Palliative Care---Future Work for NCIOM

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What is Palliative Care?

- Care that seeks to alleviate symptoms such as pain, anxiety, shortness of breath.
- Is it the same thing as hospice?
- Why is palliative care important?
  - Alleviate suffering
  - Improve functional status
  - Care for people in homes and communities when possible
  - Decrease cost

A word about cost

- Health Care currently accounts for 17.8% of gross state product (projected to 19.9% in 2025)
- In NC, in 2012, $25 billion in health care for 65 and over, $70 billion total. In 2037, we project **$69 billion** in health care cost for 65 and over.

Figure 1. Total Personal Health Care Expenditures for NC Population 65+, 2002-2037

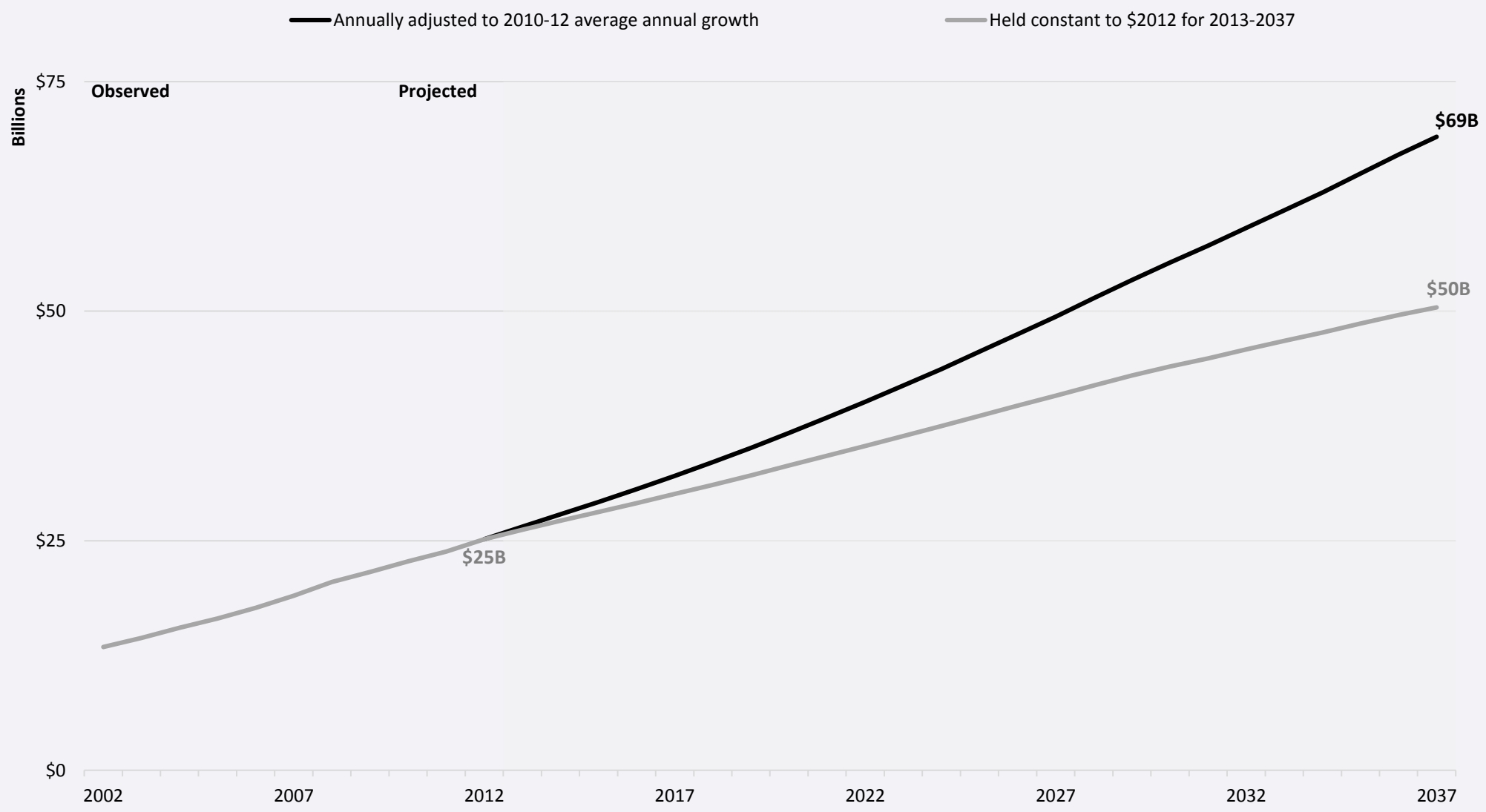
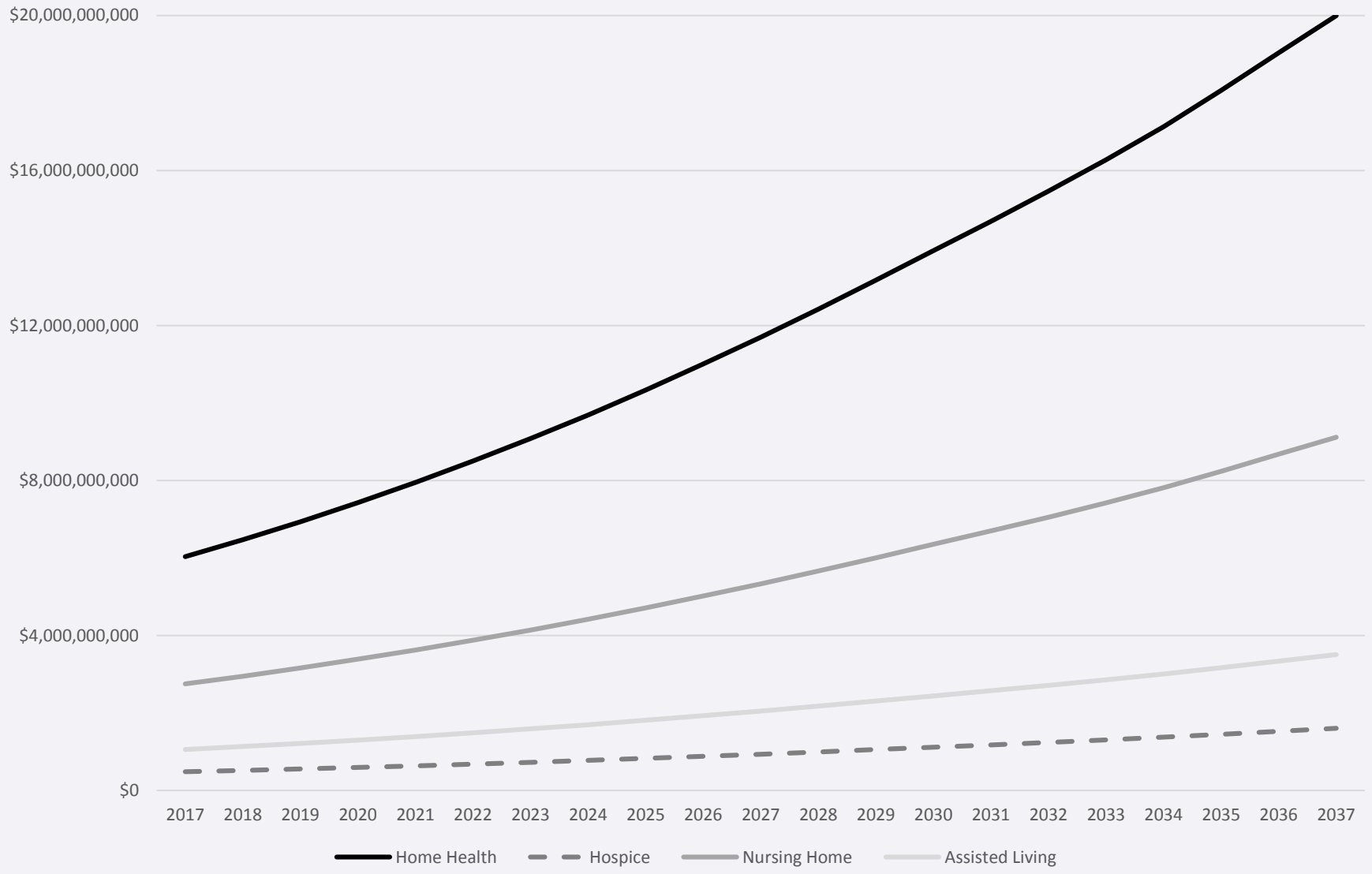


