

Prevalence of Palliative Care in Maryland
2022 Palliative Care Telephone Survey
DRAFT

Provide the Definition of Palliative Care and explain that we are collecting data on FORMAL programs that meet this definition only.

- 1) Date _____, Provider name, respondent name and contact information.
- 2) Do you have a FORMAL Palliative Care Program in place (separate from the Medicare Hospice Benefit) which either directly or by contractual arrangement provides palliative care services to your patients/clients? Please check Definition. If Yes, continue to question 3
 - a) If no, why not? Do you plan to establish one?
 - b) If no, to whom do you refer patients for this type of care?

--If NO, stop here--

- 3) Name of Palliative Care Program
 - a) Name and discipline of Director
 - b) Contact information of primary contact (email; phone number)
 - c) Is this program provided under contract with another provider? If so, with whom? Please provide contact information.

--If under contract, STOP here--

- 4) What year was your first Palliative Care Program patient served?
- 5) For hospitals only:
 - a) Please describe the relationship between your Palliative Care Program and local hospices.
 - b) What kinds of situations/diagnoses automatically trigger a palliative care consult (including whether patients are near end of life, including early and late-stage patients)?
- 6) Please describe the organization of your Palliative Care Program:
 - a) Please describe where your program fits into your organizational structure.
 - b) What clinical disciplines participate in the program (e.g., physician, PA, NP, RN, social work, chaplain, aide, volunteers, pharmacist, dietitian, etc.), and how many FTEs are represented by each?
 - c) How many of your staff members are certified in Hospice & Palliative Medicine (including: Physician, RN, APN, CNA, SW, Chaplain, Counselor, Pediatric Nurse)?
 - d) What are the locations of care and percentages in each (e.g., inpatient consultation service, outpatient clinic, home care)?
 - e) Is your program available 24/7/365?
 - f) Is your Palliative Care Program certified by Joint Commission (hospitals and hospices), CHAP (hospices and community-based providers), ACHC (hospices) or OHCQ (hospitals)? If not, when do you plan to, or are you considering it?
 - g) Which jurisdictions does your palliative care program serve?
- 7) Please describe your Palliative Care Program patient services:
 - a) How many patients received palliative care services in 2021? And/or how many consults were done in 2021?
 - b) What are the top 3 services provided to patients (e.g., advance care planning, goals of

- care, bereavement, symptom management, family meetings, Advance Directives, etc.)?
- c) On average, how long are patients on your palliative care service (e.g., number of consults/patients; number of days, etc.)?
 - d) Advance Care Planning (ACP):
 - i) What ACP tools do you initiate most frequently (MDPOA, Living Will, MOLST, etc.)?
 - ii) When patients enter your program, which ACP tools have they already completed?
 - iii) What disciplines are routinely having ACP conversations/completing forms?
 - iv) Is MOLST being used, and if so, how often?
 - e) What conditions/diagnoses does your Palliative Care Program most frequently see?
 - f) Where do most of your patient referrals come from?
 - i) For Hospitals: oncology, intensive care, emergency department, etc.
 - ii) For Hospices: internal medicine, oncology, family practice, etc.
 - g) What percentage of your patients are discharged to the following locations: deceased, hospice, Medicare certified home health agencies, residential services agencies (RSAs), or home with self-care, nursing home, assisted living facilities, and other?
 - h) How many pediatric patients did you serve in 2021? Do your pediatric clinicians have specialty training? (Pediatrics <=18 years old.)
 - i) Does your program use telehealth (yes/no)? remote patient monitoring (yes/no)?
- 8) Please describe financing of your Palliative Care Program:
- a) Does your program have adequate financial support from your organization? Please describe.
 - b) Which payers do you bill for palliative care services (e.g., Medicare, Medicaid, commercial payers, patients, etc.)?
 - c) By which mechanism do you bill for palliative care services (e.g., by physician, APN, hospital, ICD-10 symptom codes, billing by time)?
 - d) Do you use the ICD10 Z51.5 code (encounter for palliative care; ICD10-CM Z51.5) in your billing? (The Z-code is used for tracking purposes through claims but is not a reimbursement mechanism - yet.)
 - e) Do you bill for Advance Care Planning (ACP) discussions (e.g. PT 99497 and 99498)?
 - f) What percentage of your program expenses are paid for by direct care billing?
 - g) Do you have other sources of funding (e.g. grants)? Please explain.
 - h) Are statistics collected/reported on?
 - i) For Hospitals: cost savings/cost avoidance? If so, approximately how much is saved per year?
 - ii) For Hospices/Home Health Agencies/Nursing homes: hospital readmission rates, etc.? If so, approximately what are the savings?
- 9) Please describe outcome measures for your Palliative Care Program:
- a) What metrics does your program use to track success (e.g., patient satisfaction survey, completing advance directives, cost savings, hospice referrals, quality measures, etc.)?
 - b) What kinds of quality projects/performance improvement projects does your Palliative Care Program participate in?
 - c) Where has your program shown measurable impact (e.g., increasing use of advance directives, decreased critical care LOS, cost savings, increased hospice referrals, etc.)?
 - d) What percentage of time are your meeting with patients vs. caregivers vs. patients along with their caregivers?
- 10) Please describe your Palliative Care Program's greatest challenges.
- 11) We are surveying hospitals, nursing homes, home health agencies, and hospices. Other than in those settings, are there any other palliative care providers in your area?