Ochsner Health System

LOUISIANA~MISSISSIPPI HOSPICE AND PALLIATIVE CARE ORGANIZATION

THE PALLIATIVE CARE INSTITUTE OF SOUTHEAST LOUISIANA

HOSPICE & PALLIATIVE CARE Compassus

Serving with *Heartfelt* Compassion

ST JOSEPH HOSPICE

LHC GROUP

It's all about helping people.

Funding for this Summit is made possible by grants from the Partners listed above

Summit Agenda

2018

- Define Palliative Care
- Identify Current Resources
- Develop a 2 year Strategic Plan

2019

- Workgroup Updates
- Pediatric Palliative Care Consortium
- Primary Care First
- Where do we go from here?

Legislatures' current definitions of Palliative Care

Louisiana Legislature

Alternatives Health Care Model

"Palliative care" means the reduction or abatement of pain or other troubling symptoms by appropriate coordination of the interdisciplinary team required to achieve needed relief of distress.

Hospice Licensure Law

"Palliative care" means the reduction or abatement of pain or other troubling symptoms by appropriate coordination of all services of the hospice care team required to achieve needed relief of distress.

Mississippi Legislature

- ***Hospice Licensure Law***

"Palliative care means the reduction or abatement of pain or other troubling symptoms by appropriate coordination of all elements of the hospice care team needed to achieve needed relief of distress."

Department of Health's current definitions of Palliative Care

Louisiana Department of Health

- *"the reduction or abatement of pain or other troubling symptoms by appropriate coordination of all services of the hospice care team required to achieve needed relief of distress."*

Mississippi State Department of Health

- *"Means the reduction or abatement of pain and other troubling symptoms by appropriate coordination of all elements of the hospice care team needed to achieve needed relief of distress."*

Medicaid's current definitions of Palliative Care

Louisiana Medicaid

"Palliative care focuses on comfort care and the alleviation of physical, emotional, and spiritual suffering."

Mississippi Medicaid

"Palliative care as beneficiary and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate beneficiary autonomy, access to information, and choice."

Summit Consensus on Definition

Why is a Definition Important?

- **Regulation:**
  - Making sure all palliative care programs are held to same Standards
  - Assurances that patients are receiving the best quality of care
- **Reimbursement:**
  - Complete legislative definition all for patients to bill for Medicaid/Medicare for full range of palliative care services
- **Advancement:**
  - Allows for accurate metrics to track both palliative care programs and patients who qualify for these programs.
  - Accurate numbers leads to an increase in funding opportunities and clinical research development

Summit Attendees recommend that changes to Louisiana's definition of palliative care should mirror that of the

National Consensus Project *which include:*

1. *Provides relief from pain and symptoms*
2. *Use team approach of interdisciplinary professionals*
3. *Offers support system to patients and family (i.e., psycho-social. emotional and spiritual)*
4. *Applicable in any stage of illness, with or without other life-sustaining or curative therapies*
5. *Assurance that the personal goals and dignity of patient are a priority*

Louisiana SB 119 became Act 351

PASSED: *Senate 36 -0 / House of Representatives 97 – 0*

- Created the Palliative Care Interdisciplinary Advisory Council until March 31, 2022 unless reauthorized
  - Board appointees: 4 MD, 3 RN, 1 Pharmacist, 1 SW,
  - Governor appointees: 1 PC Administrator, 1 chaplain, 1 insurance plan administrator, 3 patient/family advocates,
  - LDH designee, Medicaid designee
  - 12 Interested stakeholders
- Quarterly meetings
- LDH support, including link on webpage
- Provide consult and advise to LDH Secretary
- Submit report to Legislature each February
- Establish & Advance statewide information & Education for professional and consumers

rendering services to a PACE participant. PACE must prior authorize all services. Unauthorized services provided will result in non-payment for services rendered.

Recipients under Age 21 Receiving Hospice and Concurrent Care

Recipients under 21 years of age may continue to receive curative treatments for their terminal illness. However, the hospice provider is responsible for and must coordinate ALL curative treatments related to the terminal illness and related conditions. No additional payment may be made regardless of cost of service for curative care treatment.

The hospice provider is responsible for making a daily visit to ALL recipients under 21 years of age and to coordinate care to ensure there is no duplication of services. The daily visit is not required if the person is not in the home due to hospitalization or inpatient respite stays.

All questionable services and/or treatments will be sent for medical review. All treatments and therapies must be included in the POC. Documentation of therapies and treatment as well as progress notes are required upon each request for a continuation of hospice care and upon the initial request for hospice care if the recipient is already receiving curative treatment(s).

