MARYLAND Health Care Commission

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Palliative Care Services Workgroup Meeting
August 31, 2023
Meeting Summary

ATTENDANCE:

Workgroup Members:

Dr. Deneen Bowlin, Carefirst
Erin Davis, Maryland Hospital Association
Amanda DeStefano, Maryland Department of Aging
Peggy Funk, Hospice & Palliative Care Network of Maryland
Dr. Marian Grant, Palliative Care Nurse Practitioner and Consultant
Cathy Hamel, Gilchrist
Dr. Christopher Kearney, State Advisory Council on Quality Care at End of Life
Joanna Ruth, Maryland Medicaid

MHCC Staff:

Ben Steffen
Linda Cole
Tracey DeShields
Wynee Hawk
Dr. Stacy Howes
Cathy Weiss

Interested Parties/Public:

Monica Escalante
Rebecca Swain-Eng
Dr. Benjamin Goldstein,
Heather Guerieri
Jennifer Kennedy
Dr. Anna Maria Izquierdo-Porrera

WELCOME AND INTRODUCTIONS:

Ben Steffen welcomed workgroup members, both in the room and online to the hybrid workgroup meeting. Linda Cole added that this would be the final workgroup meeting and told members that she appreciated their ongoing participation in the process.

UPDATES:
Ms. Cole checked if there were any comments or corrections to either the June 28th meeting summary or the July Interim Report. There were no comments.

Ms. Cole also explained that an initial draft of the recommendations was presented at the June 28th meeting. Comments were offered at that meeting, but no written comments were submitted in response to requests after the meeting. The draft recommendations were discussed with the Health Services Cost Review Commission (HSCRC) staff and with the National Academy for State Health Policy (NASHP). In addition, on August 4th draft recommendations were sent to four state agencies that were identified in the draft: Maryland Department of Health; Maryland Medicaid; Maryland Department of Aging; and the Office of Health Care Quality. Comments were received, and the modified set of recommendations presented today reflect those changes.

OUTLINE FOR FINAL REPORT:
Ms. Cole then presented the proposed chapters for the Final Report. Chapter 1 describes the legislative background, workgroup formation, and process. Chapter 2 includes some background in the evolution of palliative care services and some literature review. Chapter 3 addresses the survey process and selected results.

Chapter 4 includes the Environmental Scan, covering palliative care developments nationally, as well as in other states, as summarized in the State Table. The final chapter would include all issues and recommendations. Ms. Cole noted that the issues and recommendations address all of the issue areas outlined in the legislation. There were no comments or questions on this proposed report outline. Mr. Steffen pointed out that an abbreviated version of the report may be prepared for legislators, if needed.

DRAFT RECOMMENDATIONS:
Ms. Cole then presented the draft recommendations, which had been distributed in advance of the meeting. Recommendations are broken down by subject area.

Public Education:
Dr. Izquierdo-Porrera raised the issue of primary care providers who offer palliative care services. Ms. Cole explained that the survey and results focus on providers who met the Center to Advance Palliative Care (CAPC) definition.

Dr. Kearney inquired about Maryland Access Point (MAP), to which Amanda DeStefano, Maryland Department of Aging, explained that MAP is the No Wrong Door Entry Point for Long Term Care Services and Supports under the Maryland

Department of Aging. She supported the recommendations but suggested removing MAP from 1a and keeping it in 1b.

Peggy Funk recommended adding "Community Associations", such as the Hospice & Palliative Care Network of Maryland to recommendation 1a.

Provider Education:
Dr. Grant indicated that the state has no authority over medical and nursing curricula. Erin Davis said that the Maryland Board of Nursing has established some minimum criteria for nursing curriculum.

It was also recommended that loan forgiveness be added to recommendation 2b.

Financing:
Mr. Steffen said that recommendation 3b, supported by Maryland Medicaid, adds a broader carve out as a benefit, rather than leaving it to individual providers. Joanna Ruth, from Maryland Medicaid supported this.

It was recommended that palliative care "services" be modified to palliative care "benefits" under this section.

Community-Based Palliative Care:
Dr. Izquierdo-Porrera said that other types of providers beyond Maryland PCP program should be considered. Mr. Steffen explained that this addresses the largest collaborative model and is formalized and recognized by CMS.

Peggy Funk added that the word "funded" should be added to recommendation 4a. Dr. Grant recommended adding "such as" under 4d so as not to exclude other community-based providers.

Palliative Care Quality Improvement:
Although licensure was initially recommended under recommendation 5a, since the current licensure regulations focus only on hospitals, it was suggested that the accreditation route be considered instead. There was general consensus with this change.

Palliative Care Survey:
Under recommendation 6b, it was recommended that we add "using existing resources" for MHCC to conduct surveys. It was also recommended that the wording of 6c be modified to "Palliative Care Coalition" to be consistent with 4a.

STATE TABLE:
Rebecca Swain-Eng then reviewed the draft State Table, which had also been distributed in the mailing. She noted that in addition to updating the previous version of the State Table, she added a recent report from NASHP as of July 2023, in order to include the most recent data.

Dr. Kearney said that he enjoyed reading the full report. He said that palliative care programs must show cost savings and asked which states showed cost savings. Dr. Grant explained that the programs have not run long enough to have robust financial data.

Mr. Steffen stated that the information should be summarized by commonalities across states and which states had made significant progress in certain areas. Dr. Kearney said that these are the states that are usually cited as the leaders.

Peggy Funk said that this is a tremendous resource. It should provide information and spark innovation.

PROVIDER DIRECTORY:
Ms. Swain-Eng then presented the previously distributed Provider Directory. She pointed out that this represents a point in time, and with many acquisitions, data changes rapidly.

Cathy Hamel asked how Gilchrist can distinguish the palliative care services that is provides in hospitals (GBMC), hospice, and nursing homes. Ms. Swain-Eng explained that providers responded in different ways. For example, some nursing homes responded that they offer palliative care, and some referred SEA to the hospice with whom they contract for palliative care services. Cathy Hamel was directed to send information to Ms. Swain-Eng on where services are directly provided by Gilchrist.

Dr. Izquierdo-Porrera said that some providers did not receive the survey. She would also like to know language competency of providers and whether services are provided in the patient's home or in an office or facility. These are questions that can be added to future surveys. Other suggested questions include accreditation, and whether services are facility-based, community-based, or home-based.

There was consensus that the final two columns (Participated in Survey/Palliative Care Provider) could be eliminated from the Provider Directory.

Mr. Steffen asked if the Maryland Hospital Association maintains any data on hospital palliative care programs. Ms. Davis replied that they do not have this data.

QUESTIONS AND DISCUSSION:

Monica Escalante explained that there is a shortage of hospice services and palliative care services in rural areas. She introduced Dr. Izquierdo-Porrera to tell the group more about her program.

Dr. Izquierdo-Porrera, Executive Director of Care for Your Health, Inc., described how it began as a community primary care organization and now also provides elder care services, both in the office and at home. There are cost savings, since 80% of their patients die at home and only 10% die in hospitals. Their providers speak four languages and really reach out to their communities.

Dr. Grant said it is interesting to hear how heterogeneous the palliative care provider community is becoming.

Ms. Cole thanked the workgroup members for their ongoing participation throughout the two-year process. She said that if anyone had any additional comments, they need to be submitted no later than **Monday, September 11th.**

NEXT STEPS:

The staff will now work on drafting the Final Report. This will be presented to the Commissioners at the October 19th Commission meeting. Mr. Steffen indicated that all workgroup members are invited to attend that meeting, either in person or virtually. The Final Report will be submitted to the Governor and General Assembly on November 1st.