Figure 2: Drivers of Cost by Service line, 65 and over



NCIOM Task Force on Palliative Care

- We have been developing an idea for a Task Force to assess the state of palliative care in NC and opportunities to improve such care.
- We hope this will start around November. Currently raising funds.
- Three main areas to address.
  - Technical and legal issues
  - Access issues
  - Societal norms

Technical and legal issues

- Power of attorney (POA), Medical Orders for Scope of Treatment (MOST) , Do Not Resuscitate (DNR)order, advanced directives.
- How robust is our registry---compared to other states
- Opportunity with Health Information Exchange?
- Two signature requirement for POA?
- How are healthcare providers doing with regard to communication and compliance with wishes? Following DNR/MOST orders? Are they making it to the intended facilities/recipients?

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Access

- 65% of hospitals in NC have palliative care teams. Composition varies greatly. Significant rural/urban divide.
- Outpatient and nursing home based palliative care is rare.
- Task Force would look at
  - Outpatient and nursing home palliative care (and cost and reimbursement challenges and opportunities)
  - Increasing the supply of specialty providers (physicians, nurses, gerontologists, chaplains), building of teams (inpatient and outpatient) and increasing skill of primary care workforce.

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Societal norms

- Assessment of current state of health care and family/community dialogues around palliative care.
- Assessment of opportunities to have discussions about palliative care and end-of-life care. Clinical setting? Legal setting? Faith communities? Financial planners? Senior centers?

Work with the NCGA

- Participation in Task Force
- Is a study bill of interest? (Too late for short session?)
- An opportunity to report back and/or work with NCGA if there are appropriate legislative policy levers?

Your ideas