Curative Care/Treatments

C Curative care consists of medical treatment and therapies provided to a patient with the intention to improve symptoms and cure the patient's medical problem. Antibiotics, chemotherapy, and a cast for a broken limb are examples of curative care.

Louisiana Medicaid Manual regarding Pediatric Concurrent Care

Survey Data

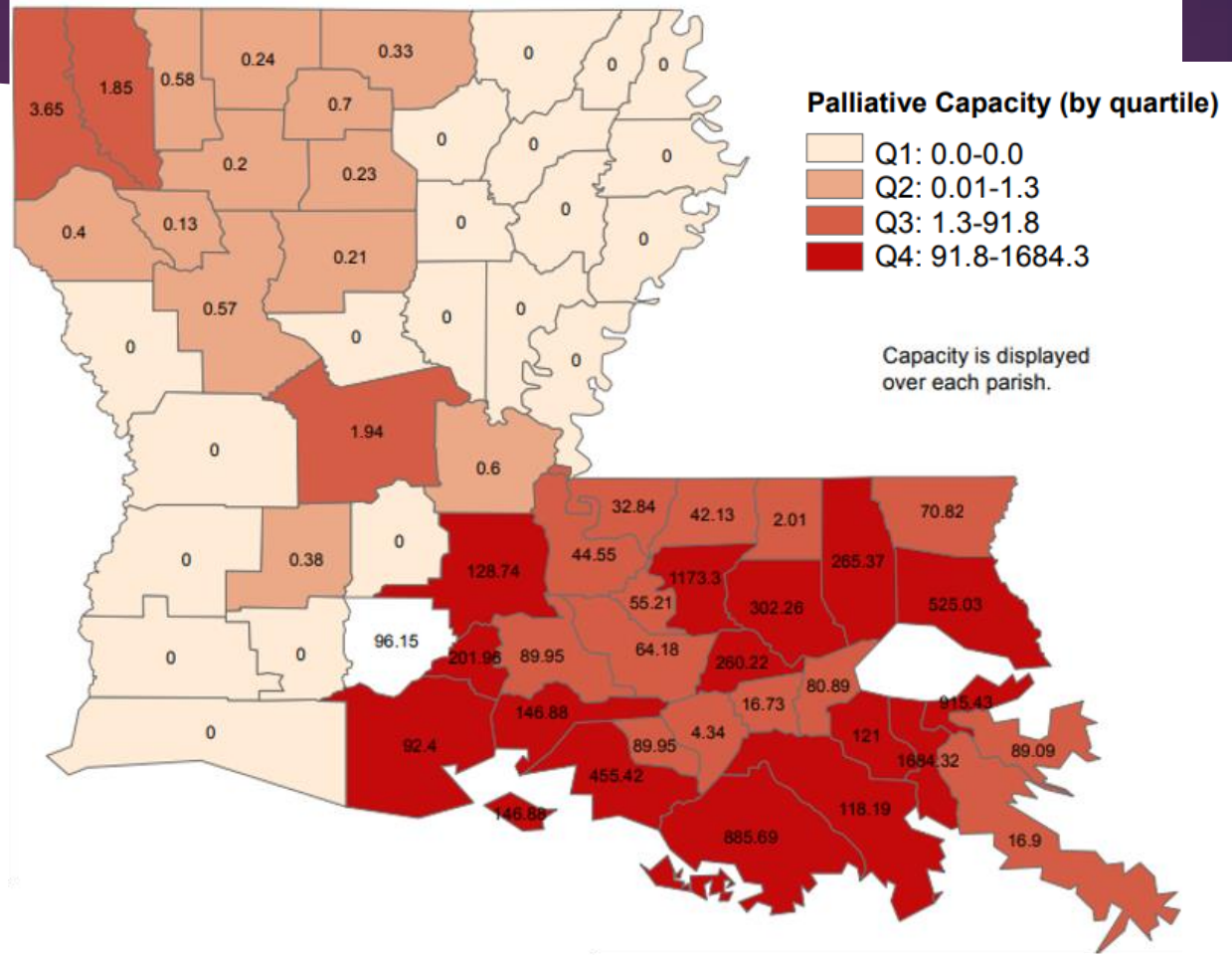
- 23 separate palliative care facilities responded to our survey about their capacity
  - Capacities range from six to over a thousand for the different facilities
- These facilities served just under 10,000 patients in the state

