State-by-State Access to Hospital Palliative Care

Diane E. Meier, MD
Director, Center to Advance Palliative Care

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Palliative care addresses the whole-person needs of people living with serious illness.

- Specialized care for people w/ serious illness
  - Relief of symptoms, stress – and communication
  - Delivered by an interdisciplinary team Continuous, coordinated, care
  - Improves care quality
- Based on need, not prognosis
- Accompanies life-prolonging and curative treatments
- **Goal: Improved quality of life for patient and family**

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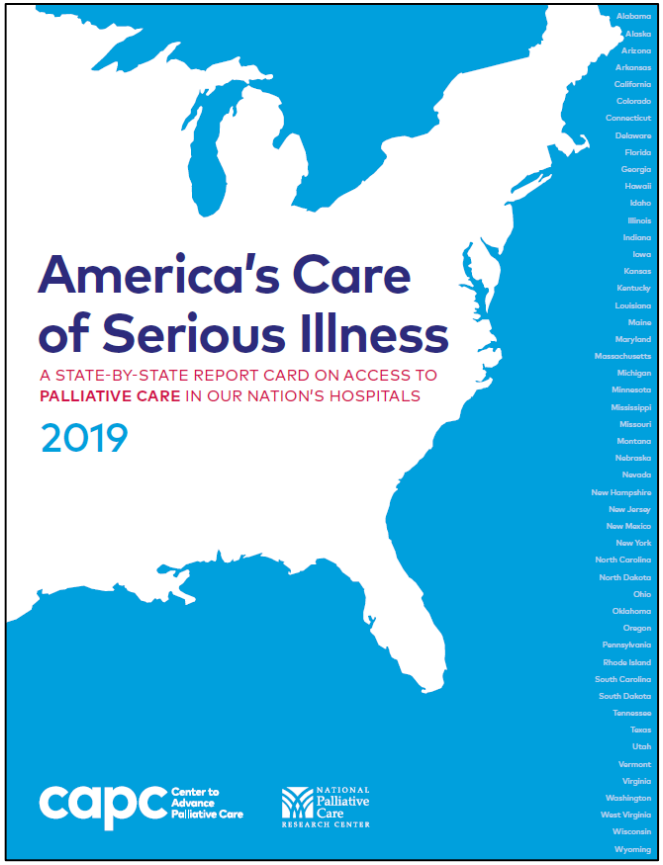
Palliative care improves quality and lowers cost.

Numerous studies[1-8] have found that palliative care:

- Reduces **symptoms** and **pain**
- Improves **quality of life**
- Reduces unnecessary **emergency department visits**, **hospitalizations**, and time spent in the **intensive care unit**
- Overall **cost savings**

2019 State-by-State Report Card

- To determine the prevalence of hospital palliative care
- To identify changes in prevalence and state performance over time
- To identify policy progress and gaps, and provide recommendations for policy change



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Data Sources

- American Hospital Association Annual Survey Database™
- National Palliative Care Registry™
- Additional validation of hospital palliative care through CAPC databases, state palliative care directories, CAPC faculty, and web searches

Inclusions

- Hospitals with 50 or more beds
- Hospital types: nonfederal, general medical and surgical, children's general medical and surgical, cancer, children's cancer, heart, and obstetrics and gynecology hospitals
- Within the fifty states and the District of Columbia
- Responded to the AHA annual survey or the National Palliative Care Registry™

Limitations

- Prevalence only
- No data on quality, access, penetration, populations served (see *National Palliative Care Registry, registry.capc.org, How We Work*)
- No data on community settings (see *mapping.capc.org* and *getpalliativecare.org*)

Report Card Methods

States were assigned a grade based on the **prevalence** of hospitals (50+ beds) with palliative care

A: 80% or more
B: 60-79%
C: 40-59%
D: 20-39%
F: Less than 20%

Grades do not reflect quality, reach, staffing, size, or timeliness of palliative care programs nor do they include community palliative care or patient eligibility

