PALLIATIVE CARE STAKEHOLDER & COMMUNITY SURVEY DATA

SURVEYS CONDUCTED FEBRUARY – APRIL 2020

- I. FOCUS GROUPS & INTERVIEWS
- 2. CASE MANAGERS & SERVICE COORDINATORS SURVEY
- 3. PROVIDER SURVEY



FOCUS GROUPS; KEY INFORMANT INTERVIEWS

- March/April 2020
- Hospices
 - 2 Focus Groups (6 of 10 hospices)
 - Key informant interviews with 2 hospices
- Quest Medical Directors 2 meetings
- Chaplains Focus Group
- Home Health Key Informant Interview
- Kōkua Mau Focus Group 15 people



4 QUESTIONS ABOUT PALLIATIVE CARE

- Do you agree with the CAPC Definition?
- What works?
- What is missing? What are the barriers?
- What are the opportunities for moving forward to expand palliative care?



DO YOU AGREE WITH THE CAPC DEFINITION?

Good definition for creating a benefit – majority view

Other comments

- Include the CMS definition, with special attention to benefit approval
- Include spiritual care, social work



WHAT DO YOU LIKE ABOUT PALLIATIVE CARE?

- "PC is the way care is supposed to be, looking at the whole person!"
- PC Team helps people with complex medical issues to have good conversations and get the patients & family on the same page
- Coordination of care where patient/family needs are recognized and addressed including
 - Medication reconciliation
 - Pain and symptom management
 - Spiritual Support
- Builds rapport and trust
- Excellent training for staff



 "If PC becomes a Quest benefit, those patients who need PC can really be supported well"

 "Making PC available as an out-patient program could really benefit our communities"



WHAT IS MISSING? WHAT ARE THE BARRIERS?

Need more options:

- More community based options out-patient and in-home
- All health plans should offer PC
- Start earlier with conversations and planning
- Clearly define what a palliative care benefit will provide (core elements, definition, difference with hospice)
- Educate what palliative care really is not "death care"; not hospice
 - MDs/clinicians lack of time and ability to communicate well
- PC should include team MD, RN, SW, Chaplain (reimbursement must reflect). Spiritual piece is often missing



HMSA SUPPORTIVE CARE

- Widespread enthusiasm for Supportive Care
- Provide options for patients who need support past the 90 days
 - Patients are delaying joining the programs
 - Going off the program even if it is not medically advisable
- Start the process earlier. Many pts have become very ill by the time they are referred to SC, need intense management and they don't get full team-based benefit of SC. Pts need support throughout the continuum of care
- Expand beyond current 3 diagnoses?
- Opportunity to improve Communication, Quality Mgmt, Oversight btw HMSA, providers & pts.



WAYS TO EXPAND ACCESS — PAYMENT REFORM

- MedQuest aspires to create a PC benefit
- VA out-patient palliative care expanding
- Ohana & United have PC pilots that should be expanded
- Medicare Advantage plans (beyond HMSA) can offer palliative care
- Provide Palliative Care in LTC Settings
- ASCO/HSCO collaboration to boost PC



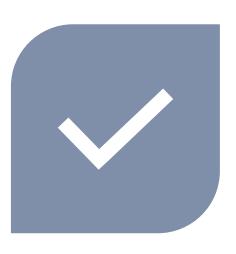
STRATEGIES TO INCREASE AND STRENGTHEN WORKFORCE



EXPAND PALLIATIVE CARE SPECIALIST WORKFORCE – PHYSICIANS, NURSES, SOCIAL WORKERS, CHAPLAINS



BOOST PRIMARY PALLIATIVE CARE SKILLS



ONGOING EFFORTS



EDUCATION OPPORTUNITIES

PUBLIC & CLINICIAN



Educate families, patients, public



Educate referral sources – PCPs, Specialists, Case Managers



DOH invited Kōkua Mau to expand education on palliative care



QUALITY DATA RESEARCH



Reach consensus on what does Palliative Care provide? Includes definition, core elements



Establish most important data points to define and monitor progress



Map Palliative Care in Hawaii – what is available where?



WHERE IS PALLIATIVE CARE AVAILABLE?

- In-patient Queen's Punchbowl, Kaiser, Hawaii Pacific Health (Straub, Kapiolani, Wilcox, Pali Momi), Castle, Maui Memorial
- Community-Based provided by hospices through UHA (Concurrent Care), HMSA (Supportive Care) and VA Concurrent Care. Pediatric Concurrent Hospice Care benefit for Quest pts.
- *Clinic-Based Programs Queen's Supportive Oncology, Straub Geriatric and Palliative Care Clinic
- *Several hospices offer other transitional and supplemental programs to help pts and families, not all of the palliative care elements are met



CASE MANAGERS & SERVICE COORDINATORS

APRIL 2020

30 RESPONDENTS

REASONS FOR REFERRAL TO PALLIATIVE CARE

Most common referral has been to Supportive Care

- 90% Pain and symptom management
- 50% Hospice discussion or referral
- 50% Patient and family support
- 43% Psychosocial and spiritual support



HOW TO IMPROVE ACCESS TO PALLIATIVE CARE?

- Education: Many people still don't know what palliative care is
- Better communication is needed between the health plans, hospices, providers, public
- Better coordination when member comes off of Supportive Care and returns to usual care
- Increased availability of programs on all islands
- Measuring what matters

