

Palliative Care Interdisciplinary Advisory Council Recommendations

Disclaimer: These recommendations were prepared by members of the Palliative Care Interdisciplinary Advisory Council. The opinions and suggestions expressed in these recommendations are the members' own and do not reflect the views of the Texas Health and Human Services Commission Executive Council or the Texas Health and Human Services Commission.

- 1. Adopt statutory language for supportive palliative care.** Texas should adopt statutory language for SPC as distinct from HPC. The SPC language should be written as a new chapter in the Health and Safety Code, not appended to an existing chapter. Once established, Texas should leverage any new statutory language through collaborative efforts with health plans and other stakeholders to develop a value-based SPC pilot focused on the most vulnerable Texans with serious illness.
- 2. Prioritize Advance Care Planning.** Texas policy should promote structured ACP as a routine standard for medical care at all stages of life. Texans should be educated on the benefits of ACP and the options it provides. With informed consent, structured ACP discussions can come from any provider that sees a patient on a regular basis, whether it be a primary care provider, therapist, or specialist. Proxy decision makers for the patient should be included in these conversations whenever possible. Information from ACP conversations should be entered into written and signed advance directives and recorded in the medical records of each patient seen at least annually, no matter the purpose of a visit. The state should establish a digital repository to allow emergency responders, healthcare providers and institutions, and families/individuals easy and timely access to advance planning documents.
- 3. Address Palliative Care Shortages.** The need for palliative care is growing rapidly as the population ages, concurrent palliative care becomes more common, and healthcare reimbursement models increasingly favor value over volume. The best available estimates indicate that palliative care providers already are in short supply across the U.S., and that current training capacity is insufficient to keep up with population growth and the demand for services. Moreover, despite some recent gains, Texas noticeably trails the nation in the number of medical

professionals per population with specialized hospice and palliative medicine (HPM) credentials. Given the significant time entailed to train new professionals, state policy makers must act now to plan for and meet future palliative care workforce requirements.

4. Expand Supportive Palliative Care Programs as a Value-Based Model.

Texas Medicaid should use financial incentives and other strategies to promote the establishment of high quality interdisciplinary palliative care programs and services. The pathway for increasing SPC access through Medicaid value-based initiatives includes:

- a. Commissioning a comprehensive claims based study by an academic research team using a state-of-the-art analytic/return on investment model to quantify the expected benefits to Texas, including Medicaid cost savings, from expanding the availability of SPC services;
- b. Engaging Medicaid Managed Care Organizations (MCOs), hospitals, and other providers on the benefits of palliative care for reducing readmissions and other preventable hospital stays;
- c. Recognizing hospitals and community based programs that meet the high standards for Joint Commission or other similar palliative care certification, including by providing a modest financial reward;
- d. Making advance planning a benefit of the state's Medicaid program and considering additional incentives to facilitate advance planning conversations, especially for new nursing home residents.

5. Establish a Statewide Palliative Care Dashboard. As SPC service availability expands across Texas, state policy must drive the industry to meet the highest standards for quality and efficiency. Public reporting, in conjunction with an effective business intelligence and informatics strategy, is essential for achieving accountability in healthcare and empowering patients, families, communities, providers, and policy makers to make informed choices. Currently, Texas does not support a stakeholder facing dashboard that shows metrics specifically for palliative care.

6. **Seek a balanced response to the opioid crisis.** Create an effective state policy to address the multidimensional opioid crisis should involve thoughtful strategies that:
- a. Define the opioid epidemic as part of a larger context of substance abuse and addiction disorders;
 - b. Continue and increase support for programs in both outpatient and inpatient settings that seek to prevent and manage addiction;
 - c. Promote education for the public as well as health care professionals regarding non-opioid and non-pharmacologic methodologies for coping with chronic pain; and
 - d. Offer a balanced, evidence based, and interdisciplinary approach to the regulation of opioid based medications, particularly acknowledging the needs of patients and providers involved in supportive palliative care, hospice palliative care, and oncology.

The goal of the Council's recommendation is to encourage deeper exploration regarding opioid abuse, highlight educational opportunities, reduce unintended consequences of policy changes, and facilitate a truly meaningful response to this growing epidemic.