

**RECOMMENDATIONS FOR WORKGROUP REVIEW:  
REVISED 8/24/23**

**1. Public Education:**

**1a. RECOMMENDATION:** Work with state partners, including the State Advisory Council on Quality Care at End of Life and the Maryland Department of Aging, including Maryland Access Point (MAP), to support the development of comprehensive evidence-based education programs aimed at promoting palliative care among healthcare providers and the general public.

**1b. RECOMMENDATION:** Work with the Maryland Department of Aging to assure that MAP and other community-based providers have knowledge of palliative care services to assure referral to appropriate community-based palliative care providers.

**1c. RECOMMENDATION:** Build upon the Maryland Health Care Commission's (MHCC) current public education efforts on advance directives to develop further public education initiatives focused on palliative care.

**1d. RECOMMENDATION:** Seek funding to launch evidence-based public awareness campaigns to educate individuals about the benefits and importance of palliative care. Collaborate with community organizations, patient advocacy groups, and faith-based organizations to disseminate educational materials and host public forums on palliative care.

**2. Provider Education:**

**2a. RECOMMENDATION:** Work with the Maryland Higher Education Commission to increase the number of trained and credentialed health care practitioners and professionals for the palliative care workforce by requiring palliative care training as a requirement of their educational programs or continuing education for licensure renewal. There should be compliance reporting from undergraduate nursing programs, undergraduate medical education programs, as well as medical residency programs as to how they meet palliative care content requirements.

**2b. RECOMMENDATION:** To address the impending "workforce valley" and ensure adequate access to specialized palliative care services, it is recommended that policies and payment reforms be implemented to promote the growth and sustainability of the specialty palliative care workforce. Efforts could include promotion, support, and expansion of physician and advanced practice nursing fellowships at academic institutions in the state.

**2c. RECOMMENDATION:** The appropriate credentialing boards should require that continuing education courses for health care practitioners include courses on palliative care medicine.

### **3. Financing:**

**3a. RECOMMENDATION:** Maryland should pursue a statewide strategy to develop financing mechanisms for palliative care services, through a Medicaid State Plan amendment, modification of the Total Cost of Care model, and other insurance mechanisms.

**3b. RECOMMENDATION:** Integrate palliative care services within Maryland's Medicaid State Plan and to require Medicaid Managed Care Organizations (MCOs) to provide palliative care services under their managed care contracts.

**3c. RECOMMENDATION:** Continue work under the National Academy for State Health Policy (NASHP) Serious Illness Institute to explore ways to fund palliative care services statewide. This should include an exploration of funding models used successfully in other states.

**3d. RECOMMENDATION:** Review the current expansion of Maryland Program of All-Inclusive Care for the Elderly (PACE) programs for the inclusion of palliative care services as a required benefit.

### **4. Community-Based Palliative Care Development:**

**4a. RECOMMENDATION:** A broad Palliative Care Coalition, including providers, consumers, MHCC, Maryland Department of Aging, and the State Advisory Council on Quality Care at End of Life should develop a strategy for the promotion of community-based palliative care services.

**4b. RECOMMENDATION:** Prioritize the expansion of home and community-based palliative care services in Maryland to improve accessibility and convenience for patients. This can be achieved by building on collaborative models, including the Maryland Primary Care Program (MDPCP) that integrate palliative care with primary care and other healthcare services, ensuring seamless coordination and holistic support for patients and their families.

**4c. RECOMMENDATION:** Explore innovative funding models, including contracted alternative payment arrangements and financial subsidies, to provide stability and flexibility for palliative care programs.

**4d. RECOMMENDATION:** Encourage the expansion of Community-Based Palliative Care Programs in hospices and home health agencies.

## 5. Palliative Care Quality Improvement:

**5a. RECOMMENDATION:** MHCC should work with the Office of Health Care Quality (OHCQ) to modify COMAR 10.07.01 to include community-based palliative care services and to address community-based providers, including hospices and home health agencies.

**5b. RECOMMENDATION:** MHCC should continue annual data verification to update and maintain an up-to-date Palliative Care Provider Directory in Maryland.

**5c. RECOMMENDATION:** Under licensure regulations, require new and existing licensed palliative care programs to meet evidence-based requirements, including the National Consensus Project Clinical Practice Guidelines for Quality Palliative Care, 4<sup>th</sup> Edition or any updated edition.

## 6. Palliative Care Survey Recommendations:

**6a. RECOMMENDATION:** MHCC should streamline the Palliative Care Survey to focus on key areas of interest to reduce participant burden by evaluating the survey's length and complexity to ensure that it is concise and focused on gathering essential information. Collaborate with relevant stakeholders, including healthcare professionals and survey experts, to review and refine the survey instrument. Prioritize questions that yield critical data while minimizing redundancy, thereby reducing respondent burden.

**6b. RECOMMENDATION:** MHCC should develop a web-based service survey delivery process. Increase the number of beta testers and testing sites to identify and resolve potential technical issues before the launch of the survey. Consider other web-based survey platforms for distribution of the survey.

**6c. RECOMMENDATION:** Form a Palliative Care Council to strengthen communication and outreach efforts to hospitals, home health agencies, nursing homes, hospices, and other community-based palliative care provider organizations before launching the survey. Collaborate with organizational leaders and stakeholders to emphasize the importance and benefits of survey participation, encouraging their support and engagement.

**6d. RECOMMENDATION:** MHCC should conduct Palliative Care Surveys every two (2) years. Regular surveys provide a comprehensive understanding of the evolving landscape of palliative care and enable informed decision-making based on current trends and needs.