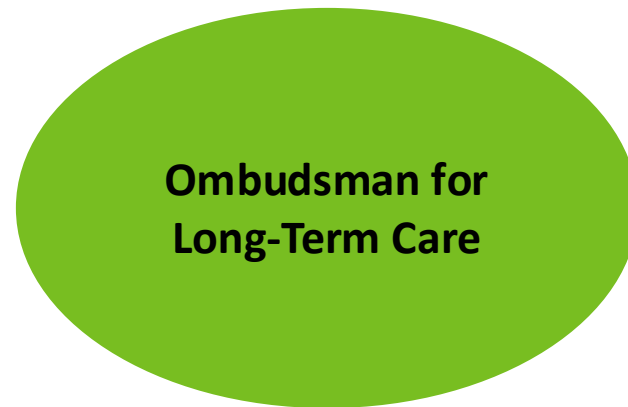
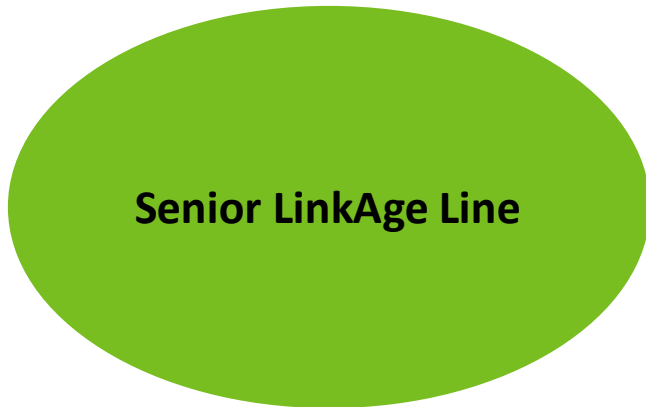
**Minnesota Board on Aging** is a 25-member, Governor-appointed board. The Board works to ensure that older Minnesotans and their families are effectively served by state and local policies and programs, so they can age well and live well.

**Aging and Adult Services Division of MN Department of Human Services** administers state and federal programs that provide protective services, supportive assistance, and alternative housing arrangements for older persons and vulnerable adults.

