



Palliative Care Policy Paper

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Introduction

Palliative care is not synonymous with hospice, which is limited to patients in the last stages of a terminal illness. Palliative care can be offered side by side with curative care at any point in the disease process. “Providing patients with life-limiting illness access to high quality palliative and end-of-life care was one of the six areas identified as a national priority that will reduce disease burden, patient harm, disparities in care, and wasteful use of health care resources”.¹ Palliative care serves as a bridge between chronic care management and hospice services.

Increased Value

Palliative Care increases value in healthcare by improving quality and reducing costs. Palliative care is uniquely designed to improve quality by providing comprehensive whole person care which in turn supports patients to manage their chronic illness at home, reducing hospital costs. “A number of studies have demonstrated that patients receiving palliative care have less pain, report increased satisfaction with provider communication, and use fewer health care resources than those who do not receive such care”

Palliative Care reduces costs by promoting coordinated, communicated, and patient centered care. In findings from a 2008 study, the average per-patient per-admission savings as a result of hospital palliative care is \$2,642, resulting in an estimated savings of \$1.2 billion per year under the current penetration of services. Additionally, it is estimated that this savings figure would increase to approximately \$4 billion per year if capacity were expanded to meet the needs of hospital patients who would benefit from palliative care.

Rural Palliative Care

Rural adults experience more chronic health conditions than urban adults and would benefit from palliative care services provided in rural communities. However rural residents currently have less access to palliative care services than urban residents resulting in higher costs of care and unnecessary hospital transfers. Increasing access to comprehensive palliative care services in rural communities would lower costs, improve patient outcomes, and allow residents to be cared for locally. Presently rural hospitals are forced to transfer a majority of their chronic care patients during acute exacerbations. With improved reimbursement for comprehensive local palliative care and telemedicine resources we believe these patients can be cared for locally.

¹ Stratis Health, “Minnesota Rural Palliative Care Initiative: Final Report June 10, 2011,” accessed 06/20/2018 www.stratishealth.org.



Additional Rural Considerations

- Lack of financial reimbursement
CAH's can bill Medicare for palliative care services provided to patients during an inpatient stay but may not bill for support services provided in outpatient or community settings if identified as the primary need for service.²
- Few chronic care support resources, such as home health availability
- The home health service 'homebound' requirement limits those who are eligible to receive this care
- Payment for non-skilled services to support frail patients at home, such as community health workers
- Rural familiarity – Family practice providers hesitancy to initiate chronic care and end of life conversations with patients whom they have close relationships (providers interact with patients within community daily)
- Persistent workforce shortages in healthcare with an heightened shortage in palliative care specialists
- Lack of understanding about palliative care programs
Palliative care is not well-understood by healthcare professionals, including medical doctors³

Recommendations

1. Develop funding opportunities for rural palliative care pilot sites
2. Establish pathways for provider referrals into palliative care program
3. Reimburse community-based palliative care programs in rural communities, including the use of telehealth services.
4. enhance palliative care awareness among providers and patients.
5. Build communication skill competencies into healthcare training programs for all providers through motivational interviewing and preparing for difficult conversations.
6. Include a palliative care rotation for healthcare provider training programs.
7. Conduct research to compare the costs associated with patient transfers to urban hospitals vs. funding comprehensive rural palliative care programs.

² Stratis Health, "Minnesota Rural Palliative Care Initiative: Final Report June 10, 2011," accessed 06/20/2018 www.stratishealth.org

³ Butcher, L., "Expanding the reach of palliative care: Specialty and outpatient treatment provide multiple benefits for the seriously ill", <https://www.trusteemag.com/articles/1379-expanding-the-reach-of-palliative-care>.



Citations

1. Stratis Health, "Minnesota Rural Palliative Care Initiative: Final Report June 10, 2011," accessed 06/20/2018 www.stratishealth.org.
2. Center to Advance Palliative Care. A State-by-State Report Card on Access to Palliative Care in Our Nation's Hospitals, www.capc.org/reportcard/recommendations.
3. Stratis Health, "Minnesota Rural Palliative Care Initiative: Final Report June 10, 2011," accessed 06/20/2018 www.stratishealth.org.
4. Meier, D.E., "Increased Access to Palliative Care and Hospice Services: Opportunities to Improve Value in Health Care," *The Milbank Quarterly*, Vol. 89, No. 3. 2011, pp. 343-380.
5. Stratis Health, "Minnesota Rural Palliative Care Initiative: Final Report June 10, 2011," accessed 06/20/2018 www.stratishealth.org
6. Butcher, L., "Expanding the reach of palliative care: Specialty and outpatient treatment provide multiple benefits for the seriously ill", <https://www.trusteemag.com/articles/1379-expanding-the-reach-of-palliative-care>.