State-Level Interventions to Expand Access to Palliative Care

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Judy Thomas, JD

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Objectives

- Participants will be able to:
  - Describe the importance of state-level activity in expanding access to palliative care and the role of local collaborations;
  - Discuss examples of different approaches to integrating palliative care across all payers, including Medicare and Medicaid, such as pilot programs and demonstrations;
  - Identify opportunities to participate in state-level palliative care efforts.

Agenda

- Background on importance of state-level initiatives, overview of policy and non-policy levers.
- Examples of promising state-level initiatives.
- Discussion of lessons learned.
- Q&A

Stacie Sinclair, MPP, LBSW

INTRODUCTION

States Need Palliative Care

- Federal policymakers increasingly shifting risk and responsibility for health care to states
- States are primary insurers of long-term care (Medicaid), cover large percentage of care for serious ill children (Medicaid, CHIP)
- Palliative care improves patient and caregiver quality of life and reduces overall cost

Benefits of State-Level Initiatives

- Knowledge of key stakeholders
- Focused needs assessment
- Better understanding of the population, opportunities, gaps, resources
- Local solutions
- Greater flexibility to experiment, change direction if needed

Different Ways to Approach State-Level Change

- Independent Activities
  - Coalition building
  - Education
  - Awareness
- Policy Activities
  - Advocacy
  - Legislation
  - Regulation

Judy Thomas, JD
James Mittelberger, MD, MPH, FACP, FAAHPM

CALIFORNIA INITIATIVES

COALITION FOR COMPASSIONATE CARE OF CALIFORNIA

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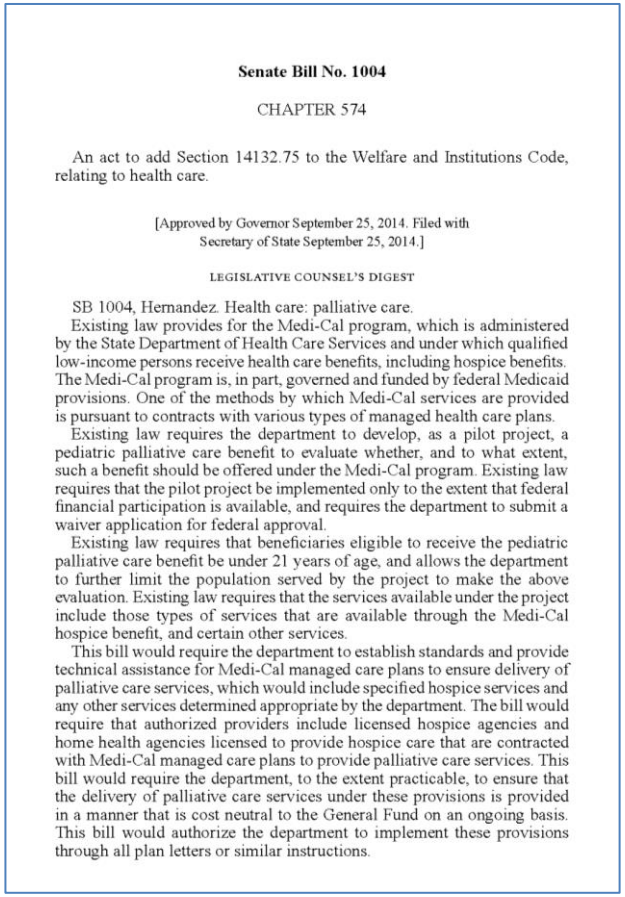
The Challenge: How to make access to high quality palliative care available, equitable and consistent

Strategy:

- ➔ Establish consistent standards for palliative care
- ➔ Help multiple payers build community models using these standards

SB 1004

➔SB 1004 (Statutes of 2014, Chapter 574)



Senate Bill No. 1004

CHAPTER 574

An act to add Section 14132.75 to the Welfare and Institutions Code, relating to health care.

[Approved by Governor September 25, 2014. Filed with Secretary of State September 25, 2014.]

LEGISLATIVE COUNSEL'S DIGEST

SB 1004, Hernandez. Health care: palliative care.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive health care benefits, including hospice benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid provisions. One of the methods by which Medi-Cal services are provided is pursuant to contracts with various types of managed health care plans.

Existing law requires the department to develop, as a pilot project, a pediatric palliative care benefit to evaluate whether, and to what extent, such a benefit should be offered under the Medi-Cal program. Existing law requires that the pilot project be implemented only to the extent that federal financial participation is available, and requires the department to submit a waiver application for federal approval.

Existing law requires that beneficiaries eligible to receive the pediatric palliative care benefit be under 21 years of age, and allows the department to further limit the population served by the project to make the above evaluation. Existing law requires that the services available under the project include those types of services that are available through the Medi-Cal hospice benefit, and certain other services.

This bill would require the department to establish standards and provide technical assistance for Medi-Cal managed care plans to ensure delivery of palliative care services, which would include specified hospice services and any other services determined appropriate by the department. The bill would require that authorized providers include licensed hospice agencies and home health agencies licensed to provide hospice care that are contracted with Medi-Cal managed care plans to provide palliative care services. This bill would require the department, to the extent practicable, to ensure that the delivery of palliative care services under these provisions is provided in a manner that is cost neutral to the General Fund on an ongoing basis. This bill would authorize the department to implement these provisions through all plan letters or similar instructions.

