



Maryland Health Care Commission

PALLIATIVE CARE SERVICES WORKGROUP MEETING

SEPTEMBER 21, 2022



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Review of HB 378

SCOPE OF WORK

REPRESENTATIVES

SETTINGS TO BE INCLUDED



Introduction and Membership

- ▶ Purpose:
 - MHCC shall convene a workgroup of interested stakeholders
 - Study palliative care services and make recommendations to improve palliative care services in the state
- ▶ Convene representatives of:
 - Hospice and palliative care providers
 - Health care facilities
 - Patient advocacy groups
 - Health insurers



Scope of Work

- ▶ Work group shall examine:
 - State of palliative care services offered in the state;
 - Capacity of palliative care providers to provide services;
 - Geographic areas where significant gaps in palliative care services may exist;
 - Opportunities to collaborate with key stakeholders to develop plan for improving and expanding provision of high-quality palliative care medicine and care services;
 - Feasibility of financial support for long-term expansion of palliative care, including insurance coverage;
 - Plan for ongoing data collection for purposes of monitoring and improvement of palliative care services;
 - Engagement strategies for educating the public about palliative care; empower individuals to make informed decisions; and
 - Other strategies that would improve palliative care services.



Timeline

- ▶ July 1, 2023: *Interim Report*
- ▶ November 1, 2023: *Final Report*
- ▶ Findings and recommendations of the workgroup, including the need for any legislative initiatives



Settings/Representatives to be Included

- ▶ Hospice and palliative care providers: Hospices; Hospice & Palliative Care Network of MD
- ▶ Health care facilities: Hospitals; Nursing Homes; Home Health Agencies
- ▶ Patient Advocacy groups: AARP; State Advisory Council on Quality of Care at End of Life; Maryland Access Point
- ▶ Health insurers: Blue Cross; Medicare



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Background

HISTORY OF MHCC'S WORK ON PALLIATIVE CARE

CAPC REPORT CARD FOR MARYLAND

OTHER STATE STUDIES



MHCC's Work on Palliative Care

- ▶ 2008: Study of Health Care Services for Children with Life-Threatening Conditions
 - Conducted jointly with State Advisory Council on Quality Care at the End of Life
 - Studied reforms in other states
 - Recommend voluntary, consensus-based pediatric palliative care

- ▶ 2015: Maryland Hospital Palliative Care Programs: Analysis and Recommendations
 - Data collected from 11 hospitals in a pilot study
 - Used standards and materials from the Center to Advance Palliative Care (CAPC) and National Quality Forum (NQF)
 - Recommendations for 37 best practices, of which 30 were recommended as minimum standards
 - Focus of current study is community-based palliative care



Definition of Palliative Care

Palliative care is specialized medical care for people living with serious illness. This type of care is focused on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and family. Palliative care is provided by a specially-trained team of doctors, nurses, and other specialists who work together with a patient's other doctors to provide an extra layer of support. Palliative care is based on the needs of the patient, not on the patient's prognosis. It is appropriate at any age and at any stage of a serious illness, and it can be provided along with curative treatment.

Source: Center to Advance Palliative Care: <https://getpalliativecare.org/whatis/>

Resource directory:

<https://getpalliativecare.org/provider-directory/>



Center to Advance Palliative Care (CAPC) State Report Card: Maryland (2019)

- ▶ Grade A on Palliative Care
- ▶ Hospitals: 34 (92.5% urban hospitals; 100% suburban hospitals; 100% rural hospitals)
- ▶ Office/clinics: 14
- ▶ Nursing homes: 20
- ▶ Home: 11
- ▶ Staff: 3.1 certified prescribing palliative care providers (MDs or APRNs) per 100,000



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State Surveys in Other States

HAWAII

COLORADO

SOUTH CAROLINA

NEBRASKA



Hawaii (2019)

- ▶ Model for scope of work in Maryland legislation
- ▶ Surveyed 30 entities statewide; only 6 responses
- ▶ Recommend provider education at the federal level
- ▶ Recommend insurance coverage via both public and private programs
- ▶ Develop a pilot program to develop community care standards



Colorado (2019)

- ▶ Third survey done by the state (2008; 2013; 2019)
- ▶ Telephone survey conducted by Hospice Analytics
- ▶ Contacted 95 hospitals; 76 hospices; and known community programs
- ▶ Recommendations:
 - Need for reimbursement to support interdisciplinary teams
 - Need for education for both physicians and community
 - Development of consistent palliative care data collection and reporting tools



South Carolina (2019)

- ▶ Reviewed services statewide based on CAPC report card
- ▶ Pediatric palliative care available at Children's Hospitals; also pediatric hospice (Hands of Hope)
- ▶ Recommendations
 - Education and awareness – State Advisory Council on Palliative Care and Quality of Life
 - Technology – statewide registry (POST); website for caregivers
 - Workforce – licensure and continuing education to include palliative care
 - Policy/ Regulation – update hospice regulations to include palliative care
 - Payment strategies – create standard set of services for those in need of palliative care
 - Quality – develop standards for palliative care



Nebraska (released 2022)

- ▶ Case studies from persons with serious medical illness
- ▶ Reviewed state CAPC Data
- ▶ Established Council on Palliative Care and Quality of Life- activities:
 - Launched palliative care website
 - Published Opioid Position Paper
 - Introduced palliative care to licensing boards
 - Working to update definitions
 - Working on building partnerships



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Review of Draft Workplan

TASKS TO BE ACCOMPLISHED

TIMELINE

RESOURCES: STAFF AND CONTRACTUAL



Next Steps

- ▶ Discussion of Recommendations:
 - Scope of work
 - Definition
 - Settings to be included
 - Survey
 - Work Plan
- ▶ Public comments
- ▶ Next Meeting