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# **Palliative Care Interdisciplinary Advisory Council**

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**October 2, 2018**

**Full Council Meeting #12**

**10 a.m.**

# Meeting Overview

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## Main Objectives

- Adopt 2018 legislative recommendations and report
- Discuss palliative care continuing education event
- Hear from our stakeholders



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## Welcome and Introductions



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## 2018 Legislative Recommendations and Report



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# Recommendation 1:

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## **Adopt a Statutory Supportive Palliative Care (SPC) Definition**

Texas should adopt statutory language for SPC as distinct from hospice palliative care (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.



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# Recommendation 2:

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## 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.



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# Recommendation 3:

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## Address Palliative Care Provider Shortages

Texas policy should encourage the creation of enough interdisciplinary 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.



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# Recommendation 3:

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## Address Palliative Care Provider Shortages (cont.)

Resources to expand existing and establish new training programs will be needed, including the following:

- graduate medical education dollars for physician HPM fellowships;
- support for schools of medicine, schools of osteopathic medicine, and teaching hospitals for training physicians in palliative medicine;



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# Recommendation 3:

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## Address Palliative Care Provider Shortages (cont.)

- support for nurses and advanced practice nurses, social workers, physician assistants, pharmacists, chaplains, and students of psychology pursuing an advanced degree or certification in palliative care or related fields; and
- grants for schools of nursing, healthcare facilities, or programs leading to a certification of a nurse assistant to train individuals in providing palliative care.



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# Recommendation 4:

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## **Expand SPC 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.



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# Recommendation 4:

## Expand SPC Programs as a Value-Based Model (cont.)

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;



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# Recommendation 4:

## Expand SPC Programs as a Value-Based Model (cont.)

- 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.



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# Recommendation 5:

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## Establish a Statewide Palliative Care Dashboard

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



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# Recommendation 6:

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## Seek a Balanced Response to the Opioid Crisis

1. Define the opioid epidemic as part of a larger context of substance abuse and addiction disorders;
2. Continue and increase support for programs in both outpatient and inpatient settings that seek to prevent and manage addiction;
3. Promote education for the public as well as health care professionals regarding non-opioid and non-pharmacologic methodologies for coping with chronic pain; and
4. Offer a balanced, evidence based, and interdisciplinary approach to the regulation of opioid based medications, particularly acknowledging the needs of patients requiring palliative care, hospice care, and oncological care.



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**Next Steps for the 2018 Legislative Report**



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# Report Introduction

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## Summary of Achievements

- Have now published two legislative reports with recommendations and guidance for increasing the availability of patient and family focused palliative care in Texas.
- Launched and continue to update the first Texas Health and Human Services (HHS) system palliative care website resource for patients, families, and interdisciplinary professionals.
- Initiated a series of annual palliative care interdisciplinary continuing education events awarding hundreds of hours to interdisciplinary professionals.



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# Report Introduction

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## Summary of Achievements

- Engaged palliative care stakeholders from across the state, continually updating its comprehensive contact list for the state of Texas.
- Developed methods to track and report on Texas's inpatient hospital palliative care registry grade and other measures of palliative care access.
- Commissioned a statewide, population based data collection initiative to assess completion of advance care planning documents in Texas, including analysis of selected demographic groups.



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# Report Introduction

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## Palliative Care Data

1. Hospitals reporting palliative care programs
2. Interdisciplinary health professionals with a palliative care specialty or credential
3. Palliative care fellows
4. Disparities in infrastructure across regions



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# Report Introduction

## Hospitals Reporting Palliative Care Service Programs U.S. & Texas, 2012-2015

Data		Staff Bed Size			
		≥50		> 300	
Source	Year	Number	Percent	Number	Percent
CAPC U.S.	2012/ 2013	1,591/ 2,393	67%	659/ 732	90%
In-house Texas	2014	87/205	42%	42/59	71%
In-house Texas	2015	96/207	46%	41/58	71%
In-house Texas	2016	98/201	49%	44/58	76%

Note: Results are based on CAPC cohort definitions. Analyses were limited to general medical and surgical, cancer, or heart hospitals with fifty or more licensed beds based on data from the American Hospital Association Annual Survey of Hospitals. Veterans Administration and Indian Health Service facilities were excluded.