SB 1004 – Background

- Inspired by Pediatric Concurrent Care Waiver
- Legislative staff personal experience
- Initial language modeled after pediatrics
- Final language leveraged Medi-Cal Managed Care

SB 1004 – Provisions

- Recognized growth of managed care
- Implement through existing contracts
- Called for technical assistance
- Assumed cost neutral
- Access to palliative care

SB 1004 – Implementation

- Not self-implementing
  - Requires instructions to the plans
- Methods for communicating with plans
  - All Plan Letter
  - Medical Directors meetings
- Options
  - Contract interpretation
  - Contract amendment

SB 1004 – Issues

- Plan provide services or contract for services
- How is community-based palliative care defined
- Capacity of healthcare delivery system
- Stakeholder role and process

SB 1004 – Technical Assistance

- Funded by the California Health Care Foundation
- Several educational meetings
  - For managed care plans, providers & Medi-Cal
- Technical assistance series
  - Webinars, live trainings, resources
  - Five topics:
    - Estimating volume and baseline costs
    - Estimating care delivery costs
    - Evaluate capacity
    - Expand strategically
    - Gauge and promote success

SB 1004 – Status

- January 1, 2018 implementation date
- $50,000 per plan to support preparation

California Advanced Illness Collaborative (CAIC)

blue of california

COALITION FOR COMPASSIONATE CARE OF CALIFORNIA

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History of Collaboration

- California has long history of collaboration
  - Leadership
  - Stakeholder engagement
- Success story with POLST
  - Legislation, standardization, training
  - High-level policy combined with grassroots

CAIC Motive

- Problem
  - Community-based palliative is developing in a way that prevents scale
  - Boutique programs that work for limited patient populations
  - Providers having to customize program structure depending on insurance coverage

CAIC Motive

- Goal
  - Support consistent access to high quality palliative care
- Strategy
  - Establish High-level consensus standards for the essential elements of community-based palliative care
  - Support community-wide implementation of palliative care with multiple payers

CAIC Workgroup

Athena Chapman
California Association of Health Plans
Caroline Davis
Local Health Plans of California
Anastasia Dodson
California Department of Health Care Services
Torrie Fields, MPH
Blue Shield of California
Linda Gibson
Collabria Care
Kathleen Kerr
Kerr Consulting
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California Health Care Foundation
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Coalition for Compassionate Care of California
Marcus Thygeson, MD, MPH
Blue Shield of California
Ashby Wolfe, MD
Centers for Medicare and Medicaid Services
Ann Zisser, RN
Anthem, Inc.

CAIC Consensus Standards

- Patient Eligibility
- Essential Services
- Palliative Care Providers
- Disenrollment Criteria
- Payment Models
- Measurement & Reporting

Next Step

- Pilot use of the CAIC Consensus Standards
  - Multiple payers and multiple providers
  - Two geographic communities

Thank You!

Judy Thomas, JD

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COLORADO INITIATIVES

Higher Quality. Lower Cost. A Healthier Colorado.

CENTER FOR IMPROVING VALUE IN HEALTH CARE

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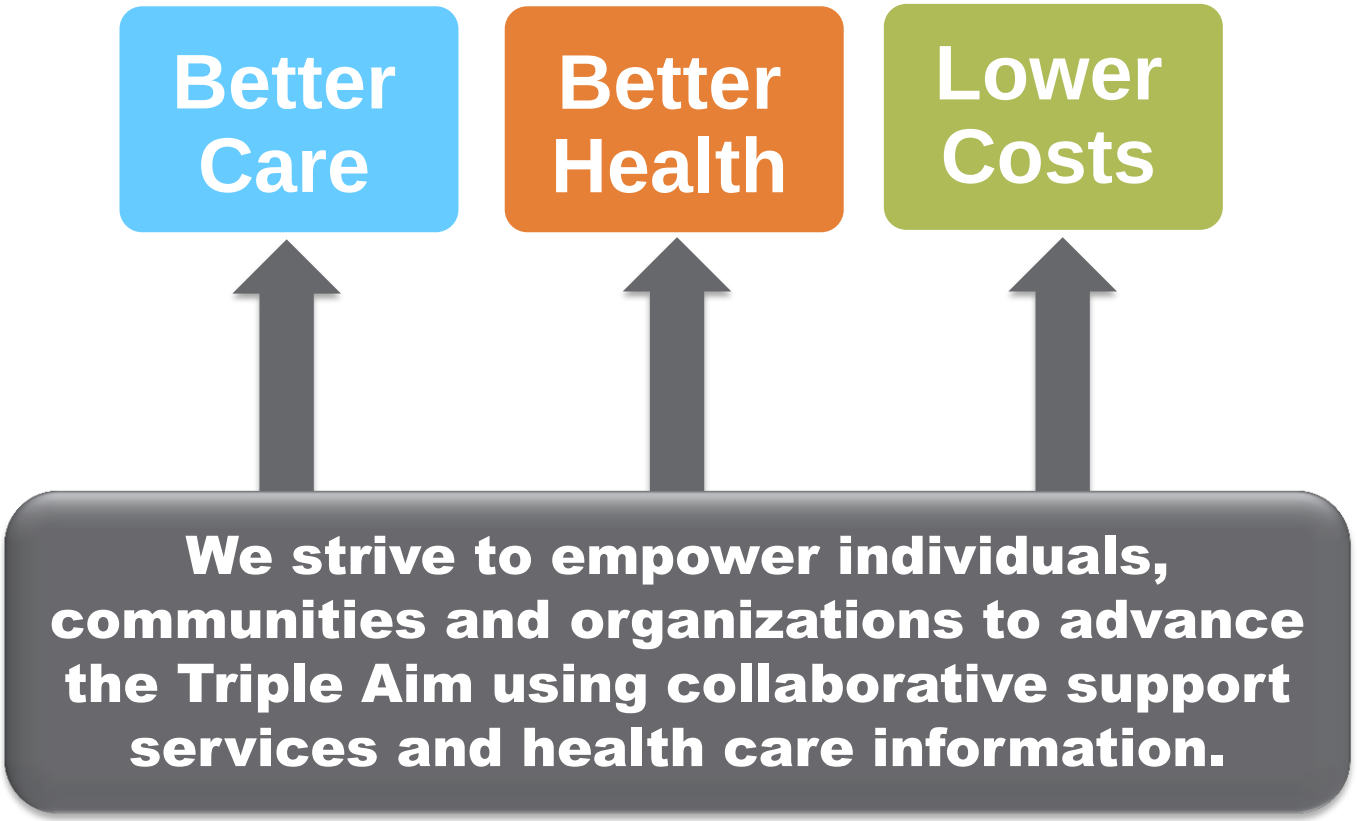
Who We Are

