



Palliative Care in Washington State

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Age-Friendly Insights Poll

People want, expect and trust that what matters to them will be respected if they face a serious illness.

96% of adults 50+ think it is important to have access to “palliative care” when it is defined for them, yet 55% are slightly or not at all familiar with the term.



The
John A. Hartford
Foundation



What is Palliative Care?

- Palliative care is for people diagnosed with a serious illness, such as cancer, dementia, heart failure, and more.
- Palliative care is beneficial for a patient at any stage of illness and is best provided soon after diagnosis.
- It is not hospice which is limited to those with a prognosis of less than 6 months who have foregone curative care.
- Palliative care focuses on the patient and coordinates care with their regular providers to manage symptoms of their illness.



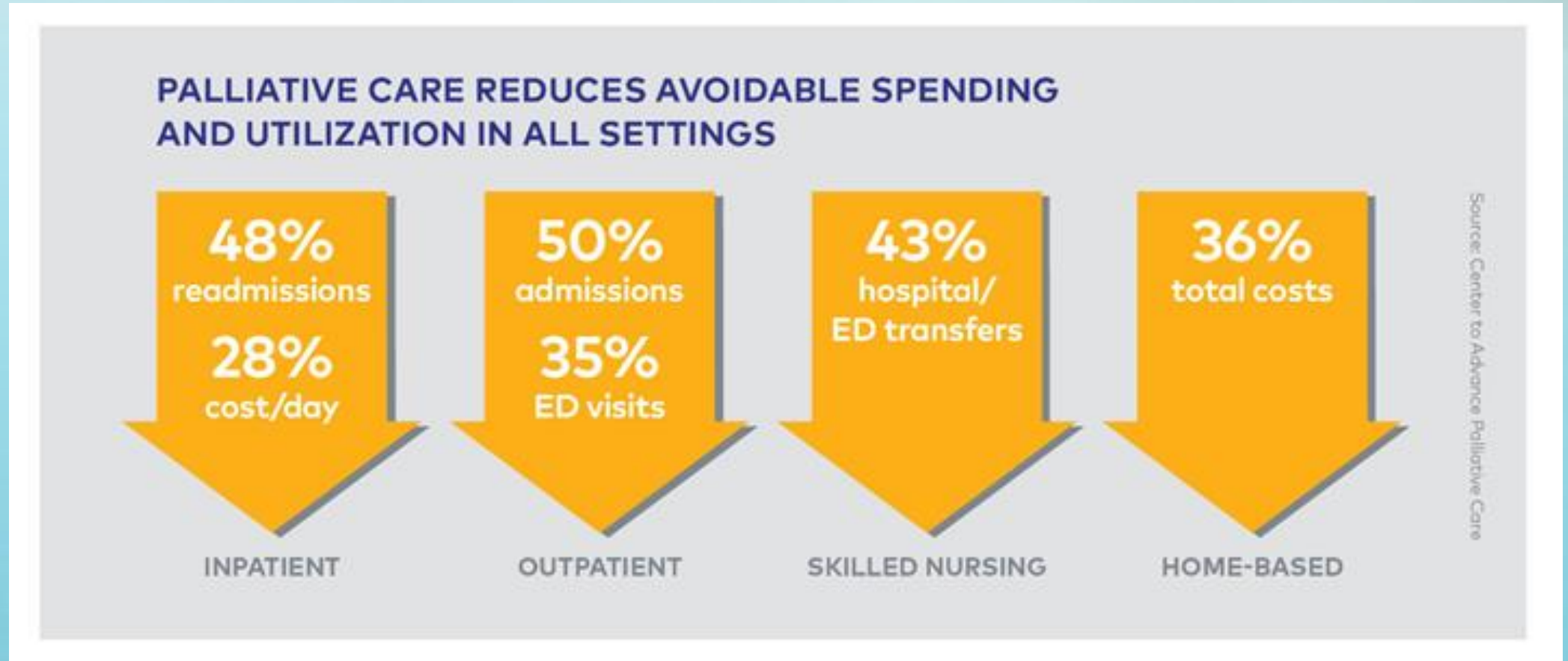
Who is on the Palliative Care Team?



- A palliative care team is made up of doctors, nurses, social workers, and others such as nutritionists and chaplains, even pharmacists.
- A person's team may vary based on their level of care. Patients may receive medical care, along with treatment intended to cure their serious illness.
- The team provides skilled communication about what to expect in the future to ensure that care is matched to the goals and priorities of the patient and family.

Palliative Care Saves Money!

5% of patients make up approximately 50% of health care spending and are high utilizers of the health care system. They have multiple chronic conditions, take multiple medications, and have complex social needs.



CHRONIC DISEASES IN AMERICA

6 IN 10

Adults in the US
have a chronic
disease



4 IN

10

Adults in
the US
have **two or
more**

THE LEADING CAUSES OF DEATH AND DISABILITY
and Leading Drivers of the Nation's **\$4.1 Trillion** in Annual Health Care
Costs



Center for Disease Control and Prevention (CDC)

We can and should do better...