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# Report Introduction

## Palliative Care by Profession in Texas

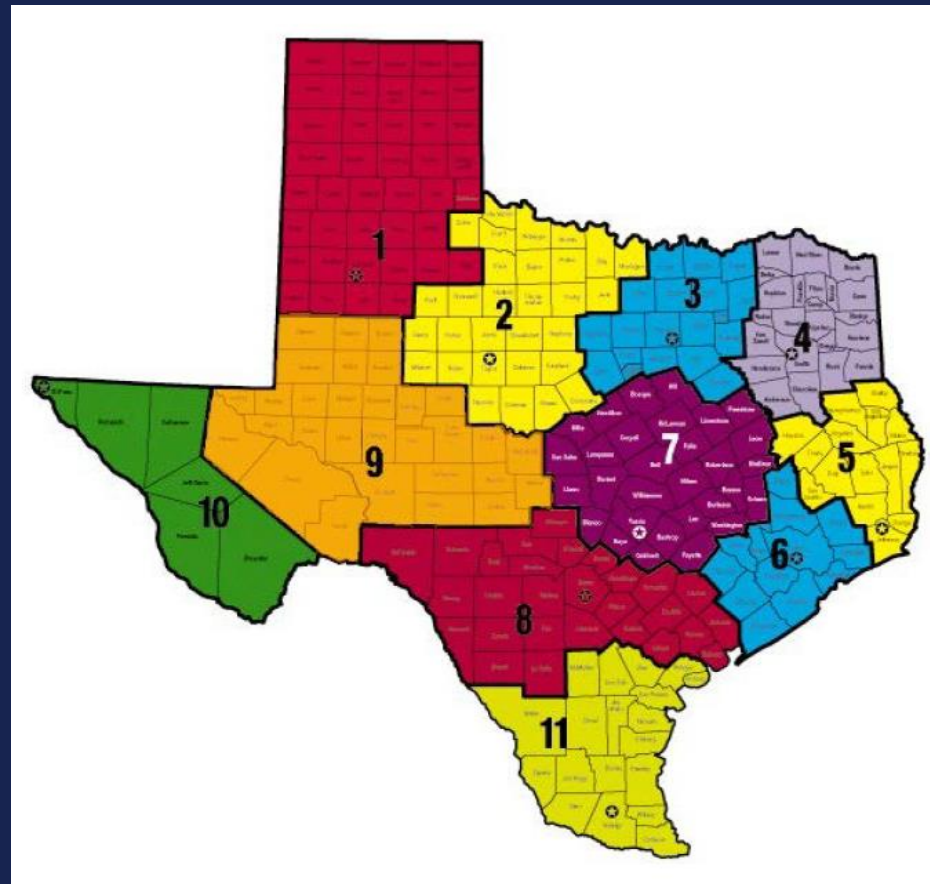
Professional Category	Number 2015	Number 2017	% Increase
Physicians with Palliative Specialty	275	332	21%
Primary	51	78	53%
Secondary	224	254	13%
Certified APRN	46	73	59%
Certified Hospice Medical Director	19	26	37%
Palliative Medicine Fellow	20	27	35%



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# Palliative Care Data

## Texas Palliative Care Programs by Public Health Region



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# Palliative Care Data

## PC Programs by Public Health Region, 2016

PHR	# Hospitals (≥ 50 beds)	# with PC Program	% with PC Program
1	7	5	71%
2	5	2	40%
3	57	30	53%
4	13	5	39%
5	9	3	33%
6	40	19	48%
7	24	15	63%
8	18	9	50%
9	6	2	33%
10	5	2	40%
11	17	6	35%
Total	201	98	49%



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**Palliative Care Continuing  
Education Event**



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# PCIAC Planning

## Fall continuing education (CE) event

### Timeline

- **August**
  - Convene planning committee
  - Begin planning activities, including completion of CE document pack for DSHS review
- **September/October**
  - Turn in document pack (complete)
  - Send out save the date announcement
  - Promotional efforts
  - Registration
- **November**
  - CE event scheduled for November 12
  - Post event: Evaluation and certification



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# PCIAC Planning

## Fall continuing education (CE) event

- Learning objectives and topics:
  - Legislative overview
  - Opioids, including non-opioid and non-pharmacologic methods
  - Advance care planning
- Goals:
  - Credit for multiple disciplines
  - Include at least one ethics credit
  - Live event available in person and through webinar



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## Staff Action Items and Updates



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## Public Comment

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

Comments may be submitted in writing to staff for inclusion in the meeting record.

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**Meeting Adjourned**



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# Thank you

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**Visit the PCIAC Advisory Council  
webpage to learn more:**  
[https://hhs.texas.gov/about-  
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committees/palliative-care-  
interdisciplinary-advisory-council](https://hhs.texas.gov/about-hhs/leadership/advisory-committees/palliative-care-interdisciplinary-advisory-council)