Palliative Care
Interdisciplinary Advisory Council (PCIAC)

February 25, 2020
Full Committee Meeting
10:00 AM
Meeting Overview

Main Objectives
1. Welcome and introductions
2. Approve minutes from February 27, 2019 and November 5, 2019 meetings
3. Update on PCIAC New Member Appointment Process
4. Presentation: Compassionate Use Program
5. Discussion: Medicaid Community-based palliative care benefit (California example)
6. Staff Update: Palliative Care Pilot Study Progress
7. 2020 Legislative Report including topic breakout sessions
8. Action items and topics for staff or member follow-up
9. Public comment
10. Adjourn
Welcome and Introductions

Staff and Council Member Introductions
Review and Approval of Meeting Minutes

Review and approval of meeting minutes from February 27, 2019 and November 5, 2019
Update on New Member Appointment Process

1. Applications should open around the end of February
2. One month application deadline
3. Hope to have new members by the next CE Event on Nov 5th 2020

Outgoing Members:

- Bruce Christensen, Larry Driver, Erin Perez, Hattie Henderson, Craig Hurwitz, Barbara Jones, and Nat Jones
  - *Outgoing members are eligible for another term*
Presentation: Compassionate Use Program

Jason Hester, Assistant Chief
Texas Department of Public Safety
Regulatory Services Division

Jason.Hester@dps.texas.gov
Texas Department of Public Safety - Compassionate Use Program
Amended the Occupations Code

Deleted the definition of intractable epilepsy definition

Added “Incurable neurodegenerative disease” to the list of conditions to be prescribed low-THC cannabis as well as “terminal cancer”.

Required prescriptions for low-THC to be written in the compassionate-use registry

Eliminated the percentage by weight of cannabinol

Left THC at not more than 0.5%
Physician Changes

Added language that only a physician “qualified with respect to a patient’s particular medical condition...to treat the applicable medical condition”

Licensed, board certified, dedicates significant portion of clinical practice that that patient’s particular medical condition

Removed references to epilepsy and special qualifications that were in the original bill.

DPS is not allowed to publish the name of a physician registered unless granted by the physician.
Search - Physician

Search the Compassionate Use Registry of Texas to find a participating physician in your area that can prescribe low-THC cannabis. Results displayed are physicians who have granted permission to publish their information.

- When searching by city or zip code at least the first 3 letters or numbers are required.
- Search results will appear exactly as entered by registering physicians.

Enter County to Search

Search
Reset

Compassionate Use Program Eligibility questions can be answered in the FAQ section of CUP FAQ. Any questions not addressed in the FAQs relating to participation in the Compassionate Use Program can be submitted through the Contact Us form.
the physician certifies to the department that the patient is diagnosed with:
- epilepsy;
- a seizure disorder;
- multiple sclerosis;
- spasticity;
- amyotrophic lateral sclerosis;
- autism;
- terminal cancer; or
- an incurable neurodegenerative disease

 Removed the requirement for a second physician to concur with the determination.

 Required HHSC to adopt rules designating diseases as incurable neurodegenerative disease.
Compassionate Use Registry of Texas

Login

User Name

Password

Login

Forgot User Name

Forgot Password

Regulatory Services Division
For more information about the Compassionate Use Program click here
Number of Registered Physicians

# Physicians

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Questions?
Compassionate Cultivation

Morris Denton
CEO of Compassionate Cultivation
Prescription Cannabidiol Options

Dr. Nat Jones
Clinical Compounding Pharmacist
Medicaid Community-Based Supportive Palliative Care Benefit (California Example)

Jimmy Blanton, Director
Health Quality Institute
Medicaid and CHIP Services

Jimmy.Blanton@hhsc.state.tx.us
Phase 1: Planning Phase

- Legislator champions palliative care benefit
- MCOs utilize grant funding from community stakeholders to conduct pilot projects
- California’s Department of Health Care Services conducts retrospective claims analysis to determine benefit eligibility and prospective return on investment
  - Four eligible conditions:
    - COPD, Cancer, Liver Disease, and COPD
- Task force of palliative care experts created to determine services covered for patients
Palliative Care Services Offered

- Advanced Care Planning
- Palliative Care Assessment and Consultation
- Plan of Care
- Pain and Symptom Management
- Mental Health and Medical Social Services
- Care Coordination
- Palliative Care Team
- Chaplain Services
- 24/7 Telephonic Palliative Care Support (recommended)
- Access to Curative Care/Disease Modifying Care
## Palliative Care Billing Codes (1 of 2)

<table>
<thead>
<tr>
<th>Palliative Care Service</th>
<th>Billing Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advance Care Planning (Inpatient/Outpatient [I/O] and Hospital [H])</td>
<td>Evaluation and Management (E&amp;M) codes 99497 (reimbursable twice a year before Treatment Authorization Request [TAR] override) &amp; 99498 (reimbursable once a year before TAR override)</td>
</tr>
<tr>
<td>Palliative Care Assessment and Consultation (H)</td>
<td>E&amp;M codes for counseling</td>
</tr>
<tr>
<td>Pain and Symptom Management (I/O)</td>
<td>E&amp;M codes 99341 – 99350 for MD/NP, or Home Health for RN/LPN</td>
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<tr>
<td>Pain and Symptom Management (H)</td>
<td>Home Health Physical Therapy</td>
</tr>
<tr>
<td>Mental Health Services, Discharge Planning (I/O)</td>
<td>Individual and group psychotherapy, hospital or Nursing Facility Level B discharge planning</td>
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# Palliative Care Billing Codes (2 of 2)