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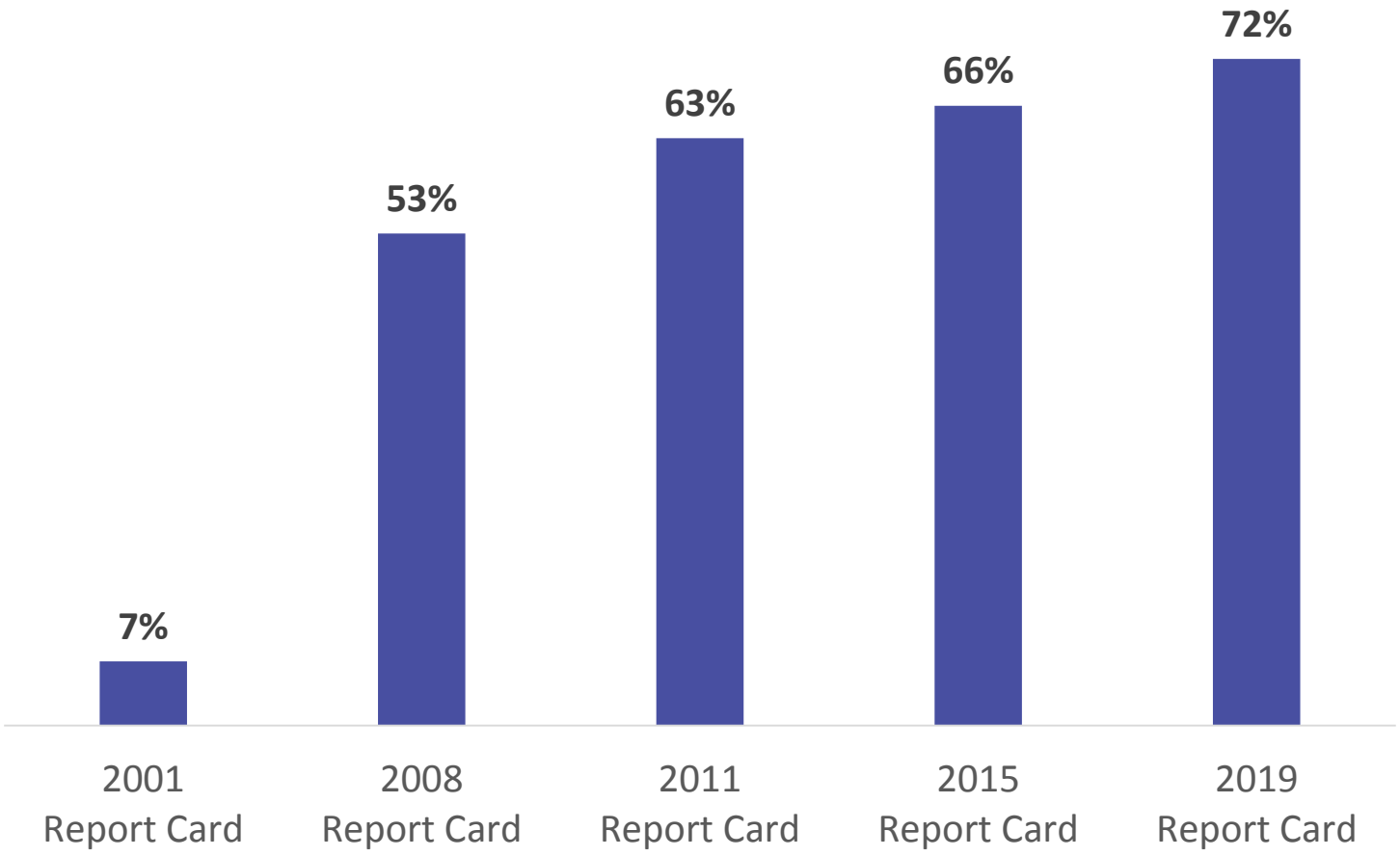
As of 2019, 72% of hospitals (50+ beds) report a palliative care team.



