PALLIATIVE CARE STAKEHOLDER & COMMUNITY SURVEY DATA

SURVEYS CONDUCTED FEBRUARY – APRIL 2020

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

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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

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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?

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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

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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

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- *"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

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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.

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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

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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

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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?

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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

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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

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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**

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