Company	Number of Patients	
Facility A	Actual	0
Facility B	Estimate	6
Facility C	Estimate	12
Facility D	Estimate	25
Facility E	Estimate	35
Facility F	Estimate	50
Facility G	Estimate	50
Facility H	Estimate	100
Facility I	Actual	211
Facility J	Estimate	325
Facility K	Actual	340
Facility L	Estimate	540
Facility M	Estimate	1000
Facility N	Estimate	1100
Facility O	Actual	1300
Facility P	Estimate	1400
Facility Q	Estimate	1500
Facility R	Estimate	2000
Facility S	N/A	Unknown
Facility T	N/A	Unknown
Facility U	N/A	Unknown
Facility V	N/A	Unknown
Facility W	N/A	Unknown

Primary Diagnosis

Company	Cancer	Neurologic Disease	Pulmonary Disease	Renal Disease	Cardiac Disease	Liver Disease
Facility A	1	4	2	5	3	6
Facility B	1	6	3	2	4	5
Facility C	4	5	2	3	1	6
Facility D	1	2	3	5	4	6
Facility E	1	2	3	4	5	6
Facility F	1	2	4	5	3	6
Facility G	3	1	4	5	2	6
Facility H	1	2	3	4	5	6
Facility I	1	4	3	5	2	6
Facility J	2	1	4	5	3	6
Facility K	5	2	2	2	1	5
Facility L	1	6	3	4	2	5
Facility M	1	2	5	4	3	6
Facility N	3	4	2	5	1	6
Facility O	4	5	1	3	2	6
Facility P	2	3	1	6	4	5
Facility Q	1	2	4	5	3	6
Facility R	1	5	4	6	3	2
Facility S	4	3	1	5	2	6
Facility T	1	2	3	4	5	6
Facility U	1	2	3	4	5	6
Facility V	1	2	3	4	5	6
Facility W	5	4	1	3	2	6

