

## Master Plan for Aging Recommendation

### *Expand Access to Palliative Care*

#### **Issue Statement:**

Palliative care provides interdisciplinary, team-driven care focused on patient-centered outcomes such as quality of life, symptom burden, emotional well-being, and caregiver needs. Its emphasis on communication and continuity of care fits the episodic and long-term nature of serious, multifaceted illness. A recent study published by the California Health Care Foundation (CHCF) reports that in 2017/2018 inpatient palliative care capacity for the entire state of CA was estimated to be sufficient to meet between 43% and 66% of need (mid-point estimate = 52%); community-based palliative care (CBPC) was estimated to be sufficient to meet between 33% and 51% of need (mid-point estimate = 40%). According to this same CHCF report, disparities exist between Health Service Areas. For example, the West Bay area of CA has enough palliative care programs to meet 91% of need. In contrast, the Northern CA area can only meet 31% of need. Other gaps in access are related to hospital ownership: Only 11% of investor-owned hospitals have inpatient palliative care programs while 100% of federally-owned hospitals, 89% of University of CA hospitals and 72% of non-profit hospitals have palliative care programs.

Access to palliative care programs is only one component; insufficient workforce and limited clinicians' skills in palliative care principles (such as communication skills, symptom management, psychosocial assessment and caregiver support) are others area of need. Lack of knowledge about the benefits of palliative care programs also impact the number of referrals palliative care programs receive. Finally, access to CBPC is also affected by the type of insurance seniors have. Although seniors with Medi-Cal managed care and in Medicare Advantage Plans are likely to have CBPC services covered by their insurance, traditional fee-for-service Medicare lacks adequate reimbursement for interdisciplinary care especially when that care is delivered in the home.

#### **MPA Framework Goal:**

3. Health & Well-being. We will live in communities and have access to services and care that optimize health and quality of life.

#### **MPA Framework Objective:**

3.2. Californians will have access to quality, affordable, and person-centered health care through delivery systems that are age-friendly, dementia-friendly and disability-friendly.

#### **Recommendation:**

Expand access to palliative care in hospitals and in the home and community throughout the state.

**Target Population and Numbers:**

Approximately 200,000 chronically, seriously ill seniors could benefit from access to palliative care services according to the California Health Care Foundation (<https://www.chcf.org/wp-content/uploads/2018/05/NarrowingGap.pdf>)

**Detailed Recommendation:**

## Access:

1. Advocate for a hospital, skilled nursing and long-term care requirement to provide palliative care as part of licensing.
2. Advocate for the creation of a multidisciplinary palliative care advisory board and task force.
3. Add access to patient-centered services such as palliative care to the state's patients' bill of rights.
4. Advocate to increase the role of the CA state public health agencies in promoting palliative care.

## Workforce:

1. Advocate for required continuing education in palliative care and training of medical students in palliative care as part of curriculum.
2. Advocate for Congress to pass the Palliative Care and Hospice Education and Training Act (PCHETA)
3. Advocate for loan forgiveness programs for clinicians who work as palliative care specialists.

## Payment/Insurance:

4. Advocate for broader home health benefit eligibility to include CA seniors with functional and/or cognitive impairment to improve access to home-based services.
5. Remove telehealth restrictions for Medicare beneficiaries with serious illness/palliative care needs.

**Evidence that supports the recommendation:**

America's Care of Serious Illness: A State-by-State Report Card on Access to Palliative Care in Our Nation's Hospitals. Center to Advance Palliative Care and the National Palliative Care Research Center. September 2019. <https://reportcard.capc.org/>

**Examples of local, state or national initiatives that can be used as an example of a best practice: Local:**

- **State:**  
SB 294 – Palliative Care Pilot Program/Hospice  
<https://coalitionccc.org/public-policy/sb-294-hospice-palliative-care/>
- **National:**
- **Other:**

Advocacy of the Coalition for Compassionate Care of CA – particularly as related to SB 1004 <https://coalitionccc.org/2015/05/ccc-submits-recommendations-to-medi-cal-regarding-implementation-of-sb-1004/>

### **Implementation:**

- **State Agencies/Departments:**

1. Increase the role of the CA state public health agencies in promoting palliative care.
2. State licensing adds palliative care program requirement to hospital licensing requirements.
3. State provider licensing adds requirement for continuing education and/or palliative care training to provider licensing requirements.
4. Add access to palliative care to the state's patients' bill of rights.

- **State Legislature:**

- **Local Government:**

- **Federal Government:**

1. CMS: Remove telehealth restrictions for Medicare beneficiaries with serious illness/palliative care needs.
2. Congress passes the Palliative Care and Hospice Education and Training Act (PCHETA)
3. Create loan forgiveness program for providers who specialize in palliative medicine.

- **Community-Based Organizations:**

- **Philanthropy:**

- **Other:**

### **Person-Centered Metrics:**

1. Number of CA seniors who have access to inpatient palliative care
2. Number of CA seniors who have access to CBPC
3. Number of CA seniors who have advanced care planning documentation (POLST)
4. Number of palliative care-trained providers in CA
5. Number of palliative care programs

### **Evaluations:**

- **Short-term (by 2020):**

1. Increasing access to palliative care solidified as a key priority for the California Master Plan on Aging

- **Mid-term (by 2025):**

1. Increase the number of seniors in CA who have access to inpatient palliative care by 20%
2. Increase the number of seniors in CA who have access to CBPC by 20%
3. Increase the number of seniors in CA who receive advanced care planning by 20%
4. Increase the number of palliative care providers in CA by 15%

- **Long-term (by 2030):**

1. All seniors in CA should have access to inpatient palliative care.
2. Increase the number of seniors in CA who have access to CBPC to 50%
3. Majority (>50%) of seniors in CA will have a POLST form
4. Increase the number of palliative care-trained providers in CA by 30%

**Data Sources:**

- CMS claims: advance care planning (ACP) codes used
- Medi-Cal
- California POLST registry
- Center to Advance Palliative Care

**Potential Costs/Savings:**

Research shows that inpatient palliative care improves patient and family satisfaction with care, reduces 30-day readmission rates, reduces ICU utilization and can save 9-25% of costs for inpatient stays. Furthermore, CBPC has been shown to reduce emergency department visits, hospital admissions, readmissions and length of stay and can save Accountable Care Organizations, health plans and health systems up to \$12,000 per patient.

**Prioritization:**

High

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