➔Non-profit, objective organization



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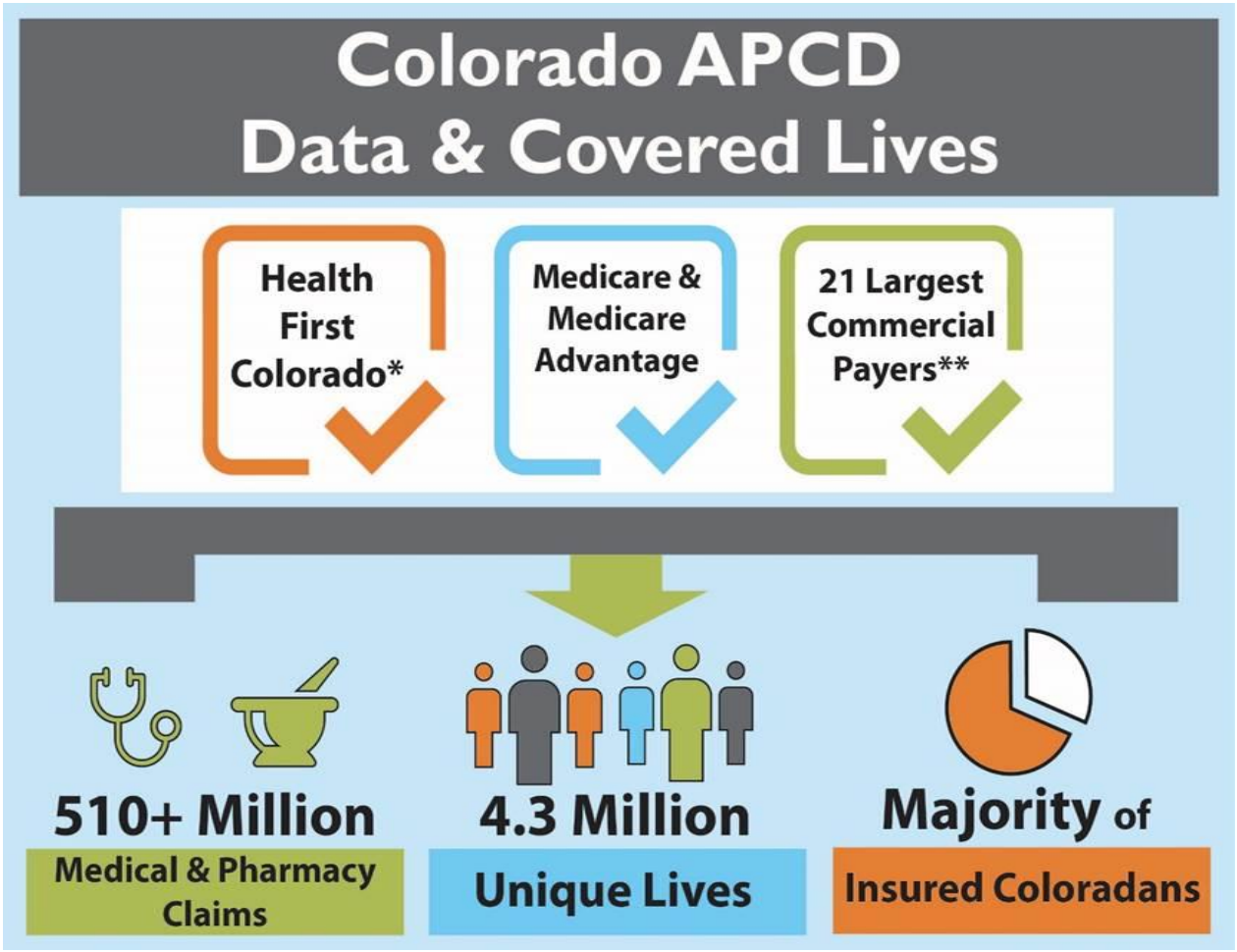
Represents Majority of Coloradans



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History of CIVHC Palliative Care

- **2009:** Task Force established
  - Jean Kutner, MD, CUSOM/UCH – chair
  - Over 40 members representing palliative care and hospice providers, consumers and affiliated organizations
- **2010:** Task Force developed recommendations for advancing quality palliative care in Colorado
  - Many in progress or completed – highlights follow
- **2015:** Concluded Task Force, evaluating new goals and funding
- **2016:** Palliative Care Town Halls to evaluate community priorities and needs
- **2016-2017:** Established working groups for: Advance Care Planning, Reimbursement, Policy, and Provider Outreach and Education

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Task Force Actions (2009-2015)

- **Increase #/% of patients receiving high-quality palliative care**
  - State of Palliative Care in Colorado 2013
- **Increase #/% of long-term care patients receiving palliative care**
  - *Palliative Care Best Practices: A Guide for Long-Term Care and Hospice; educational webinars hosted by CIVHC and Life Quality Inst.*
- **Create expedited process for hospice admissions**
  - Amended procedures to allow patients immediate access to hospice in nursing facilities without waiting for review and approval process to complete
- **Develop (with Center for Hospice and Palliative Care) regulatory definition/standards for licensure, public reporting**
  - Approved by State Board of Health; adopted Spring 2014
- **Create expedited process for hospice admissions**
  - Amended procedures to allow patients immediate access to hospice in nursing facilities without waiting for review and approval process to complete (PASSR)

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State of Palliative Care in Colorado Findings