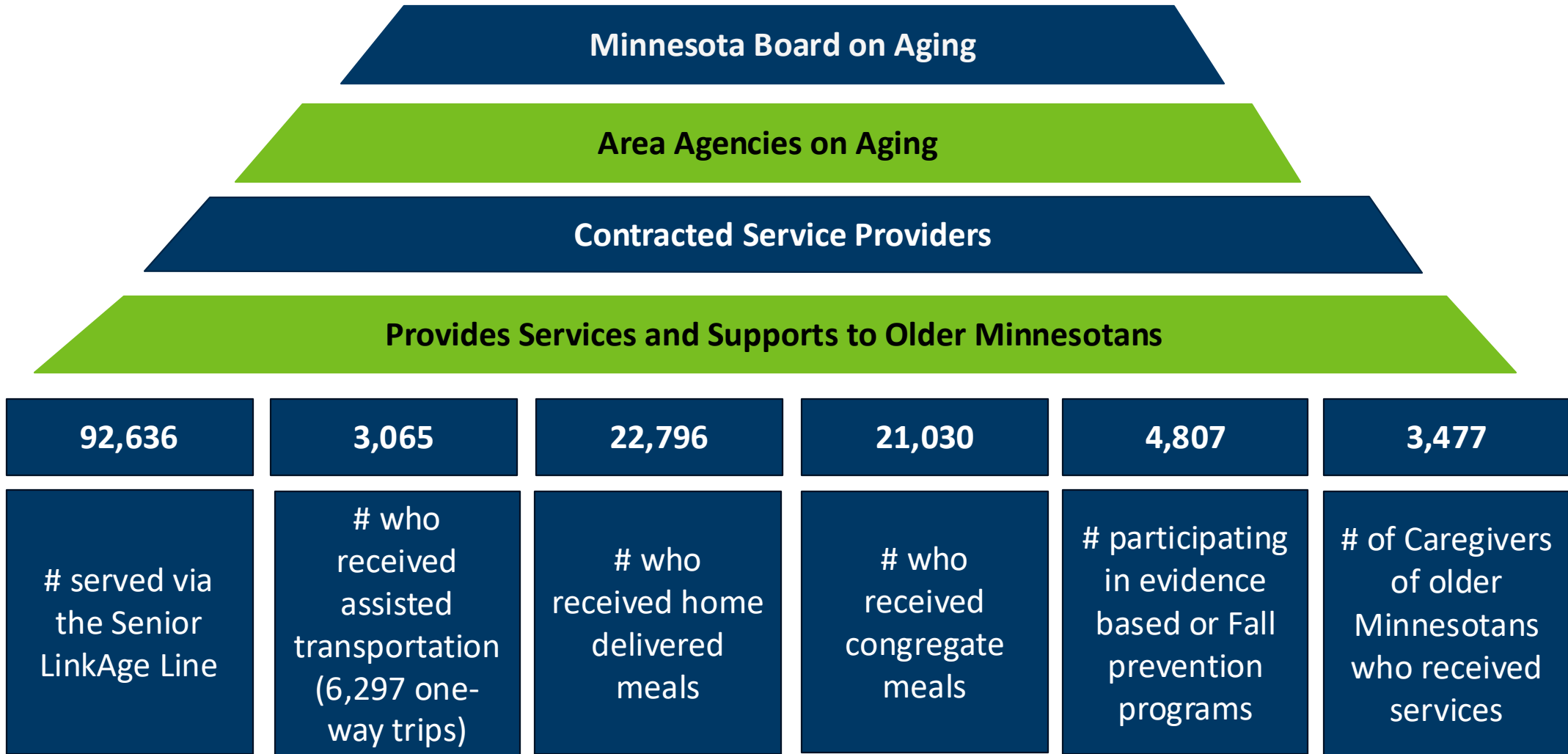
# Services across the spectrum

**OAA: 256,358**  
individuals served  
FFY 2023

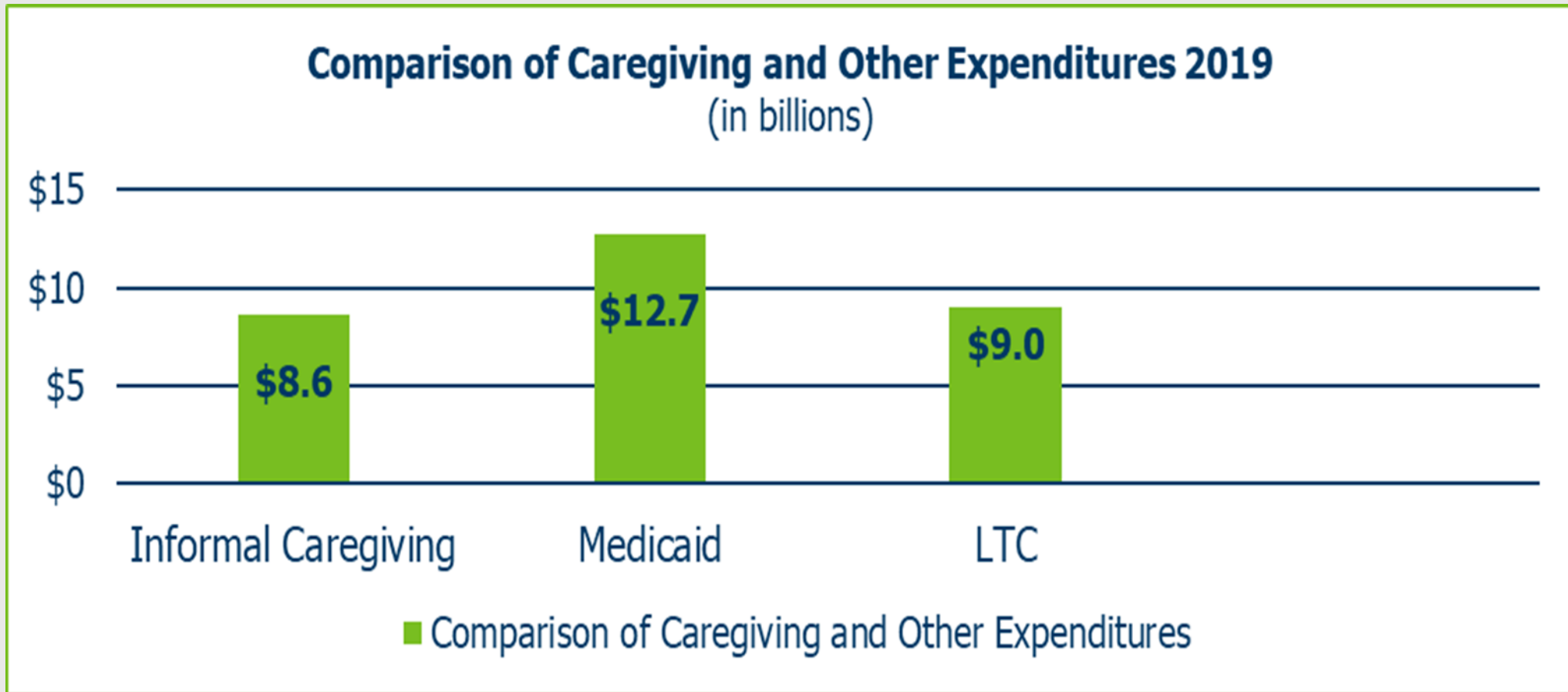
**AASD: 49,628**  
individuals served  
Jan 2023



