HHSC: Palliative Care Interdisciplinary Advisory Council, July 28th, 2020

House Bill (HB) 1874, 84th Legislature, Regular Session, 2015 established the Palliative Care Interdisciplinary Advisory Council to assess the availability of patient-centered and family-focused palliative care in Texas. HB 1874 charges the council to consult with and advise the Texas Health and Human Services Commission (HHSC) on matters related to the establishment, maintenance, operation, and outcome evaluation of the statewide palliative care consumer and professional information and education program.
In addition, the council must submit a biennial report assessing

- the availability of palliative care in Texas,
- barriers to greater access to palliative care and
- policies, practices, and protocols in Texas concerning patients' rights related to palliative care.

The Council will publish its first report by Oct. 1, 2016. The Palliative Care Interdisciplinary Advisory Council is codified under Chapter 118, Texas Health and Safety Code. For members of the committee follow this link: Palliative Care Interdisciplinary Advisory Council.

Welcome and introductions. The meeting was called to order by Dr. Driver, Chair. A quorum was present.

Review and approval of meeting minutes from February 25, 2020, meeting. The minutes were approved as drafted

Update on PCIAC new Member Appointment Process. Application review process is underway with 39 total applicants and nine positions to fill. The plan is to have new members by the first meeting in 2021. Members with expired terms: Bruce Christensen, Larry Driver, Erin Perez, Hattie Henderson, Craig Hurwitz, Barbara Jones, Nat Jones, and Mike Ragain

All members continue on the PCIAC until an appointment is made.

Update: Supportive palliative care pilot study required by Health & Safety Code § 142.0003, as adopted by Senate Bill 916, 86th Legislature, Regular Session (2019)

Senate Bill 916: Pilot Study:
Assess potential improvements of SPC on:

- Health quality, health outcomes, and cost savings from the availability of SPC services in Medicaid
- Must include an evaluation and comparison of other states that provide Medicaid reimbursement for SPC
- PCIAC must provide recommendations on study
- HHSC may collaborate with and solicit and accept gifts, grants, and donations to fund the study
- Study not required if money not received for this purpose

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- • Study findings due by September 1, 2022

Two Part Study:

Part 1:
- Community-Based Innovation in SPC
- Replicate claims-based study used in California (though California expanded Medicaid and Texas did not)
- Potential for innovative practices such as telehealth

Part 2:
- Medicaid Palliative Care Benefit Comparison
- Comparison study of other states SPC benefit

Other Considerations
- Statutory standards for Supportive Palliative Care Services
- Rules
- Licensing

Expected Outcomes:
- Evidence to improve patient quality of care & health outcomes
- Cost savings of Medicaid palliative care benefit
- New policies to apply the benefit to Texas Medicaid
- Development of alternative payment models to support palliative care services

Phase 1 Study Underway
Performed by the Institute for Child Health Policy, University of Florida, the state's Medicaid External Quality Review Organization (EQRO) and is funded as an ad hoc analysis for a possible value-based initiative/alternative payment model (APM) in Medicaid. The study is based on a California Department of State Health Care Services community based palliative care analysis and is designed to determine patterns of utilization, expenditure, and outcomes in last 18 months of life for patients with serious illness. The analysis is based on diagnosis and distance to end of life (EOL) and is primarily focused on clients at 6 to 12 months from EOL

Milestones
- Support Council Workgroup charged with providing recommendations on the pilot study- Through 8/10/2020
- Receive an update on the SB 916 pilot study progress- 9/01/2020
- Continue to support Council Workgroup with pilot study progress, including receiving updates during Quarterly meetings- 5/31/2021

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- HHSC completes pilot study and drafts write-up to be routed for internal review4/30/2022 • HHSC submits study to the Advisory Committee- 8/31/2022

Update: Texas palliative care data update.

