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Palliative Care Interdisciplinary Advisory Council (PCIAC) Meeting

August 24, 2022

Full Committee Meeting

9:00 AM

Meeting Overview (1 of 3)

Main Objectives

- Welcome and Introductions
- Consideration of May 5, 2022 draft meeting minutes
- Presentation: Supportive Palliative Care Guidance for Home Health Agencies
- Presentation: Palliative Care Certification & Accreditation Programs for home and community-based settings
- Update: Senate Bill 916 Study Progress



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Meeting Overview (2 of 3)

Main Objectives

- Workgroup Update: Pediatric Palliative Care Subcommittee Update
- Discussion: 2022 Legislative Report Recommendations
 - Child Life Specialists: Essential Members of the SPC Team
 - SPC Standards for Home Health Agencies
 - Adoption of a Texas Medicaid Advance Care Planning Benefit
 - Promote Provider Continuing Education Opportunities
 - Establishment of a SPC Awareness Day
 - Perinatal Palliative Care Services



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Meeting Overview (3 of 3)

Main Objectives

- Discussion: 2022 Continuing Education Event
- Discussion: 2022 Timeline and Next Steps
- Action items and topics for staff or member follow-up
- Public Comment
- Adjourn



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Welcome and Introductions

Staff and Council Member Introductions



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Consideration of May 5, 2022 draft meeting minutes



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Supportive Palliative Care Guidance for Home Health Agencies

Rosalind Nelson-Gamblin

Long Term Care Regulation

HHSC

Palliative Care Certification & Accreditation Programs for hospital, home and community-based settings

ROBERT FINE, MD, FACP, FAAHPM, HEC-C

Palliative Care Certification

Boost your palliative care program

Our palliative care certification is designed to recognize hospital inpatient programs demonstrating exceptional patient and family-centered care, and focuses on optimizing the quality of life for those with serious illnesses.

[Video: Palliative care certification webinar](#)



Hospital Certifications

- [Evolving with Care](#)
- [Cardiac Certification](#)
- [Orthopedic Certification](#)
- [Stroke Certification](#)
- [Disease-Specific Care](#)
- [Integrated Care](#)
- [Medication Compounding](#)
- [Perinatal Care](#)
- ▶ [Palliative Care](#)
- [Patient Blood Management](#)
- [Primary Care Medical Home](#)

Certification encouraged by:

- AAHPM
- CAPC
- NPCRC

Certification standards:

Based upon National Consensus Project Guidelines

To be ready for certification a program should:

- Follow an organized approach supported by an interdisciplinary team.
- Use standardized clinical practice guidelines or evidence-based practices.
- Have the ability to direct the clinical management of patients and coordinate care.
- Provide the full range of palliative care services to hospitalized patients 24 hours a day, seven days a week (either with on site or on call staff).
- Use performance measurement to improve your performance over time.
- Collect data for standardized performance measures. A minimum of four months performance measure data must be available at the time of the initial onsite certification review.

Why should we (PCIAC) recommend certification of SPC programs?

1. To improve the quality of care for patients and families facing serious illness.
 - Certification helps standardize best practices, minimize variation and risk, promote patient safety. Standards are based upon National Consensus Project guidelines.
 - The BSWH experience: Joint Commission brought external perspective and forced us to create “Performance Improvement Plan(s)” which are reported back to JC.
2. To engage and further encourage hospital leadership investment in SPC.
 - Pursuing and achieving JC certification involves institutional leadership in the process. They are no longer passive observers, they become partners in the achievement.
3. To help non-PC colleagues better understand SPC work.
 - Just as we should prefer stroke treatment at a certified stroke center, so too serious illness care should be at a certified palliative care center.
 - JC certification helps our non-PC colleagues understand how seriously we take our field and provides external validation.
 - Helps counter the myth that PC is merely nice people or anyone can do the work of PC. There is both art and science to total pain assessment and treatment, prognostication, serious illness communication and care planning. When hospital leaders go through the certification process with their SPC team, they see this reality better.