Palliative Care Capacity in Louisiana

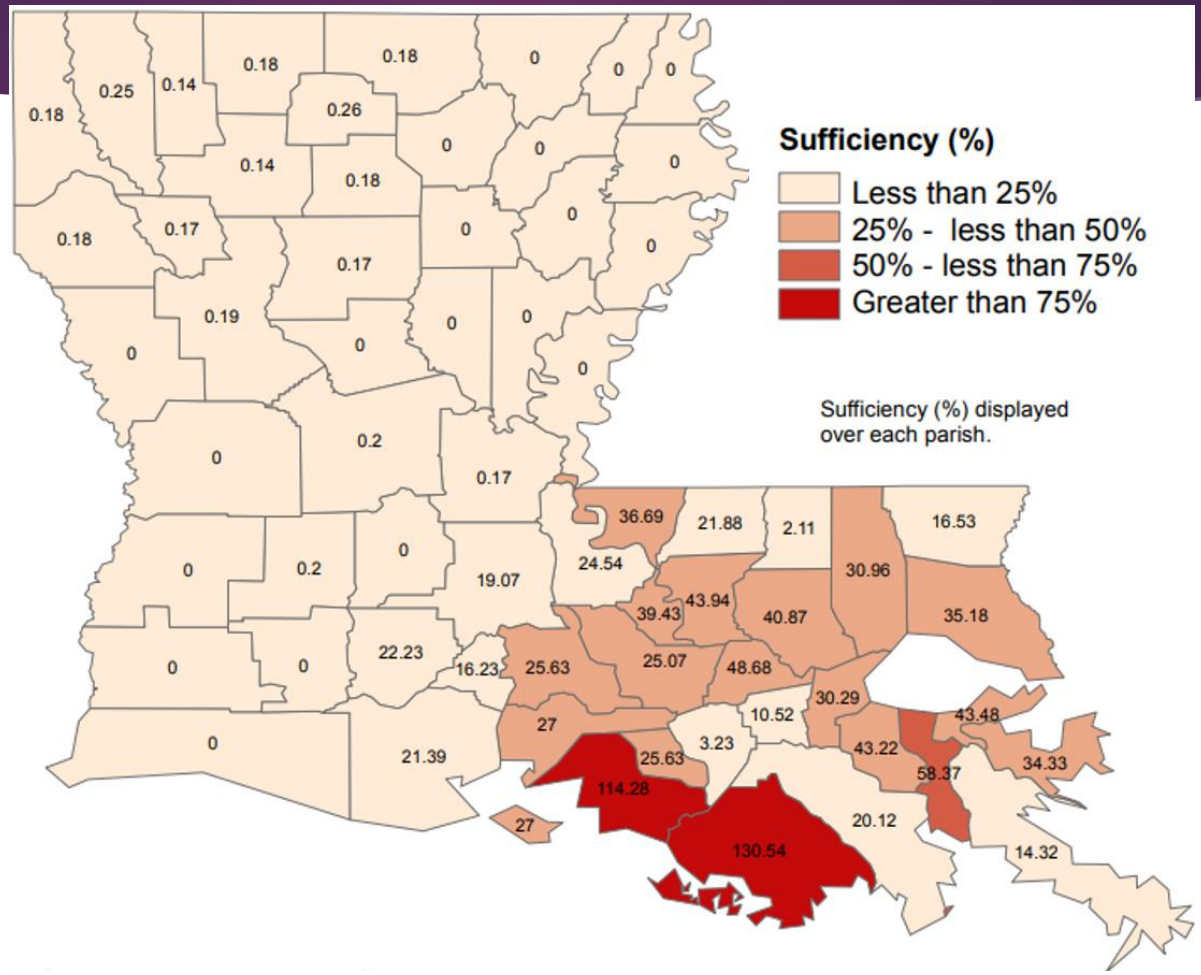


Sufficiency

- Using the CDC Wonder Data's number of deaths and the Palliative Summit Survey Data on patient capacity we were able to calculate a sufficiency for the state.
- Sufficiency is calculated by dividing the capacity of a parish by the average number of palliative care related deaths calculated for that parish

Range	# of parishes
Less than 25%	47
25% - less than 50%	14
50% - less than 75%	1
Greater than 75%	2

Palliative Care Sufficiency in Louisiana



Professional Education

led by **Sonia Malhotra, MD, MS, FAAP**

- Identify educational deficiencies
- Create repository for evidence based data
- Develop PC curriculum for multiple disciplines *(including, but not limited to: physicians, nurses, social worker, and chaplains)*

Scorecard for Success

led by **Dr Susan Nelson** & **Tim Harmon**

- Create metrics
  - Expanding Education in community and healthcare facilities
  - Expanding PC education within professional schools
  - Increasing number of certificated PC workers in each region of the state
  - Increasing the number of PC programs available in each region of state
  - Having at least one advance level facility in each region
  - Improving the CAPC grade for the state
  - ~~Measuring the number of full resuscitation attempts in ICUs~~
  - Measuring the number of LaPOST registrants & evidence of a change in goals of care in ER

Community Resources: Partnership & Gaps

led by **Dr Warren Hebert** & **Nancy Dunn**

Our group aims to address:

- keys to assuring outpatient follow-up,
- enhancing access/availability/and ease of obtaining care
- building a broader, more robust stakeholder community through networking software
- accessing literature and data via a research
- librarian to support an active speakers' bureau
- use the California tool kit as a community resource *(https://www.chcf.org/resource-center/community-based-palliative-care/)*

Provider educational resources to

- Churches
- Clinics
- Area Agencies on Aging
- Home health and Community –Based Services
- Meals on Wheels
- Grief Support Groups
- Adult Day Health
- PACE
- VA & Veterans' programs
- Families Helping Families
- Make a Wish programs
- Children's Miracle Networks
- Child Life Experts

Advocacy, Legislative & Regulatory

led by **Jamey Boudreaux**

- Common definition = National Consensus Project
  - Provided relief from pain and symptoms
  - Use interdisciplinary team approach
  - Offers support *(i.e., psycho-social, emotional and spiritual)* to patient and family
  - Applicable in any stage of illness, with or without life-sustaining or curative therapies
  - Assurance that personal goals and dignity of patient are a priority
- Craft united message in order to build state coalition that will provide leadership, education and support to providers, patients and families
- Implementation of the points above into state law & regulation

Best Practices: Sharing & Networking

led by **Drs. Mark Kantrow** & **Floyd Roberts**

- Enhance LMHPCO website's PC page
- Share attendee list
- Create Social Medial (for Members Only)
- Identify Volunteers
- Create job descriptions
- Create PC taskforce
- Expand PC presence
- Long Term: create a mentor/mentee program

Roadmap

Beginning - Basic - Intermediate - Integrated

collective/evolving efforts of **Planning Team**

Resources Alignments

- Hospital based
- Outpatient/Clinic based
- Community–based
- Research

Strategic Alignments

- Hospice/End of Life /Comfort Care
- Survivorship
- Alignment with Cancer Services/Disease
- Chronic Complex Disease Management
- Survivorship Resources
- Patient Advocate/Navigator/Social Work/Chaplain
- Patient/Family Alignment

https://lmhpco.org/healthcare-professionals/palliative-care/

- 2018 Palliative Care Report
  - https://lmhpco.org/wp-content/uploads/Palliative-Care-Summit-report-FINAL.pdf
- PC Summit Evaluations
  - https://lmhpco.org/wp-content/uploads/PC-Summit-Evaluation.pdf
- National Consensus Project
  - https://www.nationalcoalitionhpc.org/ncp/