Texas vs National CAPC Grade

Source	Data Year	Grade	Total Programs/ Hospitals (≥ 50 beds)	> 300 beds
CAPC National	2012/ 2013	67%	(1,591/2,393)	90% (659/732)
CAPC National	2017	72%	(1,723/2,409)	93.7 (671/716)
CAPC Texas	2012/ 2013	43%	(85/198)	66% (37/56)
CAPC Texas	2017	52%	(105/201)	75% (46/61)
In-house Texas	2014	42%	(86/205)	71% (42/59)
In-house Texas	2015	46%	(96/207)	71% (41/58)
In-house Texas	2016	49%	(98/201)	76% (44/58)

Note: Results are based on the CAPC defined hospital cohort.
Analyses were limited to general medical and surgical, cancer, or heart hospitals with fifty or more licensed beds based on data from the American Hospital Association Annual Survey of Hospitals. Veterans Administration and Indian Health Service facilities were excluded. The CAPC method does not clearly distinguish hospital run palliative care programs from contracted services. 15

Growth by Palliative Care Profession, Texas, 2015-2019

Professional Category	Number 2015	Number 2017	Number 2019	Percent Increase from 2015 – 2019
Physicians with Palliative Specialty	275	332	379	38%
Primary	51	78	89	75%
Secondary	224	254	290	29%
Certified APRN	46	73	95	107%
Certified Hospice Medical Director	19	26	47	147%
Palliative Medicine Fellow	20	27	28	40%

Source: Health Professions Resource Center, Center for Health Statistics, DSHS 16

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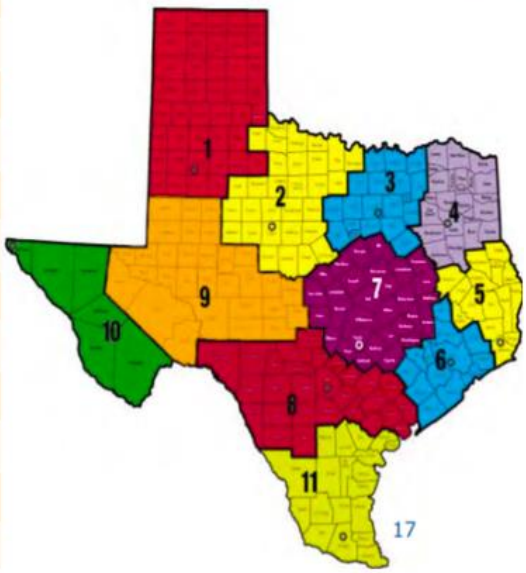
Physicians with Primary or Secondary Specialty in Hospice and Palliative Medicine (HPM), by PHR, 2015 - 2019

Public Health Region	# HPM Physicians 2015	# HPM Physicians 2017	# HPM Physicians 2019	# per 100,000 population(age 18 years and older), 2019	# per 100,000 population (age 65 years and older), 2019
1	9	12	11	1.65	8.4
2	7	8	10	2.31	9.8
3	62	77	97	1.63	10.2
4	12	16	14	1.58	6.5
5	10	15	15	2.5	10.9
6	74	89	98	1.8	11.7
7	41	46	51	1.9	11.6
8	36	39	51	2.2	11.8
9	11	9	8	1.6	9.2
10	3	4	5	0.8	4.2
11	10	17	19	1.15	6.4
Totals	275	332	379	1.8	10.4



Part of the charge of the group is to provide data for comparison, workforce, and other data needs. The charts above are part of that effort.

The CAPC chart shows that Texas has been making progress. There is a two-year lag in the data. Texas has moved up nine percentage points. There is still a gap, but Texas is growing faster than the rest of the nation. The in-house data will also look at regional variations for use in the report.

The second chart shows growth in health professions and is up by 40%. There are more physicians moving into palliative care and APRNs have doubled. The data is from what physicians have reported to DSHS. Specific certification data is not available.

The last chart shows the growth of physicians in palliative medicine.

There is a nice overall spreadsheet resulting from the survey conducted, including insurance impact on advance directives, people who have had cancer, and other variables. Follow-up questions can be asked now that we have the baseline information.

Update: Continuing Education Event Topic Discussion.

This is an annual event and hundreds of continuing education hours have been awarded. A planning workgroup will be needed to ensure a quality program again for this year.

Event Date: November 5th from 1 to 4pm via webinar. There will be no in person contact this year due to COVID.

Potential Topics:

- Emerging developments in SPC
- Low THC Cannabis
- Telemedicine & COVID
- Other suggestions?