Current JC Certified Programs

NATIONAL DATA

72 JC certified programs in 21 states, top 5 states as follows:

State	# Certified Programs
NY	18
NJ	10
TX	8
CA	7
VA	5

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Organization	City
BSWH	Plano
BSWH – BUMC	Dallas
BSWH – All Saints	Ft. Worth
BSWH – S & W Memorial	Temple
Covenant	Lubbock
THR – Harris Methodist	Ft. Worth
Bexar County Hospital District	San Antonio
Texas Children’s	Houston

*MDACC dropped certification. UTSW/Parkland applying 22-23.

Other JC certification options

Certification Options

Deemed Status Survey Option for Medicare Certification - Home Health or Hospice

The Joint Commission is designated by the Centers for Medicare and Medicaid Services (CMS) as an approved accreditor for home health and hospice agencies seeking Medicare certification, and can provide accreditation and Medicare certification simultaneously through its survey process. CMS, not The Joint Commission, grants the final decision for Medicare certification.

Community-Based Palliative Care Certification

Community-Based Palliative Care (CBPC) Certification is the first of its kind in the industry, this optional certification incorporates the use of nationally accepted standards, industry expertise and vast resources to help your organization provide exemplary, palliative care services to patients and families in their home. Payors like Blue Shield of California recognize this certification as a key element of their participation agreement. This certification is available to organizations that are also receiving (or have already obtained) accreditation.

Other Certification Options for the Community Setting

Community Health Accreditation Partner (CHAP): Palliative Care Certification

- CHAP Palliative Care standards are informed by providers of palliative care and the National Consensus Project for Quality Palliative Care.
- Certification Requirements include having standardized policies and procedures, document reviews, record reviews, and home visits/clinic visits
- Certification is awarded for 3 years and is available to Palliative Care Programs that are:
 - A service of an existing setting such as a physician practice, Assisted Living Facility, or SNF, etc.
 - A service of a currently accredited hospice or home health agency
 - An independent provider of palliative care.
- Link to website: <https://chapinc.org/palliative-certification/>

Accreditation Commission for Health Care (ACHC): Palliative Care Distinction for Community Based Palliative Care

- This recognition focuses on patient and family centered care that optimizes quality of life throughout the continuum of illness by addressing physical, intellectual, emotional, social, and spiritual needs and facilitating patient autonomy, access to information, and choice.
- ACHC Palliative Care Standards are based on the National Consensus Project Clinical Practice Guidelines for Quality Palliative Care.
- Certification Requirements include:
 - The provider must have ACHC Home Health Accreditation to earn a Distinction in Palliative Care.
 - On-site accreditation and distinction surveys are conducted every three years by ACHC surveyors, who follow a comprehensive review process that looks at organizational structure, policies and procedures, and compliance with state and federal laws.
 - Link to website: <https://www.achc.org/palliative-care/>

DISCUSSION



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Update: Senate Bill 916 Study Progress

Erica Dawley, HHSC

Senate Bill 916 Study Requirements

Assess potential improvements of SPC on:

- Health quality, health outcomes, and cost savings from the availability of SPC services in Medicaid
- Must include an evaluation and comparison of other states that provide Medicaid reimbursement for SPC

Other Requirements:

- PCIAC must provide recommendations on study
- HHSC may collaborate with and solicit and accept gifts, grants, and donations to fund the study
- Study findings due by September 1, 2022



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Senate Bill 916 Study: Report Timeline

Review Process	Submission Date
Report findings incorporated into PCIAC 2022 legislative report	10/01/2022
Report published to PCIAC website	9/01/2022
Final Routing through HHSC Leadership for review and approvals	7/28/2022



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Update: Pediatric Palliative Care Subcommittee

Dr. Jill Ann Jarrell, *Associate Professor of Pediatrics*

Texas Children's Hospital

Baylor College of Medicine

Subcommittee Mission Statement

To improve pediatric supportive palliative care and hospice care for children and their families in Texas through policy change recommendations, workforce education, and population outreach.

The subcommittee will do this by examining pediatric supportive palliative care and hospice care services statewide via data analysis, stakeholder discussions, and institutional surveys in order to create roadmaps and goals for continued improvement.



