



Final Report on Palliative Care in Maryland

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

MARYLAND HEALTH CARE COMMISSION MEETING

OCTOBER 19, 2023



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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 community-based 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.



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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

Adopted 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.



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Implementation Approach: Statewide Survey and Environmental Scan

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.

Survey Benefits and Limitations



▶ Survey Benefits:

- Comprehensive mixed methods data collection provided baseline on PC services
- Overall response rate of 51%
- Raised awareness of palliative care by outreach to stakeholders
- Produced Provider Directory
- Feedback used to guide recommendations

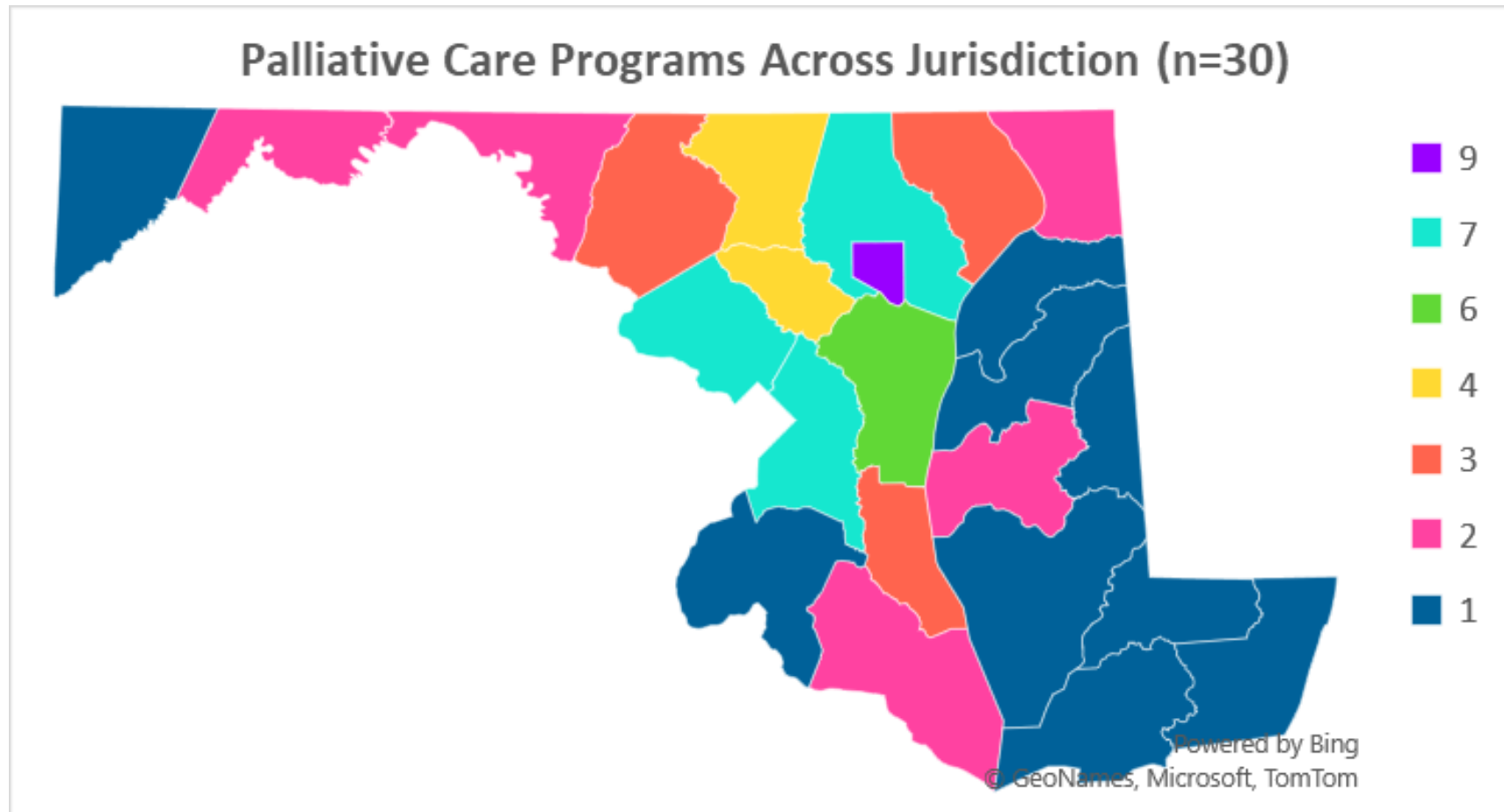
▶ Survey Limitations:

- Length and complexity of survey
- Technical issues with email delivery
- Challenges in engaging organizational staff
- Limited responses by type and by full completion
- Self reported programs meeting CAPC definition

Palliative Care Services Distribution Across Maryland



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



Key Findings from Survey



- **Geographical Distribution:** Palliative care services are primarily located in urban areas, leaving rural counties underserved.
- **Education Gaps:** Both the public and healthcare professionals show a lack of understanding about palliative care, signaling a need for targeted education.
- **Financing and Payer Distribution:** Medicare and Medicaid are the main funding sources, raising questions about long-term financial sustainability.
- **Staffing Structure:** 34% of organizations outsource services, leading to a diversity of staffing models and potential inconsistencies in care quality.
- **Board Certification:** 18% of programs operate without board-certified staff, indicating a potential quality issue.

