



Maryland Health Care Commission

PALLIATIVE CARE SERVICES WORKGROUP MEETING

JUNE 28, 2023



Welcome and Updates



Updates

- ▶ Presentation of Status Report to Commission on 6/15
- ▶ Updates from NHPCO (Peggy Funk)

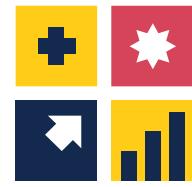
- ▶ CAPC Reports distributed:
 - ▶ Spotlight on Home-Based Palliative Care
 - ▶ Payment Arrangements for Palliative Care
 - ▶ Payment Primer for Palliative Care



Presentation by SEA Healthcare on Maryland Palliative Care Survey Results



Update by SEA Healthcare on Summary of 12-States Initiatives on Palliative Care



MARYLAND
Health Care
Commission

Review of Draft Recommendations



Palliative Care Public and Provider Education

A. Establish Palliative Care Education Programs: Possible Action Steps for Consideration:

- ▶ **RECOMMENDATION:** Seek partners to develop comprehensive education programs aimed at promoting palliative care among healthcare providers and the general public.
- ▶ **RECOMMENDATION:** Encourage collaboration with academic institutions, professional organizations, and healthcare facilities to design and implement palliative care curricula and training modules.
- ▶ **RECOMMENDATION:** Recommend the inclusion of palliative care topics in continuing education requirements for healthcare professionals, ensuring ongoing learning and skill development.

B. Enhance Public Awareness and Education:

- ▶ **RECOMMENDATION:** Seek funding to launch 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.



Partner with Advisory Council on Quality Care at End of Life

- **RECOMMENDATION:** Partner with the Maryland State Advisory Council on Quality Care at the End of Life to integrate palliative care more fully and to encourage public education.



Medicaid 1915C Waiver for Home and CBS

- **RECOMMENDATION:** Integrate palliative care services within Maryland's Medicaid 1915(c) Home and Community-Based Services (HCBS) waivers.

By leveraging the flexibility and customization offered by the HCBS waivers, Maryland can expand access to palliative care for targeted populations, including older adults and individuals with disabilities, within their homes and communities. NASHP technical assistance can be used to facilitate this process. This integration would ensure that individuals facing serious illness receive personalized care and support aligned with their specific needs, improving their quality of life, and promoting holistic care.

Medicaid Managed Care Organizations and Total Cost of Care Model



- ▶ **RECOMMENDATION:** Ensure that palliative care specialists are included in the Maryland Medicaid Managed Care Organization (MCO) networks.

This will ensure that individuals receiving Medicaid have access to specialized palliative care services, improving their quality of life and enhancing care coordination.

- ▶ **RECOMMENDATION:** Support specialty palliative care teams through Maryland's Total Cost of Care (TCOC) Model.

By providing resources and incentives for the development and sustainability of specialty palliative care teams, Maryland can strengthen the availability and delivery of palliative care services, ultimately benefiting patients and their families.

Medicaid Managed Long Term Care Services and Supports



- ▶ **RECOMMENDATION:** Maryland is not included in the states with Medicaid MLTSS for older adults. We recommend that the Maryland consider implementing Medicaid Managed Long-term Services and Supports (MLTSS) for older adults.

This would enhance care coordination, improve service delivery, and align with national trends. A feasibility study involving key stakeholders and learning from other states' experiences would be valuable in tailoring the program to Maryland's unique needs. MLTSS has the potential to improve the quality of care and optimize Medicaid resources for older adults in the state.



Dual Eligible Special Needs Plans

- ▶ **RECOMMENDATION:** Incorporate care manager training, care manager assessments, referrals to palliative care, and palliative care providers in-network into D-SNP contracts.

By incorporating these elements, D-SNPs can effectively integrate palliative care services into their comprehensive healthcare offerings, thereby addressing the unique needs of dual-eligible individuals. This recommendation aims to promote the coordination of care, improve patient outcomes, and enhance the overall experience of dual-eligible beneficiaries within the D-SNP program.

Patient Centered Medical Homes (MDPCP)



- ▶ **RECOMMENDATION:** Enhance Maryland's PCMHs by embedding palliative care through the training of PCMH nurse care managers.

