Task Force on Serious Illness Care

North Carolina Institute of Medicine
630 Davis Drive, Suite 100
Morrisville, NC 27560

June 7, 2019
10:00am-3:00pm

Meeting Summary

Co-Chairs in attendance: Jonathan Fischer

Members in attendance: Mary Bethel, Vicki Bovaill, Christine Brown, Ken Burgress, Christie Burris, Melanie Bush (phone), Dave Cook, Linda Darden, Brad Drummond, Ann Elmore, Glenn Field, Debby Futrell, Beth Golding (phone), Mitch Heflin (phone), Mark Hensley, Lin Hollowell, Donna Lake, Kristen Lakis, Deb Love, Deb Mayer, Susan Nestor, Laura Patel, John Perry, Janna Pogers, Tim Rogers, John Smith, Keith Stirewait, Lynn Templeton, Betsy Vetter (phone), David Sevier, Stan Walters

Steering committee members in attendance: Steve Freedman, Cathy Sevier

Guests in attendance: Mary Lou Infinito, Ryan Lavailey, Vicki Quintana, Brittany Warden, Brian Wood, Jenny Womack, Michelle Xue

Speakers: Kellie Brockman, Dawn Oakey Gartman, Heather Smith

NCIOM staff in attendance: James Coleman, Michelle Ries, Berkley Yorkery, Adam Zolotor

Welcome and Introductions

Adam Zolotor, MD, DrPH
President and CEO
North Carolina Institute of Medicine

Dr. Adam Zolotor brought the meeting and facilitated member introductions. Each Task Force member introducing him/herself by sharing their name, title, and organization.

Palliative and Hospice Care in SNF And Post-Acute Settings

Kellie Brockman, BS
Director of Business Development
Duke Home Care and Hospice

The first speaker of the day was Kellie Brockman who talked about palliative and hospice care in skilled nursing facilities (SNF) and post-acute care settings. Starting off her talk, she went over challenges and barriers in in accessing hospice care:

- Challenges and Barriers
    - Financial
        - Skilled Nursing facilities must budget ahead of time for the number of expected hospice patients
            - A good NDS nurse coordinator knows how to calculate this
    - Education
        - Confusion around the differences between palatine and hospice care.
    - Attitudinal
        - Family and patient reluctance-not ready to accept that a loved one needs hospice care
    - Access to Care
        - Geography—where facilities are located (urban vs. rural)
            - Are there are palliative and hospice

After talking about challenges and barriers in hospice car, Ms. Brockman provided an overview of access to palliative care in NC, number of NC hospitals offering palliative care, and barriers to access in palliative care (workforce, research, and payment models).

Questions and Comments (Select):

- Are there certain standards that affect capacity numbers of hospice beds in skilled nursing facilities
    - Answer: all based on funding models.
        - Medicaid and private funding pay for the bed. Medicare covers hospice care.
- There is general confusion around palliative vs. hospice care
    - What is value added of palliative care?
        - Palliative care leads to increased patient satisfaction
            - Impact on bottom line

A Closer Look at Palliative Care and Hospice Care Settings and Access to Care

David W. Cook
President and CEO
Carolina Caring

Follow Ms. Brockman, David Cook gave the Task Force a deeper overview of hospice and palliative care settings. He started off by going over the type of settings where hospice and palliative care are provided:

- Hospice Care settings
    - In home, inpatient facility, nursing facilities, acute care hospital, other
- Palliative Care Settings
    - Hospital, Clinic, SNF ,, Home

After giving an overview of different settings where palliative and hospice care are delivered,, Mr. Cook talked about access to palliative care in NC, differences between palliative and hospice care, and pediatric hospice access.

- During Mr. Cook's overview of palliative care access, he mentioned that NC gets a "B" for the number of hospitals providing palliative care
    - Number of hospitals providing palliative care in NC went down between the years of 2011-2015
    - A hospital is listed as providing palliative care if they have one palliative care provider.

Questions/Comments (select):

- Certificate of need required for hospice care and inpatient care bed
- What is the national definition of palliative care? NC?
    - Difference depending on region and state
        - No standard model

Cook Presentation Link

Home Health & Home Care Trends and Serious Illness

Timothy R. "Tim" Rogers
President and CEO
Association for Home & Hospice Care of North Carolina
South Carolina Home Care and Hospice Association

After Mr. Cook, Tim Rogers talked about home health and home care trends in NC.
He gave an overview of home health in NC, differences between home health and home care, home care agencies in NC, clinical profiles of home health users, post-acute care market, and trends to watch. Concerning the number of health agencies in NC. Mr. Rogers noted that even though there are 1625 home health agencies in NC, most are dormant, with only about 600 billing Medicaid for home health services.
Questions/Comments (select):

- Why has CMS made the transition to paying for clinical care in lieu of therapy?
    - Therapy was a lucrative payment grouping for some agencies, so many were frontloading.
        - With this shift in payment, smaller agencies that don't have specialized clinical staff will probably struggle
- Will patient driven grouping model have any impact on skilled nursing facilities adopting hospice services?
    - More agencies and facilities will accept more complex patients
    - skilled nursing facilities will score patients differently
    - Positions us to impact nursing home through staff education
    - Revised payment was created in mind of paying for holistic needs of patients

Rogers Presentation Link

The Role of Home Health in Managing Serious Illness

Heather Smith, PT, MS, DPT
Director of Clinical Partnerships and Integration
Advance Home Care

Following Mr. Rogers presentation, Heather Smith spoke more in-depth about the role of home health in serious illness care. During Ms. Smith's presentation, she talked about how most people who receive home health have more than one complex condition and, provided a snapshot of the population provided home health service. In addition, she gave an overview of how serious illness is managed in home health settings, typical staff makeup and partnerships in home health, how serious illness impacts home health outcomes, and the impact of home health services on hospital readmissions.