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<td>Medical social services within home health</td>
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<td>Plan of Care (I/O)</td>
<td>E&amp;M Codes</td>
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<td>Home Health or E&amp;M codes 99341 – 99350</td>
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<tr>
<td>Palliative Care Team (I/O)</td>
<td>E&amp;M Codes 99366 and 99368</td>
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<td>Palliative Care Team (H)</td>
<td>Home Health or E&amp;M does 99341 - 99350</td>
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Phase 2: Implementation Phase

- MCOs finish planning portion of pilot project & receive implementation grants
  - Aim was to demonstrate value added & feasibility
- Unfunded Medicaid Mandate was passed
  - No State Plan Amendment or Waiver was needed
  - MCOs took mandate positively
- Additional training opportunities for providers and health plans were offered
Lessons Learned

- Do not implement the benefit without setting quality measures
  - Lack of direction for reporting requirements & plan payment
- Increase benefit eligibility for serious illnesses
  - Wished they had included diabetes and kidney disease
- Link to defined value-based payment model from the start
  - Original model used PMPM payment with no link to value
  - Later in implementation, methods become linked to value based payment
- State should work with stakeholders to define the payment model during planning phase
Staff Update: Palliative Care Pilot Study Progress

Senate Bill 916 Study Workplan Update
(86th Legislature, Regular Session, 2019)
Senate Bill 916: Pilot Study

**Assess potential improvements of SPC on:**

- Health quality, health outcomes, and cost savings from the availability of SPC services in Medicaid
- Must include an evaluation and comparison of other states that provide Medicaid reimbursement for SPC
- PCIAC must provide recommendations on study
- HHSC may collaborate with and solicit and accept gifts, grants, and donations to fund the study
- Study not required if money not received for this purpose
- Study findings due by September 1, 2022
Pilot Study Structure (1 of 2)

Two Part Study:

• **Part 1:**
  • Community-Based Innovation in SPC
    • Inpatient study & community-based study
    • Replicate claims-based study used in California
    • Potential for innovative practices such as telehealth

• **Part 2:**
  • Medicaid Palliative Care Benefit Comparison
    • Comparison study of other states SPC benefit
Pilot Study Structure (2 of 2)

• **Other Considerations**
  - Statutory standards for Supportive Palliative Care Services
  - Rules
  - Licensing

• **Expected Outcomes:**
  - Evidence to improve patient quality of care & health outcomes
  - Cost savings of Medicaid palliative care benefit
  - New policies to apply the benefit to Texas Medicaid
  - Development of alternative payment models to support palliative care services
Funding for Pilot Study: Rider 158: Palliative Care Program

Overview and Direction:

• Fiscal Impact:
  • General Revenue: $270,618
  • All Funds: $270,618

  • The Executive Commissioner shall allocate $135,309 in fiscal year 2020 and $135,309 in fiscal year 2021 in General Revenue to support the Palliative Care Program established in Health and Safety Code Chapter 118.

  • Any unexpended balances as of August 31, 2020, are appropriated for the fiscal year beginning September 1, 2020, for the same purpose.

  • Some funding is already allocated for program operations, but dollars remain to support analytics.
## Pilot Study Milestones (1 of 3)

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<td>HHSC provides interim update to the Advisory Committee on study decisions and progress for inclusion in the Committee’s 2020 Legislative Report</td>
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<td>HHSC completes study and draft write-up and routes for internal review</td>
<td>4/30/2022</td>
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<tr>
<td>Advisory Committee monitors study progress, including by receiving reports during Quarterly and Workgroup meetings</td>
<td>9/1/2022</td>
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<tr>
<td>HHSC submits study to the Advisory Committee</td>
<td>7/1/2022</td>
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2020 Legislative Report

Legislative Report Topics & Timeframe

• Timeline & Goals
• Recommendation Topics
• Topic breakout sessions
• Topic breakout reports
• Next steps and goals
# Report Timeline & Goals (1 of 2)

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Recommendation Topics

Current Topic Ideas:

• Enhancing Family Caregiver Support
• Utilizing Telemedicine for Supportive Palliative Care
• Adoption of a Medicaid community-based palliative care benefit
• Fine-tuning Texas policy surrounding Low THC cannabis eligibility requirements for cancer patients
1. Enhancing Family Caregiver Support
   • Lead- Dr. Craig Hurwitz

2. Telemedicine for SPC
   • Meet with the pilot study workgroup today*
     • Leads- Dr. Gross & Erin Perez

3. Medicaid community-based palliative care benefit
   • Leads- Dr. Henderson & Dr. Paterson

4. Low THC cannabis eligibility for cancer patients
   • Lead- Dr. Fine
     • Members: Nat Jones

5. SB 916 Pilot Study Workgroups
   • Lead- Dr. Erin Perez
     • Members: Mr. Fenter, Dr. Ragain, Dr. Moss, Dr. Reed
Report: Next Steps & Goals

• Staff will provide topic research support
• Members begin drafting body of report
• Have all topic recommendations fully written out by next meeting (April 15th)
• Finish writing report before Sept. 1, 2020
Staff Action Items for Follow-up

Erica Berkey & Viral Khakkar will present action items for follow-up
Public Comment

Public Comment Opportunity:

• Onsite participants, please come to the podium and provide your name and organization for the record.

• Comments may also be submitted in writing to staff to be read aloud or for inclusion in the meeting record.
Thank you

For more information contact:
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Health Quality Institute
Medicaid and CHIP Services
Erica.Berkey@hhsc.state.tx.us

Council Website:
https://hhs.texas.gov/about-hhs/leadership/advisory-committees/palliative-care-interdisciplinary-advisory-council