Palliative Care Is a Solution for Rising Healthcare Costs!

Palliative care provides an early assessment for patient symptoms and identifies risks to help reduce unnecessary ER visits and hospital utilization.

Facilitates timely triage to services:

- Palliative care team consultation
- Psychological services
- Social supports
- Home-based care
- Getting advanced directives and POLST forms in order
- Moving into hospice sooner as patients understand goals of care



Problem: No Standardized Billing Mechanism for Palliative Care in WA State!



- Palliative Care programs are being shut down in WA State due to a lack of a standardized billing mechanism.
- Even though cost savings for palliative care are well documented, the current billing system for palliative care is fragmented.
- WSHPCO has been working towards creating a financially stable palliative care benefit for many years. Here is a bit of our history on this issue...

2019 Bree Collaborative Palliative Care Workgroup/Report

Workgroup recommended best practice of palliative care that:

- Includes advance care planning
- Responsive to local cultural needs
- Incorporates goals & plan of care into medical records
- Creates availability of palliative care through a benefit structure such as a per member per month

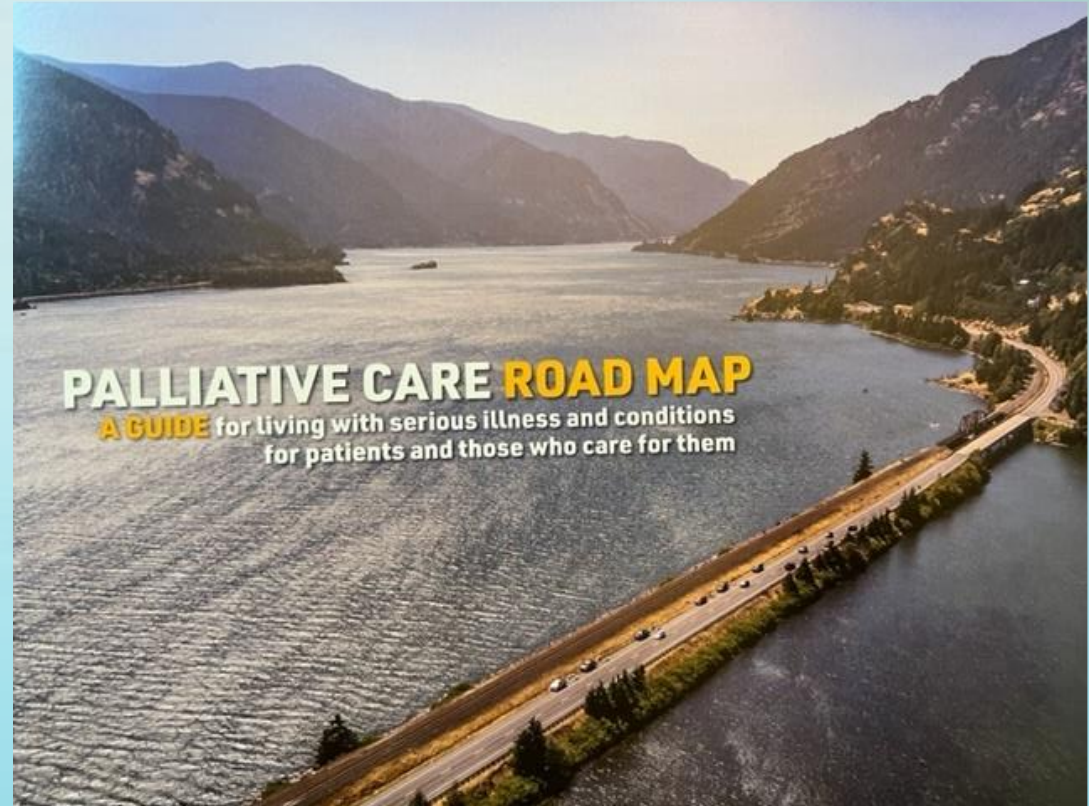


Report and Recommendations Adopted by Bree Collaborative November 2019
<https://www.qualityhealth.org/bree/topic-areas/palliative-care/>

Palliative Care Road Map

For providers, patients, families, & caregivers of individuals living with a serious or life-threatening illness.

DOH, convened a workgroup with HCA, DSHS, hospital-based, outpatient, & community-based palliative care providers to develop the Palliative Care Road Map.



Palliative Care Roadmap Still Available for Free!!

See on DOH Rural Health and WA Rural Palliative Care Initiative website.

