# Improving Care for Seriously III Kentuckians by Expanding Access to High-Quality Palliative Care

Our current health care system does not provide adequate or appropriate adjustments to meet the needs of the seriously ill person. Seriously ill individuals often experience a confusing health care system, inadequate management of pain and symptoms, and a lack of attention to sources of emotional and spiritual distress. Palliative care interventions have been shown to produce preferred health care outcomes for the seriously ill including, but not limited to, reductions in intractable pain, resolutions in complex symptom burden, improved emotional and spiritual wellbeing, increases in health care utilization aligned with a person's goals, preferences, and values, and decreases in non-beneficial use of health care services. Increasing access to palliative care services is an indispensable part of improving care for the seriously ill.



## What is Palliative Care and How does Palliative Care Improve Serious Illness Care?

Palliative care is specialized health 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.

Specialized palliative care teams can improve numerous clinical outcomes and minimize non-beneficial utilization of health care services. The mechanisms by which this can occur are as follows:

- Expert management of intractable pain and bothersome symptoms.
- Skilled "goals of care" conversations, including advance care planning, that better align a person's health care utilization with their goals, preferences and values.
- Development of a plan of care that provides peace of mind, anticipates needs, promotes optimal health and well-being, and is responsive day and night.
- Access to around-the-clock telephonic support responsive to the seriously ill person experiencing a crisis.
- Keen awareness and proactive responsiveness to the social factors that exacerbate poor health outcomes.





#### **Pediatric Palliative Care**

Children with serious illness in the state of Kentucky have limited access to high quality palliative care. Many children are living longer with serious illness and are suffering from the impact of their disease. Pediatric palliative can relieve this suffering and allow children to live their lives to the fullest while undergoing treatments. While several high quality pediatric palliative care teams exist in Kentucky, the resources and reimbursement for interdisciplinary palliative services for the large population of Kentucky's children is currently inadequate. A statewide solution for improving access to palliative care for infants, children and adolescents is needed to fill the gap in care.

#### **Current Access to Palliative Care in Kentucky**

There is inadequate access to palliative care in Kentucky. While palliative care programs are increasing in the state, access is improving too slowly to adequately support the growing number of seriously ill Kentuckians. According to national registry data, Kentucky ranks 40th in the United States and receives the letter grade "C" for access to palliative care in hospital settings.

#### **Barriers to Access**

A primary barrier to scaling access to palliative care is financing. Palliative care teams are interdisciplinary because of the multifaceted forms of distress experienced by the seriously ill person. In addition to physicians with specialization in palliation, high-quality palliative care requires the contributions and insights from psychologists, social workers, chaplains and nurses. Not all of these team members can bill for their services and so the cost of funding these best practice interdisciplinary teams becomes limited to those who can bill for their services: physicians, nurse practitioners, psychologists and social workers and very limited nursing interventions. This shortfall is aggravated by the more intense effort required to care for the medical and psychosocial needs of person with serious illness; individual billing codes do not allow providers to always bill to that level of intensity. Given their interdisciplinary approach and complex patient population, combined with limited options for reimbursement, palliative care programs are generally regarded as financially unsustainable in a fee-for-service payment environment.

#### **Kentucky Palliative Care Interdisciplinary Advisory Council 2022 Recommendation:**

Scaling access to palliative care is significantly limited by the lack of sustainable payment options. Consequently, the Kentucky Palliative Care Interdisciplinary Advisory Council unanimously recommends that Kentucky establish a palliative care benefit for seriously ill Kentuckians enrolled in Medicaid managed care plans and in the Kentucky Employees' Health Plan.

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For more information on palliative care in Kentucky, including previous annual reports and recommendations see: https://chfs.ky.gov/agencies/dph/dpqi/Pages/pc.aspx

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