- Percentage of **hospitals** with palliative care programs has stayed the same (2008-2013)
  - 5 fold increase in palliative care consults
  - Hospitals with programs are using them more
- Percent of **hospices** offering palliative care has increased
  - 4 fold increase in palliative care consults
  - More programs are offering palliative care and existing programs have likely increased usage
- Variation in the number of consults may indicate large variations in what is being provided as palliative care

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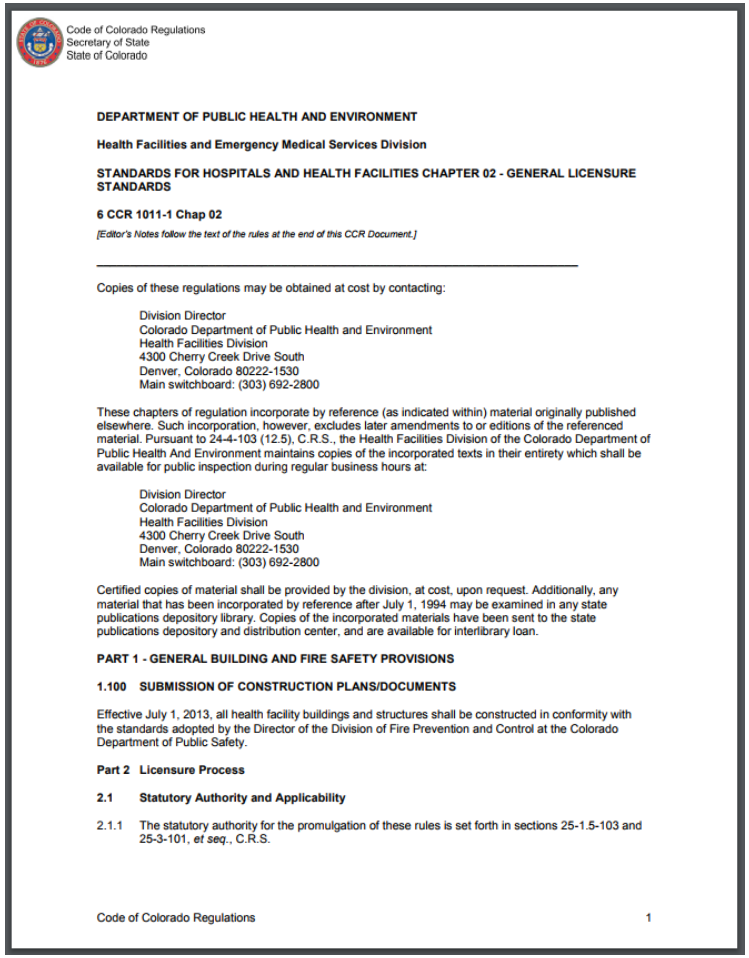
State Definition

Palliative care is 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.



Code of Colorado Regulations
Secretary of State
State of Colorado

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Health Facilities and Emergency Medical Services Division

STANDARDS FOR HOSPITALS AND HEALTH FACILITIES CHAPTER 02 - GENERAL LICENSURE STANDARDS

6 CCR 1011-1 Chap 02

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

Copies of these regulations may be obtained at cost by contacting:

Division Director
Colorado Department of Public Health and Environment
Health Facilities Division
4300 Cherry Creek Drive South
Denver, Colorado 80222-1530
Main switchboard: (303) 692-2800

These chapters of regulation incorporate by reference (as indicated within) material originally published elsewhere. Such incorporation, however, excludes later amendments to or editions of the referenced material. Pursuant to 24-4-103 (12.5), C.R.S., the Health Facilities Division of the Colorado Department of Public Health And Environment maintains copies of the incorporated texts in their entirety which shall be available for public inspection during regular business hours at:

Division Director
Colorado Department of Public Health and Environment
Health Facilities Division
4300 Cherry Creek Drive South
Denver, Colorado 80222-1530
Main switchboard: (303) 692-2800

Certified copies of material shall be provided by the division, at cost, upon request. Additionally, any material that has been incorporated by reference after July 1, 1994 may be examined in any state publications depository library. Copies of the incorporated materials have been sent to the state publications depository and distribution center, and are available for interlibrary loan.

PART 1 - GENERAL BUILDING AND FIRE SAFETY PROVISIONS

1.100 SUBMISSION OF CONSTRUCTION PLANS/DOCUMENTS

Effective July 1, 2013, all health facility buildings and structures shall be constructed in conformity with the standards adopted by the Director of the Division of Fire Prevention and Control at the Colorado Department of Public Safety.

Part 2 Licensure Process

2.1 Statutory Authority and Applicability

2.1.1 The statutory authority for the promulgation of these rules is set forth in sections 25-1.5-103 and 25-3-101, *et seq.*, C.R.S.

Code of Colorado Regulations 1

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State Palliative Care Standards

Palliative care shall address the comprehensive needs of patients and families. A health care entity that provides palliative care shall document that its care meets the following criteria:

1. **Assessing and managing the patient's pain and other distressing symptoms;**
2. **Addressing goals of care and advance care planning;**
3. **Attending to the psychological and spiritual needs of the patient and family;**
4. **Offering a support system to help the family cope during the patient's illness;**
5. **Assessing the need for bereavement support and offering resources as indicated.**

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CIVHC Community Workgroups

Advance Care Planning:

- Researching ACP registry possibilities, starting ACP resource hub, pursuing funding for additional work.

Reimbursement:

- Working to gain buy in for a Palliative Care Interim Committee to look at reimbursement patterns and recommend state action.
- Developing a Payer and Provider Summit to discuss needs, limitations, and next steps for success

Provider Outreach and Education:

- Collecting current approaches in use for provider education around ACP and palliative care.

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CIVHC Activities

- Total Cost of Care at End of Life:
  - Analysis looking at the health care costs and utilizations in the last year of life for all Colorado decedents from 2015.
  - Stratified by age, primary disease, payer, access to palliative services, etc.

