



Current Status of Palliative Care in Maryland

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

MARYLAND HEALTH CARE COMMISSION MEETING

JUNE 15, 2023



MARYLAND
Health Care
Commission

HB 378 (2022): Legislative Requirements



HB 378 (2022): Legislative Mandate

- ▶ Purpose:
 - MHCC shall convene a workgroup of interested stakeholders
 - Study palliative care services and make recommendations to improve the provision of palliative care services

- ▶ Representation should include:
 - Hospice and palliative care providers
 - Health care facilities
 - Patient advocacy groups
 - Health insurers

Scope of Work



- ▶ Workgroup 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 engaging the public about palliative care; empower individuals to make informed decisions; and
 - Other strategies that would improve palliative care services.



MARYLAND
Health Care
Commission

Implementation Approach: Workgroup Process



Palliative Care Workgroup Membership

► Membership/Stakeholders Represented

- Hospice Provider
- Nursing Home Representative
- State Advisory Council on Quality Care at End of Life
- Nurse Practitioner/Consultant
- Maryland Hospital Association
- Hospice & Palliative Care Network of Maryland
- Home Health Agency Representative
- AARP Representative
- Maryland Department of Aging
- Payors: Medicare, Medicaid, League of Life Insurers, and CareFirst

CAPC 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.

Workgroup Meetings Overview



▶ Meeting 1 (09/21/2022):

- Selected CAPC definition
- Selected 4 care settings: hospitals, nursing homes, home health agencies, hospices
- Agreed on Statewide Survey

▶ Meeting 2 (11/14/2022):

- Colorado Survey (phone) edited for Maryland use
- Payor representatives presented challenges to financing palliative care

▶ Meeting 3 (01/09/2023):

- Bid Board discussed
- Consumer representatives presented their views on Palliative Care Services

▶ Meeting 4 (05/23/2023):

- Reviewed data from web-based Statewide Survey
- Discussion of draft recommendations

▶ Meeting 5 (06/28/2023):

- Review of recommendations and Interim Report



MARYLAND
Health Care
Commission

Statewide Survey: Process and Initial Findings

Survey Process



- ▶ Selection of Contractor: SEA Healthcare (Prime) with Tenacity Solutions (analysis subcontractor)
- ▶ Web-Based Survey Conversion: Retooled Colorado phone survey to use as a web-based survey and completed beta testing
- ▶ Launched Survey and completed data collection with multiple outreaches to each organization through Survey tool, email and phone call follow-up
- ▶ Intensive follow up to settings selected by workgroup:
 - **Hospitals (46)**
 - **Nursing homes (227)**
 - **Hospices (27)**
 - **Home health agencies (56)**
- ▶ Response rates - **Overall 51%:**
 - By Organization:
 - **Hospitals:** **57%**
 - **Nursing homes:** **45%**
 - **Hospices:** **89%**
 - **Home health agencies:** **54%**
 - ▶ Eligible* Organizations that Participated in the Survey and whose data was used in the analyses: **36% of all organizations submitted usable data**

*Eligible: Survey respondent was authorized to complete the Survey on the organization's behalf AND they met the CAPC definition for palliative care service providers.

