Taking Care of Palliative Care

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Executive Summary

Minnesota has done well with the amount of palliative care services provided across the state. However, rural communities in Minnesota have far less access to palliative care programs than those living in urban settings.[13] This is in part due to the lack of availability of health care professionals in rural communities, and the lower reimbursement rates provided for palliative care programs in rural settings.[7] Although the majority of large hospitals in Minnesota offer palliative care programs, most hospitals with fifty beds or less do not.[3] Palliative care has been shown to improve the quality of life of individuals living with chronic and terminal illnesses.[5] Palliative care is also less expensive than curative care for patients with chronic or terminal illnesses, and in some cases patients utilizing palliative care live longer than those continuing with curative treatments.[5] In 2017, the Minnesota legislature created a Palliative Care Advisory Council to advocate for more quality palliative care in Minnesota.[9] However, more needs to be done to ensure access to quality palliative care in rural areas.

- Increased funding for palliative care research and rural palliative care programs.[6]
- Enhanced education for health care professionals on palliative care and end of life issues.[14]
- Improved skill of health care professionals with discussing palliative care options and end of life issues.[14]
- Better public education on palliative care and its benefits.[6]

Defining Palliative Care

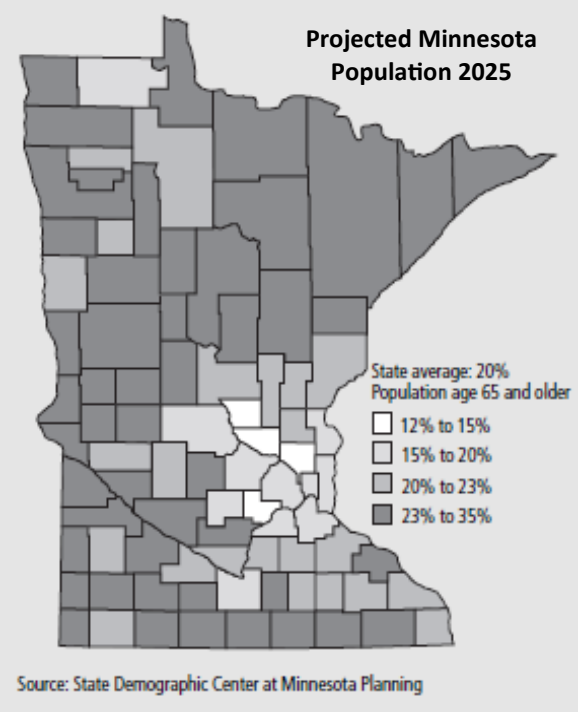
- "Palliative care is patient-centered and family-focused medical care that optimizes quality of life by anticipating, preventing, and treating suffering caused by serious illness. It is a team approach to care that is highly supportive, can be extended alongside of curative treatment, and is intended to alleviate suffering for individuals of any age and any stage" of the disease process.[10]
- Palliative care differs from hospice care in that hospice care is available to patients who are living with a terminal illness and have a life expectancy of 6 months or less. Palliative care does not have a required life expectancy for eligibility.[10] [13]

Hospice Care is a Type of Palliative Care

VITAS Health Care, 2018[18]

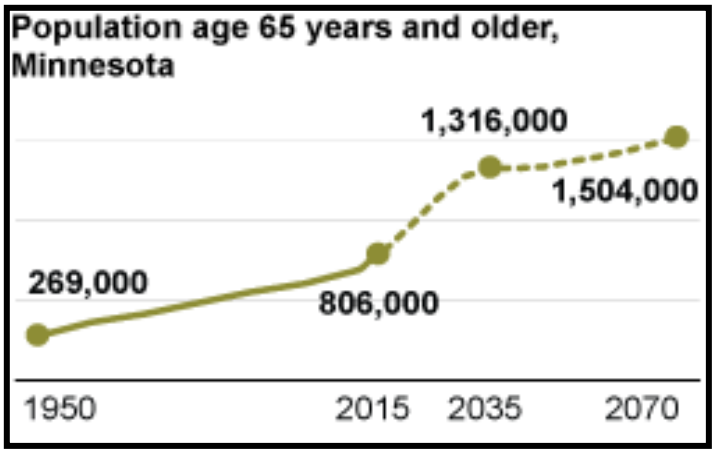
Defining the Problem

There are ninety million Americans living with a chronic illness.[3] In the next twenty-five years this number is expected to increase substantially due to the growing sixty-five and older adult population.[3] The number of adults over age sixty-five in Minnesota is expected reach 1.2 million by 2030.[13] By 2025 it isprojected that 20% of Minnesota's population will be age sixty-five or older, with a disproportionate number of older adults living in rural communities.[13] However, there is an inconsistent amount of palliative care programs provided by large and small hospitals in Minnesota, with 89% of large hospitals providing palliative care, and only 37% of hospitals with less than fifty beds providing palliative care services, most of which are in rural communities.[13]



Source: Federal Reserve Bank of Minneapolis, 2014[15]

This disparity is in part due to the lack of availability of workers in the medical field who are trained in palliative care. Nationally, there is a deficit of approximately 2,700 full-time, trained palliative care physicians.[8] Physicians who work in palliative care are required to be board certified in hospice and palliative care and complete a twelve month fellowship, which makes it more difficult for physicians in rural communities to develop their expertise in palliative care and hospice.[13]



Source: Minnesota Compass, 2017[17]