- State of Palliative Care in Colorado 2017:
  - Seeking funding to replicate 2013 study to examine trends in palliative care access and delivery.
  - Expanding to engage with health systems and payers.

- Focus and drive workgroup actions

- Actively collaborate with national partners:
  - Use our data, analytics and engaged communities to work with national partners on conferences, presentations, and projects to drive the Triple Aim.

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Thank You!

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SOUTH CAROLINA INITIATIVES

Healthy Connections PRIME

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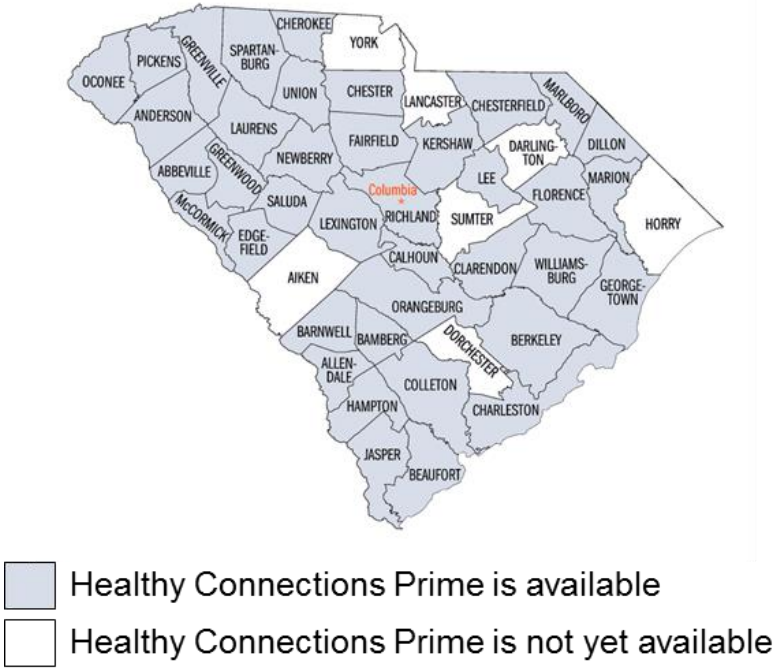
Healthy Connections Prime

South Carolina's Initiative

- Healthy Connections Prime Implemented: **February 2015**
- Demographic: **Medicare-Medicaid Enrollees 65 years and older**
- Model of care leverages **person-centered care coordination** for high-risk members
- Medicare-Medicaid Plans **(MMP)**:



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Member Profile

- Female
- Black (or African American)
- 65-74
- 3-4 Chronic Conditions
- 15% with a behavioral health diagnosis

Compared to Medicare-only seniors, SC seniors with both Medicare and Medicaid are:

- **Twice as likely to have Alzheimer's or Dementia**
- **Three times as likely to have a health condition associated with a physical disability**

Sources: South Carolina Revenue and Fiscal Affairs Office, Health and Demographics. 2015 Medicare and 2016 Medicaid data linked to Healthy Connections Prime members as of December 2016.

Centers for Medicare & Medicaid Services, Centers for Medicaid and CHIP Services. (2016, September 29). Medicare-Medicaid Enrollee Information South Carolina, 2011. Retrieved February 22, 2017, from https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/2011StateProfilesSC.pdf

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Impact of Messaging

Palliative Care: New Benefit

- Previous language included terms like: **advanced illness; life-threatening injury and end-of-life**
- CAPC provided input on **messaging** of benefit in 2018 member material to promote quality of life
  - Specialized medical care for **people with serious illnesses**
  - Goal is to improve **quality of life for both the patient and family**
  - Provides **extra layer of support** to patient's doctors
  - Appropriate at **any stage** of serious illness; can be provided together with **curative treatment**

Image by Patient Quality of Life Coalition

Source: Unpublished CY2016 Core and State-Specific Data reported to NORC.

Palliative Care: SC Experience

- **Utilization experience continuing to grow**
- Among members appropriate for palliative care **1,237 or 49%** received palliative care in 2016
- **Emerging interest related to advance care planning (ACP)**
  - South Carolina Institute of Medicine and Public Health 2015 report includes state ACP education among its 30 long-term care recommendations
  - South Carolina Coalition for the Care of the Seriously Ill developing statewide strategy to support ACP
    - Model includes physician and consumer education, as well as creation of a statewide repository accessible across all settings by providers and consumers
- Opportunities for expanded **training and education for health plan staff** in both palliative care and ACP

Source: Unpublished CY2016 Core and State-Specific Data reported to NORC.

Palliative Care Training

End of Life Nursing Education Consortium (ELNEC)

- State sponsored training targeted to health plan care coordinators
- Conducted by The Carolina's Center
- Improving Palliative Care for Patients and Families
  - Chronic disease prevalence
  - Symptom Management
  - Initiating difficult conversations
  - Ethical dilemmas
  - Cultural and spiritual considerations
  - Final stages

Respecting Choices® Training

Respecting Choices® First Steps®
Training Opportunity for Health Plan Staff

- Respecting Choices® piloted by South Carolina Medical Association in select physician practices
- Includes creation of advanced directive that identifies health care agent and goals of care
- Helps health plan staff facilitate ACP dialogue throughout chronic care management
- Customized to include palliative care

Thank You!