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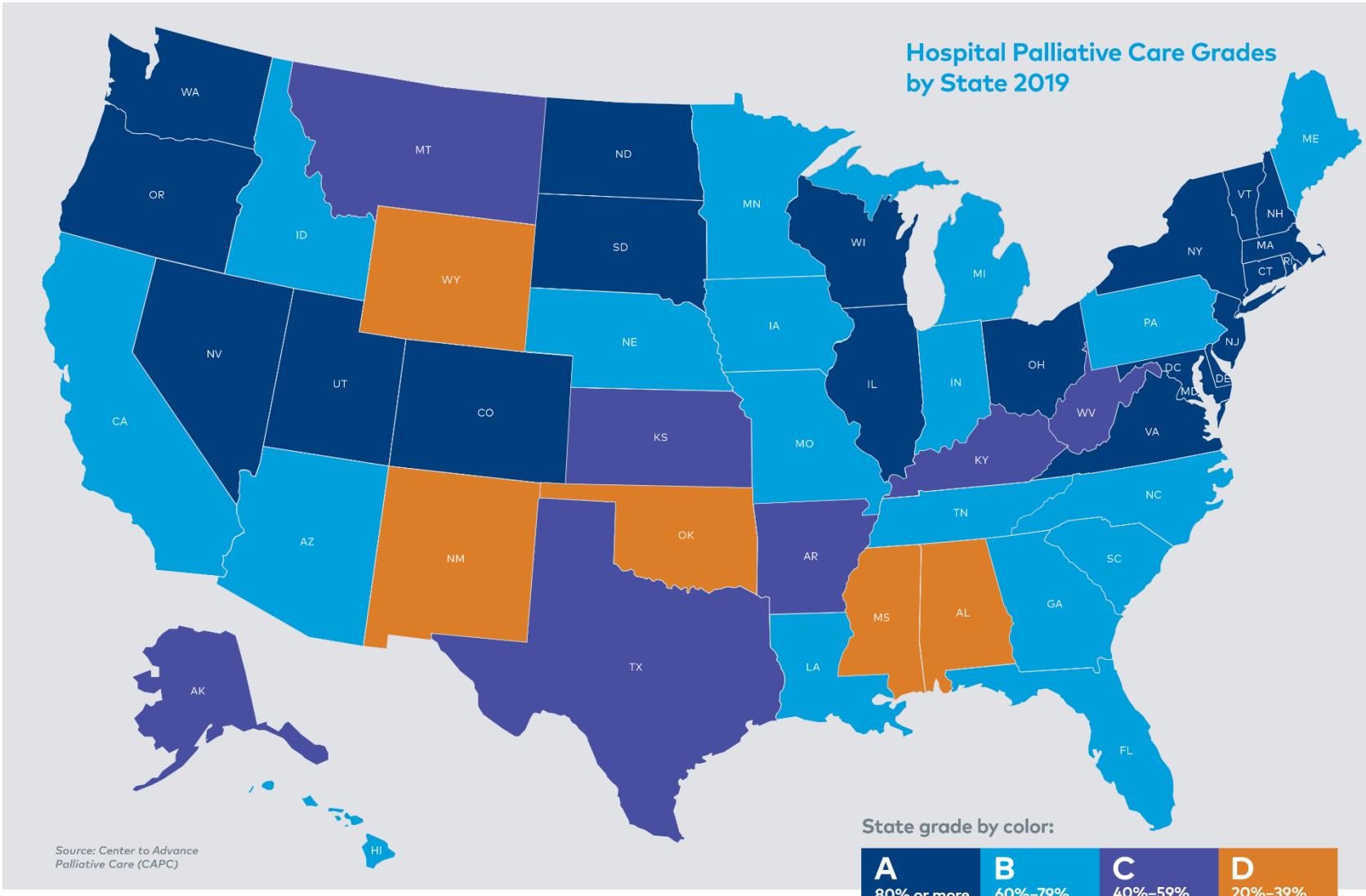
