



2024

ANNUAL REPORT

KENTUCKY PALLIATIVE CARE
INTERDISCIPLINARY ADVISORY COUNCIL

WHAT IS PALLIATIVE CARE?

PALLIATIVE CARE IS SPECIALIZED MEDICAL CARE FOR INDIVIDUALS LIVING WITH A SERIOUS ILLNESS.

- This type of care is focused on providing relief from the symptoms and stress of a serious illness.
- The goal is to improve quality of life for both the patient and the family.
- Palliative care is provided by a specially trained team of palliative care physicians, nurses, and other specialists who work together with a patient's other doctors to provide an extra layer of support.
- It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment.



Palliative care is often conflated with or used synonymously with hospice care. Unlike palliative care, hospice care is a prescribed benefit in the Medicare and Medicaid programs and is limited to individuals living with a terminal illness who forgo curative treatment for support from a specialized palliative care team. In short, hospice care is a type of palliative care for individuals living with a terminal 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 health care utilization with a person's goals, preferences and values.

Given the appreciable increase in the number of individuals living with serious illness, the need to ensure access to palliative care services, improve clinical education on caring for the seriously ill, and raise awareness of palliative care is exigent.

UNDERSTANDING THE NEED FOR AND IMPACT OF PALLIATIVE CARE

THE HEALTH CARE SYSTEM OFTEN FAILS THE SERIOUSLY ILL. SERIOUSLY ILL INDIVIDUALS REPORT EXPERIENCING:

- poor communication from health care providers in the form of conflicting recommendations and duplicative tests and procedures.
- high burden of pain and bothersome symptoms.
- lower satisfaction with health care services.
- treatment discordant with stated preferences.
- inattention to emotional and spiritual suffering.
- feelings of anxiousness, helplessness, and confusion.
- loneliness and isolation.
- inadequate education about disease progression, care and self-management
- inattention to the needs of caregivers.

THE HEALTH CARE PRIORITIES REPORTED BY SERIOUSLY ILL INDIVIDUALS INCLUDE:

- maintaining independence for as long as possible.
- care in a community setting. (*Patients rarely wish to receive care in high acuity settings like hospitals and nursing care facilities.*)
- expert management of pain and symptoms.
- attention to emotional and existential needs that can exacerbate physical health symptoms.
- time with their health care professionals.
- recurring conversations about disease progression.
- highly coordinated care.

CASE STUDY ON THE VALUE OF PALLIATIVE CARE

Mr. B is an 88-year-old man with dementia admitted to the emergency department for management of back pain due to prostate cancer, spinal stenosis and arthritis. His pain is an 8 out of 10 on admission for which he is taking 5 gm of acetaminophen daily. Mr. B had been admitted three times in two months for pain, falls and altered mental status due to constipation. His only family is his 83-year-old wife who is overwhelmed providing care. Mr. B has repeatedly expressed his desire to stay home. Mrs. B must depend on the emergency department and hospital to support his medical care.

“He hates being in the hospital, but what could I do? The pain was terrible, and I couldn’t reach the doctor. I couldn’t even move him myself, so I called the ambulance. It was the only thing I could do.”

Mr. B was referred to a home-based palliative care program for pain and symptom management. This program provides house calls, 24/7 telephonic support, support for caregivers, Meals on Wheels services and a friendly visitor program to combat social isolation. Prior to referral to the palliative care program Mr. B had four calls to 911 in a 3-month period, leading to four emergency department visits, three hospitalizations, hospital acquired infection, functional decline and family distress.

Because the palliative care team was able to expertly manage Mr. B’s pain and symptoms, support Mrs. B., conduct skilled conversations on what mattered to Mr. and Mrs. B and provide around-the-clock telephonic support, Mr. B had no 911 calls, no emergency department visits and no hospitalizations in the last 18 months of life.

Adopted from Diane Meier, Director, Center to Advance Palliative Care

CURRENT STATE OF PALLIATIVE CARE IN KENTUCKY



Currently, Kentucky receives the letter grade, “C” from the Center to Advance Palliative Care. There is wide variation on the accessibility of palliative care services in Kentucky.

FINANCIAL IMPACT OF PALLIATIVE CARE ON STATE BUDGETS



The academic and medical literature on palliative care consistently shows improvements in quality of life and reductions in non-beneficial forms of utilization. A recent actuarial analysis of palliative care in Medicaid found that that effective administration of a palliative care benefit for seriously ill individuals with high utilization could produce cost avoidance savings ranging between \$231 and \$1,165 per Medicaid member per month.

RECOMMENDATION

THE KENTUCKY PALLIATIVE CARE INTERDISCIPLINARY ADVISORY COUNCIL RECOMMENDS THE COMMONWEALTH OF KENTUCKY ADOPTS A PALLIATIVE CARE BENEFIT FOR SERIOUSLY ILL KENTUCKIANS.

There are several paths forward to improve serious illness care in Kentucky, including, but not limited to:

a. Medicaid Managed Care

Establishing a palliative care benefit in the Medicaid Managed Care plans in Kentucky.

b. State Plan Amendment

Submitting a State Plan Amendment to cover interdisciplinary, community-based palliative care as a preventative service.

c. Medicaid State Waiver

Exploring opportunities to fund palliative care through 1915(c), 1115, EPSDT waivers.

TAKE ACTION

IF YOU WANT TO LEARN MORE ABOUT PALLIATIVE CARE GENERALLY OR KENTUCKY'S PALLIATIVE CARE INTERDISCIPLINARY ADVISORY COUNCIL, THE FOLLOWING RESOURCES ARE AVAILABLE:

- [Palliative Care Consumer and Professional Information and Education Program](#)
- [Center to Advance Palliative Care](#)
- [Get Palliative Care](#)
- [Kentucky Association of Hospice and Palliative Care](#)
- [Hospice Action Network](#)



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