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Structured Q&A/Lessons Learned

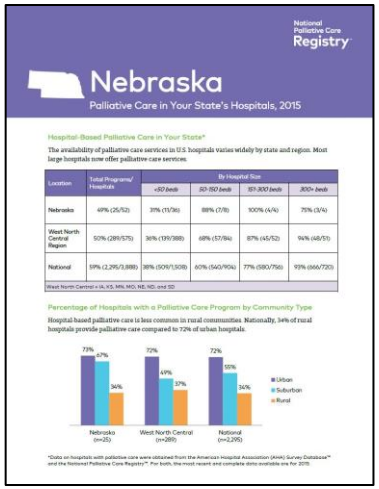
- ➔ Getting Started
- ➔ Maximizing Effectiveness
- ➔ Considerations for Developing a Payment/Business Model
- ➔ Single Biggest Challenge

Open Q&A

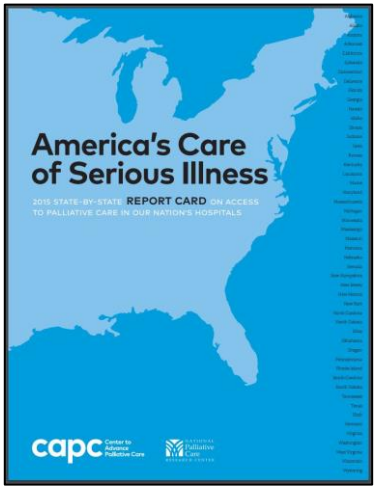
- Please raise your hand and speak clearly into the microphone provided.

Additional Resources

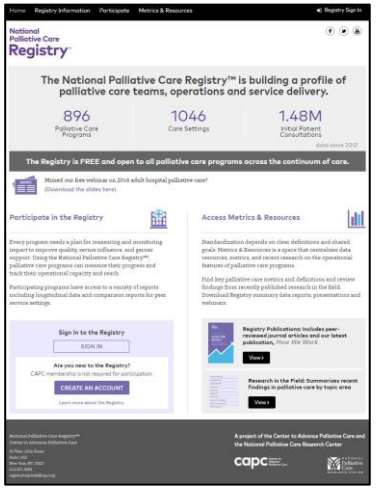
[CAPC Advisory Council One-Pager]



[State-Level Palliative Care Reports]



[State-by-State Report Card]



[National Palliative Care Registry™]

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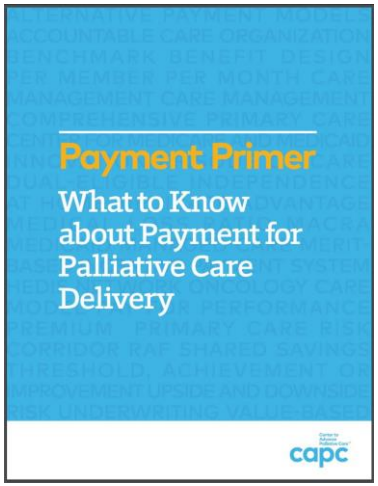
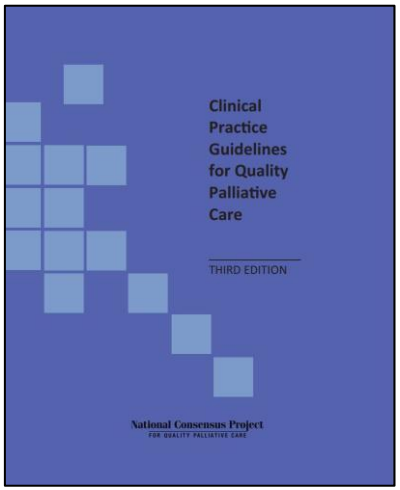
Additional Resources

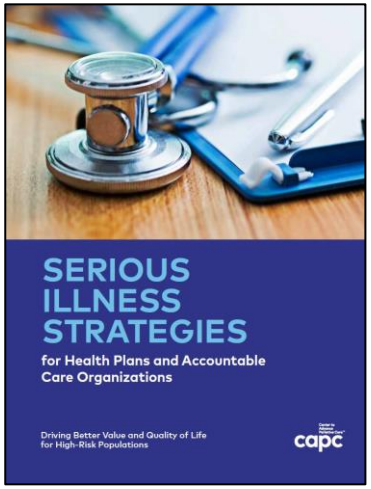


[Palliative Care Payment Primer]



[NCP Clinical Practice Guidelines for Palliative Care]

[Serious Illness Framework]



[Patient Quality of Life Coalition]

