



Palliative Care Task Force Access and Reimbursement

Post It Notes Comments	Post It Notes Comments
Expand palliative care to be more rural areas throughout the state	More stakeholders – organ donors, advanced directives, parish nurses, social services
Involve social services in task force	Improve networking with other professionals and establish standards of care for palliative care
Cultural issues with providers and patients	Advocate and identify sources to implement policy for funding
Earlier access to palliative care at clinics before there is a crisis (ED, ICU)	More information on the geography of these issues – urban vs. rural areas
Invite tribal communities to these meetings GPTCHB	Funding
Engage partners from IHS and tribal health on this task force	Role of interdisciplinary team
Collecting data on rarely used services such as faith community nursing	Identifying gaps in palliative care services – primary vs. specialty
Survey – Was appropriate person filling out survey	What training is needed for a provider to be reimbursed for palliative care
Survey – Clarifying who was represented and if duplicated break it down	Analyze data by “community” and specific locations to understand why
Increase use of telehealth in rural areas	Expanding resources for home health and hospice – distance is a huge factor
Fragmentation between PCP and hospitalist delays palliative care	Mechanism to provide palliative care at all facilities – CAH, LTC, tertiary
Ensuring entire care team understands difference between hospice and palliative care and what patients would be appropriate referrals	Further investigate barriers to referrals for palliative care and what could be done to resolve barriers
When is palliative care first being discussed with patient and families	Need more specifics on types of palliative care being offered across the state

Post It Notes Comments	Post It Notes Comments
Health care provider education in billing and reimbursement for palliative services	Education and identifying provider champions to push initiatives addressing practice barriers
Lack of home health agency access and staffing	Why are readmissions going up

Brainstorming

1. Easier pathway to be a “palliative care provider” – current requirement is a 12 month fellowship
2. Education in medical school, PA, NP training on palliative care
3. Palliative care insurance coverage for xyz diagnosis - e.g. CHF
4. Medicare incentives for palliative care - in-patient and out-patient – e.g. benchmarking
5. Telemedicine coverage in rural areas for hospice and palliative care consults
6. Benchmarks for living wills and healthcare directives