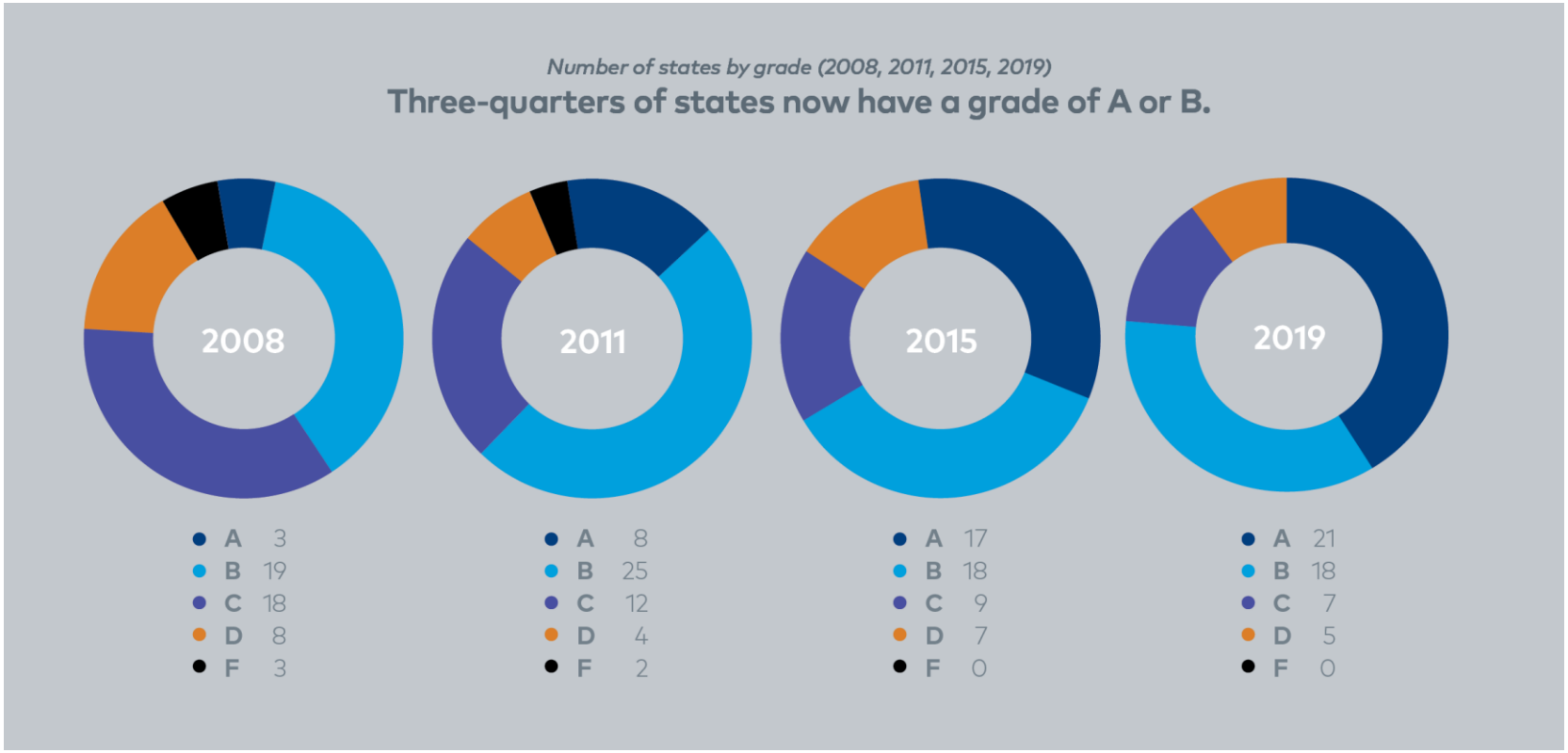
Disparities Remain