Decisions have not been made on the topics yet but there was considerable discussion about telemedicine as the topic. A suggestion was made concerning Hospice and Palliative Care in the time of COVID-19… this would take in telemedicine as well as other topics.

Moral and ethical stress could be added perhaps as a panel. How do you handle intimate conversations when the loved ones cannot be present?

2020 Workgroup recommendations

Workgroup 1: Enhancing family caregiver support

Recommendation 1: Develop and implement effective mechanisms within Texas Medicaid to ensure that family caregivers are routinely identified, assessed, and supported in the delivery of health care services. In addition, Texas Medicaid should provide reimbursement for in-home respite services to family caregivers who care for individuals receiving supportive palliative care (SPC) services. This could be executed by adopting an SPC benefit in Texas Medicaid which includes providing in-home respite services to family caregivers. Achieving these goals will require standardization of the identification, assessment, and support processes towards family caregivers throughout the care delivery process by:

- Identifying family caregivers in both the care recipient's and the caregiver's medical record;
- Screening family caregivers to identify those who may be at risk themselves, or whose circumstances place the individuals they assist in harm's way;
- Assessing at-risk caregivers' needs, limitations, strengths, and personal risks across the full range of their expected caregiving tasks;
- Developing a standardized process for identification, screening, and appropriate caregiver assessment that occurs at each point in care delivery for the care recipient; and

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- Develop a system of reimbursement for in-home respite services for family caregivers who care for individuals with a serious illness.

Questions/Answers/Comments

- How do we assess this during the physician visit/caring for patient activities?
- The chaplains could do the assessment on the initial meeting to link social work with clinical care.

Recommendation 2: Texas policy should promote an increase in the training and capacity of health care and social service providers to recognize and to engage family caregivers and to provide them evidence-based supports and referrals to services in the community. Achieving this goal requires that all healthcare providers be able to:

- Train providers to recognize a family caregiver's presence and value as an additional partner in the delivery of care;
- Assess the caregiver's degree of ability and availability to best participate in overall care;
- Engage and share information with the caregiver;
- Recognize the caregiver's own health care and support needs;
- Help caregivers to obtain needed support by referring caregivers to appropriate services; and
- Develop a system of reimbursement or paid leave for family caregivers who are temporarily removed from the job force as a result of the need to deliver around-the-clock primary caregiving services for their loved ones.

The Chair suggested tabling the recommendation for wordsmithing and vote on the final product at the next meeting.

Workgroup 2: Adoption of a Medicaid supportive palliative care benefit

Recommendation: Texas Medicaid should adopt a supportive palliative care benefit which includes reimbursement for palliative care evaluation and management services, including pain and symptom management. In addition, the benefit should include counseling, training, and respite services for patients and the family caregivers to enhance maintenance of the patient's condition at home. Telemedicine services for all aspects of palliative care, including advanced care planning should also be included in the benefit. These processes can be accomplished by developing policies to encourage MCOs to pay for palliative care services for individuals with a serious illness on Medicaid using value-based payment models; establishing eligibility criteria for who can be provided the benefit; identifying billing codes to be used for the eligible conditions; and establishing the palliative care services that the benefit will offer.

MOTION: *Accept the recommendation as edited - prevailed*.

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Workgroup 3: Utilizing telemedicine for supportive palliative care

Recommendation: Texas policy should promote the use of telehealth and telemedicine to provide high quality interdisciplinary supportive palliative care (SPC) services, especially in rural areas.

Additionally, Texas Medicaid should consider adopting a Medicaid benefit for SPC that includes coverage of telemedicine services. Commercial insurance and other payers can also reap the benefits of telemedicine and should also be encouraged to support its use and provide adequate reimbursement. The pathway for increasing access to supportive palliative care through the use of telehealth and telemedicine includes:

- Promoting the use of telemedicine for the discussion of advance care planning (ACP) and completion of advanced directives;
- Utilizing telemedicine to expand the capabilities of providers in both rural and urban areas to refer patients to specialists via telemedicine consultations; and
- Enabling providers to conduct peer to peer training, mentoring and consultation.

MOTION: *accept the recommendation as drafted above - prevailed.*

Workgroup 4: Amending the language around House Bill 3703, 86th Legislature, Regular Session (2019), to change requirements for the use of low-THC cannabis for cancer patients

Background: A synthetic form of pure THC (delta-9- tetrahydrocannabinol) is available as a generic or branded controlled substance prescription at any stage of cancer while low-THC cannabis is available under HB3703 only for terminal cancer patients.