Key Findings from Survey con't



- **Utilization Trends:** Hospitals have seen a 17.6% growth in patient numbers, while hospice programs have faced a 27.2% decline.
- **Service Tenure:** A significant subset of organizations has been in operation for over a decade, suggesting stability and capacity for mentorship in the field.
- **Predominant Conditions:** Cancer, heart disease, and dementia are the most common conditions requiring specialized care.
- **Pediatric Care Gap:** Pediatric palliative care is significantly underrepresented, suggesting a critical need for service expansion.
- **Telehealth Integration:** Adoption of telehealth is inconsistent, with hospitals taking the lead but leaving other facility types lagging.



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



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Environmental Scan

Review of States



- ▶ Conducted literature search to review palliative care development in other states
- ▶ Areas covered:
 - Legislation
 - Education
 - Workforce
 - Data Collection
- ▶ Product: Summary of Palliative Care Practices across 12 States
- ▶ Also included a report by NASHP on budget/legislative actions in 2022/2023



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Final Palliative Care Recommendations

Public Education



- ▶ **1a. RECOMMENDATION*:** Work with state partners, including the State Advisory Council on Quality Care at End of Life, community associations/organizations, and the Maryland Department of Aging, 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 Maryland Access Point (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.

* Indicates the need for legislative action and/or funding

Provider Education



- ▶ **2a. RECOMMENDATION*:** Work with the Maryland Higher Education Commission to encourage relevant academic programs (e.g., nursing, physicians, social workers, etc.) across all levels (entry level/certificate, bachelor's, graduate) to include education on palliative care.
- ▶ **2b. RECOMMENDATION*:** To address the current and anticipated workforce shortage 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, including loan forgiveness at academic institutions in the state.
- ▶ **2c. RECOMMENDATION*:** Applicable licensing boards (e.g., Maryland Board of Nursing, Maryland Board of Examiners of Nursing Home Administrators, Maryland Board of Pharmacy, Maryland Cannabis Commission, Maryland Board of Professional Counselors and Therapists, Maryland Board of Physicians, Maryland Board of Social Work Examiners, Maryland Board of Psychologists, etc.) should revise initial licensing requirements and/or continuing education courses to include education on palliative care medicine. Relevant boards should work with the Maryland Higher Education Commission, and Maryland colleges, universities, and private career schools to ensure that existing programs and new programs meet revised licensing standards that include education on palliative care medicine.

* **Indicates the need for legislative action and/or funding**

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 Medicare 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 a palliative care benefit with defined services under their managed care contracts.
- ▶ **3c. RECOMMENDATION:** Continue work with the National Academy for State Health Policy (NASHP) Serious Illness Institute to explore ways to fund palliative care benefits 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.

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Community-Based Palliative Care



- ▶ **4a. RECOMMENDATION*:** A broad and funded 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 development, promotion, and sustainability 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:** The Palliative Care Coalition (4a) should 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, such as in primary care, hospices, home health and other agencies.

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Palliative Care Quality Improvement



- ▶ **5a. RECOMMENDATION***: Require community-based palliative care programs to meet accreditation requirements under one of the accreditation organizations.
- ▶ **5b. RECOMMENDATION**: MHCC should continue annual data verification to update and maintain an up-to-date Palliative Care Provider Directory in Maryland.
- ▶ **5c. RECOMMENDATION***: 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, 4th Edition, or any updated edition.

* Indicates the need for legislative action and/or funding

Palliative Care Survey



- ▶ **6a. RECOMMENDATION:** MHCC should streamline the Palliative Care Survey to focus on key areas of interest to reduce participant burden and 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, using its existing resources, should develop a web-based 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:** Work with the Palliative Care Coalition (4a) 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.

* **Indicates the need for legislative action and/or funding**



Next Steps

- ▶ Review and Approval by Commission (October 19, 2023)
- ▶ Submission to Governor and General Assembly: Final Report due November 1, 2023
- ▶ Continue work with NASHP to develop Palliative Care Programs