Access to hospital palliative care depends on geography and hospital characteristics.

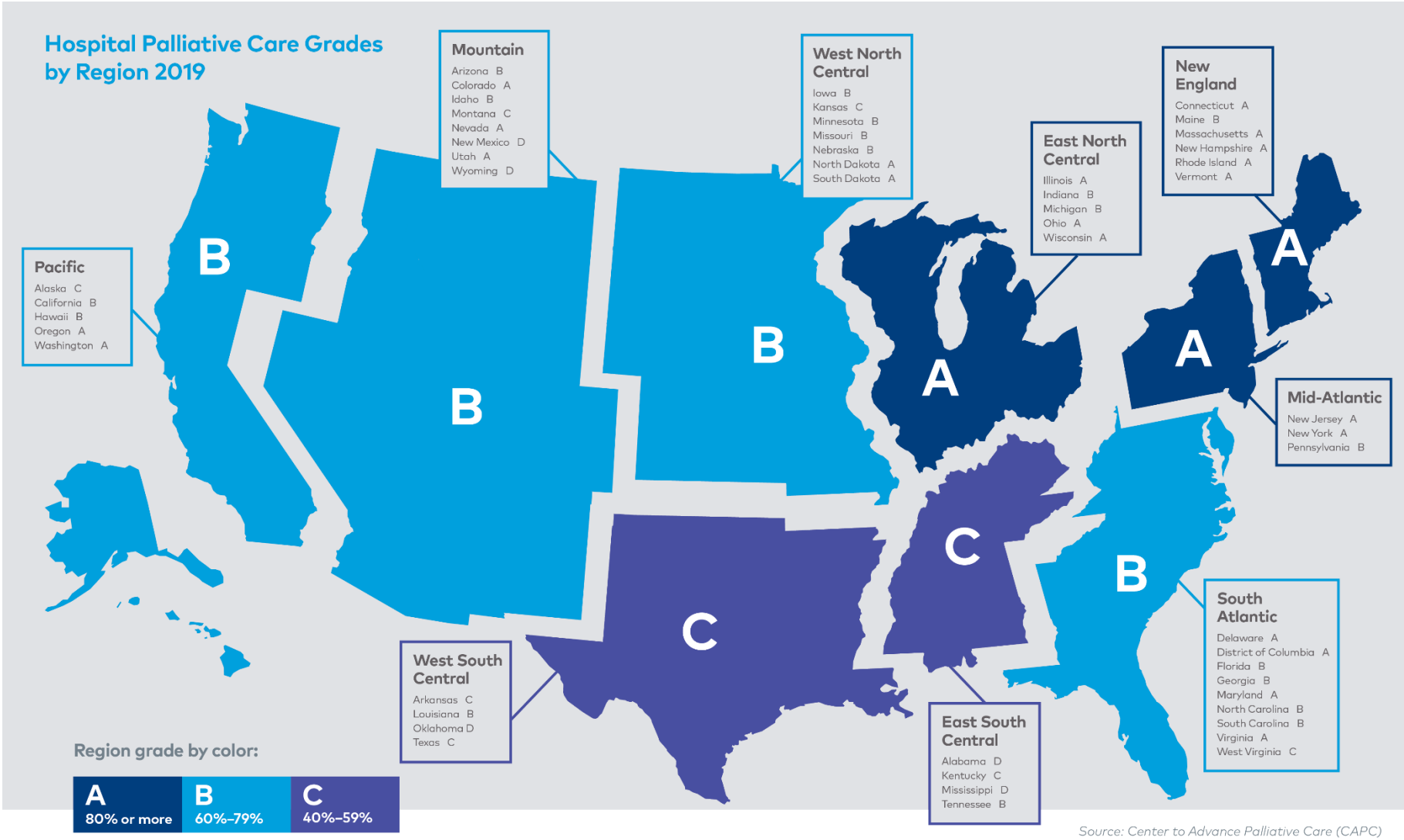
Where you live matters.



