Palliative Care Task Force Initial Planning Sheet

Sub-Committee/Topic**:** Access and Reimbursement

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Initial Brainstorming:

- We are still largely fee for service
- Earlier referrals for ROI
- Engaging social services
- Tribal communities – lack of services
- What training is needed for providers to be reimbursed
    - Payers criteria requires certification that is time consuming/expensive to complete
- Sanford is considering palliative care education for all providers
- Outpatients = palliative can bill, issue with billing for inpatient
    - Unable to code for both – hospitalist and palliative care consult
- Need to introduce palliative care earlier
- It is reimbursable for PC physician to have visit about advance care planning, but may make more sense to have nurse practitioner or nurse navigator to do this
- Need an easier pathway to be a certified palliative care provider
    - ACS-CAN has federal legislation on this
- Education in medical schools, PA, NP training on palliative care
- Palliative care incentive coverage
- Coverage for community based services
    - Nursing
    - Dietary
- Palliative care insurance coverage for xyz dx – e.g. CHF
- Telemedicine for hospice and palliative care
- One benchmark could be - % who have advanced care directive/living will
    - NDHIN will have a tab where patient can upload advance directive online
- Could find out what UND is doing for palliative care education at medical school
- ECHO

Draft Strategy 1:

Strategy to address the ideas –

- Exploring where the gaps are
- Looking into ECHO program

Goal for strategy –

- Enhance access

Needed partners for strategy –

- Identify what more we need to know about the gaps – potential follow-up questions to survey
    - Might need to collect survey responses or interview HIS/tribal health
- Needed partners – survey respondents, payers

Identify some initial steps –

Identified barriers –

- Funding
- Funding sources/payers

Draft Strategy 2:

Strategy to address the ideas –

- Benchmarks for living wills and healthcare directives
- Look at Gunderson Health in Wisconsin as example of increasing living wills/healthcare directives

Goal for strategy –

- Increase number of North Dakotans with living wills/healthcare directives

Needed partners for strategy –

- Payers
- Hospitals, physicians
- Primary case, etc.

Identify some initial steps –

- Look at Gunderson Health in Wisconsin as example
- Look at benchmarks CMS is using right now
    - May be disease specific but fall within palliative
- Does Kaiser have any data on this or other national data sources
    - Are there benchmarks out there as examples, such as from WI?

Identified barriers –

- Funding

- Funding sources/payers

Draft Strategy 3:

Strategy to address the ideas –

Goal for strategy –

Needed partners for strategy –

Identify some initial steps –

Identified barriers –