

Palliative and Hospice Care – Detailed Goals, Objectives and Strategies

Goal: Implement a Blueprint for Success for Palliative and Hospice Care for Patients and Families Experiencing Cancer in the State of Maryland.

Objective 1	Patient/Family/ Community Strategies	Health Care Professionals and Associated Staff Strategies	Institution Strategies	Health Policy and Payer Strategies
<p>Awareness: By 2015, develop an awareness campaign to educate Maryland citizens about Palliative and Hospice Care within 50% of Maryland jurisdictions.</p>	<ol style="list-style-type: none"> 1. Recognize your ability to participate in setting goals of care. 2. Seek information on palliative and hospice care, and advanced care planning from health care providers, public library, national and local cancer agencies, and local health departments. 	<ol style="list-style-type: none"> 1. Increase communication related to palliative care issues in patient’s conversations, health care publications, and media/marketing. 	<ol style="list-style-type: none"> 1. Increase the number of applications to The Joint Commission for Voluntary Palliative Care Accreditation. 2. Initiate palliative care activities in an institution with the attempt of seeking buy-in from various constituencies. 3. Increase media coverage/marketing of palliative care services offered by the institution. 	<ol style="list-style-type: none"> 1. Conduct an internal education effort on strategies to reduce barriers that Maryland residents face in regard to quality palliative and hospice care. The education effort should include widespread distribution, discussion, and the development of an action plan based on: <ul style="list-style-type: none"> ▪ the 2009 <i>Workgroup Report on Hospice Care, Palliative Care and End of Life Counseling</i>, released by the Maryland Attorney General’s Counsel for Health Decisions Policy work group, and ▪ reports of the <i>Maryland State Advisory Council on Quality of Care at the End Life</i>. 2. Develop case management systems that can follow the patient throughout the continuum of care, tying in supports and facilitating communication throughout the health care journey for patient and family.

Objective 2	Patient/Family/ Community Strategies	Health Care Professionals and Associated Staff Strategies	Institution Strategies	Health Policy and Payer Strategies
<p>Acknowledging the Value: By 2015, increase the participation in and support of palliative and hospice care initiatives by stakeholders as outlined in the strategies.</p>	<ol style="list-style-type: none"> 1. Initiate conversations regarding goals of care, palliative and hospice care and advanced directives within family and social circles. 2. Complete advanced directives and share their plan for care with their family and healthcare providers. 3. Participate in campaigns that support/promote palliative and hospice care and advanced care planning. 	<ol style="list-style-type: none"> 1. Actively participate in palliative education and palliative care initiatives as demonstrated by attendance at national conferences, increase in certification and credentialing rates, and referral to palliative care services and hospice care 2. Advocate for institutional and professional incentives to increase palliative care competencies. 	<ol style="list-style-type: none"> 1. Develop a strategic plan that incorporates goals and related tactics to institutionalize palliative care as it relates to ongoing professional education, implementing and maintaining supportive services for patient/families, supporting research and evidence-based practice, drive health care policy and legislative initiatives that promote palliative care. 2. Incorporate palliative care into mission and vision statement and philosophy of care. 3. Pledge commitment to the Patient/Family/Community to address their palliative care needs. 	<ol style="list-style-type: none"> 1. Conduct outreach efforts via email, town halls, and focus groups to educate constituents about the knowledge, financial and administrative barriers Maryland cancer patients and their families face in regard to palliative and hospice care and get their input on options to reduce them. 2. Collaborate with the business community and cancer advocacy organizations to develop a set of innovative approaches and funding streams for social marketing campaigns to educate consumers and providers about current models for palliative and hospice care, and to motivate them to help design and fund pilots of new clinical-financial models for cancer patients and their families that are user-friendly, affordable, and do the job. 3. Support research to evaluate the satisfaction for patients, families, and providers; assess the costs of health care for those with a case management support service versus those without; assess the use of hospice and days in ICU in last six months of life.