The number of A states has increased from 3 in 2008 to 21 in 2019.

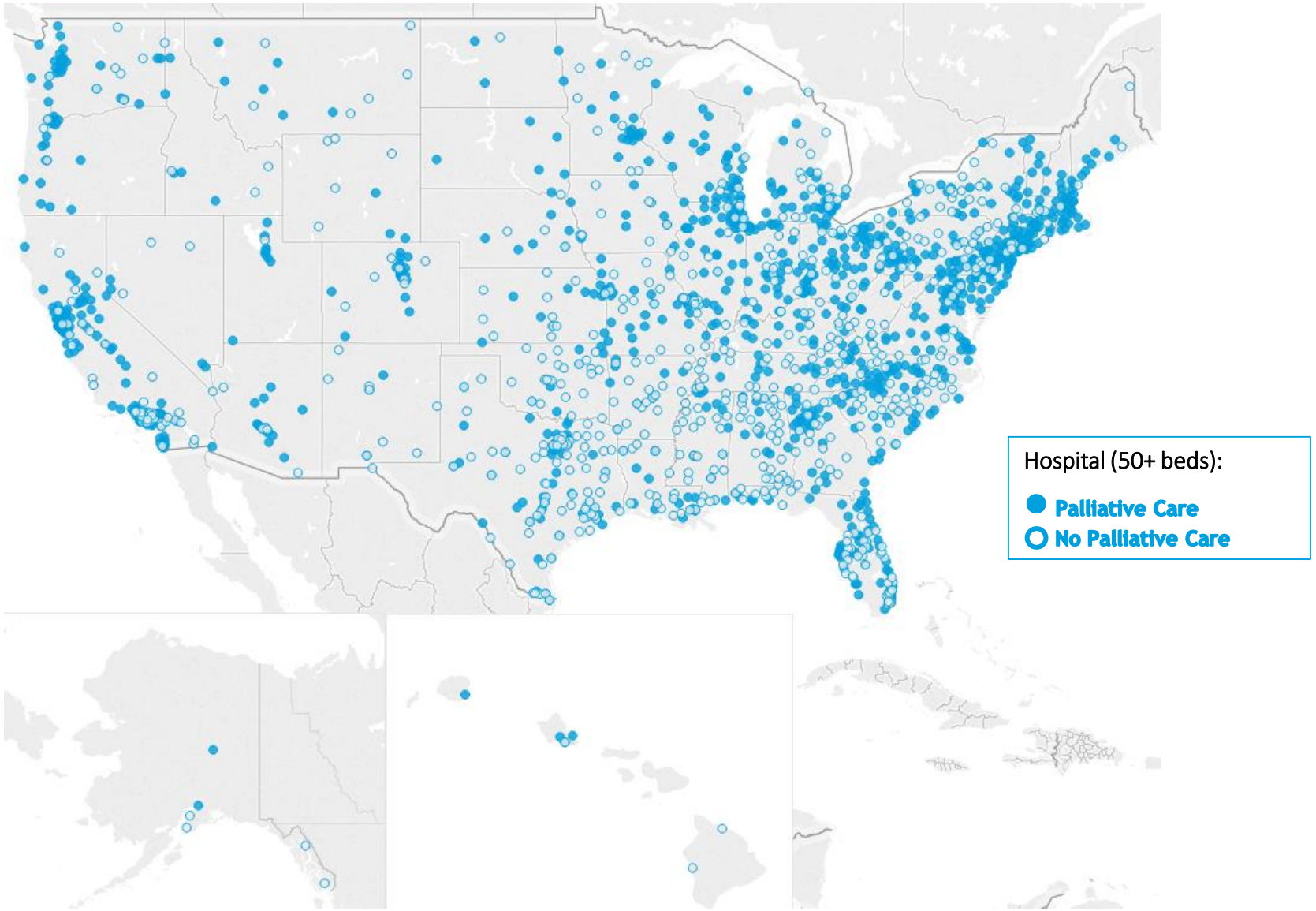


Northeast has the best access to hospital palliative care. South has the worst.



Source: Center to Advance Palliative Care (CAPC)

Within states, access is not uniform.



Top 10

1. New Hampshire (A) 100.0%
1. Rhode Island (A) 100.0% *[tie]*
1. Vermont (A) 100.0% *[tie]*
1. Delaware (A) 100.0% *[tie]*
5. Connecticut (A) 95.8%
6. Maryland (A) 95.0%
7. Utah (A) 92.9%
8. Wisconsin (A) 92.7%
9. New Jersey (A) 91.8%
10. Massachusetts (A) 90.7%

Bottom 10

42. Kansas (C) 56.7%
43. West Virginia (C) 56.5%
44. Texas (C) 52.2%
45. Alaska (C) 42.9%
46. Arkansas (C) 41.2%
47. Alabama (D) 39.3%
48. New Mexico (D) 38.5%
49. Oklahoma (D) 37.5%
49. Wyoming (D) 37.5% *[tie]*
51. Mississippi (D) 33.3%

Rankings include the District of Columbia

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Hospital Characteristics as Predictors

More likely to offer palliative care

- 94% of big hospitals (300+ beds)
- 82% of non-profit hospitals
- 86% of children's hospitals
- 91% of Catholic church-operated hospitals
- 98% of AAMC teaching hospitals

Less likely to offer palliative care

- 62% of smaller hospitals (50-299 beds)
- 35% of for-profit hospitals
- 60% of public hospitals
- 40% of sole community provider hospitals
- 17% of rural hospitals

Factors other than state location **may help explain** the difference in grades.