Activities Over the Past Year

- Developed a mission statement for the subcommittee
- Developed and disseminated a survey to pediatric hospitals to learn more about current pediatric SPC practices
- Collaborated on data analysis to identify patient populations (diagnoses, service delivery areas) that may benefit from additional pediatric SPC services
- Conducted a review of states that provide Medicaid reimbursed pediatric SPC



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Current Legislative Recommendations

- Aided the PCIAC in the development of the "Child Life Specialists as essential members of the SPC Team" recommendation
- Support PCIAC recommendations for:
 - Medicaid reimbursement for advance care planning codes
 - Supportive Palliative Care Awareness Day
 - Expanding Texas Medicaid hospice benefit to improve perinatal palliative care



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Proposed Next Steps

- Continue to work with PCIAC toward a comprehensive Medicaid benefit for supportive pediatric AND adult palliative care
 - Continued discussions with community partners regarding current state of pediatric SPC
 - Revisit data to analyze pediatric decedents
- Develop updated content for the pediatric palliative care HHSC website
 - <https://www.hhs.texas.gov/providers/health-services-providers/palliative-care-providers/pediatric-palliative-care>



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Input from PCIAC

- Initial vision for pediatric subcommittee
 - Are our goals congruent with larger committee goals
- Timeline
 - Hopeful to accomplish above objectives within two years
- Membership



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Committee Membership

Member Name	Professional Category
Heather Paterson	pediatric spc nurse
Melody Hellsten	Doctor of nursing practice
Dr. Dianna Yip	pediatric spc physician
Dr. Jill Ann Jarrell	pediatric spc physician
Dr. Patrick Jones	pediatric spc physician
Dr. Glen Medellin	pediatric spc physician
Dr. Rachel Vandermeer	pediatric spc physician
Karen Godfrey	pediatric spc physician
Dr. Carl Tapia	Pediatrician and MCO rep
Stephanie Broussard	palliative care social worker
Emily Rocha	HHSC senior nurse policy advisor
Dianne Overshown	HHSC policy staff subject matter expert
Rosalind Nelson-Gamblin	HHSC policy/regulatory subject matter expert
Robyn Moyer	Child Life Specialist (Dell Children's)
Rachel Delevett	Child Life Specialist (Baylor Scott & White)



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Thank you

Dr. Jarrell, MD, MPH, *Associate Professor of Pediatrics*
Texas Children's Hospital,
Baylor College of Medicine



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Vote: 2022 Legislative Report Recommendations

Vote on recommendations

2022 Legislative Report Recommendations

- Child Life Specialists are Essential Members of the SPC Team
- SPC Standards for Home Health Agencies
- Adoption of a Texas Medicaid Advance Care Planning Benefit
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- Perinatal Palliative Care Services



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Child Life Specialists are Essential Members of the SPC Team

- All Texas SPC interdisciplinary teams should include child life specialists as essential members of the team for both adult and pediatric patients, when deemed necessary.
- The Texas Legislature should also request HHSC to develop a pilot program to assess potential cost savings that may result from allocating state funds to help establish and maintain CLS positions in clinical and community-based settings.



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Advance Care Planning (ACP) Proposed Benefit (1 of 2)

- Texas Medicaid should adopt an advance care planning benefit that provides reimbursement for vital and ongoing crucial ACP discussions to be provided in-person and via telehealth. Texans should have ongoing communication and discussion through their health care providers to have fluid and flexible dialogue on what matters most to them in the current clinical state. Legal guardians, medical surrogates per Texas Hierarchy of Signatures, and those appointed as Medical Power of Attorney for the patient should be included in these conversations whenever possible.
- Information from ACP conversations should be entered into the patients' health care record during each encounter had with their health care team. In Texas, in order to honor the last known wishes of the patient, written ACP documents must be legally completed for all ACP conversations. It is thought to be best practice to have a treating health care provider follow up on the ACP goals, wishes and values annually as part of their health and wellness care. This can be discussed in primary or specialty care, ideally before the patient becomes incapacitated and in the hospital.



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Advance Care Planning Proposed Benefit (2 of 2)

- Ongoing education and training resources should be made available for complex communications in ACP between the healthcare provider and patient and we encourage all healthcare providers of the SPC interdisciplinary team to conduct these crucial conversations with patients.