Objective 3	Patient/Family/ Community Strategies	Health Care Professionals and Associated Staff Strategies	Institution Strategies	Health Policy and Payer Strategies
<p>Access: By 2015, increase access to Palliative and Hospice Care services in the state of Maryland.</p>	<ol style="list-style-type: none"> 1. Expect effective pain and symptom management 2. Request access to palliative and hospice services 3. Request care coordination strategies such as case management, patient navigators, and health advocates. 4. Advocate for legislation that will reduce health disparities and inequities in the health care system related to the provision of palliative and hospice care 5. Advocate for legislation for innovative mechanisms for the training and payment of informal caregivers of patients with cancer. 6. Petition local institutions for palliative care and hospice services. 	<ol style="list-style-type: none"> 1. Develop and implement educational programs (formal and informal) related to Palliative and Hospice Care. 2. Provide educational tools and products related to palliative care competencies. 	<ol style="list-style-type: none"> 1. Develop a Bill of Rights related to palliative care and inform the public of such rights through organizational plaques, brochures, and other marketing tools. 2. Provide ongoing education and training (onsite and off-site) in palliative care, including in-service education, and support of fellowship programs. 3. Develop a mechanism to track the percent of palliative care consultations for hospital patients admitted with cancer. Ensure clinical support through hiring a skilled and credentialed/certified team of interdisciplinary palliative care professionals and associated support staff to implement a palliative care consult service or other delivery models (such as an inpatient unit, outpatient clinic, home care program, and establishing partnerships with community hospices). 4. Promote communication to increase linkages and insure continuity in transfers of palliative care patients across health care settings. 5. Build a revenue base for palliative care services through philanthropic and other contributions, leveraging State resources, and working with third party payers. 	<ol style="list-style-type: none"> 1. Explore legislative options for expanding access to and payment for palliative and hospice care, building on best practices. 2. Collaborate with the business community and cancer advocacy organizations to create support for a legislative agenda to increase access to palliative and hospice care backed up by feasible and dependable mechanisms for paying for such care.

Objective 4	Patient/Family/ Community Strategies	Health Care Professionals and Associated Staff Strategies	Institution Strategies	Health Policy and Payer Strategies
<p>Action: By 2015, take ownership of the Blueprint for Success and act on 70% of the strategies recommended for each stakeholder group.</p>	<ol style="list-style-type: none"> 1. Actively participate in meetings to identify goals of care with health care professionals. 2. Accept palliative and hospice care. 3. Advocate for effective and compassionate palliative care across health care settings to insure that the goals of care are achieved. 4. Volunteer to serve as palliative and hospice care counseling coaches and navigators. 	<ol style="list-style-type: none"> 1. Incorporate the National Quality Forum Preferred Practices of Palliative Care as a standard of care within the institution. 2. Participate in the systematic monitoring of palliative care educational programs and initiatives across the State, certification/credentialing rates, participation of staff in local, regional, and national palliative care initiatives. 	<ol style="list-style-type: none"> 1. Create a plan to establish a Center for Excellence in Palliative Care and make center resources, and support available to other institutions. 2. Collaborate with community members and legislators on policies related to palliative care. 3. Initiate quality improvement studies to evaluate provision of quality palliative care by tracking: <ul style="list-style-type: none"> ▪ Requests for palliative care consults ▪ Patient/ family and Community Outcomes ▪ Health Care Professional Outcomes ▪ Economic Outcomes 	<ol style="list-style-type: none"> 1. Explore legislative options to fund palliative care and hospice initiatives. 2. Support social marketing campaigns to educate Maryland residents about benefits, costs, and payment methods for palliative and hospice care, current barriers Maryland residents face in getting and paying for it, and steps they and their legislators can take to reduce such hurdles. 3. Support continuing education and certification training programs in palliative and hospice care for health care professionals. 4. Support pilot programs that test: <ul style="list-style-type: none"> ▪ the feasibility and impact of training lay workers to serve as palliative and hospice care counseling coaches and navigators, ▪ reimbursement models for providing end of life care counseling, and ▪ the impact of innovative clinical-financial models of palliative and hospice care for cancer patients and their families designed to reduce knowledge, financial and administrative barriers to their use. 5. Consider authorizing Medicaid waivers, and use of Medicare and Medicaid funds for demonstration projects featuring new clinical-financial models of palliative and hospice care for cancer patients and their families.

				<p>6. Develop quality indicators for end of life care to be piloted in Maryland.</p> <p>7. Monitor implementation successes and setbacks, issue regular reports to relevant stakeholders, and, as called for, take on cheerleading, taskmaster, and technical advisory roles.</p> <p>8. Determine methods to pay for website marketing and the dissemination of health care literature for palliative and hospice care.</p>
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