For example…

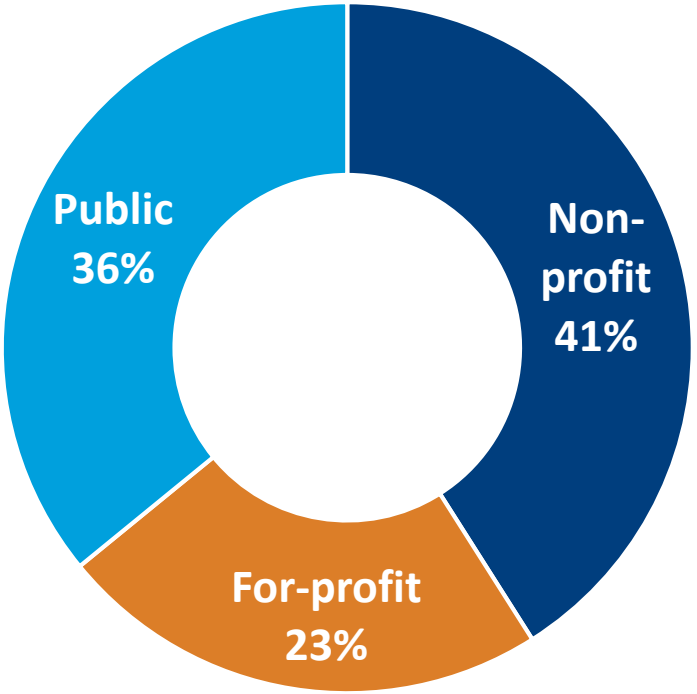
Ownership

Top State: New Hampshire

100% are non-profit

Bottom State: Mississippi

Less than half are non-profit



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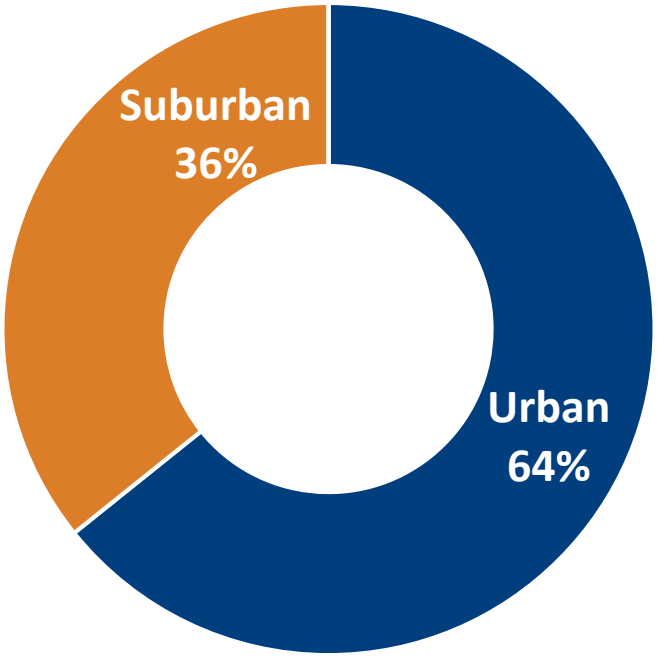
Geography

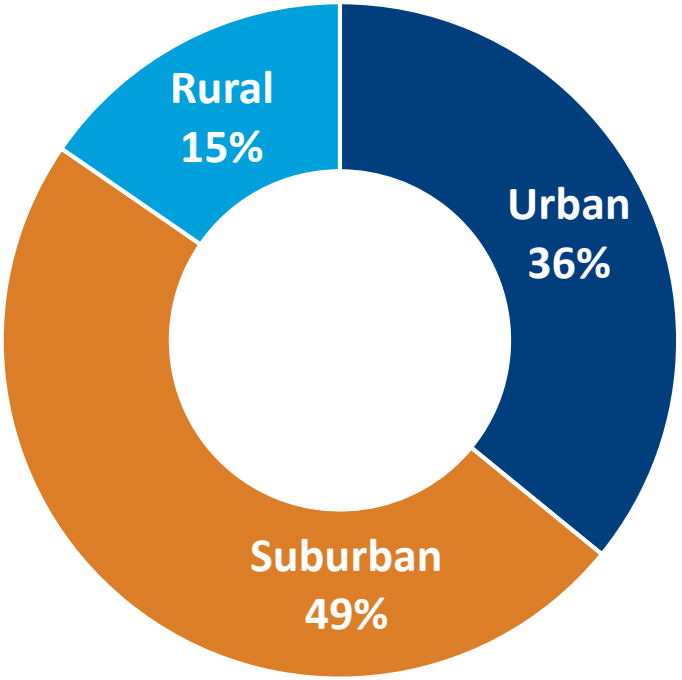
Top State: New Hampshire

No rural hospitals



Bottom State: Mississippi

15% of hospitals are rural



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Federal Activity

- **The CHRONIC Act/Bipartisan Budget Act of 2018** enabled flexibility to offer supplemental benefits to sub-sets of Medicare Advantage enrollees, including people with serious illness.
- CMS/CMMI are launching the **Primary Cares First Seriously Ill Population Option** alternative payment model for community palliative care services.
- **The Comprehensive Care Caucus,** launched in the Senate by Sen. Rosen, Barrasso, Fischer, and Baldwin, to improve workforce, coordinated care, and caregiver support.

State Activity

- Palliative care requirements or standards incorporated into **hospital, nursing facility, or home health regulations** in 9 states
- **MD CME required** in 12 states on palliative care, pain and symptom management
- Many states reimburse palliative care services through **Medicaid CPT codes**; 2 explicitly support home-based palliative care
- **Palliative Care Advisory Councils** (or similar bodies) established in 28 states charged with increasing awareness of palliative care

Important Gaps

Workforce	Shortage of specialist palliative care clinicians
Payment	Inadequate FFS reimbursement for high-value yet time-intensive palliative care services
Quality	Lack of appropriate quality measures
Clinician Skills	No incentives for all clinicians to be trained in communication, pain/symptom management
Public Awareness	Lack of knowledge about palliative care and its benefits
Research	Insufficient NIH funding to create evidence base