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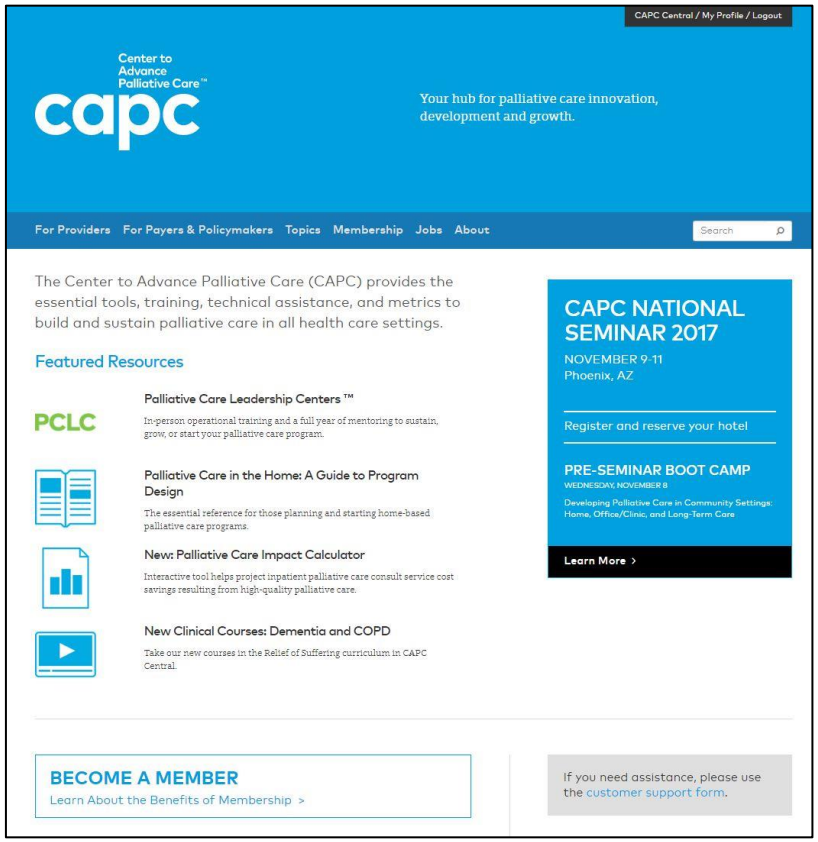
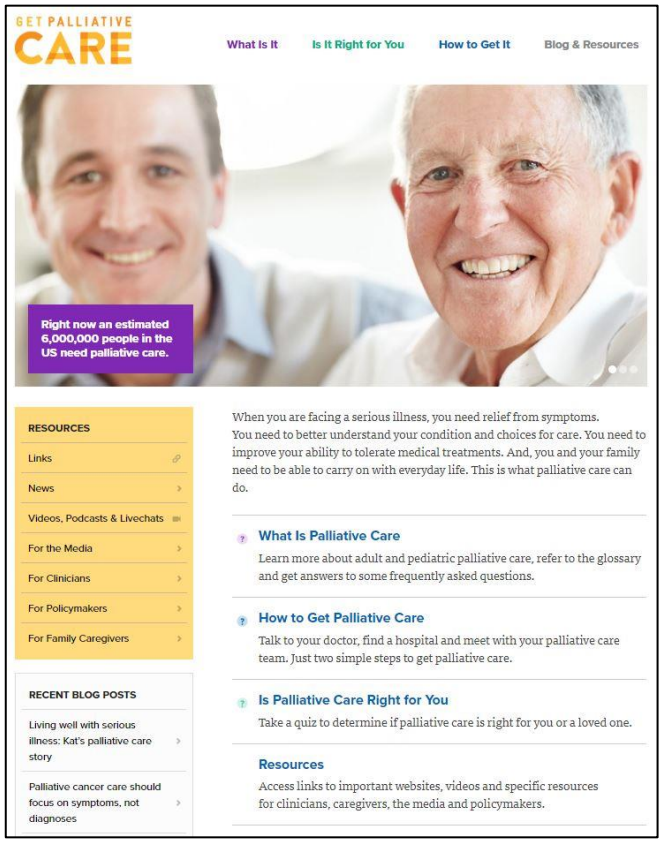
Additional Resources

CAPC Website



Get Palliative Care Website



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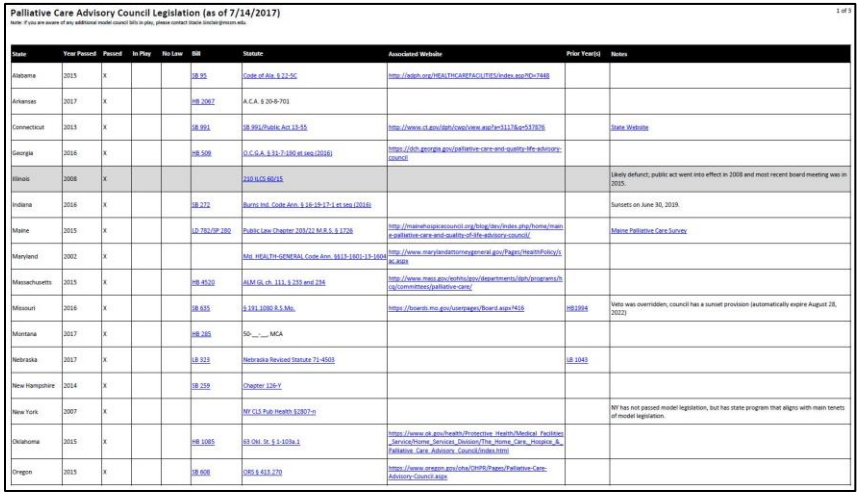
Additional Resources

State Advisory Council Tracking



Palliative Care Advisory Council Legislation (as of 7/14/2017)

State	Year Passed	Passed	In Play	No Law	Bill	Statute	Associated Website	Prior Year(s)	Notes
Alabama	2015	X			SB 95	Code of Ala. § 22-5C	http://adph.org/HEALTHCAREFACILITIES/index.asp?ID=7448		
Arkansas	2017	X			HB 2067	A.C.A. § 20-8-701			
Connecticut	2013	X			SB 991	SB 991/Public Act 13-55	http://www.ct.gov/dph/cwp/view.asp?a=3117&q=537876		State Website
Georgia	2016	X			HB 509	O.C.G.A. § 31-7-190 et seq (2016)	https://dch.georgia.gov/palliative-care-and-quality-life-advisory-council		
Illinois	2008	X				210 ILCS 60/15			Likely defunct; public act went into effect in 2008 and most recent board meeting was in 2015.
Indiana	2016	X			SB 272	Burns Ind. Code Ann. § 16-18-17-1 et seq (2016)			Sunsets on June 30, 2019.
Maine	2015	X			LD 782/SP 280	Public Law Chapter 203/22 M.R.S. § 1726	http://mainehospicecouncil.org/blog/dev/index.php/home/main-e-palliative-care-and-quality-of-life-advisory-council/		Maine Palliative Care Survey
Maryland	2002	X				Md. HEALTH-GENERAL Code Ann. §§13-1601-13-1604	http://www.marylandattorneygeneral.gov/Pages/HealthPolicy/sac.aspx		
Massachusetts	2015	X			HB 4520	ALM GL ch. 111, § 235 and 234	http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/committees/palliative-care/		
Missouri	2016	X			SB 635	§ 191.1080 R.S.Mo.	https://boards.mo.gov/userpages/Board.aspx?456	HB1994	Veto was overridden; council has a sunset provision (automatically expire August 28, 2022)
Montana	2017	X			HB 285	SO-__-__ MCA			
Nebraska	2017	X			LB 923	Nebraska Revised Statute 71-4503		LB 1049	
New Hampshire	2014	X			SB 259	Chapter 126-Y			
New York	2007	X				NY CLS Pub Health §2807-n			NY has not passed model legislation, but has state program that aligns with main tenets of model legislation.
Oklahoma	2015	X			HB 1085	63 OM. St. § 1-103a.1	https://www.ok.gov/health/Protective_Health/Medical_Facilities_Service/Home_Services_Division/The_Home_Care,_Hospice_&_Palliative_Care_Advisory_Council/index.html		
Oregon	2015	X			SB 608	ORS § 413.270	https://www.oregon.gov/oha/OHPR/Pages/Palliative-Care-Advisory-Council.aspx		

