

# Palliative Care Interdisciplinary Advisory Council

February 22, 2024

# Agenda

| Time   | Topic  | Presenter                  |
|--------|--|----------------------------|
| 3:00pm | Welcome and Program update of attendees  | Susan Nelson MD            |
| 3:20pm | Global Palliative Care and JEDI initiatives  | Sonia Malhotra MD          |
| 3:30pm | Health Disparities in Rural Areas Task Force and work underway with Sickle Cell Management   | Karen Wyble DNP            |
| 4:00pm | Follow up on GUIDE model initiatives across LA   | Susan Nelson MD and others |
| 4:05pm | VBID models of care for Hospice (not currently available in LA)  | Susan Nelson MD            |
| 4:10pm | Addition discussion or topics <ul style="list-style-type: none"><li>• Legislative updates</li><li>• Reminder of CMS initiatives regarding ACP and readmission reduction</li><li>• Previous discussion topics</li></ul> | Susan Nelson MD            |

# Global Palliative Care JEDI initiatives

- ▶ ***Sonia Malhotra, MD, MS, FAAP, FAAHPM***
  - *Internal Medicine, Pediatrics, Hospice & Palliative Medicine*
  - *Associate Section Chief, GIM/Geriatrics/Palliative Medicine*
  - *Director, UMCNO Palliative Medicine & Supportive Care*
  - *Associate Program Director - Tulane Med-Peds Residency*
  - *Associate Professor, Internal Medicine & Pediatrics, Tulane University SOM*
  - *Clinical Associate Professor, Internal Medicine & Pediatrics - LSU SOM*
  - *Senior Lecturer, OCS at the University of Queensland*
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# Health Disparities in Rural Areas Task Force Sickle Cell Management

**Karen Wyble, DNP, MSN, MHA, MBA, RN**

AVP Community & Public Affairs, Ochsner Lafayette General



# GUIDE MODEL INFORMATION:

Guiding an Improved Dementia  
Experience (GUIDE) Model | CMS

# VANTAGE

*Currently the only CMS approved Medicare Advantage program to “carve-in” hospice services in Louisiana and Mississippi.*

- Questions that we would like discussion regarding....
- What is a Vantage Dual Plus Plan? (i.e., what does the “Dual Plus” part refer to?)
- How many Vantage Dual Plus members do you currently have in LA?
- How many Vantage Dual Plus members do they currently have in MS?
- Which hospice agencies are included to service your plan in LA?
- Which hospices are included to services your plan in MS?
- How do hospice agencies become preferred providers for your plan?
- How many Vantage Dual Plus members utilized hospice in 2023?
- How may Vantage Dual Plus members do they anticipate will utilize hospice in 2024?

# Legislative and other updates

- ▶ Please let me know if there are any issues that you would like brought forward or investigated.
- ▶ Ketamine regulations are proposed and being evaluated
- ▶ Issues around scope of practice, non compete clauses will be on leg. agendas
- ▶ Need interest in changing some of the impediments to care for children with serious illnesses
  - ▶ Medicaid and all payors covers 99497 and 99498 **except commercial BCBSLA**
  - ▶ Medicaid inpatient hospice benefit now mirrors Medicare (removed 5 day stay maximum)
  - ▶ [https://ldh.la.gov/assets/docs/BayouHealth/Informational\\_Bulletins/2022/IB22-30.pdf](https://ldh.la.gov/assets/docs/BayouHealth/Informational_Bulletins/2022/IB22-30.pdf)

# CMS initiatives regarding ACP and readmission reduction

- ▶ <https://www.cms.gov/files/document/qso-23-16-hospitals.pdf>
- ▶ CMS has identified areas of concern related to missing or inaccurate patient information when a patient is discharged from a hospital. These areas of concerns include missing or inaccurate information related to:
  - ▶ A patient's preferences and goals for care, such as their choices for treatment or their advance directives for end-of-life care;
  - ▶ Discussion: PAC providers are not properly prepared to care for new admissions, and caregivers are not properly prepared to care for their loved ones at home. Also, PAC providers may not be equipped or trained to care for certain conditions that apply to patients whose information they were not previously informed of by the hospital and have accepted for transfer and admission. Not only can this place the patient's health at risk, it can also put the health and safety of other residents (in the patient's home or in a SNF), as well as provider staff, at risk. These situations can cause avoidable readmissions, complications, and other adverse events. Finally, when an individual's preferences for end-of-life care are not known, they may receive treatments that are unnecessary or inconsistent with their wishes.



# Other concerns

- ▶ Updating Children's code-is there support for this?
- ▶ Payment for DME in nursing homes
- ▶ Learnings from the NASHP meetings (Mendy Richard)
  - ▶ <https://nashp.org/nashp-state-policy-institute-to-improve-care-for-people-with-serious-illness-request-for-applications/>
- ▶ Medicaid palliative care benefit design
  - ▶ C-TAC / AHA/ Ochsner/ Humana to develop recommendations for palliative care for patients with heart failure and to work on benefit design for Medicaid through managed care benefit.
- ▶ Uniform Advance Directive Commission results complete with recommendations.
  - ▶ Politics will be in play here.
  - ▶ Scope of practice issues

# Pediatric Concerns

## ▶ Pediatric issues

- ▶ Dr. Morvant has left the state to take a position at STANFORD!
- ▶ Currently in Louisiana there are only 3:
  - ▶ Dr. Autrey at Childrens
  - ▶ Dr. Michele Jones at Ochsner
  - ▶ Dr. Malhotra at LCMC/Tulane

## ▶ Eat Ice Cream for Breakfast Day

- ▶ February 18
- ▶ To raise awareness of the prevalence of childhood cancer, celebrate kids who are currently fighting cancer and honor those who have died.
- ▶ Link to more information [here](#)

## ▶ PEDIATRIC HOSPICE AND PALLIATIVE CARE RESOURCE GUIDE (Link [here](#))

- ▶ Will need updating as much as possible.

# Definition of Palliative CARE

- ▶ "Palliative care" means an approach that improves the quality of life of patients and their families facing the problems associated with life threatening illnesses, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual.
  
- ▶ "Palliative care" services:
  - (a) Provide relief from pain and other distressing symptoms.
  - (b) Affirm life and regards dying as a normal process.
  - (c) Intend neither to hasten or postpone death.
  - (d) Integrate the psychosocial and spiritual aspects of patient care.
  - (e) Offer a support system to help patients live as actively as possible until death.
  - (f) Offer a support system to help the family cope during the patient's illness and in their own bereavement.
  - (g) Use a team approach to address the needs of patients and their families, including bereavement counseling, if indicated.
  - (h) Will enhance quality of life and may also positively influence the course of illness.
  - (i) Are applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

# Definition of Palliative Care

- ▶ Include "palliative care for children", which means the care appropriate for children and their families that begins at diagnosis and continues regardless of whether or not the treatment is directed at the disease.
- ▶ "Palliative care for children" requires health providers to evaluate and alleviate a child's physical, psychological, and social distress through a multi-disciplinary approach that includes the family and makes use of available community resources which can be successfully implemented even if resources are limited.
- ▶ "Palliative care for children" includes active total care of the child's body, mind, and spirit and the support given to the family. "Palliative care for children" can be provided in tertiary care facilities, in community health centers, and in children's homes.