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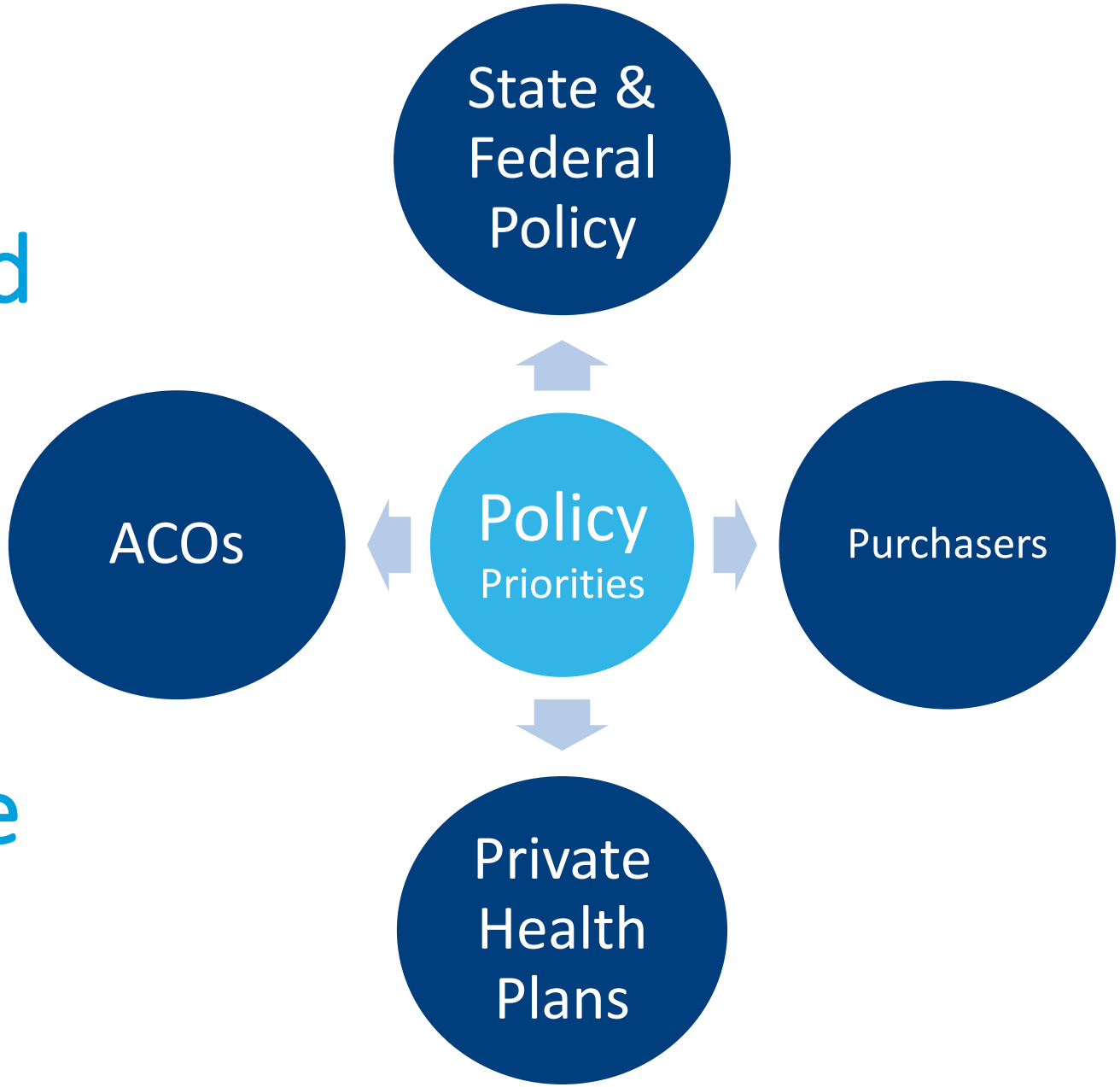
The 2019 Report Card includes policy priority actions for multiple actors.



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Federal Opportunities to Improve Access

Embed palliative care into existing programs

- e.g., Provider Training in Palliative Care Act; waive patient co-pays for palliative care (S. 1921)

New resources for workforce and research

- e.g., Palliative Care and Hospice Education and Training Act (S. 2080/H.R. 647)

Promote implementation of palliative care laws

- e.g., Advancing Care for Exceptional Kids Act (Public Law No: 116-16)

State Opportunities to Improve Access

Separate licensure for home palliative care

- E.g., California passed SB 294, clarifying that licensed hospices can provide non-hospice palliative care services

New resources to support workforce development

- E.g., Loan Assistance and Forgiveness Programs modeled on programs in other fields such as primary care or dentistry

Incorporate palliative care standards into existing regulations

- E.g., Maryland requires that hospitals with 50+ beds establish a hospital-wide palliative care program that meet certain criteria

Coming Soon:
Palliative in Practice Blog

Take Action: Tips for Leveraging the 2019 State-by-State Report Card

Practical tips for understanding palliative care in your state, supporting policy changes, and influencing local leaders and funders

Available later in October 2019 at capc.org/blog/

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To access the 2019 State-by-State Report Card and all findings, visit:

reportcard.capc.org

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