# Minnesota's approach to building capacity



# Family, Friends and Neighbors Caregiving



# Flexibility in Minnesota Medicaid program

## Consumer or Self-directed Service model

- Allows older adults to choose and design their support and services
- An option available across the services spectrum
- Works well for those whose needs are unique or cannot be met thru the traditional service delivery model

## Under OAA Title III

- Caregivers can be offered respite and nutrition interventions
- AAAs working with service providers offer care consultation and access to SDS grants

[\\*Consumer-directed community supports / Minnesota Department of Human Services \(mn.gov\)](#)

# Live Well at Home grants

Are state-funded community grants

Help Minnesota communities

- Be age-friendly
- Improve chronic disease management
- Expand service capacity by linking formal and informal services
- Support caregivers and promote independence

[\\*Live Well at Home Grants / Minnesota Department of Human Services \(mn.gov\)](#)

# Minnesota Palliative Care Advisory Council

## ABOUT

Established in 2017 by Minnesota Legislature to do three things:

1. assess the availability of palliative care in Minnesota,
2. analyze barriers to greater access to palliative care, and
3. recommend language for legislative action with draft legislation to implement the recommendation

Members are professionals

- with a variety of palliative care experiences
- work in a variety of settings

\*[www.health.state.mn.us/people/palliative/](http://www.health.state.mn.us/people/palliative/)

# MN Palliative Care Advisory Council Success and Status

1. Accurate definition of Palliative Care added to Minnesota State law August 2022 (but not as a stand-alone statute)
2. Recommended palliative care core services for Minnesota were developed
3. Continues to educate on their recommendations through meetings and presentations to stakeholder groups, including presentation at Minnesota Cancer Alliance Cancer Summit in 2023.
4. Developing draft legislation to establish the community-based palliative care benefit in partnership with leaders from the Minnesota Palliative Care Coalition

# MN Palliative Care Advisory Council

## Set of core services

- Who is eligible to receive palliative care services
- Where palliative care can be provided, e.g., care settings
- What medical and supportive needs means
- Who is part of the medical interdisciplinary team (IDT)
- How the core services may be structured in a tiered benefit which supports and maximizes a variable payment and reimbursement mode

[\\*2024 Palliative Care Report \(state.mn.us\)](#)

**Reaching older adults and family caregivers further upstream thru ...**

**Partners:** Area Agencies on Aging, Counties, Tribal Nations, Managed Care Organizations

**No wrong door approach:** Senior LinkAge Line, Office of Ombudsman for Long-Term Care, MN Adult Abuse Reporting Center, working together

**Building provider capacity:** Support from all our partners, and an approach that taps all revenue streams, including private pay

# Opportunities

- Building capacity to support in-home service innovation
- Investing in small, non-profit providers in rural areas
- “Solos” ~ older adults without family caregivers ~ who fall thru the cracks
- Be age-friendly ~ organization, community, and state-wide

# Our goals for serving older Minnesotans

**Goal 1:** Advance **equity** and eliminate disparities, while empowering diverse communities, and respecting the sovereignty of Tribal Nations

**Goal 2:** Make **aging in community** truly possible for all Minnesotans

**Goal 3:** Support families, friends and neighbors in sustaining their **caregiving** roles

**Goal 4:** Promote and support **healthy aging** for all Minnesotans

**Goal 5:** Dismantle ageism, and promote older adult **rights, autonomy and protection**

Thank you!

# Q&A



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# Thank you!

**And thank you to The John A. Hartford Foundation for making this webinar possible!**

**Please fill out the webinar evaluation so we can continue to improve.**



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