Recommendation: Amend HB 3703 to replace "terminal cancer" with the words "cancer of any stage with symptoms the physician believes may be improved by low-THC cannabis." Symptoms may include pain, anorexia, nausea, anxiety, myalgia, fatigue, or any other symptom or symptom complex the physician determines appropriate for a trial of low-THC medical cannabis.

MOTION: *Adopt the recommendation as drafted above - prevailed.*

Workgroup 5: Other considerations for legislative report

Mr. Blanton stated that the following are ideas that have come in from members.

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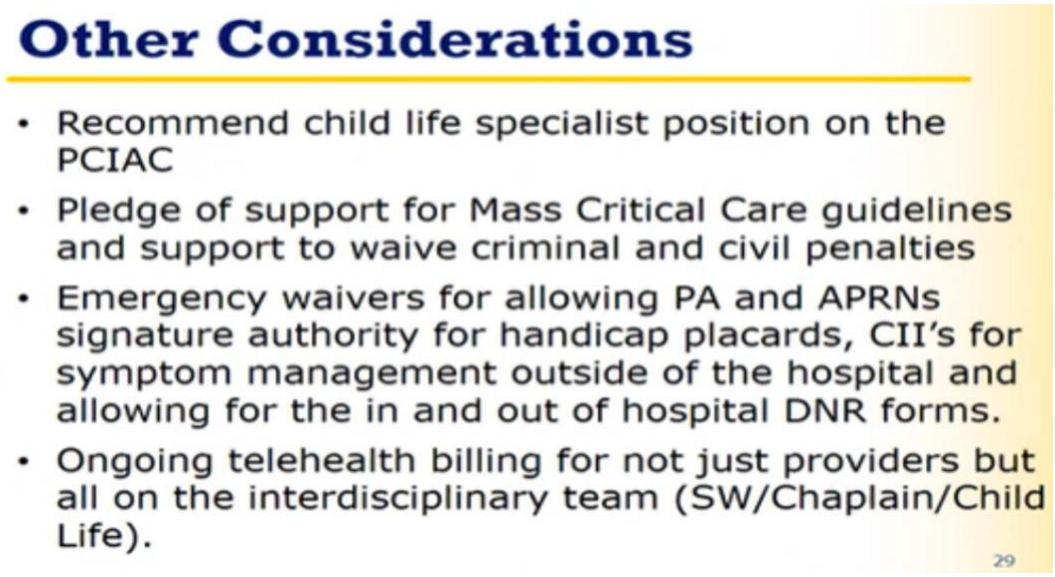

- Adding a child life specialist to the Committee was also suggested.

These ideas were tabled until the next meeting

Milestones

- Through 8/10/2020 - Support Council Workgroup charged with drafting the 2020 Legislative Report
- Workgroup meetings: January – July 2020
- Vote on recommendations: July 2020
- Complete report draft: July – August 10, 2020
- 9/01/2020 - Hold Palliative Care Interdisciplinary Advisory Council Meeting to obtain final approval for the 2020 Legislative Report
- 9/15/2020 - Program drafts and submits information memo to Executive Commissioner on 2020 Legislative Report
- 9/31/2020 - Chair submits biennial Legislative Report to HHSC and legislative offices (Report Due)
- 11/05/2020 - Host 2020 continuing education event
- 1/31/2021 - 2020 Legislative Report presented to the Executive Council
- 5/31/2021 - Complete evaluation of Palliative Care Council progress

Action items and topics for staff or member follow-up

- Including the definitions for telehealth and telemedicine in recommendations
- Reach out to do additional data-gathering
- Recommendations will be sent out to the full council and conduct research for a child health specialist for the council

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- September 1st could be a meeting at 9:00 to talk about the remaining recommendations and a discussion on the full report itself
- Public comment would be taken as well
- Discuss supportive palliative care as a report item (legislative item following the New York model)
- HHSC website acknowledge Palliative Care Month (November)

Public comment. No public comment was offered.

Adjourn. There being no further business, the meeting was adjourned.

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