This training would equip them with the necessary skills and knowledge to identify and address the palliative care needs of patients within the PCMH setting, ensuring holistic and patient-centered care.

- ▶ **RECOMMENDATION:** Strengthen Maryland's PCMHs by providing training to prescribing clinicians on effective pain management tailored to individuals with palliative care needs.

This training would empower clinicians to better manage pain, enhance symptom control, and improve the overall quality of life for patients requiring palliative care within the PCMH framework.



Medicaid Health Homes

- ▶ **RECOMMENDATION:** Utilize Maryland's Medicaid Health Homes as a platform to provide ongoing care and support for individuals with serious chronic conditions.

Health Homes can serve as a central hub for comprehensive care coordination, ensuring that patients receive the necessary palliative care services and support throughout their healthcare journey.

- ▶ **RECOMMENDATION:** Incorporate targeted consultations with palliative care specialists as part of the screening process for patients and caregivers within Medicaid Health Homes.

By involving palliative care experts early on, specific palliative care needs can be identified and addressed promptly, improving the overall quality of care and patient outcomes.

Community-Based Palliative Care



- **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 developing collaborative models that integrate palliative care with primary care and other healthcare services, ensuring seamless coordination and holistic support for patients and their families.

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

By expanding palliative care services beyond hospital settings and optimizing funding approaches, Maryland can significantly enhance the quality of care and improve the overall well-being of patients facing serious illnesses.

- **RECOMMENDATION:** Encourage the expansion of Community-Based Palliative Care Programs in Hospices and Home Health Agencies.

The implementation of community palliative care has demonstrated numerous benefits, including reduced hospital and emergency department visits, decreased acute care expenditures, improved care continuity, enhanced quality of life, and better survival outcomes. Given the distribution of community palliative care programs, there is an opportunity to expand access to palliative care in community settings, particularly in office practices and home health agencies.

Palliative Care Workforce Development



- **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.

This recommendation is based on research findings that highlight the risk factors associated with early departure from the field and project a decline in physician numbers without intervention. By focusing on workforce expansion, team-based care, and payment reform, the state can mitigate the projected shortage and improve the availability of high-quality palliative care services.

- **RECOMMENDATION:** Encourage the establishment of Interdisciplinary Palliative Care Teams with Required Core Disciplines in Maryland.

To ensure comprehensive and effective palliative care delivery, it is recommended that Maryland establish interdisciplinary palliative care teams consisting of at least three core disciplines, including one prescriber. This recommendation is based on the Center to Advance Palliative Care (CAPC) guidelines, which emphasize the importance of a diverse team to address the multifaceted needs of patients receiving palliative care. By implementing this recommendation, Maryland can enhance the quality of care, promote interdisciplinary collaboration, and improve patient outcomes.

Palliative Care Quality Improvement



► **RECOMMENDATION: Strengthen Palliative Care Quality Improvement Efforts in Maryland.**

Develop a Quality Improvement Framework:

- Create a standardized framework or toolkit for palliative care quality improvement that includes key performance indicators, evidence-based practices, and guidelines for evaluation and improvement.
- Collaborate with relevant stakeholders, such as healthcare providers, quality improvement experts, and patient representatives, to develop the framework and ensure its relevance and applicability.
- Provide training and technical assistance to palliative care programs to support the implementation of the quality improvement framework and facilitate data collection and analysis.

► **RECOMMENDATION: Encourage Increased Participation and Accountability in Palliative Care Quality Improvement Initiatives.**

To enhance the effectiveness and impact of palliative care quality improvement initiatives, more participation and accountability among stakeholders is recommended.

Palliative Care Survey Recommendations



- ▶ **RECOMMENDATION:** Streamline and shorten the Palliative Care Survey to focus on key areas of interest and to reduce participant burden. Evaluate the survey's length and complexity to ensure 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.
- ▶ **RECOMMENDATION:** 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.
- ▶ **RECOMMENDATION:** Enhance web-based service Survey delivery. 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.
- ▶ **RECOMMENDATION:** 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.



Next Steps

- ▶ Incorporate Comments and Finalize Data
- ▶ Summarize Information from Other States
- ▶ Draft Interim Report and Submit
- ▶ Next Meeting: August





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/>