Management of Palliative Care Services



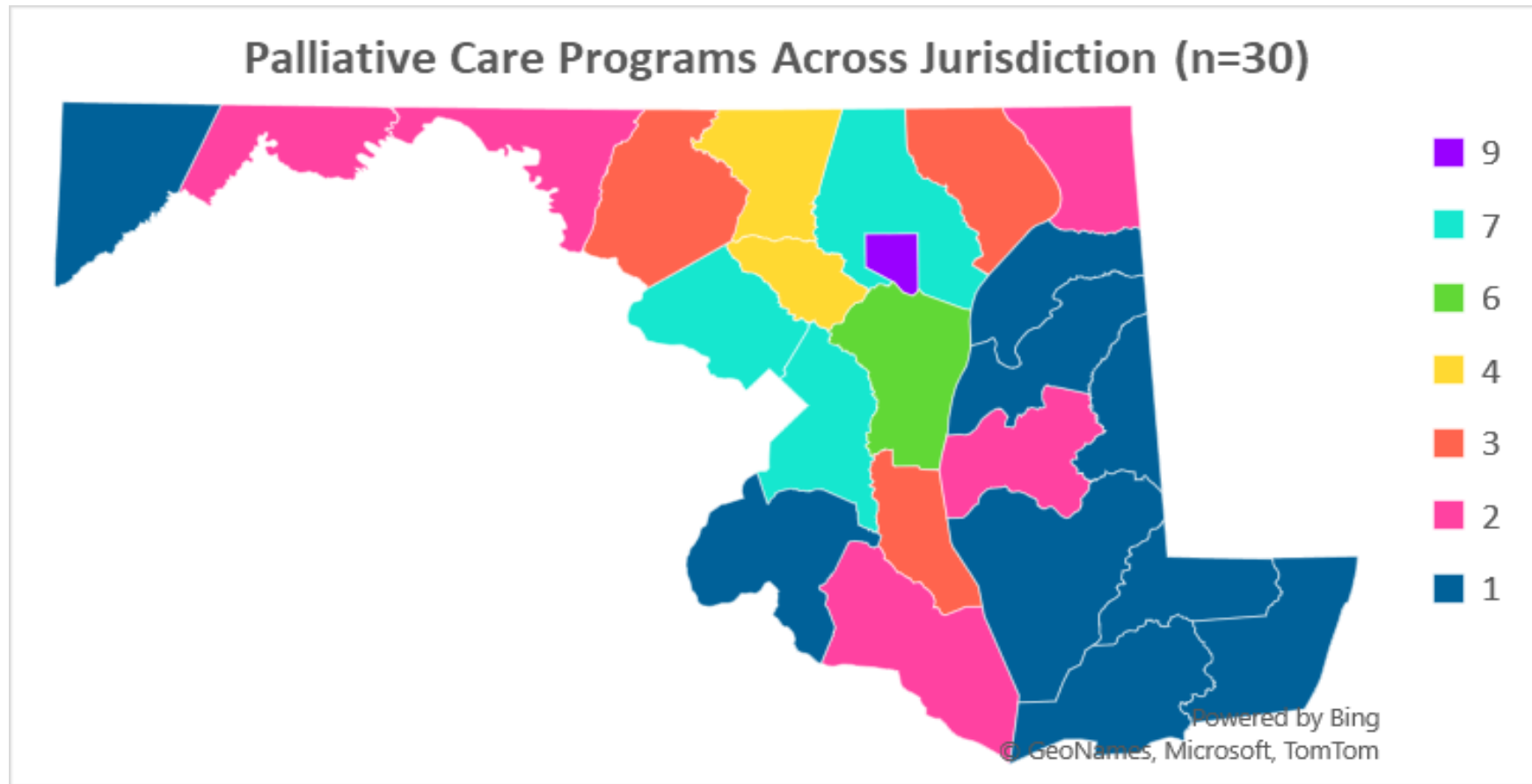
- ▶ Corresponding Question: Do you oversee and run your palliative care program with internal program staff or do you contract out the management of your palliative care program to another organization?

Organizational Type	Management Disposition			Grand Total
	Contracted Out	Independently	No Response	
Home Health	0	1	0	1
Hospice Program	3	5	4	12
Hospital	5	9	8	22
Nursing Home or Skilled Rehabilitation Facility	14	1	15	30
Grand Total	22	16	27	65

Palliative Care Services Distribution Across Maryland



Corresponding Survey Question: Which jurisdictions in Maryland does your palliative care program serve? Select all that apply.





Palliative Care Provider Directory



- ▶ Palliative Care Provider Directory will include:
 - Organizations that indicated on the Survey that they provide palliative care services
 - Organizations that the research team can confirm have a palliative program with publicly available data (e.g., hospitals are required by law if they have 50 or more beds to have a palliative care program)

- ▶ Directory will include:
 - Organization Name, Type, Primary Contact Phone Number, Website Address



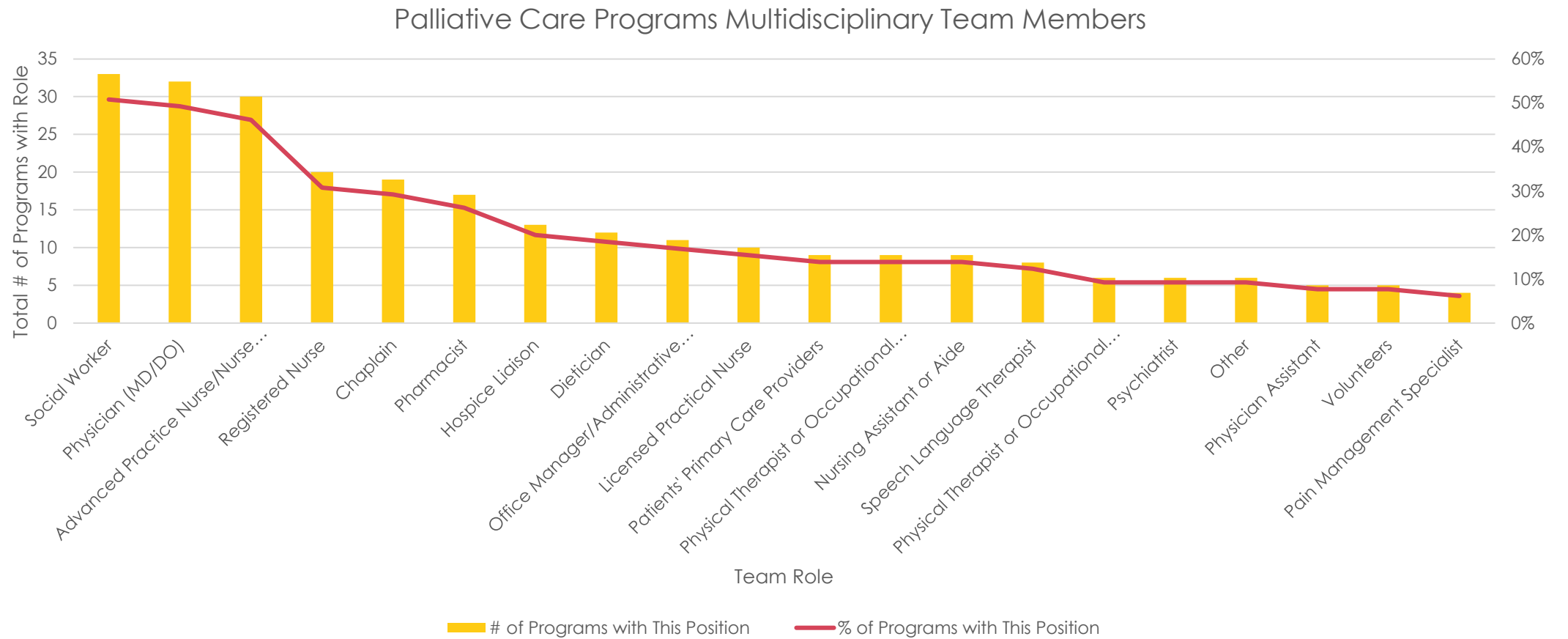
Multi-Disciplinary Palliative Care Teams



