



2025

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.

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 Kentucky Palliative Care Interdisciplinary Advisory Council 2022 annual report, an 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

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

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

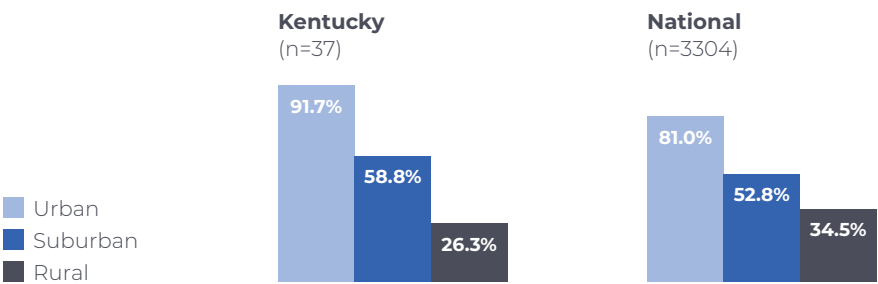
PALLIATIVE CARE ACCESS IN KENTUCKY

Prevalence of Hospital Palliative Care by Facility Size

Location	By Hospital Size			
	<50 Beds	50-149 Beds	150-299 Beds	300+ Beds
Kentucky	39.3% 11/28	66.7% 10/15	100.0% 6/6	90.9% 10/11

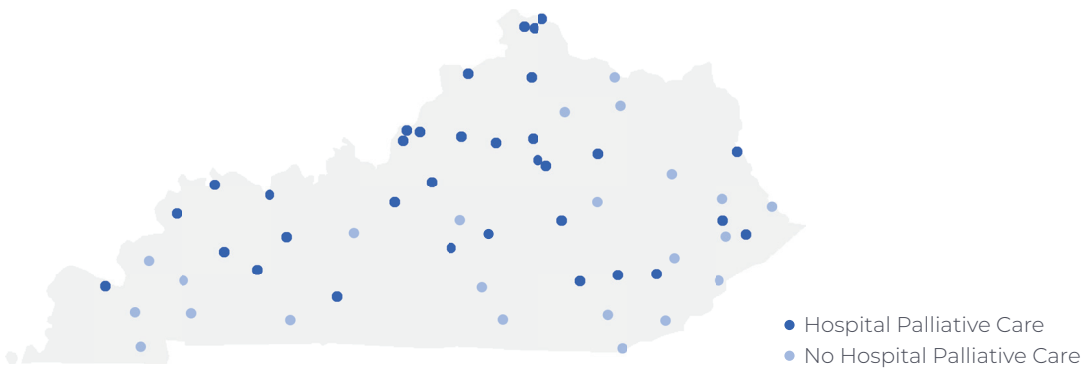
Prevalence of Hospital Palliative Care by Type of Community

Hospital-based palliative care is most commonly available in urban communities. The graph below compares hospital palliative care availability in your urban, suburban, and rural communities against the regional and national prevalence, and includes hospitals of all sizes.



Hospital Palliative Care by Location

The map below shows all Kentucky hospitals that report inpatient palliative care availability and includes hospitals of all sizes. Dark blue dots represent hospitals that report having a palliative care program or unit, and light blue dots represent hospitals that do not currently report inpatient palliative care.



Availability of Community Palliative Care in Kentucky

At least 8 programs providing palliative care in the community have been identified in Kentucky; this is likely an undercount, based on self-reported data only. Visit getpalliativecare.org for information on palliative care programs that have listed themselves on the Palliative Care Provider Directory. If you are aware of community-based palliative care programs that are not yet listed, please encourage them to participate at the Provider Directory submission site capc.org/provider-directory.

The Center to Advance Palliative Care (CAPC) works to collect information on palliative care programs serving patients in community settings, including office practices/clinics, long-term care facilities, and/or patient homes. Availability of community-based palliative care is essential to patients receiving support over the course of their illness, and can reduce crises and avoidable hospital utilization.

Palliative Care Payment in Kentucky

A growing number of states are exploring options to pay for specialty, community-based, interprofessional palliative care through Medicaid, through the establishment of new benefits or directives to managed care plans to cover palliative care services. In your state, the following payment actions have been taken:

Adult Payment Activity	Status	Supporting Info (Adults)
Separate payment/standalone Medicare or other benefit for palliative care	No	N/A
Directive to Medicaid Managed Care Plans (or similar entities)	No	N/A
Directive to private payers	No	N/A

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CASE STUDY ON THE IMPACT 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 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

CASE STUDY ON THE IMPACT OF PEDIATRIC PALLIATIVE CARE

Will is a 16-year-old male with a primary diagnosis of Cystic Fibrosis. Moreover, he has Type 2 diabetes mellitus and chronic weight loss. Will is on 20 different prescription medications to manage his conditions in addition to daily nebulizer treatments and vest therapies. He frequently contracts drug resistant infections, which is complicated by the number of medications he must take. Will lives with his mother and three siblings.

Will's main priority is to remain independent, enjoy being a "kid" as much as possible, and not allow his illness to limit what he is able to do. Hospitalizations are draining and scary to Will, and he hopes to avoid subsequent stays in the hospital. Additionally, Will finds the number of medications to take daily overwhelming and difficult to keep track of.

Because of Will's desire for an enhanced quality of life and to stay out of the hospital, he was referred to a pediatric palliative care program. The pediatric palliative care program provides care in patient's homes and is composed of a specially trained team that includes a clinical social worker, nurse, nurse practitioner, chaplain and psychologist. The interdisciplinary team brings expertise in pain and symptom management and communication skills with seriously ill patients and families. Additionally, the team has specialization in caring for seriously ill children in community settings.

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.



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