Palliative care has been shown to not only reduce the cost of healthcare spending, but also improve the quality of life of patients who utilize palliative care services. With a lack of availability of palliative care programs in rural communities, those living with serious or chronic illnesses experience a lower quality of life due to frequent hospital visits, fewer health care supports, and less effective symptom management.[5]

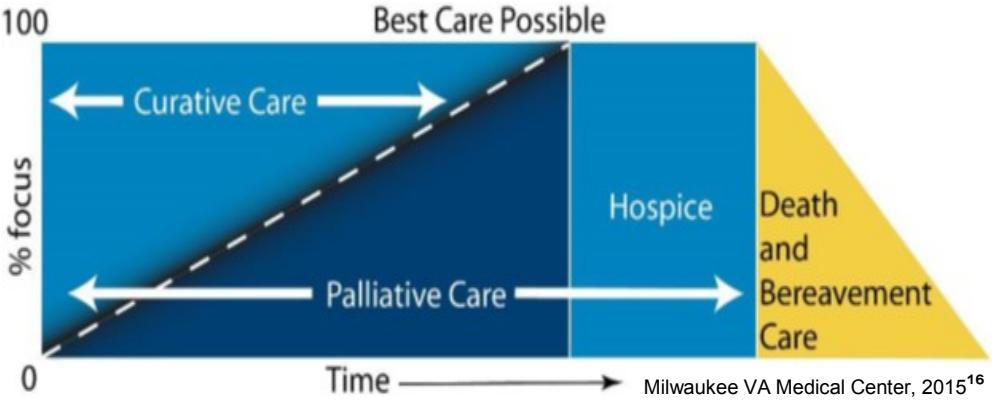
Palliative care and hospice care have been shown to enhance family outcomes. Improved quality of life and satisfaction, decreased anxiety and depression, and more effective bereavement adjustment has been demonstrated among spouses of those who passed while utilize palliative care or hospice services.[5]

What is Not Working

- Hospitals get paid at higher rates for intensive care services than hospice or palliative care. This could result in clinicians delaying referrals to hospice due to intensive care tends to be more lucrative than palliative care.[12]
- Current reimbursement rates for palliative care programs in rural settings are lower than reimbursement rates in urban settings. This creates a sustainability issue for palliative care programs in rural settings.[7]
- Regulatory requirements for physicians to be certified by the board of palliative medicine make it difficult for rural communities to initiate palliative care programs. With rural areas already lacking adequate health care professionals, the extra board certification requirements make it very difficult for rural areas to provide these services to their inhabitants.[13]
- "Very few communities have access to non-hospital palliative care in any form other than hospice. This means that only patients who are in crisis (hospitalized) or dying (in hospice) receive palliative care." [8]

Financial Benefits

In 2014, hospital care expenditures reached $971.8 billion, and are projected to increase to $1,755.1 billion in 2024.[12] Hospital care consumes approximately one third of national healthcare spending,[12] and by 2040 it is projected that one out of every three dollars spent in the United States will be on health care.[1] However, health care costs have declined for individuals with serious illnesses and multiple chronic conditions who have enrolled in palliative care programs. With palliative care services in place, there are fewer hospital stays, and fewer stays in high cost intensive care units (ICU). Data has consistently demonstrated that patients utilizing palliative care experience higher quality of care, as well as lower health care costs because of the focus on symptom management and quality of life, rather than expensive and ineffective curative treatments.[5]



Milwaukee VA Medical Center, 2015[16]

Current Policy

- January 2017: Minnesota senator Karin Housley introduced a bill to establish an advisory council on palliative care to enhance public knowledge of what palliative care is, as well as address the shortage of trained palliative care professionals in Minnesota.[1]
- March 2017: Minnesota passed legislation to form a Palliative Care Advisory Committee. This committee was created to "promote better quality and access to specialized care that provides relief from the symptoms and stress of serious, chronic, or life-limiting illnesses".[9]
- March 2017: Palliative Care and Hospice Education and Training Act (H.R. 1676) was introduced to the U.S. Congress. The purpose of H.R. 1676 is to amend the Public Health Service Act to expand the number of faculty in accredited palliative care medical, nursing, and social work schools. H.R. 1676 aims to promote education of health care professionals on palliative and end of life care.[4]

Policy Recommendations

- Create a culture among healthcare providers to initiate conversations with patients regarding palliative care and hospice care.
- Advance health professional education and training to increase the number of healthcare providers trained to deliver high quality palliative care services.

Federal

- Increase funding for research regarding palliative care. Currently, only 0.01% of the National Institutes of Health budget supports palliative care research.[6]
- Increase reimbursement rates for palliative care services.
- Pass the federal bill known as the Palliative Care and Hospice Education and Training Act (H.R. 1676).

Minnesota

- Advance educational outreach to the general public regarding palliative care.
- Increase access to palliative care services in rural communities.
- Ensure access and availability of high quality palliative care services to those who seek it.

Training Health Care Professionals

Providers are graduating from programs feeling underprepared to manage terminal illness. Providers also report having difficulty finding continuing education courses to fill the void of end of life care training they did not receive during their formal education.[14] "As healthcare advances, there are few formal education classes that providers feel are easily accessible, especially for rural providers and interdisciplinary teams".[14] This may be overcome by incorporating hospice care and palliative care into curriculum, and by including more clinical rotations in this area.

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