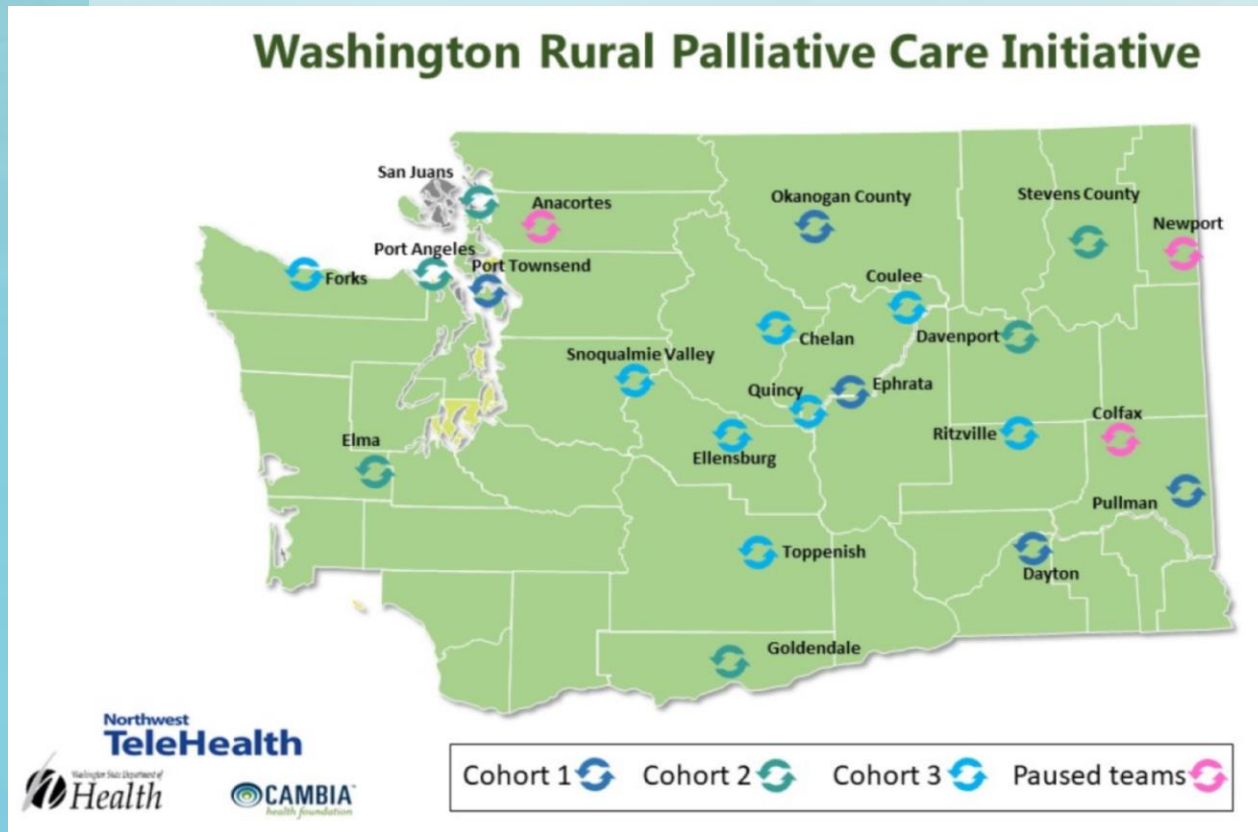
To order: <https://prtonline.myprintdesk.net/DSF/>

Medicaid, PEBB & SEBB Palliative Care

- 2022 Budget Proviso funded establishment of a Palliative Care Benefit at Health Care Authority for Medicaid, PEBB and SEBB.
- OHSU Evidence Based Policy Review 2023 outlines key findings, principles and recommendations for a standard payment methodology for a palliative care benefit.
- The National Academy of State Health Policy (NASHP) selected WA as one of 6 states to receive technical support and expertise on serious illness and palliative care policy for the development of state-specific actuarial models for Medicaid palliative care benefits.



WA Rural Palliative Care Initiative (WRPCI)



- Led by Office of Rural Health, this public-private partnership involves over 24 different organizations to assist rural health systems and communities to integrate palliative care in multiple settings, such as ER, inpatient, skilled rehabilitation, home health, hospice, primary care, and LTC.
- Biggest problem is lack of a standardized billing mechanism for palliative care.

SSB 5936 Palliative Care Benefit Workgroup

Sponsor Senator Steve Conway(D)



- OIC will convene a workgroup to develop a palliative care standardized billing mechanism for private insurance for that would be seamless with Medicaid billing.
- Workgroup will consist of private health care insurers, palliative care providers and state agencies to develop the benefit.
- OIC fiscal note includes an actuarial analysis, no GF-S funds.
- The workgroup must convene by July 30, 2024, and submit a report to the Legislature detailing its work and any recommendations, including any legislation, by November 1, 2025.

SSB 5936 Has Public Hearing in House Health Care Committee!

- Health Care & Wellness 2/14/2024 1:30 pm
 - O'Brien Building, HH Rm A and Virtual Olympia, WA
- Public Hearing: SSB 5936 - Convening a palliative care benefit work group.
- Scheduled for an Executive Session on 2/16/24 at 8:00 am
- Please sign in Pro on SSB 5936 before 2/14/24!!
- Passed out of Senate unanimously!



In-Home Services Roadmap Budget Proviso 2024

WSHPCO, HCAW and the HCAOA-WA working to develop an In-Home Services Roadmap with state funding.

A guide for discharge planners, practitioners, patients & families to use for accessing home care, home health, palliative care and hospice services in the home.





The most effective way to
manage change is to create it.

Peter F. Drucker

Thank You!



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