Smith Presentation Link

Panel—Care Delivery: Who Provides Care and How do They Do it?

Facilitator:

Adam Zolotor, MD, DrPH
President and CEO
North Carolina Institute of Medicine

Panelists:

Donna Lake, PhD, RN
Clinical Associate Professor
College of Nursing
East Carolina University
Executive Committee Co-Leader
NC Future of Nursing Action Coalition

Kristen Lakis, MDiv, MSW, LCSW
Clinical Social Worker
Duke Pediatric Quality of Life

Deborah Love, MA, JD, MBA
Sr. Director Bioethics and Spiritual Care
Novant Health

Laura Patel, MD
Chief Medical Officer
Transitions LifeCare

Following Ms. Smith's presentation. Dr. Zolotor facilitated a panel discussion focused on differences in care settings, transitions between settings, and access to care. Panelist, Dr. Donna Lake, Kristen Lakis, Deb Love, and Dr. Laura Patel went over a number of issues concerning who provides palliative care, what the ideal palliative care team looks like, interprofessional collaboration in palliative care.
Key themes and comments from the panel discussion are below (select):

- Collaboration across systems is key
    - Four key components
        - Trust
        - Communication
        - Understanding roles
        - Learning collaborative skills
        - Most people do not variation in nursing education and roles
- Keeping families involved in care
    - Patient family navigators are key
        - NC is looking into regulating profession and payment models
- A lot of hospice and home health settings do not have patient portals
    - Disconnect between data entered into portal but office staff and providers don't know the information
- Transitions LifeCare pediatric telehealth program is a great way exampling of delivering care too hard to reach patients
    - When encouraging payment models system change we need to show ROI/reducing costs
- Some state Medicaid programs pay for telemonitoring for conditions like COPD and other chronic conditions
- Value based care reimburse should be focus of a task force recommendation
- AI should be used more for predictive analysis
    - May be important for value-based purchasing
    - Case management departments in hospitals are using predictive models
- A vision for NC HIE is to bridge these systems and network

Community Based Services and Supports for Older Adults and their Family Caregivers

Dawn Oakey Gartman, MS
Alzheimer's Support Specialist / Project C.A.R.E. Director
Division of Aging and Adult Services
NC Department of Health and Human Services

Following the panel discussion Dawn Gartman talked about older adult and family care giver support in the state. During her presentation, she provided a profile of your typical family caregiver and gave an overview of the impacts of caregiving on caregivers. She also went into detail about the different services for caregivers in NC. Services mentioned included:

- Project C.A.R.E.
    - Dementia focused
- Family Caregiver Support Program (FCSP)

- Offers a range of services to support family caregivers
- NC Lifespan Respite Program
  - reimburses eligible family caregivers caring for individuals of any age for up to $500 in respite care services, annually
- Older Americans Act: NC Home and Community Block Grant
  - Provides community-based services to older adults
  - age 60 years or older and their family caregivers

Questions/Comment(select):
- Differences between Project C.A.R.E. and FCSP
  - FCSP: locally controlled
    - Five grouping of services AAAs have to provide
  - Project CARE statewide control
    - More standardization because is focused on respite services and counseling
- Community/home care costs compared to institutional care costs
  - Community and in-home care are less costly than intuitional care

Gartman Presentation Link

Supporting Caregivers and Care Recipients: Current Key Legislative and Policy Issues

Mary Bethel
Executive Director
NC Coalition on Aging

Following Ms. Gartman, Mary Bethel talked about keys issues facing care givers and proposed statewide and federal polices solutions. Challenges that caregivers face mentioned by Ms. Bethel included:
- Service delivery challenges
- Workforce/Financial Security Concerns
  - Reducing Hours or Giving Up Employment
- Caregivers doing tasks not trained to do
- Families have challenges in finding aids and other personnel to assist

While discussing challenges face by caregivers, she gave an overview of proposed policy solutions
- Health insurance coverage gap
  - State level
    - HB 655 – NC Health Care for Working Families
    - HB 5/SB 3 – Close Health Insurance Coverage Gap
- Family and Medical Leave
  - State level
    - HB 422/SB 234 – Healthy Families and Workplaces/Paid Sick Days

- -- HB 423/SB 223 – Caregiver Relief Act
- -- HB 696 – NC Families First Act
- -- HB 899 – Enact KinCare Act

- Federal
  - HR 947 – Family and Medical Insurance (FAMILY) Act(2017- 2018)
  - S 463 – Family Act
- Other Relevant State Bills
  - HB 915 – Establish Task Force on Aging
  - HB 269/SB 161 – Enact NC Caregiver Act
  - HB 619/SB 337 – Rethink Guardianship
  - HB 818 – Allow Curbside Voting for Caregivers
  - HB 185/SB 143 – The SAVE Act
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Bethel Presentation Link

Small Group Exercise: Experience of Care Delivery

The final session of the day was a group exercise on care deliver. The goal of this exercise was for participants to identify common challenges to care delivery for individuals with serious illness, identify specific barriers to care delivery, access, and transitions to care, and to identify successful approaches to addressing barriers. The Task Force was broken into groups, each group was assigned a scenario, and where given a number of questions to answers.