Of the 65 programs who completed the Palliative Care Survey:

- ▶ Approximately **50%** include physicians, social workers and APN/NPs in their Teams.
- ▶ Approximately **30%** include RN, Chaplains and Pharmacists
- ▶ Less than **25%** included hospice liaisons, administrative assistants, LPN, primary care providers, PT/OTs, SLPs, psychiatrists, PAs, pain management providers, volunteers or other

Multi-Disciplinary Palliative Care Team Members





Palliative Care Services Payors – Overview

- ▶ Palliative care services are primarily supported by direct care billing for provider time services.
- ▶ Palliative care services receive payment from various payor groups, including:
 - Medicare,
 - Medicaid,
 - Commercial/Private Insurers,
 - Veteran's Administration,
 - Patients/Family,
 - and other funding sources.
- ▶ Other funding sources encompass donations/philanthropy, grants/research, and support from academic institutions.



Billing for Palliative Care

▶ Top Sources of Palliative Care Program Support:

- ▶ 1) Medicare Part B (18)
- ▶ 2) Medicare Part A (9)
- ▶ 3) Inpatient Billing (7)
- ▶ 4) Outpatient Billing-E/M (6)
- ▶ 5) Telehealth (6)

Revenue Sources	Frequency
Provider Time Services (e.g., Physician time for Medicare Part B or Medicare Fee for Service)	18
Medicare Part A (Inpatient or facility billing)	9
Inpatient Billing-Other	7
Outpatient Billing - E/M Codes	6
Outpatient billing - Time Based Billing	4
Outpatient Billing - Medical Decision Making	3
Telehealth Billing	6
Other	7
Unknown	4



MARYLAND
Health Care
Commission

Outline of Interim Report



Topics to be Addressed in Interim Report

- ▶ Summary of State Survey Results
- ▶ Summary of Palliative Care in Other States
- ▶ Current Status of Palliative Care in Maryland
- ▶ Recommendations:
 - Gaps in Palliative Care Services and How to Address Them
 - Opportunities for Collaboration among Stakeholders
 - Feasibility of Financial Support for Palliative Care
 - Plans for Ongoing Data Collection
 - Engagement Strategies for Provider and Public Outreach and Education

Recommendation Themes from Palliative Care Workgroup



➤ **Financing:**

- Lack of specific palliative care benefit from Medicare, Medicaid, and insurers
- Limited inclusion in value-based contracts
- Address gaps in services through improved reimbursement

➤ **Public and professional education:**

- Differentiate palliative care from hospice
- Increase awareness and understanding

➤ **Home and community-based services:**

- Expand palliative care outside of hospitals
- Enhance accessibility and convenience

Recommendation Themes from Palliative Care Workgroup



- **State Advisory Council partnership:**
 - Collaborate with the State Advisory Council on Quality Care at End of Life
 - Advance care planning and public education initiatives
- **Workforce development:**
 - Increase the number of trained and credentialed palliative care professionals
- **Funding models:**
 - Explore funding models used in other states for statewide palliative care services
- **Data collection:**
 - Implement shorter, more focused surveys for future data collection
- **Stakeholder engagement:**
 - Engage a wider community-based group for increased stakeholder input



Next Steps

- ▶ Palliative Care Services Interim Report to Legislature July 1, 2023.
- ▶ Reconvene workgroup to review and develop recommendations, June 28, 2023.
- ▶ Present the Palliative Care Services Final Report at the October 2023 Commission meeting.
- ▶ MHCC Palliative Care Services Final Report due November 1, 2023.