State HPC Orgs/Associations

National Hospice and Palliative Care Organization

ABOUT US | MEMBERSHIP | REGULATORY | ADVOCACY | QUALITY | RESOURCES | EDUCATION | PALLIATIVE CARE

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- NHPCO Podcast

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- Education
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- History of Hospice Care

State Hospice/Palliative Care Organizations/Associations

Alabama
- Alabama Hospice & Palliative Care Organization

Arizona
- Arizona Hospice & Palliative Care Organization

Arkansas
- Hospice & Palliative Care Association of Arkansas

California
- California Hospice and Palliative Care Association

Colorado
- Colorado Co-Op for Hospice and Palliative Care

Connecticut
- Connecticut Association for Healthcare at Home

Florida
- Florida Hospice & Palliative Care Association

Georgia
- Georgia Hospice & Palliative Care Organization

Hawaii
- Kokua Mau Hawaii Hospice and Palliative Care Organization

Idaho
- Idaho Quality of Life Coalition

Illinois
- Illinois Hospice & Palliative Care Organization
- Illinois Homecare & Hospice Council

Indiana
- Indiana Hospice & Palliative Care Organization
- Indiana Association for Home & Hospice Care

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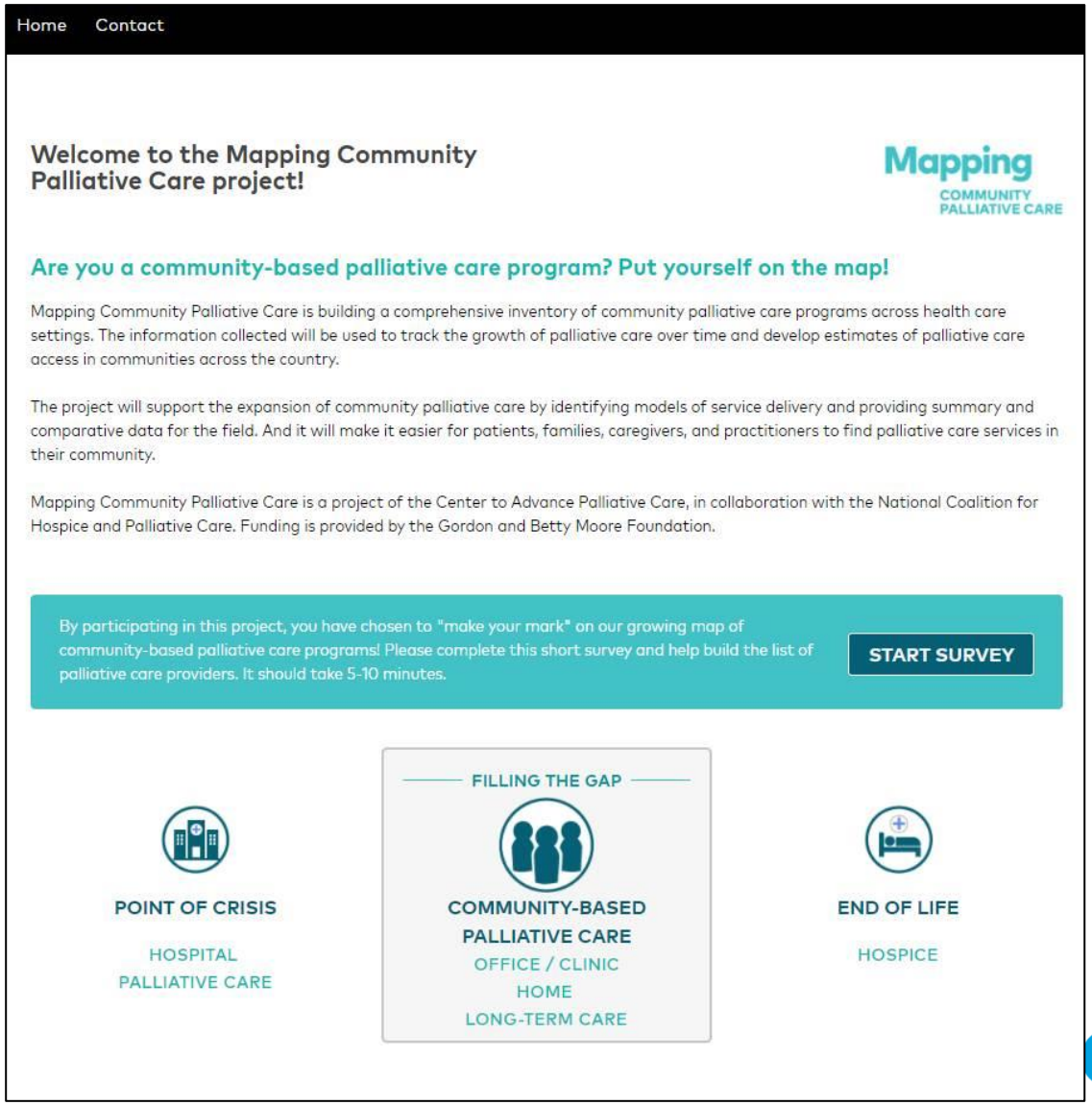
Mapping Community Palliative Care

https://mapping.capc.org/



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Thank You!

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