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Promote Provider and Health Care Professional Continuing Education Opportunities

- Texas should increase access to continuing education opportunities in SPC and hospice related topics for the entire interdisciplinary SPC team which may include physicians, advanced practice registered nurses (APRNs), physician assistants (PAs), nurses, social workers, chaplains, child life specialists and pharmacists.
- The Texas legislature should appropriate funding to support academic health care facilities and other programs to provide free and low-cost continuing education, training, and certification specialty preparation for hospice and SPC related topics. Providers and health care professionals whose professions have a certificate and/or board certification in SPC and/or hospice care should pursue these educational opportunities ensure gold standard of high quality and evidenced-based specialty care.



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Establishment of a SPC Awareness Day

- Texas should adopt October 10th as Supportive Palliative Care Awareness Day to raise awareness about supportive palliative care optimizing the quality of life and improvement of care for seriously ill patients and their families.



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Perinatal Palliative Care (1 of 2)

Every child and their family deserve individualized, comprehensive, and compassionate care. With an estimated 50% increase in the number of Texas children being born with a terminal illness, the PCIAC strongly recommends the creation of policy and funding initiatives that will increase access to pediatric palliative care, including prenatal services.

Recommended initiatives include:

1. Texas HHSC, working with CMS and members of the Pediatric Subcommittee of the PCIAC should make Medicaid State Plan amendments and/or Medicaid waiver requests to:
 - a) Expand eligibility for the Medicaid hospice benefit to include prenatal services for pregnant mothers with a child that has been diagnosed with a terminal illness; and
 - b) Create special reimbursement classes for the Medicaid hospice benefit that can be used in research and demonstration projects intended to improve access to hospice and supportive palliative care services.



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Perinatal Palliative Care (2 of 2)

2. With funding appropriated by the Texas legislature, a state-wide pediatric palliative care network should be created based on the Texas Child Psychiatry Access Network. The network will improve access to pediatric palliative care in rural and understaffed areas by providing provider-to-provider consultations related to specific patients, educational programs, and support to adult-focused programs providing supportive palliative care and hospice services to prenatal and pediatric patients.

3. HHSC should work with key stakeholders to create specific guidance for hospice programs as they fully implement federal concurrent care regulations for pediatric patients, including the enrollment of patients receiving medical care in an acute care hospital if they meet the prognosis criteria.



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Discussion: 2022 Continuing Education Event

Discussion of Event Sessions

2022 November 15th CE Event

Session 1: Advance Care Planning for Individuals with Serious Illness

- Describe the importance of advance care planning, the types of legal documentation, and how to facilitate these conversations with patient and provider.
- Describe resources and tools that patients and providers can use to facilitate these conversations.

Session 2: Coping with Grief, Bereavement, and Trauma for Patients and Families

- Describe the process that healthcare providers go through to help patients and their families heal after suffering loss.

Session 3: Coping with Moral Distress at the End-of-Life

- Discuss strategies for patients coping with emotional and spiritual pain as well as resources that providers can use to help patients cope with moral distress at the end of life.



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Discussion: Timeline and Next Steps

Discussion of 2022 Timeline

Timeline

Upcoming Full Council Meetings:

- Tuesday, 11/15/2022
- Tuesday, 01/31/2023

Other Key Deadlines/Events:

- 09/01/2022 – SB 916 Report is published
- 10/01/2022 - Council submits the 2022 PCIAC Legislative report to the Texas Legislature
- 11/15/2022 – Annual Palliative Care CE Event



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Next Steps & Potential Future Agenda Items

- New Member Solicitation
- Pediatric Palliative Care Subcommittee
- 2022 PCIAC Legislative Report
- November CE Event



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Staff Action Items for Follow-up

Erica Dawley will present action items for follow-up

Questions regarding agenda items, content, or meeting arrangements should be directed to Erica Dawley at Erica.Dawley@hhs.texas.gov

Public Comment Procedures

- Written comments are encouraged
- Registration and call-in process for oral public comment
- All speakers must identify themselves and the organization they are representing before speaking
- Rules of conduct apply to public comments made by teleconference

Questions regarding agenda items, content, or meeting arrangements should be directed to Erica Dawley at Erica.Dawley@hhs.texas.gov



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Thank you

For more information contact:
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Council Website:
<https://hhs.texas.gov/about-hhs/leadership/advisory-committees/palliative-care-interdisciplinary-advisory-council>