

Kentucky
Palliative Care
Interdisciplinary
Advisory Council

ANNUAL REPORT



2023

The Current State of Palliative Care in Kentucky

While palliative care programs are moderately increasing in the state, access is improving too slowly to support the growing number of seriously ill Kentuckians. There are multiple indications that there is inadequate access to palliative care. According to national registry data:

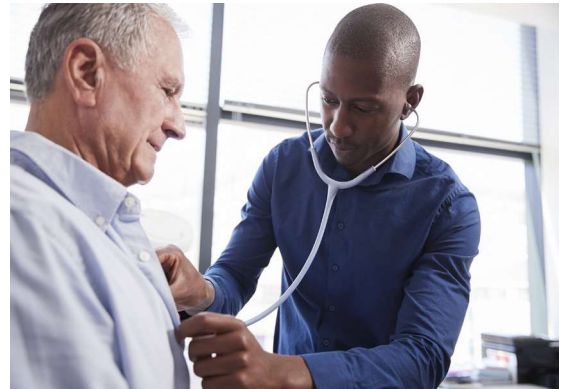
- **Kentucky receives the letter grade “C”** from the Center to Advance Palliative Care and ranks **40th** in the United States for access to hospital-based palliative care.
- Of the 130 hospitals in Kentucky, fewer than **15** report providing access to palliative care.
- Only **20** healthcare organizations in Kentucky report providing palliative care.
- Palliative care in nursing homes is available in only **seven** counties in the state.
- Clinic-based palliative care services are available in only **four** counties.
- While home-based palliative care is available in **71** counties, this service often is limited to individuals with certain health plans.
- While there are pockets of palliative care being delivered via telehealth by Kentucky providers, the lack of sufficient reimbursement and connectivity issues limit scalability.



Advances in Palliative Care Across the United States

Many states are making policy changes aimed at improving care for the seriously ill, while access to palliative care in Kentucky remains limited.

- **18** states across the country have passed legislation that advances programs to promote palliative care education to healthcare professionals and consumers.
- As of 2022, **27** states have established advisory councils or groups tasked with improving care of the seriously ill.
- Between 2019-2022, **17** states either enacted legislation or allocated budgetary funds that support or expand initiatives around palliative care.
- Examples include, but are not limited to:



Hawaii	Established a culturally competent palliative care pilot program that provides palliative care public education, and conducts bidding for two home- or community-based pilot programs.
Indiana	Amended the Indiana Code concerning health by adding a new section defining community-based palliative care, and expanding the ability of hospice providers to provide community-based palliative care in certain conditions.
Maine	Directed MaineCare (Medicaid) to reimburse palliative care for the entire interdisciplinary team across all healthcare settings. Requires the Department of Health and Human Services to adopt rules to support and standardize palliative care in the state.
Oregon	Required the Oregon Health Authority to establish and administer a program that will provide in-home palliative care, through coordinated care organizations by an interdisciplinary team.
Texas	Appropriated \$135,309 for FY 2020 and \$135,309 for FY 2021 to support the Palliative Care Interdisciplinary Advisory Council and a statewide educational campaign on palliative care.
Washington	Legislated that Washington's Office of Insurance Commissioner and the Health Care Authority convene a work group to determine next steps for insurance coverage of speciality palliative care.

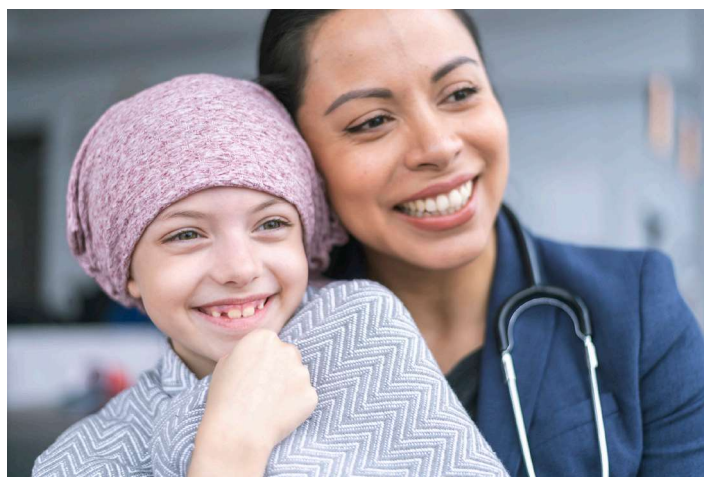
Definitions of Palliative Care



Palliative care is specialized medical care for individuals living with a serious illness. Numerous studies have shown that palliative care interventions lead to reductions in intractable pain, resolutions in complex symptom burden, improved emotional and spiritual well-being and increased alignment of healthcare utilization with a person's goals, preferences and values.

Palliative care and hospice care are not synonymous; hospice care is a specific form of palliative care. Palliative care is specialized healthcare for people living with a serious illness. This type of care focuses on providing relief from the symptoms and stress of a serious illness, can be provided alongside

curative treatments and can be provided at any stage of serious illness. Hospice care is a prescribed benefit in the Medicare and Medicaid programs for individuals, typically in the last six months of life, who choose to forgo curative treatments and elect support from an interdisciplinary team with expertise in palliation.



Value of Palliative Care

Palliative care interventions deliver on the “triple-aim” in health care by improving the lived experience of the seriously ill, enhancing quality of life, and reducing healthcare expenditures by avoiding unnecessary and unwanted emergency department visits and hospital stays. Since the KPCIAC 2022 annual report, a new actuarial analysis has demonstrated that a palliative care benefit in the Medicaid program could deliver higher quality care to seriously ill individuals.

"Effective administration of a Medicaid palliative care benefit for the highest service utilizers could produce cost avoidance savings ranging between \$231 and \$1,165 per Medicaid member per month, with potential return on investment ranging between \$0.80 and \$2.60 for every \$1 spent on palliative care."¹

The Value of Palliative Care:			
Patients and Families	Payers	Hospitals and Health Systems	Providers
<ul style="list-style-type: none"> • Improved quality of life. • Improved satisfaction of care. • Fewer symptom crises. • Less caregiver stress and exhaustion. • Reduction in non-beneficial utilization: fewer 911 calls, ED visits, hospitalizations. • Improved advance care planning. • Improved care coordination. • Proactive attention to social factors that exacerbate poor health outcomes. • Timely access to hospice care. 	<ul style="list-style-type: none"> • Improved clinical outcomes. • Reduction of non-beneficial utilization of health care. • Care in lower cost settings. • Greater member satisfaction. • Critical to population health strategies. 	<ul style="list-style-type: none"> • Improved clinical outcomes. • Fortified health system loyalty. • Assists with designations: Joint Commission, National Cancer Institute. 	<ul style="list-style-type: none"> • Improved clinical outcomes. • Added layer of support for sickest patients. • Support with difficult conversations around prognosis and goals of care.

¹ <https://nashp.org/palliative-care-in-medicaid-costing-out-the-benefit-actuarial-analysis-of-medicaid-experience/>



2023 Recommendation

The Kentucky Palliative Care Interdisciplinary Advisory Council recommends that the Department of Medicaid Services commission a focus study to determine the impact of a comprehensive, team-based palliative care benefit on quality of care and cost of care for seriously ill Kentuckians.

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Palliative Care Consumer and Professional Information and Education Program:

<https://www.chfs.ky.gov/agencies/dph/dpqi/Pages/pc.aspx>
