

1. Recommendations

Policy Issue: Adopt statutory language for supportive palliative care

A majority of people with a serious illness wish to spend as much time as possible in a non-hospital setting, among loved ones, free from pain, and not being a burden to their family. Achieving these outcomes will require increased awareness among both providers and patients that palliative care is not just for the end of life. While hospice palliative care (HPC) addresses the terminal stage of serious illness, supportive palliative care (SPC) can be beneficial regardless of prognosis, be combined with treatments to cure illness or extend life, and is most effective if started in the early stages of disease.¹ To help get these important services to Texans when most needed, Texas law should be clear about SPC and HPC.

Recommendation (a)

Texas should adopt statutory language for SPC as distinct from HPC. The structure for the SPC language would mirror the hospice definition, with three components:

- a) Definition for SPC
- b) Description of palliative care services
- c) Listing of SPC standards of care

Recommendation (b)

Texas should leverage any new statutory language by collaborating with health plans and other stakeholders to develop a value-based SPC pilot focused on the most vulnerable Texans with serious illness.

¹ A. Sinclair and D. Meier, "How States Can Expand Access to Palliative Care," Health Affairs Blog, January 30, 2017, <http://healthaffairs.org/blog/2017/01/30/how-states-can-expand-access-to-palliative-care/> (accessed February 16, 2017).

Policy Issue: Prioritize Advance Care Planning

Completion of advanced care planning (ACP) documents, preferably a medical power of attorney in combination with a living will, is the best way a person can ensure that his or her treatment wishes are honored during a period when the individual is incapacitated and unable to communicate.

Recommendation

Texas policy should promote Advance Care Planning (ACP) as a priority for Texans at all stages of life. Texans should be educated on the benefits of APC and the options it provides. With informed consent, 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. Information about ACP should be documented in the medical records of each patient seen, at least annually no matter the purpose of the visit. Encouraging the patient to share their wishes with others is a must for the success of ACP.

Policy Issue: Address palliative care provider shortages

The need for palliative care is growing rapidly as the population increases and ages and value-based reimbursement models become more common. The best available estimates indicate that hospice and palliative care providers already are in short supply across the U.S. Moreover, despite some recent gains, Texas significantly trails the nation in the number of medical professionals per population with specialized hospice and palliative medicine (HPM) credentials. Given the significant time needed to train new professionals, especially in a physician subspecialty such as HPM, state policy makers must act now to plan for and meet future palliative care workforce needs.

Recommendation

Texas policy should encourage the creation of enough training opportunities to assure sufficient workforce for hospice and palliative services. A plan to

achieve this goal begins with a comprehensive review of current and future demand for palliative care. Additional funding to expand existing and establish new training programs, including graduate medical education dollars for HPM fellowships, will likely be needed.

Policy Issue: Incentivize expansion of SPC programs

SPC care requires an interdisciplinary team approach. Such teams are labor intensive and reimbursement poor. They do not receive the per diem payments hospice receives, and yet they clearly save payers money, including Medicaid.² Unfortunately, for Texas Medicaid and other payers, about 50 percent of hospitals still lack SPC programs. Likewise, only a small number of community-based SPC programs have been identified in Texas. As a large purchaser of health-care, the state itself can reform its program designs to drive system-wide changes that lead to earlier access to palliative care services, better experience for patients and families, and lower healthcare costs for all Texans.

Recommendation

Texas Medicaid should use financial incentives and other approaches to promote the establishment of high quality inpatient and community-based interdisciplinary palliative care programs. Options include:

- a) 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
- b) Engaging Medicaid Managed Care Organizations, hospitals, and other providers on the benefits of palliative care for reducing readmissions and other preventable hospital stays
- c) Including a metric on palliative care access as part of the state's Medicaid Pay for Quality program

² Morrison RS, Dietrich J, Ladwig S, et al. *Health Affairs*. March 2011; 30 (3):454-463).

- d) Making advance planning a benefit of the state's Medicaid program and considering additional incentives to facilitate advance planning conversations for new nursing home residents.

Policy Issue: Establish a Statewide Palliative Care Dashboard

As the availability of palliative care services expands across Texas, state policy must ensure providers meet the highest standards for quality. Public reporting is essential to drive accountability in healthcare and empowers clients, communities, service providers, and policy makers to make informed choices. Currently, Texas does not support a stakeholder facing dashboard that shows metrics that specifically apply to palliative care.

Recommendation

Texas should expand analysis and public reporting on palliative care metrics within a state level dashboard. The dashboard would be published and updated regularly on the state's Palliative Care Information and Education Website.

Policy Issue: Seek a balanced response to the opioid crisis

A successful response to the growing crisis of opioid addiction will require interdisciplinary approaches that recognize the multilayered dimensions of both substance abuse and pain management.

Recommendation

State policy should seek a balanced approach to the regulation of opioid based medications. Such an approach:

- 1) Defines the opioid epidemic as part of the larger context of substance abuse and addiction disorders
- 2) Continues and increases support for programs that look to prevent and manage addiction

- 3) Supports education for the public as well as health care professionals regarding non-opioid and non-pharmacologic methods for coping with and treating chronic pain.

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