

2012 Legislative Agenda



Hospice & Palliative Care
ASSOCIATION OF IOWA

The Hospice and Palliative Care Association of Iowa (HPCAI) is the voluntary membership organization representing palliative care and hospice programs across the state. Hospice is considered to be the model for quality, compassionate care for people facing a life-limiting illness or injury. Palliative care and hospice involve a team-oriented approach to expert medical care, pain management, and emotional and spiritual support specifically tailored to the patient's needs and wishes. Support is provided to the patient's loved ones as well. This family-centered approach includes an inter-disciplinary team of doctors, nurses, home health aides, social workers, chaplains, counselors, and trained volunteers. Hospice care, in most cases, is provided in the individual's home. Palliative care and hospice can also be provided in freestanding hospice facilities, hospitals, assisted living, nursing homes and other long-term care facilities.

The HPCAI mission is to be the statewide leader in the enhancement of end of life care through representation of and service to palliative care programs and hospices. HPCAI maintains that all Iowans should have access to quality hospice and palliative care consistent with their individual desires and values.

Iowa Physician Order for Sustaining Treatment

Hospice and palliative care focus on compassionate care for patients and families facing a serious or life-limiting illness or injury. Understanding patients' values, desires, and needs is absolutely crucial to this approach so that medical care, pain management, and emotional and spiritual support can be individually tailored for each patient. In this regard, HPCAI supports the recognition of the Iowa Physician Order for Sustaining Treatment (IPOST) form in Iowa.

IPOST is based on the national Physician Orders for Life-Sustaining treatment paradigm. The goal is to improve the quality of care that people receive at the end of life through the effective communication of patient wishes into actionable medical orders. IPOST does not replace advance directives; rather it complements advance directives by translating them into specific medical orders which are actionable across care settings.

An IPOST form is intended for individuals who are frail and elderly or those who have considerable contact with health care providers due to a chronic, critical medical condition or a life-limiting or terminal illness. The form facilitates effective communication between the patient or legally designated decision-maker and health care professionals. It ensures that decisions are based upon the patient's goals and values and a complete understanding of their medical condition, prognosis, and different treatment options. The form, signed by the patient's medical provider, allows selection of the full array of treatment options related to life-sustaining treatment including resuscitation, medical interventions and artificially administered nutrition and hydration—it is not about hastening death. Completion of the form is completely optional and helps ensure that medical providers understand individual wishes and deliver patient-centered care.

Similar programs are now officially sanctioned in 13 states and are being developed in 24 other states. Iowa began its IPOST journey in 2008 with the implementation of a pilot project in Linn County. The pilot project was expanded to

neighboring Jones County in 2010, and based on the success of the pilot projects; the state advisory group for the project has now recommended that the legislature authorize adoption of IPOST statewide. Legislative recognition of the form is crucial to permit the medical orders to cross healthcare settings and to provide health care providers with liability protection for honoring the form.

HPCAI urges the Iowa General Assembly to embrace IPOST in Iowa as an important communication tool for advance care planning and to pass legislation authorizing the use of the form statewide.

Medicaid and Palliative Care

Enrollment in the Iowa Medicaid program has doubled in size over the last 10 years and will continue to increase in size with the expansion of eligibility. This growth continues to place pressure on the state budget requiring the state and Iowa Medicaid to carefully manage the program and scrutinize resource allocation.

Hospice and palliative care are excellent examples of medical providers that provide excellent, patient-centered care while delivering overall savings to the program. These savings have been documented in a variety of studies including a 2009 Moran study in Florida demonstrating that the Medicaid hospice benefit saves the Medicaid program thousands of dollars per hospice-eligible beneficiary.

These savings occur because hospices and palliative care manage patients' care consistent with the patient's desires and values during a crisis. Hospice service coordination, care management and supportive and bereavement services reduce reliance on more expensive, mandatory Medicaid services that are inconsistent with patient values and desires. Hospice care avoids instances where a family in crisis calls an ambulance, the patient goes to the emergency department and intensive care unit, perhaps receiving unwanted heroic measures. Without hospice care, patients and families are forced to manage their own care at the end of life which limits their access to palliative care and increases the likelihood of unwanted treatment, rather than comfort care. Elimination of the hospice benefit in the Medicaid program would not yield savings, and would cost shift dollars to more expensive types of care.

In fact, Medicaid could leverage more savings by utilizing hospice programs to provide palliative care and manage patients with chronic conditions. This model was piloted by Wellmark Blue Cross Blue Shield where the company utilized existing home health benefits enabling Wellmark case managers to collaborate with hospice and palliative care providers to perform assessments and authorize services predominately in the home including skilled nursing visits, therapies, and social worker visits. Wellmark reported great success for the program explaining their members were able to participate in shared decision making with their primary care physician; members and families reported an increased quality of life; and the program decreased costs for hospitals, members and insurance through the prevention of readmissions, planned responses to crisis interventions, and the use of a medical home. Wellmark estimated the potential savings of \$12,300 per member in averted costs over a six month period, with total anticipated savings of more than \$1.1 million on an estimated 60 cases.

The Iowa legislature should require Iowa Medicaid to implement a similar model to its targeted case management program that would achieve savings while improving the quality of life for Medicaid members with chronic serious illnesses. Additionally, Iowa Medicaid should recognize all of the palliative care services recognized by Medicare to maximize the benefit to Medicaid members and the overall program.



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